Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Private

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 3rd June 2026
Your Ref: 100160
Our Ref: SAR / ACCESS / CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chriisy.davie@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: Walter Zaleski D.O.B: 26/10/1970

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 ACH RECORDS
GLASGOW DENTAL HOSPITAL RECORDS

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Subject Access Request Team

MANUAL PATIENT RECORDS

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

Including:

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

GENERAL MEDICAL HISTORY FORM

TITLE: MR/~~MRS/MS/MISS*~~	HOME TEL No: 01417728530
FORENAME: WALTER	MOBILE TEL No: 07796686069
SURNAME: ZALESKI	OCCUPATION: SALES ADVISOR
ADDRESS: 28 SCARAWAY ST	DATE OF BIRTH: 26.10.1970
GLASGOW	MARITAL STATUS: MARRIED/~~SINGLE*~~
	Are you the PATIENT/~~PARENT/GUARDIAN/TRANSLATOR*~~
	ARMED FORCES ~~YES/NO*~~ ~~NAVY/ARMY/RAF*~~
POST CODE: G22 7JS	ARMED FORCES ~~DEPENDANT/VETERAN*~~

	PLEASE ANSWER ALL QUESTIONS	YES	NO	DETAILS
1	Are you an expectant or nursing mother?		✓	
2	Have you had rheumatic fever or St. Vitus Dance (chorea)?		✓	
3	Have you had Hepatitis, Jaundice or Tuberculosis?		✓	
4	Have you had any heart complaints, such as heart attack, High blood pressure, angina, heart murmur or a Replacement heart valve?	✓		HIGH BLOOD PRESSURE
5	Do you suffer from Bronchitis, Asthma or other chest Condition?		✓	
6	Do you have Diabetes?		✓	
7	Do you have Arthritis?		✓	
8	Are you receiving any tablets, creams, ointments from your Doctor?	✓		SEE ATTACHED SHEET.
9	Are you taking or have you taken steroids in the last 2 years?		✓	
10	Are you allergic to any medicines, foods or materials?	✓		PENICILLIN
11	Do you suffer from Epilepsy?		✓	
12	Have you every bled excessively (e.g. following a cut, tooth extraction or operation)?		✓	
13	Do you suffer from blood disorders such as Anaemia?		✓	
14	Do you have any other medical conditions/special needs or Disabilities?	✓		AMPUTEE - BELOW KNEE (R) LEG.
15	Are you attending any other hospital clinics or Specialist? Specialists?	✓		WESTMARC.
16	Have you ever been hospitalised? If Yes, what for and when?	✓		SINUS OPERATION 2014. T.I.A. 2008.
17	Have you attended this hospital before? If Yes, please state when.	✓		2014
18	Have you been resident in the UK for the past 12 Months	✓		

GENERAL MEDICAL HISTORY FORM

Doctor's Name & Address	Dentist's Name & Address
DR HUNTER	MR W. J. BISMIL
BARONY MEDICAL CENTRE	216 SARACEN ST
Post Code G21 4AH	Post Code G22 5ER
Tel No: 0141 5576161	Tel No: 0141 336 8002
Date: 10/1/2015	Signature:

* Delete where applicable

What is your ethnic group?

		Please tick	
A.	White	√	
		✓	Scottish
			Other British
			Irish
B.	Mixed – Please give details		
C.	Asian, Asian Scottish or Asian British		Indian
			Pakistani
			Bangladeshi
			Chinese
	Any other Asian background-please give details		
D.	Black, Black Scottish or Black British		Caribbean
			African
	Any other background-please give details		
E.	Other Ethnic background; Please give details:		
	Prefer not to answer		
	Not Provided		

- **PLEASE HAND COMPLETED FORM TO RECEPTIONIST**

Reception/Registration Staff must update Registration fields appropriately

GENERAL MEDICAL HISTORY FORM

TITLE: MR/~~MRS/MS/MISS~~*	HOME TEL No: 0141 772 8530
FORENAME: WALTER	MOBILE TEL No: 07796686088
SURNAME: ZALESKI	OCCUPATION: SALES ADVISOR
ADDRESS: 28 SCARAWAY ST	DATE OF BIRTH: 26/10/1970
MILTON	MARITAL STATUS: MARRIED/~~SINGLE~~*
GLASGOW	Are you the PATIENT/PARENT/GUARDIAN/TRANSLATOR*
	ARMED FORCES YES/NO* NAVY/ARMY/RAF*
POST CODE: G22 7JS	ARMED FORCES DEPENDANT/VETERAN*

	PLEASE ANSWER ALL QUESTIONS	YES	NO	DETAILS
1	Are you an expectant or nursing mother?		✓	
2	Have you had rheumatic fever or St. Vitus Dance (chorea)?		✓	
3	Have you had Hepatitis, Jaundice or Tuberculosis?		✓	
4	Have you had any heart complaints, such as heart attack, High blood pressure, angina, heart murmur or a Replacement heart valve?	✓		High Blood Pressure
5	Do you suffer from Bronchitis, Asthma or other chest Condition?		✓	
6	Do you have Diabetes?		✓	
7	Do you have Arthritis?		✓	
8	Are you receiving any tablets, creams, ointments from your Doctor?		✓	
9	Are you taking or have you taken steroids in the last 2 years?		✓	
10	Are you allergic to any medicines, foods or materials?	✓		PENICILLIN
11	Do you suffer from Epilepsy?		✓	
12	Have you every bled excessively (e.g. following a cut, tooth extraction or operation)?		✓	
13	Do you suffer from blood disorders such as Anaemia?		✓	
14	Do you have any other medical conditions/special needs or Disabilities?	✓		BELOW KNEE AMPUTEE
15	Are you attending any other hospital clinics or Specialist? Specialists?		✓	
16	Have you ever been hospitalised? If Yes, what for and when?	✓		ENT, SINUS OP + AMPUTATION
17	Have you attended this hospital before? If Yes, please state when.		✓	
18	Have you been resident in the UK for the past 12 Months	✓		

GENERAL MEDICAL HISTORY FORM

Doctor's Name & Address	Dentist's Name & Address
DR HUNTER	MILTON DENTAL CLINIC
BARONY HEALTH CENTER	
Post Code	Post Code G22
Tel No: 0141 557 6161	Tel No:
Date: 1/10/2014	Signature:

* Delete where applicable

What is your ethnic group?

		Please tick √	
A.	White	✓	Scottish
			Other British
			Irish
B.	Mixed – Please give details		
C.	Asian, Asian Scottish or Asian British		Indian
			Pakistani
			Bangladeshi
			Chinese
	Any other Asian background-please give details		
D.	Black, Black Scottish or Black British		Caribbean
			African
	Any other background-please give details		
E.	Other Ethnic background; Please give details:		
	Prefer not to answer		
	Not Provided		

- PLEASE HAND COMPLETED FORM TO RECEPTIONIST

Reception/Registration Staff must update Registration fields appropriately

Operation note: Op Note

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Oral Surgery
Contact Tel:
Enquiries to:

Letter Date: 26/03/2015
Reference: OS/STOB/DSU
Dictated Date: 26/03/2015
Transcribed Date: 26/03/2015

26/03/15
Cons: Goodall
Anaesth: Hughes
Surg: Cross
Assist:Wright/Simpson

Stobhill Hospital
Department: Oral Surgery

<u>Upper clearnace and removal LL6, LR57 under GA</u>

Standard prep and drape
LA: 8.8mls 2% lignocaine with 1:80000 adr
LL6, LR5, LR7, UR6321, UL1234 all elevated intact, vicryl haem for upper anteriors
Haem
Discharged

N Cross
StR Oral Surgery
GDC 83277

Clinical letter - Others: Other

Now referral please

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

Dr Aileen Bell
Honorary Consultant in Oral Surgery
Department of Oral Surgery
Level 4
GLASGOW DENTAL HOSPITAL AND SCHOOL

Main Switchboard: 0114 211 9600
Department: Restorative Dentistry
Contact Tel: Reception/ Appointments: 0141-211-9787
Enquiries to: Secretary: 0141-211-9790
Letter Date: 21/10/2014
Reference: AD/MTB
Dictated Date: 06/10/2014
Transcribed Date: 17/10/2014

Dear Dr Bell,

'alter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

I would be grateful if you would review the above patient who was referred to me by colleagues in ENT with a history of ongoing sinus problems. They felt that his teeth in the upper right quadrant were in poor health and I suspect he may have thought this might have been a potential cause of his symptoms. Mr Zaleski has not been to a dentist in over twelve months as he does not seem particularly keen on his current dental practitioner. He has a history of sinusitis for several years affecting mainly the right hand side, although he has had surgery in July of this that has significantly improved the situation.

Medically he has had a below knee amputation, suffers from hypertension and has an allergy to Penicillin. His medication list is in the patient's notes. He is a ten a day smoker and consumes little alcohol.

Extra-orally, no abnormalities were detected. Intra-orally, the hard and soft tissues were healthy. I charted the 14, 15, 17, 18, 25, 26, 27, 28, 37, 38 and 46 to be absent. Oral hygiene was very poor throughout both arches. Carious and retained roots were present in the 12,) and 16 region. Caries was noted to affect a number of other teeth, in particular the 23, 36 and 45. The 23 is unrestorable. The dentition is generally stained through smoking. He has generalised gingivitis and BPE scores were 3 throughout both arches. He was sent for an OPG radiograph. Unfortunately the printer had broken down the day Mr Zaleski was in and therefore we were not able to review the OPG when he returned from x-ray. He is therefore unaware of the exact treatment plan but does acknowledge that a number of teeth need to come out. He has asked if this can be done under general anaesthesia and hence the referral. The OPG which is now on PACS shows a cloudy right sinus, retained roots as previously mentioned and widening of the periodontal ligament of a number of teeth. I would therefore be grateful if you would see Mr Zaleski and plan for extraction of 12, 13, 16 and 23. I have asked him to find a GDP to restore the 21, 22, 36, 45 and 48, and provide a replacement prosthesis as well as hygiene phase therapy. It may be that when Mr Zaleski comes to you other teeth may be added to the extraction list depending on their prognosis following his visit to his own GDP.

Thank you in anticipation.

Kind regards.

Yours sincerely

Alan Donaldson

Consultant in Restorative Dentistry

Electronically Signed: Dr Alan Donaldson, Consultant

cc.

 PCN 10432099 MR 13/2/13

Referral letter: 31.07.14

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Mr Alan Donaldson
Consultant in Restorative Dentistry
Department of Restorative Dentistry
Glasgow Dental Hospital and School
378 Sauchiehall Street
GLASGOW
G2 3JZ

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 0141 211 4423
Enquiries to:
Letter Date: 31/07/2014
Reference: 2610706294/LM/AMN
Dictated Date: 31/07/2014
Transcribed Date: 31/07/2014

Dear Mr Donaldson ,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
3 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

I would be most grateful if you would be able to see this 43 year old gentleman who has a right sided maxillary sinusitis and has a right upper molar which is extremely unhealthy.

We would be most grateful if you could see him with a view to probable extraction. He has now had right sided FESS surgery.

Many thanks,

Yours sincerely

Donaldson upon Tyne 11/8/14.

DICTATED - NOT SIGNED
Ms L Melia
SpR in ENT

Electronically Signed: ,

cc.

Adult Treatment Centre

Dear Oral Surgeon, 15 February 2013

Patient Name: **Mr Walter Zaleski**

Address: **28 Scaraway Street, , , Glasgow**

Post Code: **G22 7JS**

Date of Birth: **26/10/1970**

Tel No.: **Home 01417728530**
Mobile

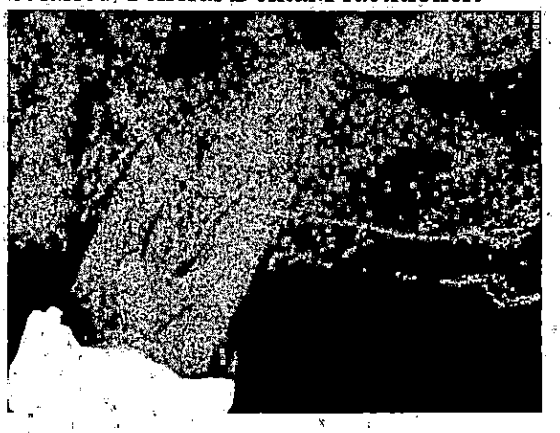
GDP (if any)

The above patient requires the following treatment:extraction of root UL5 and carious UL6.

I feel this would be best carried out within the Glasgow Dental Hospital. Thank you for seeing this patient for treatment.

Yours sincerely,

Mrs Deepa Jessop
Salaried General Dental Practitioner.



DENTAL DIRECTORATE
GLASGOW DENTAL HOSPITAL
FLOOR 1, 378 SAUCHIEHALL STREET
GLASGOW, G2 3JZ

CONFIDENTIAL

Title: Mr/~~Ms~~/~~Miss~~/~~Mrs~~ (delete as applicable)
First name: WALTER
Surname: ZAHESKI
Address: Flat no. (if applicable) .....
28 SCARAWAY ST
GLASGOW Postcode: G22 7QS
Occupation: SAFES ADVISOR
Date of birth: 26/10/1970

Gender: Male/~~Female~~ (delete as applicable)
Home tel no: 0141 772 8530
Business tel no: .....
In case of emergency contact tel no .....
0141 772 8530

Expectant mother? Yes/No
(delete as applicable)

	Yes	No	Details
1. Do you feel generally healthy?			PREVIOUS TIA 2008
2. Do you have or have you had – rheumatic fever, a heart murmur, or a replacement heart valve? You may require antibiotics before treatment.		✓	
3. Do you carry a medical warning card?		✓	
4. Are you receiving or have you had treatment for high blood pressure?	✓		PERINDOPRIL 4MG
5. Have you had hepatitis, jaundice, or tuberculosis?		✓	
6. Do you suffer from bronchitis, asthma, or any other chest conditions?		✓	
7. Do you have diabetes?		✓	
8. Do you have arthritis?		✓	
9. Do you suffer from hayfever or eczema?		✓	
10. (a) Are you receiving any tablets, creams, or ointments from your doctor?			TRAMADOL CARBAMAZEPINE ASPIRIN SERATOL DICLOFENAC AMATRIPTYLINE ATORVASTATIN
10. (b) Do you take or have taken steroids in the past two years?		✓	
11. Are you allergic to any foods, medicines or materials?			PENICILLIN
12. Do you suffer from epilepsy or are you prone to fainting?		✓	
13. Have you ever bled excessively e.g. following a cut, tooth extraction or operation?		✓	
14. Have you been hospitalised? If yes what for and when?	✓		HEADACHES
15. Have you had a joint replacement or any other implants?		✓	
16. Are you attending any other hospital clinics or specialists?	✓		WESTMARC
17. Do you suffer from any infectious diseases, including HIV or hepatitis?		✓	
18. Did you have growth hormone treatment before the mid 1980s?		✓	
19. Do you smoke or use tobacco products?	✓		10-15 PER DAY
20. Do you pay for treatment?	✓		If not give reason why:
21. Have you been diagnosed with or are suspected of having H1N1 influenza A (swine flu) at the present time? If you answered yes to the above question are you currently receiving medication?		✓	

Dentist's name and address .....
.....
Doctor's name and address DR COON BARONY HEALTH CENTRE
AUCHINLOCH ST GLASGOW

Signature ..... Patient/~~Parent/Guardian~~ (delete as appropriate) Date 11/2/2013

Primary Care Adult Treatment Centre
Glasgow Dental Hospital, 378 Sauchiehall Street, Glasgow, , G2 3JZ
Tel: Fax:

Code: 1079946
Name: Mr Walter Zaleski
Address
28 Scaraway Street
Glasgow
G22 7JS

Date of Birth: 26/10/1970 (Age: 42 years, 3 months)
Type: Occasional registered with another dentist
Tel: 01417728530
Gender: Male

Dentist: Mrs Deepa Jessop(Code: DJ)

Date	Provider	Tooth	Description
11/02/2013 13:10			**Course of Treatment 1 Created**
11/02/2013 13:10			Diagnosis
11/02/2013 13:19			Treatment (Plan 1 Accepted)
11/02/2013 13:19	DJ		Assessment Fee
11/02/2013 13:19	DJ		Small Films
11/02/2013 13:19			**Course of Treatment 1 Completed**
11/02/2013 13:20	DJ		Appointment (duration: 00:05) with Mrs Deepa Jessop (In Surgery)
11/02/2013 13:22	DJ		INS ID 1003246 1031771 pt having pain from UL side, IO exam shows very poor root UL5 and carious UL6 ref pt to M Barbour for pa radiograph to assess root morphology -garde-1 0 ref pt to OSTA for extraction of UL5 UL6

THE GLA[illegible]ITAL AND SCHOOL — ORAL SURGERY DEPT.

10432099L
ZALESKI
WALTER
28 SCARAWAY ST 26/10/1970 M
GLASGOW
CHI-2610706294 G22 7JS

SURNAME	CHRISTIAN NAME(S)	UNIT NUMBER
CONSULT/	REFERRED BY	

DATE

19/2/13
OSTA
LEVEL 4

(42) Referred from GDH Treatment Centre for XLA.

HPC: Pain UL arch for 2/7, constant in nature & stabbing, gradual onset.
No exacerbating or alleviating factors.
No associated symptoms.
Systemically well, no fever or malaise.

PDH: Not currently registered c GDP, last attended 10/12 ago. Multiple previous restorations
Toothbrushing ~~every~~ 2/7
No interdental cleaning or mouthwash.
Tooth 3/52 ago

PMH: (R) BKA 1999 for congenital limb deformity. Phantom limb pain
Headaches
TIA 2008

DH: As per medical. Allergic to penicillin

SH: Works in a call centre
Smokes 10-15/day
Occasional alcohol.

O/E

Swelling ⓞ face

Extra oral - ~~No asymmetry~~, no lymphadenopathy
TMJs NAD MoMs NAD

Intra oral - Fluctuant swelling in buccal sulcus/mucosa
Tender buccal sulcus adjacent to 25 but no sinus visualised
Soft tissues otherwise unremarkable
Multiple carious lesions noted

DEPARTMENT ORAL SURGERY

Radiographs as per referral letter
Verbally consented for XLA 25 & 26.
Infiltrated with ligrospan - 4.4ml buccally &
1.1ml palatally & articaine 4% + 1:100000 adrenalin
1.6ml intraligamentally to 25.
25 extracted using Coupland 2 elevator &
upper roots forceps. Drainage of a large volume
of pus.
26 extracted using Coupland 2 elevator &
upper molar forceps.
Haemostasis satisfactory

Post extraction instructions given and
patient happy with these.
Advised to stop smoking while sockets healing
& to find a new GDP

S PARMAR BDS 3

McDonnell

16/1/15 New referral Mr Donaldson
OSCC Re extractions 12, 13, 16 and 23 with GA
Dr Naudi

CO Generalised "discomfort" top teeth
several years duration. Episodes of severe pain.
Getting worse.
Wishes removal of 'bad' teeth
No pain lower arch

PMH - TIA 2008 → No permenant effects. No monitoring. Did not discuss cause of TIA. Saw stroke nurse at time of TIA.
- high BP - controlled
- Sinus surgery 2014 Cartravel (R) side
- amputation leg below (R) knee, congenital problem

Glasgow Dental Hospital

10432099L
ZALESKI
WALTER M
28 SCARAWAY ST 26/10/1970
GLASGOW G22 7JS
CHI-2610706294

NHS Greater Glasgow and Clyde

Treatment Record

Surname	Forename(s)	Unit Number

Date	Dept	Treatment	Signature	
			Student	Staff
16/1/15		"club foot" amputated age 5		
OSCC (cont')		Allergic to penicillin		
		meds: tramadd → pain in leg similar to phantom limb pain		
		gabapentin →		
		naproxen		
		perindopril		
		carbamazapine		
		atorvastatin		
		sertraline		
		aspirin		
		sumatriptan → headaches		As required
		PDH Recently reg new GDP		
		Mr Bisnil		
		Saw for exam - dentist advised Rx here first then he will see for Rx		
		Anxious re dental Rx → "everything"		
		Had emergency rx with LA here Feb 2013		
		Usually comes off aspirin for dental Rx → advised not to do this + cont. meds as normal		
		SH - 10 roll ups per day ~~for~~ since age of 16		
		- Rare alcohol		
		- Sales adviser - Sky digital		
		EOE clear (L) TMJ - asymptomatic		
		Nodes⁰		
		Asymm⁰		
		Mass - masseters hypertrophic		

Date	Dept	Treatment	Signature	
			Student	Staff

ST clear · OH poor + + +

Glasgow Dental Hospital

NHS
Greater Glasgow and Clyde

10432099
DENT General Medical Record
ZALESKI
Walter
CHI: 2610706294

Treatment Record

Surname	Forename(s)	mber

Date	Dept	Treatment	Student	Staff
16/1/15 OSCC (cont.)		DIW Dr provision of dentures following extraction). option: ① immediate F/- at GDP ready to be fitted on day of appt. Really for aesthetics only, difficult to wear, especially in new denture wearers, will need lots of adjustments at GDP, will need new F/~~S~~ in 6/12. ② No immediate → wait 6/12 for healing. less costly but will be without teeth. wishes ① Adv see GDP for construction of F/- immediate. May wish -/P at later date. Explain of extraction: pain, swelling, bruising, bleeding, stitches, OAC ± immediate & delayed closure, surgical removal required - flap + bone removal, recovery. Pt happy. Listed for GA extraction/day case. Letter dictated GDP/amp/Mr Donaldson.		LYNSEY MILLAR RMO CT2
25/3/15	Stobhill ACH OOU	Pt admitted to Stobhill for exam 6 321 | 1234 5 | 6 warned re pain, swelling, bruising, bruising, oroantral fistula, bleeding, infection, dentures not fitting.		

Date	Dept	Treatment	Signature	
			Student	Staff
		Pt has immediate		
		dentures from GDP		
		for Liv at GDP		
				J. Liv
				AD

NHS
Greater Glasgow and Clyde

Glasgow Dental Hospital

Box Number:

Lab Number:

1043099
Case Note Label DENT General Medical Record
ZALESKI
Walter
CHI: 2610706294

Restorative Dentistry

Consultant	Date of Examination
Mr Donaldson	06-10-14

Clinician | Date

UNIT:

ENDO		PERIO		FRP	✓

43

History;

c/o: TA 2008

: not been to GDP - 12 month
- not been on current GDP

: history of sinusitis per several years (R)

: had surgery July 2014 on sinus that has improved the sinusitis. Not concerned re ± molar.

: has dinocrips ± but not Eypan

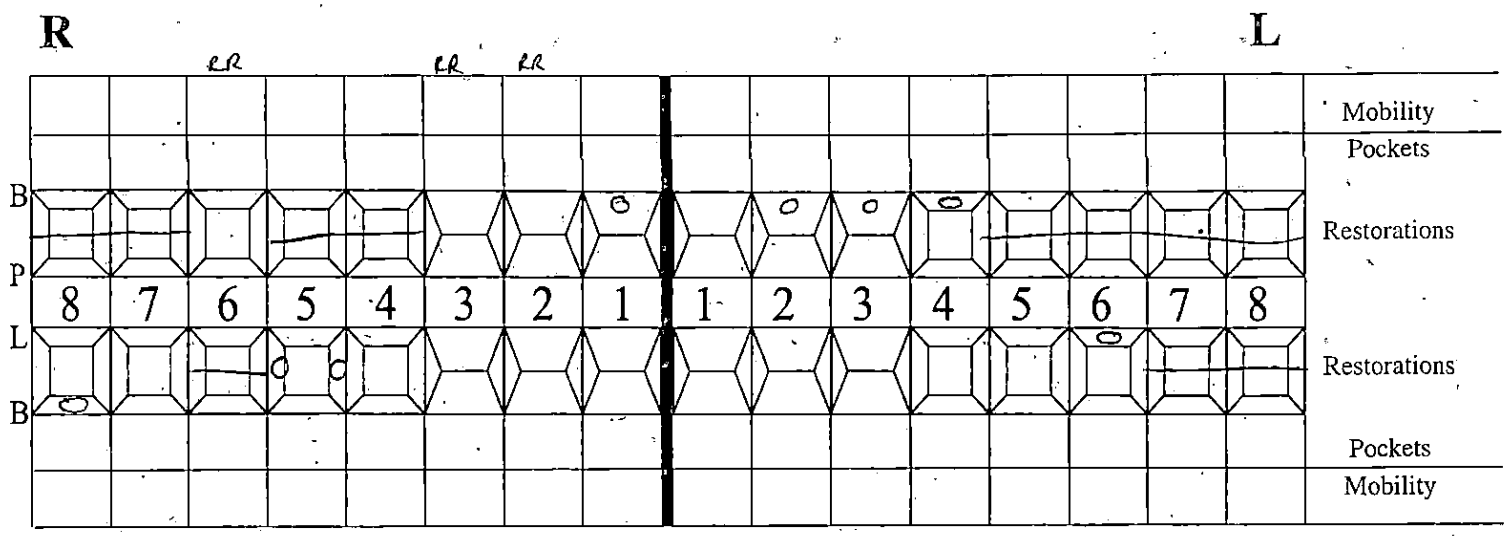
Pmx: 6 KA Allergy to Penicillin

: hypertension

: meds as per script

SH: 10/day; alcohol v little.

EXAMINATION



BPE

/	3	/
3	3	3

DIAGNOST
IC KIT-23
UIC 87-23
ID: 1001040470
2015-10-03 2014-10-03

E/o - Nil

I/o - Hard and Soft tissues are healthy
- OH is poor (+ plq/calculi)
- Class I relationship

- carious ret roots 6 32|

- |3 unrestorable

- 5|6 borderline restorable dentally

- skewed dentition

- poor OH.

- eruption of 4.3|

- generalized gingivitis.

Glasgow Dental Hospital

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

NHS Greater Glasgow and Clyde

Tre

Surname	Forename(s)	Unit Number

Date	Dept	Treatment	Signature: Student	Signature: Staff
		Plan ① OPG		
		OPG posted broken down and added files as yet.	Redisplayed not uploaded	
		Discuss.		
		① Will write to OS with list of X" and request for xrays		
		② Pt to fund GDP for restoration / perio and Fu.		
17. Loop	6/10/16	Lesion of ORG - pt not present		
		OPG - cloudy ⑧ scan		
		- retained roots ⊼ 1 2	6 3 | 4	
		- mesiang pdl 1 | 1 2 3		
		- external cons 5 7	2° cons 8 7	
		Plan (to discuss pt)		
		① Would OS please see pt for X" under GA of. 6 3 2 | 3		
		② Pt to fund ADP to restore	1 | 2	
			8 5 | 6	

Date	Dept	Treatment	Signature	
			Student	Staff
		, HH , Pu		

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 - Others:

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0114 211 9600
Department: ORAL SURGERY
Contact Tel: Appts: 0141 211 9759/9769
Enquiries to: Secretary: 0141 211 9653

Letter Date: 19/05/2015
Reference: SK/MB
Dictated Date: 26/03/2015
Transcribed Date: 08/05/2015

Mr Bismol
P G Burgoyne Dental Surgery
216 Saracen Street
Glasgow
G22 5E

Dear Mr Bismol ,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

This is just to let you know that your patient was admitted to Stobhill Hospital Day Surgery Unit on the 26th of March 2015 where he had removal of teeth 16, 13, 12, 11, 21, 22, 23, 24, 36, 45, and 47 carried out under general anaesthetic without any problems.
He has been discharged from our care and back to yourself for review.
Kind regards.
Yours sincerely

Mrs Siobhan Kyle

Associate Specialist

Oral Surgery Department

Electronically Signed: Dentist Siobhan Kyle, Dentist

cc. Dr Hunter
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

Main Switchboard: 0114 211 9600
Department: Oral Surgery
Contact Tel: Appts: 0141 211 9769
Enquiries to: Secretary 0141 211 9654
Letter Date: 20/02/2015
Reference: LM/KD
Dictated Date: 16/01/2015
Transcribed Date: 19/02/2015

Mr Bismol
P G Burgoyne Dental Surgery
216 Saracen Street
Glasgow
Glasgow
G22 5E

Dear Mr Bismol,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

This patient was seen on our Oral Surgery Consultant Led Clinic on 16 January 2015, for assessment prior to extractions with general anaesthetic.

We reviewed an OPT from September 2014 which I enclose for your information and along with the patient have discussed treatment options and have made arrangements for removal of UR6, UR3, UR2, UR1, UL1, UL2, UL3 and UL4 (upper clearance) along with LR7, the last standing molar, LR5 and LL6 under general anaesthetic as a day case.

There are multiple other carious lesions including LR3, LR2, LR1, LL3, which have insical caries and we would appreciate it if you could arrange to see him for restoration of the teeth which are not being removed.

He also expressed a wish to have a full upper immediate denture constructed we would be grateful if you could arrange for provision of this. We would be able to fit this on the day of the appointment once he had woken up from the general anaesthetic or perhaps he could see yourself later on, i.e. The next day if possible for fit of this. We have advised him of the difficulties with immediate dentures especially in new denture wearers and advised it will likely require lots of adjustment. He is aware that he will most likely need a new full upper in six months, at this point he wish to consider a partial lower denture.
Ultimately the decision on whether general anaesthetic will take place will be at the anaesthetist discretion and the patient has been made aware of this. As you are aware Mr Zaleski has a history of TIA.

We will be in touch with further advancements.

Many thanks.

Kind regards.

Your sincerely

Lynsey Millar

CT2, Oral Surgery

Electronically Signed: Dentist Lynsey Millar, Dentist

cc. Dr Dr. S Legge
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Clinical letter - Others: Other

NHS
Greater Glasgow and Clyde

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

Dr Aileen Bell
Honorary Consultant in Oral Surgery
Department of Oral Surgery
Level 4
GLASGOW DENTAL HOSPITAL AND SCHOOL

Main Switchboard: 0114 211 9600
Department: Restorative Dentistry
Contact Tel: Reception/ Appointments: 0141-211-9787
Secretary: 0141-211-9790
Enquiries to:
Letter Date: 21/10/2014
Reference: AD/MTB
Dictated Date: 06/10/2014
Transcribed Date: 17/10/2014

Dear Dr Bell,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

I would be grateful if you would review the above patient who was referred to me by colleagues in ENT with a history of ongoing sinus problems. They felt that his teeth in the upper right quadrant were in poor health and I suspect he may have thought this might have been a potential cause of his symptoms. Mr Zaleski has not been to a dentist in over twelve months as he does not seem particularly keen on his current dental practitioner. He has a history of sinusitis for several years affecting mainly the right hand side, although he has had surgery in July of this that has significantly improved the situation.
Medically he has had a below knee amputation, suffers from hypertension and has an allergy to Penicillin. His medication list is in the patient's notes. He is a ten a day smoker and consumes little alcohol.
Extra-orally, no abnormalities were detected. Intra-orally, the hard and soft tissues were healthy. I charted the 14, 15, 17, 18, 25, 26, 27, 28, 37, 38 and 46 to be absent. Oral hygiene was very poor throughout both arches. Carious and retained roots were present in the 12, 13 and 16 region. Caries was noted to affect a number of other teeth, in particular the 23, 36 and 45. The 23 is unrestorable. The dentition is generally stained through smoking. He has generalised gingivitis and BPE scores were 3 throughout both arches. He was sent for an OPG radiograph. Unfortunately the printer had broken down the day Mr Zaleski was in and therefore we were not able to review the OPG when he returned from x-ray. He is therefore unaware of the exact treatment plan but does acknowledge that a number of teeth need to come out. He has asked if this can be done under general anaesthesia and hence the referral. The OPG which is now on PACS shows a cloudy right sinus, retained roots as previously mentioned and widening of the periodontal ligament of a number of teeth. I would therefore be grateful if you would see Mr Zaleski and plan for extraction of 12, 13, 16 and 23. I have asked him to find a GDP to restore the 21, 22, 36, 45 and 48, and provide a replacement prosthesis as well as hygiene phase therapy. It may be that when Mr Zaleski comes to you other teeth may be added to the extraction list depending on their prognosis following his visit to his own GDP.
Thank you in anticipation.
Kind regards.
Yours sincerely

Alan Donaldson

Consultant in Restorative Dentistry

Electronically Signed: Dr Alan Donaldson, Consultant

cc.

Clinical letter - Others: Other

New referral please

Dr Aileen Bell
Honorary Consultant in Oral Surgery
Department of Oral Surgery
Level 4
GLASGOW DENTAL HOSPITAL AND SCHOOL

NHS Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0114 211 9600
Department: Restorative Dentistry
Contact Tel: Reception/ Appointments: 0141-211-9787
Enquiries to: Secretary: 0141-211-9790
Letter Date: 21/10/2014
Reference: AD/MTB
Dictated Date: 06/10/2014
Transcribed Date: 17/10/2014

Dear Dr Bell,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

I would be grateful if you would review the above patient who was referred to me by colleagues in ENT with a history of ongoing sinus problems. They felt that his teeth in the upper right quadrant were in poor health and I suspect he may have thought this might have been a potential cause of his symptoms. Mr Zaleski has not been to a dentist in over twelve months as he does not seem particularly keen on his current dental practitioner. He has a history of sinusitis for several years affecting mainly the right hand side, although he has had surgery in July of this that has significantly improved the situation.
Medically he has had a below knee amputation, suffers from hypertension and has an allergy to Penicillin. His medication list is in the patient's notes. He is a ten a day smoker and consumes little alcohol.
Extra-orally, no abnormalities were detected. Intra-orally, the hard and soft tissues were healthy. I charted the 14, 15, 17, 18, 25, 26, 27, 28, 37, 38 and 46 to be absent. Oral hygiene was very poor throughout both arches. Carious and retained roots were present in the 12, 13 and 16 region. Caries was noted to affect a number of other teeth, in particular the 23, 36 and 45. The 23 is unrestorable. The dentition is generally stained through smoking. He has generalised gingivitis and BPE scores were 3 throughout both arches. He was sent for an OPG radiograph. Unfortunately the printer had broken down the day Mr Zaleski was in and therefore we were not able to review the OPG when he returned from x-ray. He is therefore unaware of the exact treatment plan but does acknowledge that a number of teeth need to come out. He has asked if this can be done under general anaesthesia and hence the referral. The OPG which is now on PACS shows a cloudy right sinus, retained roots as previously mentioned and widening of the periodontal ligament of a number of teeth. I would therefore be grateful if you would see Mr Zaleski and plan for extraction of 12, 13, 16 and 23. I have asked him to find a GDP to restore the 21, 22, 36, 45 and 48, and provide a replacement prosthesis as well as hygiene phase therapy. It may be that when Mr Zaleski comes to you other teeth may be added to the extraction list depending on their prognosis following his visit to his own GDP.
Thank you in anticipation.
Kind regards.
Yours sincerely

Alan Donaldson

Consultant in Restorative Dentistry

Electronically Signed: Dr Alan Donaldson, Consultant

cc.

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

Hospital/Clinic/GP Practice .....

Patient's surname/family name :.....

Patient's first name(s): .....

Date of Birth____/____/_____ Gender: Male ☐ Female ☐

NHS/ CHI Number _____

Special requirements (e.g. other language/communication method) .....

.....N/A.....

Responsible practitioner: .....S. Ichhaporia.....

Job title: .....Assoc. Spec.....

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

EXTRACTION ELEVEN (11) ADULT TEETH UNDER
GENERAL ANAESTHETIC
WARNED RE: PAIN, SWELLING, STITCHES, BRUISING,
STIFFNESS, DENTURES NOT FITTING
BLEEDING, INFECTION.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner: .....

Name/Designation (Print) .....S. Ichhaporia Assoc. Spec.....

Date 26/3/15

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

Additionally you have to agree or disagree the following:-	**Agree**	**Disagree**
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.	☐	☑
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☑

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

Signature: ..... Date ...../...../.....

Practitioner Signature: ..... Date ...../...../.....

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: X..... Date ...../...../.....

Name (Print): X WALTER ZAKRZEWSKI.....

XR Orthopantomogram full

Performed	06-Oct-2014 15:24	Received	06-Oct-2014 15:45
Reported	06-Oct-2014 15:45	Order Number	G106H29540646
Status	Final	Source System	MiSys

XR Orthopantomogram full Final

Walter Zaleski

Dental Images taken. A radiological report will not be issued for this examination. The referrer will interpret and evaluate the outcome of this examination and document this outcome in the patient's clinical record within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

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	☐		

Including:

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

Zaleski Walter CHI: 2610706294

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Date of Completion: 01/08/2014

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Dear Dr S Legge,

Name	CHI	DoB	Address
Walter Zaleski	2610706294	26/10/1970	28 SCARAWAY ST Glasgow G22 7JS

Admitted	Type	Discharged	Destination
31/07/2014 07:59	In Patient	01/08/2014	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
Ear, Nose & Throat (ENT)	Mr Gerald Mcgarry	GGH Ward 5C - General Surgery	0141 211 3224

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 43 year old male was admitted on 31/7/14 to Gartnavel General for an electivefor a right endoscopic sinus surgery. The procedure was uncomplicated and his observations remained stable.
Kind Regards,
Amy Martin
FY1 general surgery

Treatments: None recorded.

Follow-up arranged: 4 weeks gri wed pm 1-9-14 2.50

Planned Outpatient Investigations: nil

Final Discharge letter to follow: y

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Clarithromycin Tablets	Oral	500	mg	Every morning and night	2 Weeks	
Paracetamol Tablets	Oral	1000	mg	Every 4 - 6 Hours	1 Week	Pre pack from ward
Tramadol Capsule	Oral	50	mg	Every 4 - 6 Hours when required	1 Week	takes tramadol normally but does not have any left therefore requiring prescription on discharge. Unable to take co-codamol.. See CD Rx

Medication Comment: please send to ward 4A

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Louise Melia
ctor

Prescription Review

Medications Reviewed by Pharmacist: Amy Brown, Pharmacist
Dispensed Medications Checked by Pharmacy: Amy Brown, Pharmacist
Nurse discharging patient: Karen Myles, Nurse

Immediate Discharge and Medicine Prescription Form - Confidential

Garthavel General Hospital
Glasgow G12 0YN
Telephone: 0141 211 3000

KNK

Ref. No: 221197

NHS Greater Glasgow and Clyde

Name of GP
Surgery/Health Centre

Fix ID label to all 4 copies

Patient: WALTER ZALESKI
Address: 28 SCARAWAY STREET, GLASGOW.
Post Code G22 7JS
DOB: 26/10/70 Unit no:
Weight CHI no: 2610706294

Ward: SC Tel:
Consultant: Mr McGarry
Named Nurse:
Specialty: ENT
Admission date: 31/7/14
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission
Discharge date: 1/8/14

NURSE TO COMPLETE
Out Patient appointment date.....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:.....

WARD USE ONLY
Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date:
Signature of Recipient:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Right FESS.		none.

All known drug sensitivities / adverse reactions:
Co-codamol.

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		TRAMADOL ... oral	50mg ~~tablets~~ capsules	1-2				4-6 hourly		prn for pain maximum 400mg	5 DAYS
M		please supply 5 DAYS supply of tramadol 50mgs ~~tablets~~ capsules (20, 50mg ~~tablets~~) TWENTY, FIFTY MILLIGRAM ~~TABLETS~~ WHICH IS A TOTAL DOSE OF ONE THOUSAND MILLIGRAMS (1000mgs)									

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: Rachel Carolan Signature: Date 01/8/14
Designation: SHO/GPST. Pager number: 5495

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☑

Quantity supplied	Dispensing Details
	20 x 50mg

Dispensed by: LP ht Date: 1/8/14
Checked by: RP

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Medication Collected by:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

Immediate Discharge and Medicine Prescription Form - Confidential

Garnavel General Hospital
Glasgow G12 0YN
Telephone: 0141 211 3000

FWK

Ref. No: 221197

NHS Greater Glasgow and Clyde

Name of GP
Surgery/Health Centre

Fix ID label to all 4 copies

Patient: WALTER ZALESKI
Address: 25 SCARAWAY STREET,
GLASGOW
Post Code G22 7JS
DOB: 26/10/70 Unit no:
Weight CHI no: 2610706794

Ward: 5C Tel:
Consultant: Mr McGarry
Named Nurse:
Specialty: GNT
Admission date: 31/1/14
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission
Discharge date: 1/8/14

NURSE TO COMPLETE

Out Patient appointment date.....
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:.....

WARD USE ONLY

Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date:
Signature of Recipient:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Right TKR		none

All known drug sensitivities / adverse reactions:
Penicillin

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		Tramadol	soln							prn for pain maximum 4 hourly 8 capsules	5 DAYS
		Please supply 7 DAYS supply of Lactulose Enema for Milligram (10,000mg)									

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☑

Quantity supplied	Dispensing Details
1	20 x 50ml

Dispensed by: LGD ht Date: 1/8/14
Checked by: RP

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Medication Collected by:

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: Rachel Carlton Signature: Date 31/8/14
Designation: SHO/ANP Pager number: 3417

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

Anaesthetic Record

NHS Greater Glasgow and Clyde

10432099L M
ZALESKI
WALTER 26/10/1970
28 SCARAWAY ST
GLASGOW G22 7JS
CHI-2610706294

Premedication

Procedure(s) (R) FESS

Anaesthetist(s) S. Cumming / A Stones (PAA) ☑ C ☐ SAS ☐ StR

Surgeon(s) MC QM ☑ ☐ ☐

Date 31 / 7 / 14

Supervising consultant Discussed ☐

Airway M.O.✓ LR✓ MP

RS

CVS HTN

Weight (kg)

Haematology W - 9.3 P - 452 H - 155

Biochemistry N - 141 K - 5.1 U - 4.4 C 75

ECG NSR

BP ___ / ___

FIRFIX

Current therapy

- NAPROXEN
- ASPIRIN
- SOMERSENS
- STATIN
- PERINDOPRIL
- TRAMADOL
- AMITRIPTYLINE
- SUMATRIPTAN

Other significant illnesses

- (R) BKA – Prosthesis

Allergies ~~DETAT~~ PENICILLIN

Previous anaesthesia ✓

ASA 1 (2) 3 4 5 E

Technique & associated risks discussed with patient ☑

Supine ☑ Lithotomy ☐ Prone ☐ Lateral ☐ Head up ☐ Head down ☐

GA ☑ Spinal ☐ Epidural ☐ Other LA _____

ETT 7.5 RAE(S) LMA _____ F Mask ☐ Laryngoscopy grade I

IV site(s) R hand 20 **Technique details**

Art line PPF

CVP 57

Ventilator A/S

Breathing system ⊖

Start 10:00

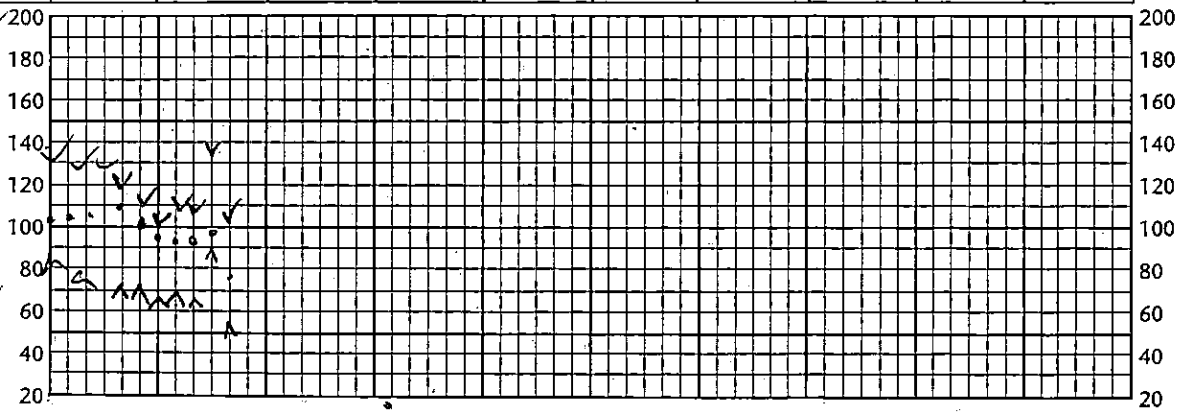
Finish :

Equipment check ☑

FENTANYL	75 25+25+25+50
ONDANSETRON	4
PROPOFOL	200 +50
LIGNOCAINE	35
MOLLIN-NS	5 5
ALFENTANIL (mcg)	500+500
LABETOLOL (mg)	5+5+5
IV fluids	① ②

Pre-ox ☑
RSI ☐

ECG ☐
SpO_2 ☐
NIBP ☐
$ETCO_2$ ☐
ETAA ☐
All of the above ☑
PNS ☐



Time	1000	1030	11~
Events			
FiO_2	1-0	-6	·5
SpO_2	99	99	99
$ETCO_2$	5.1	5.3	4.5
ETAA	2.-	2.8	2.7

Events
①
②
③
④
⑤
⑥
⑦
⑧
⑨

IV fluids
① CRI - 500 ml
② CSL 500ml
③
④
⑤
⑥
⑦
⑧
⑨

Warmer ☐

Signature _____

Name _____

00190

MIS 155180

NORTH GLASGOW HOSPITALS

CLINICAL DIRECTORATE OF ANAESTHESIA THEATRES, ITU AND PAIN RELIEF SERVICES

MULTI DISCIPLINARY CARE PLAN

NHS Greater Glasgow and Clyde

Uni 2610706294 ✓ M
Nar ZALESKI Walter 26/10/1970
Add 28 SCARAWAY ST Glasgow, Lanarkshire G22 7JS
DoE

Ward: SAU Date: 31.7.14
Consultant McGarry
Theatre: G
Proposed Operation: Right FESS

PRE-OPERATIVE VISITS
Any Relevant Visits:

CHECK LIST

Please check the following before pre-med is given:-	WARD YES	RECEPTION YES	COMMENT / N.A.
When did the patient last eat or drink	TIME 0600 sip of H2O ✓		
BM Stix?	TIME n/a VALUE X		
Consent signed?	☑ ✓	☑ ✓	
Identity band correct (Name, DoB hospital no., ward no.)	☑ ✓	☑ ✓	
Case notes (including current ECG biochemistry, haematology), nursing notes, drug Kardex, recording sheet)?	☑ ✓	☑ ✓	Bloods 17/6/14 ECG 31/7/14
X-Rays available?	☑ ✓	☑ pacl	
Operation site prepared - marked?	☑ ✓	☑ ✓	
Dentures removed?	☑ n/a	☑ n/a	
Prothesis/Hearing aids, contact lenses removed?	☑ ✓	☑ ✓	(r) below knee Amputee
Make-up, nail varnish, jewellery (taped/removed)?	☑ ✓	☑ ✓	
Wearing black tied cotton gown, disposable pants?	☑ ✓	☑ ✓	
Pacemaker?	☑ NO	☒	
Allergies?	☑ PENICILLIN	☑ ✓	
Have you passed urine this morning?	☑ ✓	☑ ✓	
Waterlow score noted	☑ 2	☑ ✓	
Pre-med given?	☒	☒	

Signature E. Law Ward

Reception:

Correct patient received and documentation complete? ☑ ✓

Time into Reception 0955

Signature

	YES	N/A	
Patient identified in anaesthetic room?	☐	☐	NAMED NURSE

Time: 10^10 a Signature: [signature] [illegible]

MONITORING

ECG	☑	IBP	☐	PULSE	☐
NIBP	☑	CVP			
SaO_2	☑	Core Temp.			
CO_2	☑	Peripheral Temp.			

Laryngeal Mask ☐ Size:.....

ET tube ☑ Size: 8.0 RAE.

Throat Pack ☐ Removed? Yes ☐ No ☐

TOURNIQUET ☐ Time applied..... Pressure.....

Time released..... Site.....

DIATHERMY ☐ Site.....

BI-POLAR ☐

Patient position on table Supine.

	Yes	Comment
Positioned as per policy?	☑	.....
Prevention of pressure sores?	☐	.....
Prevention of heat loss	☐	.....
Ripple mattress?	☐	.....
Padding?	☐	.....
Warmed fluids?	☐	.....

IV Cannulation ☑ Site 20G (L) Hand

Arterial Cannulation ☐ Site.....

CVP Line ☐ Site.....

METHOD OF ANAESTHESIA

General	☑	Regional	☐	Site.....
Local	☐	Spinal	☐	
Epidural	☐	Sedation	☐	Site.....

OPERATION FESS

ANAESTHETIC POST-OP INSTRUCTIONS

O_2 Therapy 4 L/M 12 Hours HUDAN Mask

Post-operative IV Fluid Regimen:

CR- 60 ml/1 TILL BACK

Routine Observations: Yes ☑

Special Instructions: CVP ☐ Urine volumes ☐

Analgesia Prescribed Yes ☐ N/A ☐

Does Anaesthetist wish to see patient before return to ward? Yes ☐ N/A ☐

BLOOD LOSS IN THEATRE ..... mls

Anaesthetist's Signature .....

WOUND CARE

		Specify:
Skin Preparation	☐	
Drain	☐	
Catheter	☐	
Staples	☐	
Sutures	☐	
Packing	☐	
Dressing	☐	
Wound toilet	☐	

RGICAL POST-OP INSTRUCTIONS 31/7/14.

(L) incisional, MMA + synovial biopsy

post op: Routine obs

(H) lake + meds

2/52 Ciprofloxacin bd

fu ~~PBA~~ wed pm 4/52

Surgeon's Signature ..... MELLA ST7

ne Into Recovery: .....

NAMED NURSE ..... SN mcfadyen

COVERY

	Yes	N/A	
tube?	☐	☑	removed: .....
ryngeal mask?	☐	☑	removed: .....
w	☐	☑	removed: .....

Patient maintaining own airway

ONITORING

CG	☑	IVP	☐	RESPIRATION	☑
BP	☑	CVP	☐		
O_2	☑	PULSE	☑		

	Yes	N/A
rays Requested	☐	☑

evention of Pressure Sores

			Comments
aterlow score	☑	☐	↑ Please observe
uipment?	☑	☐	nursed on trolley
rsing action	☑	☐	positional changes encouraged

RITERIA TO BE MET BEFORE DISCHARGE FROM RECOVERY

the patient conscious and orientated time and place?	☐	☐
patient cardiovascularly stable?	☐	☐
patient comfortable?	☐	☐
e drains patent and is drainage thin expected limits? Are wounds e from excessive staining?	☐	☐

gnature: .....

EVENTS

1145 1g of IV paracetamol & IV fentanyl boluses commenced as per Kardex (CSln)
1220 50mg of IV tramadol given as per Kardex (CSln).
1720 60mcg of fentanyl given, Patient appears to be sleepy, Respiratory Rate 10bpm. BP 180/106. Anathetist informed, patient for IV tramadol. (CSW)
Patient reporting pain at 7/10. (CSln).
1730 Reviewed by Dr Gupta, Patient for further 50mg of IV tramadol. 50mg of IV tramadol given as per Kardex (CSln).
1300 BP 168/103, Patient reporting pain at 4/10. Anathetist informed. Patient appears settled, happy for patient to return to ward. (CSW).

11/8/14 WIR Harrison
0925 Obs stable.
Feels OK.
(D)(HP) today
2 weeks clarithromycin.
F/U Wed PM in 4 weeks.

Hayley FY2

1. PAIN SCORE 2. SEDATION SCORE 3. NAUSEA SCORE

	10	11	11	12	12	11	12	13
Time	15	30	45	00	15	30	45	00
Pain Score	✓	8/10	8/10	7/10	8/10	6/10	5/10	4/10
Sedation Score	1	0	0	0	0/5	0/5	0/5	0
Nausea Score	✓	0	0	0	0	0	0	0

BP / PULSE

210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30

FiO2	5L	5L	5L	5L	5L	5L	5L
RESPS	12	12	20	10	12	12	17
SaO_2	100	100	100	100	100	100	100
Temp.	36.4						
IVI	pat	Pat	✓	pat	✓	pat	✓
Check	Sats	✓		✓		Sats	

00583

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 31-7-14

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

HOSP/CHI no.

WARD 4A

HOSP - QGH

THEATRE- 4

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	SN WELSH	
PRE - OP INSTRUMENT COUNT CORRECT	WELSH	
FINAL SWAB COUNT CORRECT	WELSH	
FINAL INSTRUMENT COUNT CORRECT	WELSH	
FINAL SWAB DISPATCH COUNT CORRECT	WELSH.	

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct

SCRUB NURSE 1- SIGNATURE AR BBACH

SCRUB NURSE 2 SIGNATURE -

To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION RIGHT FESS

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)	0	Tapes				ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings				
Abdominal packs		Bulldogs				
Sutures		Shods				
Blades	1	Tibbs Cannula				
IV needles		Ports				
Syringes		Staple Gun Inserts				
Discard-a-pad		Spears				
Diathermy pencil		Throat packs - Anae				
Diathermy tips		Throat packs - Scrub				
Scratch pad		Retrieval Bag (Bert)				
Reels		Digital Tourniquets				
Patties	20					
Pledgelets						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

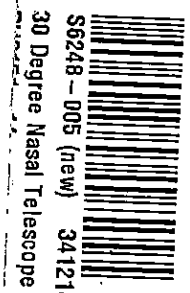
DETAILS

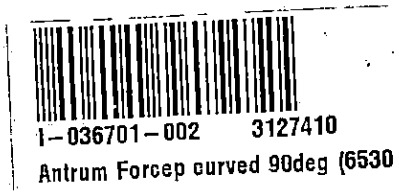
ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

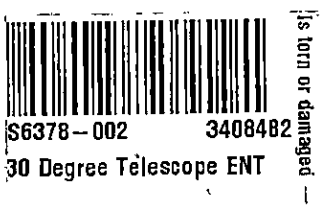
SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

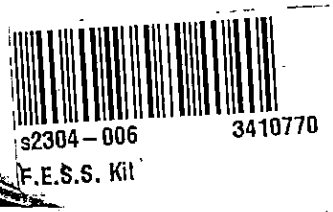
SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

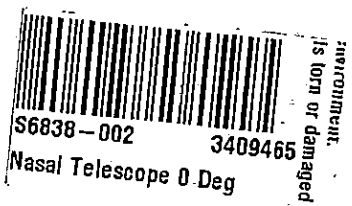
PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

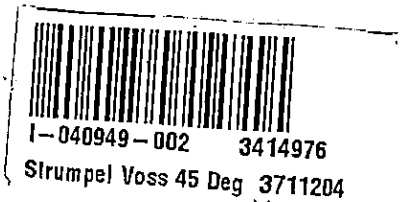

S6248-005 (new) 3412105
30 Degree Nasal Telescope (GGH EN


1-036701-002 3127410
Antrum Forcep curved 90deg (6530


S6378-002 3408482
30 Degree Telescope ENT


s2304-006 3410770
F.E.S.S. Kit


S6838-002 3409465
Nasal Telescope 0 Deg


1-040949-002 3414976
Strumpel Voss 45 Deg 3711204

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practi

Patient's surname / family

Patient's first name

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

Date of birth

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

RIGHT FUNCTIONAL ENDOSCOPIC SINUS SURGERY (+/- ~~TOOTH EXTRACTION UPPER RIGHT~~)

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

BLEEDING
INFECTION
RECURRENCE
CSF LEAK
VISUAL DISTURBANCE - TEMPORARY
PERMANENT -

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) L. MELVIT. ST7.

Date 31/7/14

00526

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☑	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☑	☐

Patient / parent agreement to treatment

Signature X. [signature]	Date 31/7/2014
Name (print) WALTER ZALESKI	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

ENT - Rhinology
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
Date of referral 07-Mar-2014 **Date sent** 07-Mar-2014

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 01417728530
Voice: 07796686069

101006848589Y Unique Care Pathway Number: 101006848589Y

REGISTERED GP DETAILS

Name	Dr J Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
GLASGOW
G21 4AH

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS

Name	Dr. Susan Legge		
GMC code	4188654	GP code	08729
Practice name	Drs McGowan, Cron, Howat,McKinlay & (43133)		
Practice code	43133		

Practice address

The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Contact number(s)

Voice: 0141 557 6161

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: discharge, pain, "blockage" , blood from right nostril 2/12, smoker

Comment: had beconase, and prednisolone drops, 2 courses macrolide, raw little s area, sensation blockage higher up at bridge. blood on blowing nose.
smokes, has pets (not new). please see

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right .	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen 500mg tablets	56	tablet	1 TABLET TWICE DAILY IF REQUIRED	-	28-Jan-2014	07-Mar-2014
Aspirin 75mg gastro-resistant tablets	336	tablet	1 EVERY DAY	-	01-Aug-2008	12-Feb-2014
Sertraline 50mg tablets	336	tablet	1 DAILY	-	23-May-2012	12-Feb-2014
Atorvastatin 40mg tablets	336	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	12-Feb-2014
Carbamazepine 200mg tablets	336	tablet	1 A DAY	-	11-Feb-2005	12-Feb-2014
Perindopril erbumine 4mg tablets	336	tablet	TAKE ONE DAILY	-	13-Feb-2009	12-Feb-2014
Tramadol 50mg capsules	100	capsule	TAKE 1 OR 2 AS DIRECTED	-	23-May-2012	07-Mar-2014
Amitriptyline 25mg tablets	28	tablet	TAKE 1 AT NIGHT	-	22-Jun-2012	07-Feb-2014
Paracetamol 500mg tablets	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	28-Sep-2011	07-Feb-2014
Sumatriptan 100mg tablets	6	tablet	1 TABLET AT THE ONSET OF MIGR[more]	-	27-Mar-2012	28-Jan-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Betamethasone 0.1% ear/eye/nose drops	10	ml	TWICE A DAY TO EACH NOSTRIL	-	07-Mar-2014	07-Mar-2014
Naseptin nasal cream (Alliance Pharmaceuticals Ltd)	15	gram	APPLY TWICE A DAY	-	07-Mar-2014	07-Mar-2014
Betamethasone 0.1% ear/eye/nose drops	10	ml	TWICE A DAY TO EACH NOSTRIL	-	07-Feb-2014	07-Feb-2014
Clarithromycin 250mg tablets	28	tablet	1 DAILY	-	07-Feb-2014	07-Feb-2014
Clarithromycin 250mg tablets	56	tablet	2 TABLET TWICE A DAY FRO 7 DA[more]	-	10-Jan-2014	10-Jan-2014
Beclometasone 50micrograms/dose nasal spray	200	dose	TWICE A DAY TO EACH NOSTRIL	-	10-Jan-2014	10-Jan-2014

Naproxen 500mg tablets	56	tablet	1 TABLET TWICE DAILY	-	16-Dec-2013	16-Dec-2013
Sertraline 50mg tablets	28	tablet	1 DAILY	-	23-May-2012	16-Dec-2013
Aspirin 75mg gastro-resistant tablets	28	tablet	1 EVERY DAY	-	01-Aug-2008	20-Nov-2013
Atorvastatin 40mg tablets	28	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	16-Dec-2013
Perindopril erbumine 4mg tablets	30	tablet	TAKE ONE DAILY	-	13-Feb-2009	20-Nov-2013
Carbamazepine 200mg tablets	28	tablet	1 A DAY	-	11-Feb-2005	20-Nov-2013
Naproxen 500mg tablets	56	tablet	1 TABLET TWICE DAILY	-	20-Nov-2013	20-Nov-2013
Amitriptyline 25mg tablets	84	tablet	TAKE 2 AT NIGHT	-	22-Jun-2012	01-Nov-2013
Baclofen 10mg tablets	84	tablet	1 TABLET THREE TIMES A DAY	-	22-Oct-2013	22-Oct-2013
Amitriptyline 25mg tablets	84	tablet	TAKE 3 AT NIGHT	-	22-Jun-2012	25-Sep-2013
Sertraline 50mg tablets	28	tablet	1 DAILY	-	23-May-2012	20-Nov-2013
Aspirin 75mg gastro-resistant tablets	28	tablet	1 EVERY DAY	-	01-Aug-2008	20-Nov-2013
Carbamazepine 200mg tablets	28	tablet	1 A DAY	-	11-Feb-2005	20-Nov-2013
Perindopril erbumine 4mg tablets	30	tablet	TAKE ONE DAILY	-	13-Feb-2009	20-Nov-2013
Atorvastatin 40mg tablets	28	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	20-Nov-2013
Tramadol 50mg capsules	100	capsule	TAKE 1 OR 2 AS DIRECTED	-	23-May-2012	20-Nov-2013

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker.	07-Mar-2014
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Oct-2013
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	25-Sep-2012
Cigarette smoker:	Smoking status on date of event: Smoker.	16-Mar-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	13-Jan-2009
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	22-Oct-2013
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	22-Oct-2013
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	25-Sep-2012
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 4.	28-Jan-2003
GPPAQ physical activity index: active:		22-Oct-2013
Exercise grading NOS:	Result of Scoring Test: 2.	22-Oct-2013
Declined referral to physical exercise programme:		22-Oct-2013
Exercise grading:		25-Sep-2012

Exercise grading NOS: 4 25-Sep-2012

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

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

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow
and Clyde

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NEUROLOGY DEPARTMENT
DR S MILLER
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 20/06/2012
Typed 09/07/2012
Our Ref SM/NMCP

Dr James McKinlay
Drs McGowan, Cron, Howat, McKinlay
The Barony Medical Centre,
30 Auchinloch Street,
Glasgow
G21 4AH

Dear Dr McKinlay

Walter Zaleski - 26/10/1970 - CHI: 2610706294 - CRN: 10432099L
28 Scaraway St, Glasgow, G22 7JS

Diagnosis: Episodic migraine.

Current Medication: Sumatriptan 50 mg at night, Amitriptyline, Paracetamol.

Treatment Plan:
Increase Amitriptyline to 75 mg.
Acute medication with Diclofenac, Sumatriptan 100 mg/Rizatriptan/Zomig, Buccastem.

Follow Up: Discharged from Neurology.

I reviewed this gentleman back in the clinic today. He has had a result with his Amitriptyline and medication detox and is now having one bad headache every two weeks. He is happy with this result, but is not getting as good relief as expected with his acute medication. I therefore wonder if you would be able to increase his Sumatriptan to 100 mg and consider changing this to Rizatriptan or Zomig if he does not get sustained relief. The Sumatriptan should be taken alongside a non steroidal such as Diclofenac and Buccastem (although he is not sick with them they aid gastric absorption and have an anti-headache effect). His Amitriptyline could also be increased to 75 mg to see if this cuts down things further.

Walter Zaleski, cont'd

Alternative headache treatments were listed in his previous letter if things need to be added to the Amitriptyline, such as Epilim 200 mg bd increasing to 500 mg bd after two weeks or Propranolol 20 mg bd increasing up to a maximum of 80 mg bd.

I have discharged him from clinic but would obviously be happy to see him again if all the above steps fail.

Yours sincerely,

Sarah Miller
Consultant Neurologist

cc Mr Walter Zaleski
28 Scaraway Street
Glasgow
G22 7JS

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NEUROLOGY DEPARTMENT
DR S MILLER
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 14/12/2011
Typed 13/01/2012
Our Ref SM/NMCP

Dr James McKinlay
The Barony Medical Centre,
30 Auchinloch Street,
Glasgow
G21 4AH

Dear Dr McKinlay

Walter Zaleski - 26/10/1970 - CHI: 2610706294 - CRN: 10432099L
28 Scaraway St, Glasgow, G22 7JS

Diagnosis: Chronic migraine with medication overuse headache

Current medication: Paracetamol and Diclofenac daily (previously daily Codeine for 10 years), Amitriptyline 30 mg, Carbamazepine 200 mg (for phantom limb pain).

Treatment Plan:
Increase Amitriptyline every 1 to 2 weeks to a maximum of 75 mg. When dose reached for acute medication detox.
All acute migraine pain medication to be stopped for a 2 week period, following which all medication for pain to be limited to a maximum of 2-3 days a week if possible.
Acute severe headaches only to be managed with Sumatriptan or Rizatriptan, Naproxen 500 mg, and an anti-emetic such as Domperidone.

Follow Up: To be seen in 6 months' time.

I reviewed this gentleman along with his wife in clinic today. He has been having headaches since what he says was a "TIA" 3 years ago. This diagnosis came around when he had a drooping of the face and tingling of the face, along with pain in the head. On questioning he was quite clear that the sensory disturbance was pins and needles and evolved spreading across his face. This sounds far more migrainous and I understand that his scan showed white matter change which was non specific. Although he tells me that he was diagnosed as having had a TIA his clinic letters clearly state that it was thought this was migraine in nature.

Walter Zaleski, cont'd

Since then he has been having regular headaches at least once a week for many years and daily since August. Once in August these were once again associated with sensory symptoms evolving over his face. He was admitted to the Western Infirmary and investigated with normal CT and lumbar puncture and told that this was migraine. He now gets daily headaches that last hours at a time and associated with nausea, but no vomiting, and the need to lie down. He says that he feels dreadful with them. He does not have regular aura. He was taking Codeine on a daily basis for 10-12 years for a mixture of headaches and phantom limb pain and this was stopped in August. There has been no change in his headaches since, but he has been taking daily Paracetamol and Diclofenac since this time. He is on Carbamazepine for phantom foot pain and was also started on Amitriptyline at a low dose in September.

He had a right club foot amputated in a below knee amputation. He also has high blood pressure for which he is on Perindopril. Other medications include Citalopram, Perindopril, Simvastatin and Aspirin. There is no family history of headache and he denies any history of ischaemic heart disease or stroke.

He lives with his wife and son and works in a Call Centre. He does not drive, smokes 10-20 cigarettes a day and drinks very little alcohol.

Neurological examination was normal. He has a below knee amputation on the right and also, it would appear, multiple amputations of the fingers at the DIP joints on both hands.

He is suffering from chronic migraine and medication overuse headache. I went through this with him today. I also told him that from his story and the clinic letters I do not think he has ever had a TIA in the past, but clearly he does have vascular risk factors. There will be no need to take him off his medications.

I would advise that his Amitriptyline is increased stepwise to a maximum of 75 mg. Once he has reached this dose he should go through an acute medication detox as detailed above. I would expect his headache to worsen during this time. After this 2 week period he should be limited to a maximum of 3 days a week of any painkillers for any reason. In terms of treating his migraine headaches he should take a mixture of triptans, Naproxen and anti-emetics for severe headaches only. Again these must be limited to 2-3 days a week. If after 6-8 weeks following medication detox his headaches are no better then his Amitriptyline should be withdrawn and replaced with Valproate 200 mg bd, increased to 500 mg bd after 2 weeks, or Topiramate 25 mg once a day, increased every 2 weeks to a maximum of 50 mg bd. Another option would be to stop his Citalopram and replace this with Duloxetine which can be useful for neuropathic pain and headaches.

We plan to see him back in 6 months' time.

Yours sincerely

Sarah Miller
Consultant Neurologist

cc Mr Walter Zaleski
28 Scaraway St,
Glasgow,
G22 7JS

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

Neurology
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 13-Oct-2011 **Date sent** 13-Oct-2011

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 01417728530
Voice: 07886545218

101002663657E Unique Care Pathway Number: 101002663657E

REGISTERED GP DETAILS

Name	Dr JJ Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
SPRINGBURN
GLASGOW
G21 4AH

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS

Name	Dr AM Cron		
GMC code	2548010	GP code	00183
Practice name	-		
Practice code	43133		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: constant severe headache since end August

Comment: urgent referral refused as had normal ct scan and lumbar puncture.
off work due to headache

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right.	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
PARACETAMOL tabs 500mg	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	28-Sep-2011	12-Oct-2011
CARBAMAZEPINE tabs 200mg	84	tablet(s)	1 A DAY	-	11-Feb-2005	28-Sep-2011
PERINDOPRIL ERBUMINE tabs 4mg	60	tablet(s)	TAKE ONE DAILY	-	13-Feb-2009	28-Sep-2011
SIMVASTATIN tabs 40mg	56	tablet(s)	1 AT NIGHT	-	01-Aug-2008	28-Sep-2011
ASPIRIN ec tab 75mg	56	tablet(s)	1 EVERY DAY	-	01-Aug-2008	08-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	12-Oct-2011	12-Oct-2011
AMITRIPTYLINE HCl tabs 10mg	84	tablet	3 AT NIGHT	-	12-Oct-2011	12-Oct-2011
DICLOFENAC SODIUM ec tab 50mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	12-Oct-2011	12-Oct-2011
CITALOPRAM tabs 40mg	28	tablet	1 DAILY	-	12-Oct-2011	12-Oct-2011
CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	30-Sep-2011	30-Sep-2011
CITALOPRAM tabs 20mg	56	tablet	1 DAILY	-	20-Aug-2010	28-Sep-2011
CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	28-Sep-2011	28-Sep-2011
DICLOFENAC SODIUM ec tab 50mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	20-Sep-2011	20-Sep-2011
AMITRIPTYLINE HCl tabs 10mg	56	tablet	2 AT NIGHT	-	19-Sep-2011	19-Sep-2011
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	07-Sep-2011	07-Sep-2011

CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	07-Sep-2011	07-Sep-2011
PROPRANOLOL tabs 40mg	56	tablet	TAKE ONE THREE TIMES DAILY	-	07-Sep-2011	07-Sep-2011
IBUPROFEN tabs 600mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	07-Sep-2011	07-Sep-2011
CO-DYDRAMOL (dihydrocodeine & paracetamol) tabs 10mg 500mg	100	tablet	AS DIRECTED	-	01-Feb-2006	23-Aug-2011
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	01-Sep-2011	01-Sep-2011
IMIGRAN tabs 50mg	6	tablet	TAKE ONE AS DIRECTED FOR HEADACHE	-	01-Sep-2011	01-Sep-2011
CITALOPRAM tabs 20mg	56	tablet(s)	1 DAILY	-	20-Aug-2010	28-Sep-2011
CO-DYDRAMOL (dihydrocodeine & paracetamol) tabs 10mg 500mg	100	tablet(s)	AS DIRECTED	-	01-Feb-2006	23-Aug-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet(s)	1 EVERY DAY	-	13-Feb-2009	25-Jul-2011
CITALOPRAM tabs 20mg	56	tablet(s)	1 DAILY	-	20-Aug-2010	26-May-2011
CO-DYDRAMOL tabs 10mg 500mg	100	tablet(s)	AS DIRECTED	-	01-Feb-2006	06-Jun-2011

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker.	16-Mar-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	13-Jan-2009
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	14-Nov-2008
Ex smoker:	Smoking status on date of event: Ex-smoker.	20-Aug-2008
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	18-Jul-2008
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 4.	28-Jan-2003

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: drug allergy	Drug code for allergy: PENICILLIN G inj 600mg/vial, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

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**

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	☐

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 22/05/2023

Consultant: Dr Monica McKenna

C Howat
Drs Howat & Legge
The Barony Medical Centre
30 Auchinloch Street
Glasgow
Glasgow
G21 4AH

Dear C Howat

Re: **Zaleski Walter** DOB: **26/10/1970** CHI: **2610706294**
28 Scaraway Street
Glasgow G22 7JS

Attended on: **22/05/2023 at 14:11 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
chest pains

Nursing Assessment:
ECG PLEASE, NEWS 1. 6 hour hx right sided chest pain, stabbing in nature with sob. No cardiac hx.

Investigations in ED:

1. Full Blood Count	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. Bone Profile**
7. CRP	**8. Troponin I hs**	**9. XR Chest**
10. D - Dimer		

Diagnosis:

Diagnosis	Side	Site
Other Chest Pain		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:

52M attends with sudden onset sharp chest pain. ECG NSR. CXR NAD. Bloods reassuring. Trop <4, D-dimer <150. D/c with worsening advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Eve Stobie
Doctor

Copies to:

1. C Howat (GP)

School Address:

Clinical letter - GP: Result

NHS
Greater Glasgow and Clyde

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

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Main Switchboard:	
Department:	Acute Assessment Unit
Contact Tel:	0141 211 5719
Enquiries to:	Jean Cairney
Letter Date:	01/03/2017
Reference:	PG/JC
Dictated Date:	28/02/2017
Transcribed Date:	01/03/2017

Dear Dr Legge,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS

This gentleman has now had his pulmonary function tests performed. They show moderate airflow obstruction on dynamic testing and moderately reduced transfer factor. This would be in-keeping with his smoking history and I would be grateful if you could ensure that he is on appropriate therapy for COPD according to symptom severity.

With kind regards,

Yours sincerely,

Dr Pauline Grose

Consultant Physician Acute Medicine

Electronically Signed: Dr Pauline Grose, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. S Legge
Drs Mcgowan cron howat mckinlay &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141.211 4000
Email Inquiries to: Ann.McNaughton@ggc.scot.nhs.uk
Contact Tel Details: 0141-211-20484 0141-211-24423

Dictated Date: 02/06/2014
By: Mr G McGarry
Transcribed Date: 12/06/2014
By: Evelyn Strange

Dear Dr. S Legge,

Patient

Name:	Zaleski Walter
CHI:	2610706294
DOB:	26 Oct 1970
Address:	28 SCARAWAY ST
	Glasgow
	G22 7JS

Attendance

Attended:	02/06/2014 15:00
New/Return:	G R ENT
Referral Source:	General Practitioner
Consultant:	Mr Gerald Mcgarry
Specialty:	Ear, Nose & Throat (ENT)
Clinic:	GRGMEN2-MR MCGARRY MONDAY PM

Clinical Comments:

This patient's CT scan confirms my impression of a non resolving infected sinusitis in the right maxillary antrum. I think the time has come to offer him surgery and he understands the implications of this. I have provided him with a patient information leaflet. **He is currently taking Aspirin and Perindopril as prophylaxis following a TIA.** I need him to stop this two weeks prior to the surgery in order to prevent serious haemmorhage. I have explained this to him and he knows when he gets his date for surgery he will have to stop these medications.

Yours sincerely

Mr G McGarry

Consultant ENT Surgeon

Electronically Signed: Mr Gerald Mcgarry, Consultant

cc. Ann.McNaughton@ggc.scot.nhs.uk

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. S Legge
Drs Mcgowan cron howat mckinlay &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Email Inquiries to:
Contact Tel Details: 0141-211-20484 0141-211-24423

Dictated Date: 14/05/2014
By: Mr Raad John Glore
Transcribed Date: 20/05/2014
By: Diane MacDonald

Dear Dr. S Legge,

Patient

Name:	Zaleski Walter
CHI:	2610706294
DOB:	26 Oct 1970
Address:	28 SCARAWAY ST Glasgow G22 7JS

Attendance

Attended:	14/05/2014 13:31
New/Return:	G R NASAL
Referral Source:	General Practitioner
Consultant:	Mr Gerald Mcgarry
Specialty:	Ear, Nose & Throat (ENT)
Clinic:	GRGMEN6-MR MCGARRY NASEL CLINIC WED PM

Clinical Comments:

Your patient says that he has not improved despite the previous course of antibiotics. Unfortunately, he has not had his CT scan of the paranasal sinuses but I understand that this is due on 20th May 2014 at the Royal Victoria Hospital.

The examination using the rigid nasesndoscopy confirms pus in the osteomeatal complex but I could see a Grade A polyp.

Outcome:- I have started him on a course of Doxycycline 250mg. stat. dose orally followed by 100mg. orally once daily for 20 days (21 days). I have also initiated him on Betnesol nasal drops two drops each nostril twice daily for six weeks. I have encouraged him to douch his nose at least twice a day.

We will review him in three weeks and up date you with his progress.

Yours sincerely

Mr RJ Glore

AMTF Rhinology and Anterior Skull Base

Electronically Signed: Mr Raad John Glore, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. S Legge
Drs Mcgowan cron howat mckinlay &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Email Inquiries to:
Contact Tel Details: 0141-211-20484 0141-211-24423

Dictated Date: 14/05/2014
By: Mr Raad John Glore
Transcribed Date: 20/05/2014
By: Diane MacDonald

Dear Dr. S Legge,

Patient

Name:	Zaleski Walter
CHI:	2610706294
DOB:	26 Oct 1970
Address:	28 SCARAWAY ST
	Glasgow
	G22 7JS

Attendance

Attended:	23/04/2014 13:45
New/Return:	G N NASAL
Referral Source:	General Practitioner
Consultant:	Mr Gerald Mcgarry
Specialty:	Ear, Nose & Throat (ENT)
Clinic:	GRGMEN6-MR MCGARRY NASEL CLINIC WED PM

Clinical Comments:

Mr Zaleski has been complaining of right nasal symptoms for months in the form of obstruction, facial pain, right sided headache and unable to blow his right nostril with sometimes bloody discharge and numbness over the right side of the nose. He also snores. He has been taking two antibiotics of different types over the last two months but he has not felt any improvement. He has a past medical history of a transient ischaemic attack in 2008 which has affected his memory.

He is a below knee amputee, right side. I have reviewed his medications. I note that he is allergic to Penicillin. He smokes ten cigarettes a day and been doing so for twenty years. He rarely drinks alcohol. He works as a Customer Advisor.

Standard ENT examination, neck palpation and fiberoptic nasendoscopy showed pus in the right osteomeatal complex.
Outcome:- I have initiated this gentleman on a course of Clairthyromicin 500mg. b.d. and Metronidazole 400mg. three times a day both for two weeks.
I have referred him for an Urgent CT scan. We will keep you posted with the results when available.
Yours sincerely

Mr RJ Glore

AMTF Rhinology and Anterior Skull Base

Electronically Signed: Mr Raad John Glore, Doctor

cc.

NHS
Greater Glasgow and Clyde

Bone Metabolism/Fracture Liaison Service
Glasgow Royal Infirmary/Stobhill Hospital
Telephone 0141 201 5301/5300
Osteoporosis Specialist Nurses: Sr Frances Lovell/ CN David McKee
Consultant: Dr J Hinnie

Ref: FL/FL/2610706294

22-May-2024

Dr. COLIN HOWAT
THE BARONY MEDICAL CENTRE
30 AUCHINLOCH STREET
GLASGOW

G21 4AH

Dear Dr. HOWAT,

Walter Zaleski, DOB: 26-Oct-1970
28 Scaraway Street
Glasgow
Lanarkshire
G22 7JS

Your patient recently attended hospital having sustained a fracture.
He was subsequently assessed for Osteoporosis risk on 02-Apr-2024.

The following clinical risk factors have been reviewed:

Osteoporosis Risk Factors
Past history of fragility fracture(s)

Fracture Risk Factors
History of previous fracture (>50yr)

Fracture History
Right Hip (Aged 53)

Treatment Recommendations
Consider colecalciferol 800-1000 units per day
For further review of treatment after assessment at the clinic

Lifestyle Recommendations
(None)

Densitometry: An appointment for the nurse-led DXA clinic at Stobhill hospital will be arranged.

Your patient has sustained the above fracture and vitamin D level checked. Results indicate that they are vitamin D deficient at 16nmol/L, and they were given a once only loading dose of Colecalciferol 100,000 units, and we would recommend continuing a daily supplement meantime.

Yours sincerely

Sr Frances Lovell

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. JJ McKinlay
Drs Cron howat mckinlay legge & h
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Main Switchboard:	
Department:	ENT
Contact Tel:	01412113212
Enquiries to:	sharon.woods@ggc.scot.nhs.uk
Letter Date:	14/06/2017
Reference:	HT/ND
Dictated Date:	14/06/2017
Transcribed Date:	23/06/2017

Dear Dr. JJ McKinlay,

Walter Zaleski; D.O.B: 26 Oct 1970; CHI: 2610706294
28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGDCENI-MR D CRAMPSEY ENT EXTRA CLINIC
Date and Time of Appointment - 14/06/2017 11:00

Clinical Comments:

I reviewed Walter today in the ENT clinic. He still has symptomatic right sided nasal obstruction after maximal medical therapy. His pains have somewhat subsided but still describes ongoing vertex scalp pain. I reassured him that this is not related to his sinuses. Endonasally the rhinitis has much settled and I could see clearly into the maxillary antrum and right ethmoid which is still patent and showing no evidence of mucopus or polyps. He does have a mild septal deviation to the right which is likely contributing to his symptoms. I have explained that surgical treatment may not provide him with adequate benefit as I felt that the scope passed much more easily in the right side compared to the left. I have advised that he can continue douching and use Mometasone nasal spray regularly and he is happy with this plan. If things change in the future we would be happy to see him back again in clinic.

Yours sincerely

Mr Hitesh Tailor

ST3 ENT Registrar

Electronically Signed: Dr Hiteshkumar Tailor, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. JJ McKinlay
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Main Switchboard:	
Department:	Ear, nose & throat
Contact Tel:	01412113212
Enquiries to:	sharon.woods@ggc.scot.nhs.uk
Letter Date:	03/03/2017
Reference:	HT/ES
Dictated Date:	03/03/2017
Transcribed Date:	10/03/2017

Dear Dr. JJ McKinlay,

Walter Zaleski; D.O.B: 26 Oct 1970; CHI: 2610706294
28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GRDCEN9-MR CRAMPSEY ENT FRI AM
Date and Time of Appointment - 03/03/2017 10:45

Clinical Comments:

This 46 year old gentleman was referred with persistent headaches on a background of recent CT scan showing frontal sinus disease. From the outset, he admits these headaches are in fact occuring at the vertex and occipital region and therefore not related to the frontal sinus areas. From a nasal perspective he has very little in the way of significant symptoms but does complain of persistent right nasal obstruction and occasional rhinorrea, but this was present after his previous FESS surgery although he was non compliant with his medication. He also describes occasional rhinorrhea.

Examination of the nasal cavity shows mild rhinitic mucosa but open ethmoids in the right side and a possible small antrium although I could not get a clear view on the right as well. The left nasal cavity appeared normal. I discussed options as to whether he would like to try nasal topical therapy but I did explain that his headache symptoms are unrelated to his sinuses. He is keen to trial nasal steroid treatment I have therefore recommended Betnesol for 6 weeks following thereafter with Mometasone. Though I have explained that it is unlikely to change his symptoms. We will see him back in three months.

Yours sincerely

Dr Hiteshkumar Tailor

ST3 ENT Registrar

Electronically Signed: Dr Hiteshkumar Tailor, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 01/09/2014
Reference: GWMcG/AMS
Dictated Date: 01/09/2014
Transcribed Date: 13/09/2014

Dear Dr. S Legge,

Walter Zaleski; D.O.B: 26 Oct 1970; CHI: 2610706294
28 SCARAWAY ST, Glasgow, Lanarkshire, G22 7JS

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GRGMEN2-MR MCGARRY MONDAY PM
Date and Time of Appointment - 01/09/2014 14:50

Procedures:
31/07/2014 INTRANASAL ETHMOIDECTOMY

Clinical Comments:
This patient was reviewed following his recent sinus surgery. Pathology revealed inflammatory sinusitis and microbiology did not grow any organisms. He has not been using saline douching and is therefore settling down rather slower than I would have hoped.

I have asked him to go on to saline douching twice a day, given him a leaflet and some syringes for this and reassured and discharged him.

Yours sincerely

G.W. McGarry

Consultant ENT Surgeon

Electronically Signed: Mr Gerald Mcgarry, Consultant

cc.

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NEUROLOGY DEPARTMENT
DR S MILLER
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 20/06/2012
Typed 09/07/2012
Our Ref SM/NMCP

Dr James McKinlay
Drs McGowan, Cron, Howat, McKinlay
The Barony Medical Centre,
30 Auchinloch Street,
Glasgow
G21 4AH

Dear Dr McKinlay

Walter Zaleski - 26/10/1970 - CHI: 2610706294 - CRN: 10432099L
28 Scaraway St, Glasgow, G22 7JS

Diagnosis: Episodic migraine.

Current Medication: Sumatriptan 50 mg at night, Amitriptyline, Paracetamol.

Treatment Plan:
Increase Amitriptyline to 75 mg.
Acute medication with Diclofenac, Sumatriptan 100 mg/Rizatriptan/Zomig, Buccastem.

Follow Up: Discharged from Neurology.

I reviewed this gentleman back in the clinic today. He has had a result with his Amitriptyline and medication detox and is now having one bad headache every two weeks. He is happy with this result, but is not getting as good relief as expected with his acute medication. I therefore wonder if you would be able to increase his Sumatriptan to 100 mg and consider changing this to Rizatriptan or Zomig if he does not get sustained relief. The Sumatriptan should be taken alongside a non steroidal such as Diclofenac and Buccastem (although he is not sick with them they aid gastric absorption and have an anti-headache effect). His Amitriptyline could also be increased to 75 mg to see if this cuts down things further.

Walter Zaleski, cont'd

Alternative headache treatments were listed in his previous letter if things need to be added to the Amitriptyline, such as Epilim 200 mg bd increasing to 500 mg bd after two weeks or Propranolol 20 mg bd increasing up to a maximum of 80 mg bd.

I have discharged him from clinic but would obviously be happy to see him again if all the above steps fail.

Yours sincerely

Sarah Miller
Consultant Neurologist

cc Mr Walter Zaleski
28 Scaraway Street
Glasgow
G22 7JS

Acute Services Division

Emergency Care and
Medical Services Directorate

NHS
Greater Glasgow and Clyde

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NEUROLOGY DEPARTMENT
DR S MILLER
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 14/12/2011
Typed 13/01/2012
Our Ref SM/NMCP

Dr James McKinlay
The Barony Medical Centre,
30 Auchinloch Street,
Glasgow
G21 4AH

Dear Dr McKinlay

Walter Zaleski - 26/10/1970 - CHI: 2610706294 - CRN: 10432099L
28 Scaraway St, Glasgow, G22 7JS

Diagnosis: Chronic migraine with medication overuse headache

Current medication: Paracetamol and Diclofenac daily (previously daily Codeine for 10 years), Amitriptyline 30 mg, Carbamazepine 200 mg (for phantom limb pain).

Treatment Plan:
Increase Amitriptyline every 1 to 2 weeks to a maximum of 75 mg. When dose reached for acute medication detox.
All acute migraine pain medication to be stopped for a 2 week period, following which all medication for pain to be limited to a maximum of 2-3 days a week if possible.
Acute severe headaches only to be managed with Sumatriptan or Rizatriptan, Naproxen 500 mg, and an anti-emetic such as Domperidone.

Follow Up: To be seen in 6 months' time.

I reviewed this gentleman along with his wife in clinic today. He has been having headaches since what he says was a "TIA" 3 years ago. This diagnosis came around when he had a drooping of the face and tingling of the face, along with pain in the head. On questioning he was quite clear that the sensory disturbance was pins and needles and evolved spreading across his face. This sounds far more migrainous and I understand that his scan showed white matter change which was non specific. Although he tells me that he was diagnosed as having had a TIA his clinic letters clearly state that it was thought this was migraine in nature.

Walter Zaleski, cont'd

Since then he has been having regular headaches at least once a week for many years and daily since August. Once in August these were once again associated with sensory symptoms evolving over his face. He was admitted to the Western Infirmary and investigated with normal CT and lumbar puncture and told that this was migraine. He now gets daily headaches that last hours at a time and associated with nausea, but no vomiting, and the need to lie down. He says that he feels dreadful with them. He does not have regular aura. He was taking Codeine on a daily basis for 10-12 years for a mixture of headaches and phantom limb pain and this was stopped in August. There has been no change in his headaches since, but he has been taking daily Paracetamol and Diclofenac since this time. He is on Carbamazepine for phantom foot pain and was also started on Amitriptyline at a low dose in September.

He had a right club foot amputated in a below knee amputation. He also has high blood pressure for which he is on Perindopril. Other medications include Citalopram, Perindopril, Simvastatin and Aspirin. There is no family history of headache and he denies any history of ischaemic heart disease or stroke.

He lives with his wife and son and works in a Call Centre. He does not drive, smokes 10-20 cigarettes a day and drinks very little alcohol.

Neurological examination was normal. He has a below knee amputation on the right and also, it would appear, multiple amputations of the fingers at the DIP joints on both hands.

He is suffering from chronic migraine and medication overuse headache. I went through this with him today. I also told him that from his story and the clinic letters I do not think he has ever had a TIA in the past, but clearly he does have vascular risk factors. There will be no need to take him off his medications.

I would advise that his Amitriptyline is increased stepwise to a maximum of 75 mg. Once he has reached this dose he should go through an acute medication detox as detailed above. I would expect his headache to worsen during this time. After this 2 week period he should be limited to a maximum of 3 days a week of any painkillers for any reason. In terms of treating his migraine headaches he should take a mixture of triptans, Naproxen and anti-emetics for severe headaches only. Again these must be limited to 2-3 days a week. If after 6-8 weeks following medication detox his headaches are no better then his Amitriptyline should be withdrawn and replaced with Valproate 200 mg bd, increased to 500 mg bd after 2 weeks, or Topiramate 25 mg once a day, increased every 2 weeks to a maximum of 50 mg bd. Another option would be to stop his Citalopram and replace this with Duloxetine which can be useful for neuropathic pain and headaches.

We plan to see him back in 6 months' time.

Yours sincerely

Sarah Miller
Consultant Neurologist

cc Mr Walter Zaleski
28 Scaraway St,
Glasgow,
G22 7JS

Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

NEUROLOGY DEPARTMENT
DR P SHAH
CONSULTANT NEUROLOGIST
TELEPHONE: 0141 211 4481

Dictated 23/09/2011
Typed 28/09/2011
Our Ref PS/LT

Dr. Cron
The Barony Medical Centre,
30 Auchinloch Street,
Glasgow
G21 4AH

Dear Dr Cron,

Walter Zaleski - 26/10/1970 - CHI: 2610706294 - CRN: 10432099L
28 Scaraway St, Glasgow, G22 7JS

Many thanks for referring this gentleman to the Neurology Clinic as an urgent referral. I note that he has been suffering from headaches and had in-patient investigations with CT scan followed by lumbar puncture which were all negative. While he still continues to have headaches I do not think from the information provided, he warrants an urgent out-patient review in the Neurology Clinic. Unfortunately we are not able to change the priority requested on the current electronic system and hence would be grateful if you would refer him back again with routine priority.

I am returning your current referral back to you for the time being. Meantime if you do have any further information that you wish to provide in view to keep the priority as urgent then please do not hesitate to contact me.

Kind regards,

Yours Sincerely,

Pushkar Shah
Consultant Neurologist

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Acute Assessment Unit
Contact Tel: 0141 211 5719
Enquiries to: jean.cairney@ggc.scot.nhs.uk
Letter Date: 21/11/2016
Reference: PG/JC
Dictated Date: 14/11/2016
Transcribed Date: 16/11/2016

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Dear Dr. S Legge,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS

Admission: Specialty - General Medicine; Ward - GRI Acute Assessment Unit
Consultant - Dr Christine Aiken; Date of Admission - 07/11/2016
Date of Discharge - 07/11/2016; Discharged to - Private Residence - no additional detail added

Follow Up: none

Clinical Comments:
Further to the IDL;

This gentleman has now had his CT brain. This shows no new changes from previous with marked periventricular and deep white matter low attenuation, consistent with small vessel ischaemia. There was also a small area of right frontal sinusitis noted.

Although I did not review this gentleman when he was reviewed in the AAU, I note his long history of headaches with no red flag symptoms. I also note his previous attendance at the pain clinic. If his headaches do persist, then it may be worthwhile referring him to the Headache Clinic ta the Queen Elizabeth University Hospital.

With kind regards,

Yours sincerely,

Dr Pauline Grose

Consultant Physician Acute Medicine

Electronically Signed: Dr Pauline Grose, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

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

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Main Switchboard:	
Department:	Acute Assessment Unit
Contact Tel:	0141 211 5719
Enquiries to:	jean.cairney@ggc.scot.nhs.uk
Letter Date:	19/10/2016
Reference:	CA/JC
Dictated Date:	17/10/2016
Transcribed Date:	19/10/2016

Dear Dr. S Legge,

Walter Zaleski; D.O.B: 26/10/1970; CHI: 2610706294
28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS

Admission: Specialty - General Medicine; Ward - GRI Acute Assessment Unit
Consultant - Dr Christine Aiken; Date of Admission - 12/09/2016
Date of Discharge - 12/09/2016; Discharged to - Private Residence - no additional detail added

Follow Up: none

Clinical Comments:
Further to the IDL;

I now have the results of this gentleman's viral gargle. This has shown a rhinovirus which is most likely to be responsible for his symptoms.

Yours sincerely,

Dr Christine Aiken

Consultant Physician Acute Medicine

Electronically Signed: Dr Christine Aiken, Consultant

cc.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

COLIN HOWATThe Barony Medical Centre,30 Auchinloch Street,Glasgow, G21 4AH

Main Switchboard:
Date of Completion: 09-Apr-2024

Dear COLIN HOWAT,

Name	CHI	DoB	Address
Walter Zaleski	**2610706294**	**26-Oct-1970**	**28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS**

Admitted	Type	Discharged	Destination
31-Mar-2024 12:08	IP	09-Apr-2024	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Orthopaedics	Jenkins	GRI Ward 62 Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Lewis Olsson (Lewis Olsson - Maxillofacial Clinical Fellow) on 08 Apr 2024 17:37

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	M&D Green Milton 0141 772 1423					Added
Atorvastatin 40mg tablets 336 tablet	oral	1 TABLET ONCE A DAY,				Y	
Clopidogrel 75mg tablets 336 tablet	oral	1 TABLET ONCE A DAY,				Y	
Colecalciferol 1,000unit tablets	oral	1 tablet once daily	Yes		**Dispensing Details:** x28		Added
Inhixa 40mg/0.4ml solution for injection pre-filled syringes (Techdow Pharma England Ltd)	subcutaneous	1 pre-filled disposable injection once daily , Fixed Period 5 Week(s) from 01 Apr 2024	Yes		**Dispensing Details:** x10		Added Amended
Nortriptyline 25mg tablets 336 tablet	oral	ONE TAB DAILY,				Y	
Paracetamol 500mg tablets	oral	2 tablets four times daily	Yes		**Dispensing Details:** 2x32		Added Amended
Perindopril erbumine 4mg tablets 336 tablet	oral	TAKE ONE DAILY,				Y	
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) 2400 dose	inhalation	1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED,				Y	
Tramadol 50mg capsules 100 capsule	oral	1 OR 2 CAPSULES 4-6 HOURLY AS REQUIRED FOR SEVERE PAIN,				Y	
Venlafaxine 150mg modified-release tablets 336 tablet	oral	1 CAPSULE ONCE DAILY,				Y	
Venlafaxine 75mg modified-release tablets 56 tablet	oral	1 TABLET ONCE DAILY-IN ADDITION TO 150MG TABLET. TOTAL DAILY DOSE 225MG,				Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.Disp:- A Clayton 9/4/24

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:

INJURY:
- closed intracapsular NoF# (right)

OPERATION:
- right cemented hip hemiarthroplasty

FOLLOW-UP
- No ortho follow-up required

BACKGROUND:
- historic right BKA, cognitive impairment, depression, COPD

Dear doctor,

The above patient was admitted under care of ortho team on 31/3/24 with a right NoF# following a mechanical fall from a chair.

He underwent the above operation on 1/4/24 and recovered uneventfully post-operatively with PT/OT input.

	It was noted that the patient had low serum vitamin D. Had a loading dose 100,000 units and should continue with 1,000units daily on discharge. Fracture liaison service will coordinate outpatient DXA scan and clinic follow-up. Kind regards, Ward 62 Team GRI
Discharge Comments:	
Follow Up:	Yes Outpatient DXA scan Fracture liaison service
Results Awaited:	Yes DXA scan
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Lewis OLSSON

Prescription Review
Medications reviewed by pharmacist: Kirsty Macfarlane2 (Pharmacist)
Checked by: Marianne CUPPLES (Pharmacy Technician)
Discharged by: Lewis OLSSON (Maxillofacial Clinical Fellow)

Zaleski Walter CHI: 2610706294

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 09/11/2016

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Dear Dr S Legge,

Name	CHI	DoB	Address
Walter Zaleski	2610706294	26/10/1970	28 Scaraway Street Glasgow G22 7JS

Admitted	Type	Discharged	Destination
07/11/2016 17:26	In Patient	07/11/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Christine Aiken	GRI Acute Assessment Unit	0141 211 5457

Reason for Admission and Presenting Complaints	Admission Category
see IDL	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: Mr Zaleski attended AAU with a 6 month history of headache which had got worse over the last few weeks. This was not associated with any concerning symptoms. He also complained of cramps in his legs for the same length of time.

He has a long history of problematic headaches and from reviewing his notes there was a feeling that his previous TIA may well have been secondary to migraine. He has also required medication detoxes due to his analgesia requirements.

On examination, Mr Zaleski was well with no neurology.

He did complain of breathlessness, but this has been since his recent viral infection and improved since then. There was nothing to hear on auscultation. He did describe breathlessness and wheeze and is a very recent ex-smoker so I will arrange for him to have outpatient PFTs.

I have arranged for Mr Zaleski to have an outpatient CT head to exclude intracranial pathology. I am not sure why he is having cramps in his legs. His bloods were all essentially normal and I have added a CK onto these.

I will arrange for him to come back to a clinic after his CT for review.

Yours sincerely,

Ruth McCartney
STR Respiratory Medicine

Treatments: see idl

Follow-up arranged: OP clinic following CT head

Planned Outpatient Investigations: OP CT head and PFTs

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Nicholas Hughes
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Nicholas Hughes, Doctor

Zaleski Walter CHI: 2610706294

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 13/09/2016

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Dear Dr S Legge,

Name	CHI	DoB	Address
Walter Zaleski	2610706294	26/10/1970	28 SCARAWAY ST Glasgow G22 7JS

Admitted	Type	Discharged	Destination
12/09/2016 12:27	In Patient	12/09/2016	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Christine Aiken	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 45 year old gentleman with a history of previous stroke was referred to the acute assessment unit complaining of productive cough and pleuritic chest pain. His observations were stable on arrival and examination revealed fine right midzone crackles. His bloods revealed a CRP of 22, however all other bloods were normal. Mr Zaleski also underwent chest x-ray which did not show evidence of focal consolidaion.
He has been given a 5 day course of oral doxycycline to complete in the community for a likely LRTI and has been advised to represent should his symptoms persist or worsen.
Should you have any questions regarding this gentleman, please contact AAU.
Thank you for your ongoing care of this gentleman in the community.
Yours sincerely,
Ian Chalmers
FY2

Acute Assessment Unit
Glasgow Royal Infirmary

Treatments: 5/7 doxycycline

Follow-up arranged: no

Planned Outpatient Investigations: no

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Doxycycline Capsules	Oral	100	mg	ONCE a Day	4 Days	

Medication Comment: no changes to pre-admission meds

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Wan Hei Chan
Doctor

Prescription Review
Medications Reviewed by Pharmacist: Neil Davidson1, Pharmacist
Dispensed Medications Checked by Pharmacy: Jacqueline Campbell, Technician
Nurse discharging patient: Lorna Frame, Doctor

Letter to Patient: Result

NHS
Greater Glasgow and Clyde

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

Walter Zaleski
28 Scaraway Street
Glasgow
Lanarkshire
G22 7JS

Main Switchboard:	
Department:	Acute Assessment Unit
Contact Tel:	0141 211 5719
Enquiries to:	Jean Cairney
Letter Date:	01/03/2017
Reference:	PG/JC
Dictated Date:	28/02/2017
Transcribed Date:	01/03/2017

Dear Mr Zaleski ,

Your recent breathing test has suggested that you may benefit from inhaler therapy for episodes of breathlessness and wheeze. I would be grateful if you could contact your GP in order to discuss this further.

With kind regards,

Yours sincerely,

Dr Pauline Grose

Consultant Physician Acute Medicine

Electronically Signed: Dr Pauline Grose, Consultant

cc.

[redacted] ID: 2610706294 31-Jul-2014 9:18:44 GARTNAVEL GEN HOSP GLASGOW 01412113038

26 Oct 1970
Male

Vent. rate 7[illegible] bpm
PR interval 185 ms
QRS duration 86 ms
QT/QTc 370/418 ms
P-R-T axes 36 58 59

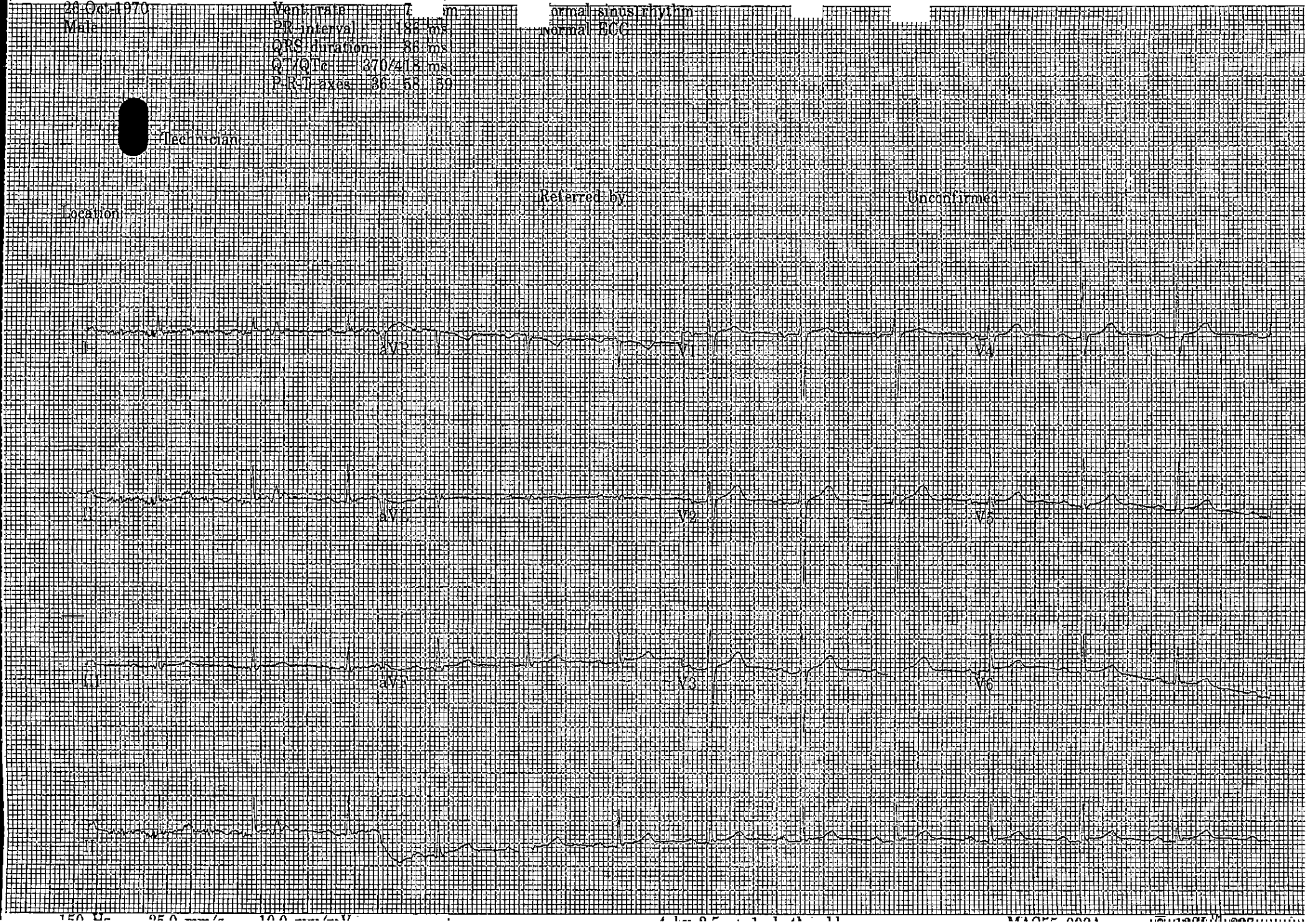
Normal sinus rhythm
Normal ECG

Technician

Location

Referred by

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV

Telepath

MRN	null	Gender	Male
Name	ZALESKI, WALTER	Date Of Birth	26-Oct-1970
Encounter Number			

COPY ONLY DO NOT FILE

SOPRANO

Urea & Electrolytes

Time Collected	17-Jun-2014 14:37	Time Received	17-Jun-2014 16:40
Time Reported	17-Jun-2014 18:04	Order Number	B,14.4597318.M
Status	Final		

Comments

REQUESTOR**POA

Results

Test Name	Result	Units	Ref. Range	Abnormality	Status
Sodium	141	mmol/L	133 - 146 mmol/L		Final
Potassium	5.1	mmol/L	3.5 - 5.3 mmol/L		Final
Chloride	99	mmol/L	95 - 108 mmol/L		Final
Urea	4.4	mmol/L	2.5 - 7.8 mmol/L		Final
Creatinine	75	umol/L	40 - 130 umol/L		Final
Estimated GFR	>60	ml/min	>60 ml/min		Final

Prepared for Margaret MacLennan (Margaret MacLennan) on 30 July 2014 09:02:27

MRN	**null**	Gender	**Male**
Name	**ZALESKI, WALTER**	Date Of Birth	**26-Oct-1970**
Encounter Number			

COPY ONLY DO NOT FILE

SOPRANO clinical workflow

Full Blood Count

Time Collected	17-Jun-2014 14:37	**Time Received**	17-Jun-2014 17:27
Time Reported	17-Jun-2014 17:39	**Order Number**	B,14.6318583.A
Status	Final		

Comments

REQUESTOR**POA

Results

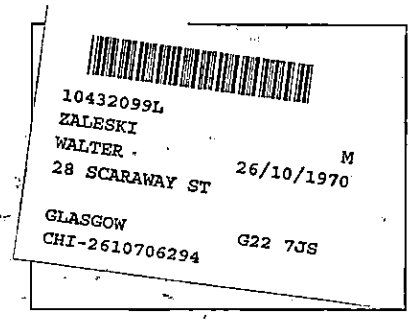
Test Name	Result	Units	Ref. Range	Abnormality	Status
White Blood Count	9.3	x10^9/l	4.0 - 11.0 x10^9/l		Final
Red Cell Count	5.59	x10^12/l	4.50 - 6.50 x10^12/l		Final
Haemoglobin	155	g/l	130 - 180 g/l		Final
Haematocrit	0.483	l/l	0.400 - 0.540 l/l		Final
Mean Cell Volume	86.4	fl	80.0 - 100.0 fl		Final
MCH	27.7	pg	27.0 - 32.0 pg		Final
Platelet Count	*452	x10^9/l	150 - 400 x10^9/l	+	Final
Neutrophils	6.3	x10^9/l	2.0 - 7.5 x10^9/l		Final
Lymphocytes	2.3	x10^9/l	1.5 - 4.0 x10^9/l		Final
Monocytes	0.5	x10^9/l	0.2 - 0.8 x10^9/l		Final
Eosinophils	0.1	x10^9/l	0.0 - 0.4 x10^9/l		Final
Basophils	0	x10^9/l	0.0 - 0.1 x10^9/l		Final
Nucleated RBC	0	x10^9/l			Final

* Abnormal

Prepared for Alison Mackie (Alison Mackie) on 30 July 2014 08:31:31

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde



The patient attended Neuro Clinic at GRI

Hospital on _____ and I would advise a change to drug therapy from

_____ to _____

or additional therapy of _____

_____

as detailed below. Full letter to follow.

Additional Comments: _____

_____

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
Amitriptyline	75mg	nocte	

Acute: diclofenac, sumatriptan 100mg, buccastem.

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Ear, Nose & Throat (ENT)

NHS
Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	ZALESKI, WALTER	Name	LEGGE, SUSAN
Address	28 SCARAWAY ST Glasgow Lanarkshire G22 7JS	Address	The Barony Medical Centre 30 Auchinloch Street Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10432099L
Telephone		Consent	Yes
Patient Contact Number	01417728530	Sensitivity	Sensitive
CHI Number	2610706294	Consultant Name	MCGARRY
Sex	Male	Requires Transport	No
Date of Birth	26/10/1970	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RHONA ZALESKI	
Address	AS ABOVE	
Landline	AS ABOVE	
Mobile		
Relationship	WIFE	

Assessment Details					
Assessor	A HILSTON	Grade	5	Date	17/06/2014
Ward	GGH SAU				

Surgery / Procedure Attending For
RIGHT FESS

Availability	
Are you available at short notice?	No
Period of unavailability	
Reasons for unavailability	

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Details	TWO WEEKS NOTICE REQUIRED AS NEEDS TO COME OFF MEDICATIONS

Anaesthetic History	
1. Previous GA	
Have you had a General Anaesthetic before?	Yes
Were there any problems?	No
2. Previous LA	
Have you had a Local Anaesthetic before?	Yes
Were there any problems?	No
3. Dentition Risk	
Do you have any loose teeth, caps or dentures?	No
4. Reduced neck movement	
Do you have any neck or jaw stiffness?	No
5. Other Risk	
Has anybody in your family had a serious reaction to an anaesthetic?	No
6. Heartburn	
Do you suffer from heartburn or indigestion?	No
7. Sickle Cell Disease (risk factor)	
Do you have sickle cell disease?	No
Are there risk factors for sickle cell disease?	No

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes
Details of relevant surgical history	RIGHT BELOW KNEE AMPUTEE 2001, TRIPLE ANKLE PROCEDURES 1990'S,
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

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

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

11. Angina	
Do you suffer from Angina?	No

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

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

14. Blackouts	
Do you suffer from blackouts?	No

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

Respiratory	
16. Asthma / Bronchitis / COPD / Emphysema	
Do you have asthma, bronchitis, COPD, or emphysema?	No

17. URTI (Upper Respiratory Tract Infection)	
Have you recently had a cold?	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Neurological	
18. Stroke	
Have you had a stroke or TIA?	Yes
Dates of the episodes	TIA 2008
18a. Is there a permanent disability?	No

19. Epilepsy	
Do you have epilepsy?	No

20. Neurological Disease	
Do you have any neurological or muscular disease?	Yes
Details	MIGRAINES

21. Physical Disability	
Do you have a physical disability?	Yes
Further Details:	RIGHT BELOW KNEE AMPUTEE - RARELY USES WHEELCHAIR. PROSTHETIC LEG.
Do you have reduced normal activity?	No
Do you have to use a wheelchair?	Yes

Haemotological	
22. Bleeding Disorder	
Do you suffer from prolonged bleeding or excessive bruising?	No

23. Previous DVT	
Have you had a DVT?	No

24. Anaemia	
Do you suffer from anaemia?	No

Miscellaneous	
25. Kidney Disease	
Do you have renal failure?	No

26. Liver Disease	
Do you have liver disease or suffer from jaundice?	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

27. Diabetes	
Do you have diabetes?	No

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

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

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

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

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

33. Smoker	
Do you smoke?	Yes
How many each day?	10.00

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

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

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

36. Language	
Can the patient speak English?	Yes

Drug History

37. Drugs

List all drugs (including herbal remedies and complimentary medicines)

NAPROXEN 500MG BD PRN, ASPIRIN 75MG OD, SERTRALINE 50MG OD, ATORVASTATIN 40MG OD, PERINDOPRIL 4MG OD, TRAMADOL 50MG PRN, AMITRIPTYLINE 25MG OD, PARACETAMOL 500MG X2 PRN, SUMATRIPTAN 100MG PRN

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

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

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

40. Allergies	
Does patient have any allergies?	Yes

Current Drug Allergies and Adverse Reactions

Category	Infections	Drug	PENICILLIN	Reaction(s)	Other - See notes
Notes	UNKNOWN ? SKIN RASH				

Implants

41. Pacemaker

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	Yes

43. Coronary stents	
Have you had coronary artery stents inserted?	No
Details	GLASSES, RIGHT LEG PROTHESIS,

Examination			
44. Age (years)	43		
Weight (kg)	73.9		
Height (m)	1.75	BMI	24

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

46. Blood Pressure			
Systolic/Diastolic BP	134	/	82

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

47. Pulse		
Pulse Rate	92	/ min
Rhythm	Regular	

48. Oxygen Saturation	99	%

49. Urine Analysis	
Result	
Details	

50. VTE Risk			
Is patient at risk of VTE?	Yes	Do they require prophylaxis?	Yes

Day Surgery Criteria			
51. Day Surgery Criteria			
Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	No	Does the patient agree to be a day patient?	Yes

52. Admission Criteria	
Appropriate admission based on nursing assessment	23hr

AHP USE ONLY: Is OT/Physio assessment required:	An OT/Physio assesssment is not required

53. MRSA Screening							
Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)							No
Has the patient ever had a previous positive MRSA result?							
Has the patient been admitted from a care home/institutional setting or another hospital?							
Does the patient have a wound/ulcer or invasive device which was present prior to admission?							
Has patient is to be admitted to any of the following:							
Orthopaedics		Vascular		Renal		Critical Care	
MRSA Lab Test Results							

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Nose		Perineum		Throat		Other		Patient refused	
Other details:									

Investigations Required

Investigation	Required	Ordered	Investigation Date	Med.Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	
HbA1c	No	No		No	No	
Glucose	No	No		No	No	
Group & Save	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
LFTs	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
Amylase	No	No		No	No	
CRP	No	No		No	No	
Calcium/Bone	No	No		No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
MRSA Screen	No	No		No	No	
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	Yes	17/06/2014	No	No	
U&Es	Yes	Yes	17/06/2014	No	No	
ECG	Yes	Yes	17/06/2014	No	No	

Pre-op Assessment Summary	
Assessor	A HILSTON
Grade	5
Summary	

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

43 year old male attending for Right FESS under Mr McGarry TCI TBA GGH as a DC.

Hypertension controlled with medication.

TIA 2008 - On Aspirin. Nil issues since. Has been told by surgeon to discontinue taking Aspirin and Perindopril 2 weeks prior to surgery.

Right below knee amputee - Has prosthesis. Born with club foot which could not be corrected with several surgeries.

ECG borderline - Possible ectopic atrial rhythm.

Suitable for GA and DC.

20/6/14 - Phoned patient. Anaesthetist has advised patient to remain on Perindopril but stop Aspirin 2 weeks prior to surgery.

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

Advise to take usual anti-reflux medication	No
Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	No
Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to 33. Drug Abuse).	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	No
OCP advice	No
Provide Herbal Medicine Advice	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available, if the patient is taking methadone.	No
Print PEFR Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist	C RUNCIE
Grade	CONSULTANT
Summary	

From: Runcie, Colin
Sent: 19 June 2014 09:57
To: Hilston, Alison
Subject: RE: pirindopril

Hi Alison,
He should come off his Aspirin but not his Pirindopril.
Thanks and regards,
Colin

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. S Legge
Drs Mcgowan cron howat mckinlay &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Email Inquiries to: Ann.McNaughton@ggc.scot.nhs.uk
Contact Tel Details: 0141-211-20484 0141-211-24423

Dictated Date: 02/06/2014
By: Mr G McGarry
Transcribed Date: 12/06/2014
By: Evelyn Strange

Dear Dr. S Legge,

Patient

Name:	Zaleski Walter
CHI:	2610706294
DOB:	26 Oct 1970
Address:	28 SCARAWAY ST Glasgow G22 7JS

Attendance

Attended:	02/06/2014 15:00
New/Return:	G R ENT
Referral Source:	General Practitioner
Consultant:	Mr Gerald Mcgarry
Specialty:	Ear, Nose & Throat (ENT)
Clinic:	GRGMEN2-MR MCGARRY MONDAY PM

Clinical Comments:

This patient's CT scan confirms my impression of a non resolving infected sinusitis in the right maxillary antrum. I think the time has come to offer him surgery and he understands the implications of this. I have provided him with a patient information leaflet. **He is currently taking Aspirin and Perindopril as prophylaxis following a TIA.** I need him to stop this two weeks prior to the surgery in order to prevent serious haemmorhage. I have explained this to him and he knows when he gets his date for surgery he will have to stop these medications.

Yours sincerely

Mr G McGarry

Consultant ENT Surgeon

Electronically Signed: Mr Gerald Mcgarry, Consultant

cc. Ann.McNaughton@ggc.scot.nhs.uk

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

10432099L
ZALESKI
WALTER M
28 SCARAWAY ST 26/10/1970
GLASGOW G22 7JS
CHI-2610706294

Date & Time		Signature & Print Name & Designation
14/2/11	NEURO	
	HA → thypj HA / slup, blind pain.	
	Admitted wlg in Aug. — CT clear	
	Daily ↓ — last ↓ 6 wks.	
	Since Aug daily. Pain free one week Nyrs.	
	Hxd HA since 'TIA' ~3yr ago.	
	↳ droopy of face + pain in head.	
	? Hemiplegic. Seen in stroke clinic. Stable	
	Ecbo as wks.	
	Since then had very symptom free Aug here	
	— ps + well on face. No wk pss.	
	°vanity ✓nurse. ✓photo ✓phono. ✓ Wisdom.	
	→ Tches: Codeine — daily 10/12yrs.	
	— stopped Aug.	
	Paracetol + Diclofenac → HA daily	
	— since Oct.	
	Amit (Sep) 10mg.	
	Carbamazepine 200mg bd + pain ↓ ps	

193443

Date & Time		Signature, Print Name & Designation

PMMx : (R) dentoost → below the eyelid

°Diseta °4BP – on periodyst.

Med: Amit, Diclofen, Paract, Cetam,

CBZ, Pentopl, Simvy Atyn.

Rx : NL HA, Rx LHD no stone.

Soci : Lives alone, Works — cell anal

Die a Smoke ✓ 10-20/j ⊖ OH - v. ritter.

o/e: Ulcer épuisé type DIP

type Sclerosing (N)

Nail dystr N.

→ Clinic type +NOH

↳ Med detox de 4Pam 4Amit 7Sim

Adv: type (no exit strat) +

ngmen + ort etc ~~2-3/j~~

Pan: Amit, TPMX, Vlp.

Stop D/C.

S

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

10432099L
ZALESKI
WALTER M
28, SCARAWAY ST 26/10/1970
GLASGOW G22 7JS
CHI-2610706294

Date & Time		Signature, Print Name & Designation
20/6/12	NEURO	
	Input – bad abd once fluid when feels scratchy / pruritus – buys it down, next day gets pabt gps advice.	
	Amitrip 50mg.	

193443

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

2610706294
ZALESKI
Walter M
28 SCARAWAY ST 26/10/1970
Glasgow, Lanarkshire
G22 7JS

Hospital: GGH	Ward: SAU
Date of admission: 31/7/14	Time: 0830
Admitting Consultant: McGarry	Admitting Nurse: Elan
Expected date of discharge: / /	

1. Patient Details

Preferred name:	Next of Kin (NoK): Rhona Zaleski
Age: 34	Relationship: wife.
Religion:	NoK Address:
Telephone: 0141 772 8530	
Dr. S Legge Drs cron howat mckinlay legge & The Barony Medical Centre 30 Auchinloch Street Glasgow G21 4AH	NoK Telephone:
	NoK Aware of admission: ☑ Yes ☐ No
	Consent for information to be given to relatives: ☑ Yes ☐ No
	Nominated family contact:
GP telephone:	Telephone - Day:
	Telephone - Evening:

Is the patient a carer? ☐ Yes ☑ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☑ No ☐ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

2. Presenting Complaint / Diagnosis

Right FESS.

Why does the patient think they are in hospital? *Use patients own words:*

3. Allergies (including food allergies)

No known allergies: ☑ penicillin

4. Observations

Cannard	Waterlow	MUST	Pulse	BP	Resp	SaO_2	Temp
	2.	0	76	100/67.	14.	99.	36.4°C.

Urinalysis:	AMT4 Score	BM	NEWS Score.	Weight Estimated / Actual	Height Estimated / Actual	BMI
				93.9	1.75	24

5. Current Medication

Naproxen, Aspirin, Sertraline, Atorvastatin, Perindopril, Tramadol, Amitriptyline. Paracetamol. Sumatriptan

Medicines reconciled on admission? ☐ Yes ☐ No

6. Relevant Past Medical History

(R) BKA, Triple ankle arthrodesis.

7. Risk Assessment

MUST

1. Is the patient's BMI:
   - > 20 ..... Score 0
   - 18.5-20 ..... Score 1
   - <18.5 ..... Score 2

   Score 0
2. Has the patient had unplanned weight loss in the past 3-6 months?
   - < 5% ..... Score 0
   - 5-10% ..... Score 1
   - >10% ..... Score 2

   Score 0
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:

   Score = 2

   Not applicable: Score = 0

   Score 0

MUST Score: 0

If score 1 or more, complete full Nutrition Profile

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

8. Cognitive Impairment

For all patients ≥ 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? .....

If the patient does not answer all questions correctly then refer to medical staff.

AMT Score: ..... out of 4

Name of Doctor informed (if required)

.....Grade.....

9. MRSA Screening / CJD / Healthcare outside Scotland

Will the patient be an inpatient >23 hours? ☐ Yes ☑ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☐ No ☐ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☐ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☐ No ☐ Not known

If **'Yes'** to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☐ **Nasal** ☐ **Perineum** ☐ **Other - Specify:** ☐ **Patient refused**

CJD: Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:

☐ Yes ☑ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

Healthcare outside Scotland

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☐ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

10. Lifestyle

Smoking:

Does the patient smoke? ☑ Yes ☐ No

If 'Yes' how many per day: 10-15 day

Does the patient use nicotine replacement therapy? ☐ Yes ☑ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☑ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☐ Yes ☑ No If 'Yes' specify:

Alcohol (Men): How often do you have **8** or more drinks on one occasion:

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

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have **6** or more drinks on one occasion:

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

If 'Monthly' or more then complete FAST Tool.

11. Admission Documentation Completed By

Name (Please PRINT): Ethan Wake	Signature: E. Wake
Designation: SN.	Date: 31/7/14.

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital:	Ward:
Date of Assessment: / /	Time:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

1. Breathing and Circulation

Breathing:

- ☐ No symptoms or history of respiratory problems
- ☐ Dyspnoeic at rest
- ☐ Dyspnoeic on minimal exertion
- ☐ Dyspnoeic on maximum exertion
- ☐ Productive / non-productive cough evident
- ☐ Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- ☐ No symptoms
- ☐ Known cardiac or circulatory problems

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

.....

Interpreter: Required ☐ Not required ☐

If required, provide details and arrangement made:

.....

.....

Does the patient have:

a. Speech difficulties? ☐ Yes ☐ No

b. A learning disability e.g. Down's Syndrome?
☐ Yes ☐ No

If 'Yes' please specify:

.....

If 'Yes' contact Liaison Learning Disability Team.
Liaison Learning Disability Team contacted:
☐ Yes ☐ No

c. A learning difficulty e.g. dyslexia, dyspraxia?
☐ Yes ☐ No

If 'Yes' please specify:

.....

3. Senses

Senses:

Eyesight

- ☐ Normal vision
- ☐ Glasses – ☐ Distance ☐ Reading
- ☐ Prosthesis – ☐ Left ☐ Right
- ☐ Contact lenses
- ☐ Registered blind

Hearing

- ☐ Normal
- ☐ Hearing impaired
- ☐ Hearing aid – ☐ Left ☐ Right

4. Mental Status

Mental Status:

- ☐ Orientated
- ☐ Confused
- ☐ Distressed
- ☐ Aggressive /Abusive
- ☐ Unconcious

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

5. Hydration and Nutrition

MUST Score: ..... **If score is 1 or more, complete a Nutrition Profile.**

Nutition Profile completed ☐ Yes ☐ No
If 'Yes' do not complete sections 5a to 5d.

- **If score is 0, reassess / screen patient in 7 days.**
- **Complete sections 5a to 5d.**

Date of reassessment: / /

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

5a 1. Food likes / dislikes:

5a 2. Fluid likes / dislikes:

5c. Help needed with eating and drinking:
☐ Yes ☐ No
If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☐ No
If 'Yes' specify diet needed:

5d. Texture Modified Diet needed?
☐ Yes ☐ No
If 'Yes' specify texture: A☐ B☐ C☐ D☐ E☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1☐ 2☐ 3☐

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

6. Elimination

Continent:
☐ Bladder
☐ Bowel

Incontinent:
☐ Bladder
☐ Bowel

NHS GGC Stool Chart commenced:
☐ Required ☐ Not required

Long-term urinary catheter in situ? ☐ Yes ☐ No
If 'Yes' – Size: .....fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:
☐ Yes ☐ No ☐ Not applicable

Containment products in use? Please specify:

☐ Bowels regular
☐ Constipated
☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☐ No
If 'Yes' please specify and list appliances used:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

7. Personal Hygiene, Oral Health and Skin Assessment

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Personal hygiene:

☐ Self-caring and independent
☐ Requires assistance

Specify assistance if required:

Oral health:

Self-caring and independent	☐ Yes	☐ No
Does the the patient have a sore mouth	☐ Yes	☐ No
Does the patient have a non healing mouth ulcer	☐ Yes	☐ No

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

Oral Hygiene Care Bundle:
☐ Required ☐ Not required

Dentures:
☐ Not worn
☐ Upper set
☐ Lower set
☐ Full set
☐ Dentures with patient on admission

Skin assessment:

☐ Skin healthy with no evidence of damage
☐ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy
If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: ☐ Yes ☐ No ☐ Not applicable
Pressure ulcer evident: ☐ Yes ☐ No
If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

8. Mobility

Patient fully mobile / independent? ☐ Yes ☐ No If 'No' complete Moving and Handling Assessment.

☐ Limited mobility
☐ Mobile with aid – Specify:
☐ Prosthesis – Specify:

Moving and Handling Plan commenced:
☐ Yes ☐ No

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

9. Maintaining a Safe Environment

Pain status:
Does the patient have pain? ☐ Yes ☐ No
If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: ☐ Yes ☐ No

Bed rails required:
☐ Required ☐ Not required

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

Initial

10. Sleep and Rest

Sleep habits:

☐ Less than 8 hours ☐ Afternoon nap
☐ Morning nap

Sleep difficulties:

☐ None ☐ Disturbed e.g. nocturia, insomnia
☐ Early wakening

Medication required: ☐ Yes ☐ No

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

1. Social Circumstances

☐ Employed ☐ Unemployed ☐ Retired
☐ Lives alone
☐ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services ☐ Unpaid carer e.g. family, friends
☐ Private Carers ☐ None

If support services in place, please provide details:

Problem identified: ☐ Yes ☐ No If 'Yes' please describe

	Initial

12. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

☐ Yes ☐ No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

☐ Yes ☐ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

☐ Yes ☐ No

If 'Yes' please provide brief details:

Ask the patient:

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

☐ Yes ☐ No ☐ Not at this time

If 'Yes' please specify faith group:

Name .....
Addre 2610706294 .....
..... ZALESKI M .....
DoB: Walter 26/10/1970 .....
CHI 28 SCARAWAY ST .....
Glasgow, Lanarkshire
G22 7JS

14. Anticipatory Care

(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☐

Is the **patient** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the **patient's family** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care:	Preferred place of death:
Home: ☐ Hospital ☐ Hospice ☐	Home: ☐ Hospital ☐ Hospice ☐
Current treatment – please identify (e.g. chemotherapy/ radiotherapy):	Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): Ehan Lan
Signature: E. Lan
Designation: SIN. Date: 31/7/14.

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
	Patient admitted, observations recorded and ECG taken. E. Lan	
31/7/14	Returned from theatre	
	NM + O2 in progress Obs stable on return	
16[00]	NM done BP + Pr stable. Tolerating fluids + diet c/s ENT Reg	
⑥	For discharge tonight / tomorrow	
	To re-commenced aspirin on	

Clinical Notes continue on next page

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation
	Monday ↓ discharge on 2/52	
	course antibiotics.	
19⁰⁰	Settled evening	DN/HO
	Pt feels slight light-headed	KMYLES
	when up to toilet	(SCA)
	Advised to remain until ass	
1/8/14	settled at present	
	Oral fluids/diet tolerated	
0200	Passing urine	Blephen
	Oral analgesia tolerated.	Mullin Stephen
		SCN
	S/B ENT Registrar this morning	
	Independant ± ADL	
		(SCA)
18⁰⁰	For discharge home today	DN/HO
	Pt requesting Tramadol on	KMYLES
	discharge. Medical staff aware	
1545	Discharged home.	
	Meds given.	

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
___/___/___ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Ho
2610706294
ZALESKI
Walter M
26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS
D
C

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
31/7/12	Paracetamol	1g	IV				1165

Name _____
CHI No _____

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide detail)
PENICILLIN -

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol

Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the

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

All Routes: As Required Prescriptions

| | | |

NHS Greater Glasgow and Clyde

Active Care Checklist

Date: 31/7/14

Attach Addressograph label

Walter Zaleski
2610706294
Ward: 5C

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr (2hr) 3hr 4hr 6r

1. Signed KMyles Name KMYLES Designation SCA
2. Signed Ruth Stephen Name Ruth Stephen Designation SN
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

			Times	1630	1900	2200	0300	0600	1040												
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A		Y	Y	Y	N	N	Y												
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)		Int	Int	N	N	I	I												
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)		Int	Int		I														
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)		Ind	Ind	I	Y	Y	Y												
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B		B	B	B	B	B													
		Chair Assist to walk, stand or tilt (W /ST/ T)		Ind	Ind				C												
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces		Ind	Ind	I	I	I	I												
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)		Y	Y	N	N	N	N												
		Encourage the patient to drink? Y / N / N/A		Y	Y	Y	NA	S	Y												
		Food, snack or supplement taken? Y / N / N/A		Y	Y	N	NA	S	Y												
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S		Y	Y	Y	NA	Y	Y												
	7.	INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S		N	N	N	NA	N	NS												
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A		NA	NA	N	NA	N	NA												
			Nurse Initials	KM	H	SD	RS	SJ	AB												

Attach Addressograph label Ward:

NHS
Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Addres
2610706294
ZALESKI
Walter M
28 SCARAWAY ST 26/10/1970
CHI N Glasgow, Lanarkshire
DoB G22 7JS

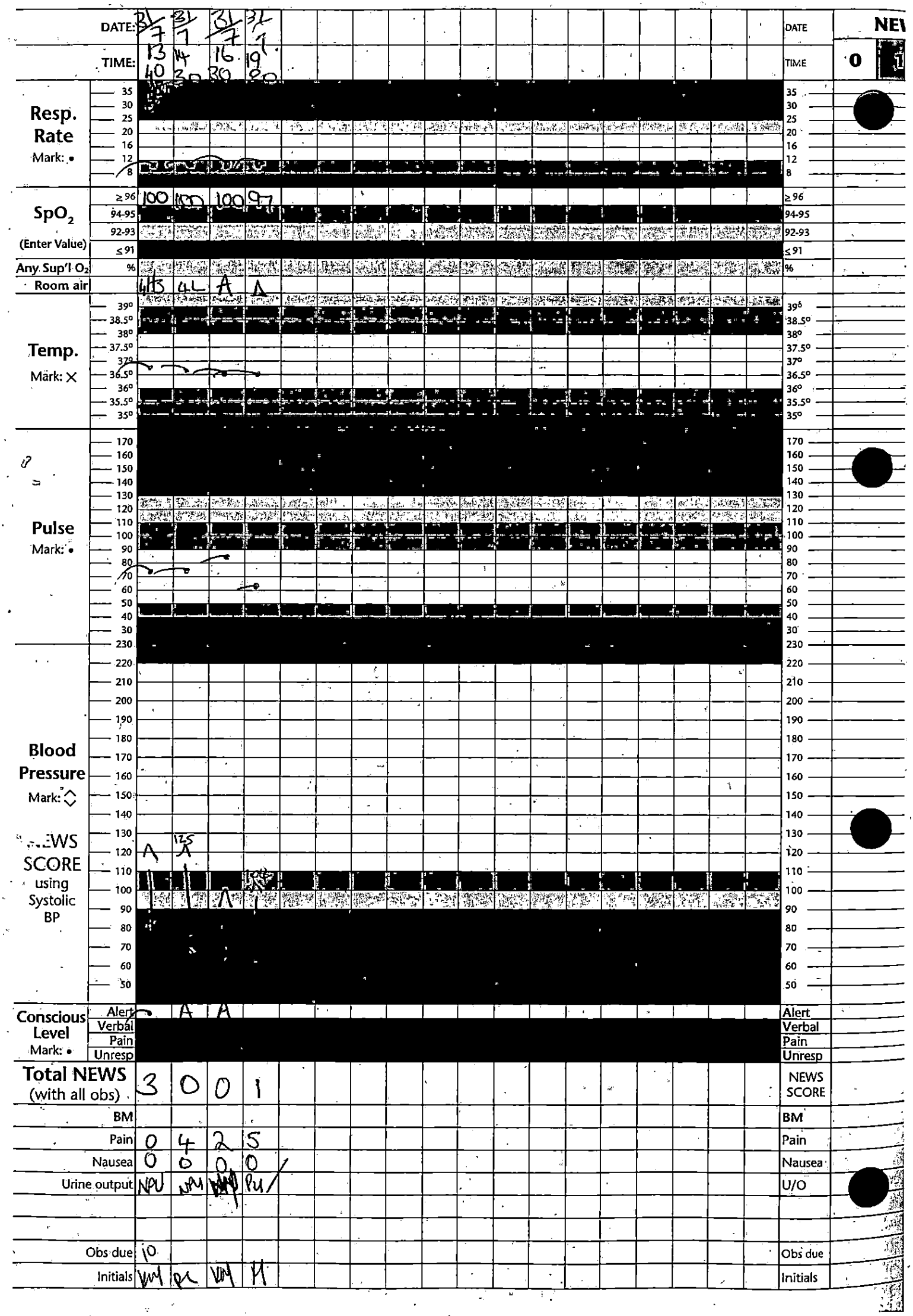
	Date	Ward
Admitted		
Transferred	31/7	SE
Transferred		

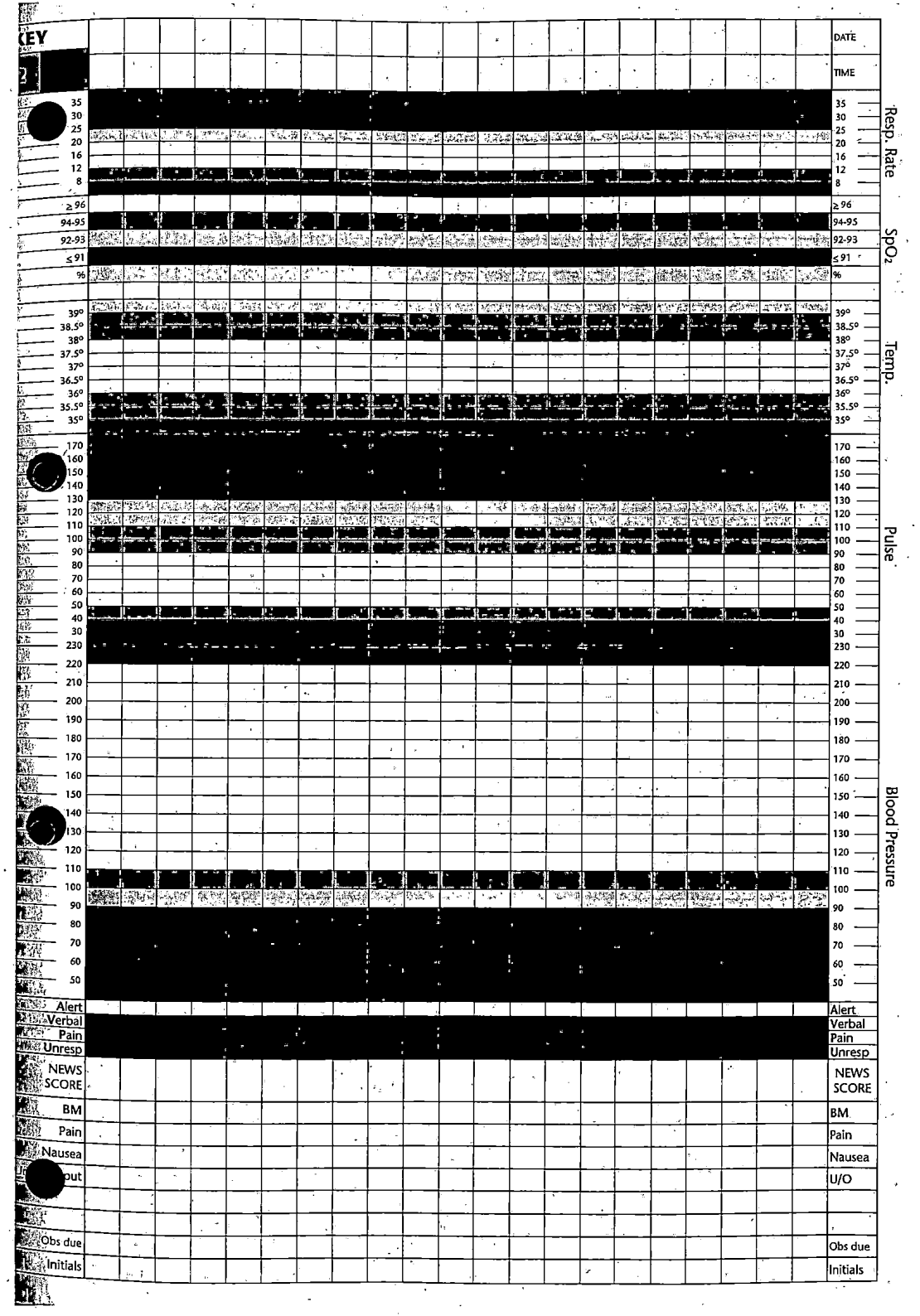
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate				12-20		21-24	
Oxygen Saturations		92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature				36.1-38.0°		≥39.1°	
Pulse				51-90		111-130	
Systolic BP		91-100		111-219			
Conscious Level				A			

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.
[illegible]	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


DATE:
TIME:
Resp. Rate
Mark: •
SpO2
(Enter Value)
Any Sup'l O2
Room air
Temp.
Mark: ×
Pulse
Mark: •
Blood Pressure
Mark:
NEWS SCORE using Systolic BP
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
BM
Pain
Nausea
Urine output
Obs due
Initials
NEWS SCORE


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

Neurological Observations

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

Glasgow Coma Scale

Pupil size (mm)

- 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 (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Redesigned by Medical Illustration Services • 231261

Acute Services Division

Hospital / Department

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient

Ward:

CHI nu

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

M
26/10/1970

.....Unit/Hospital number .....

ontents

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

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

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

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to each ward)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date:	Date:	Date:	Date:	Date:	Date:	Date:
						Ward:	Ward:	Ward:	Ward:	Ward:	Ward:	Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0									
Sex	Male 1	Female 2										
Age	13-59 0	60-70 1	71-80 2	81+ 1								
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0								
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0								
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1							
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1								
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3								
				TOTAL SCORE								
				ACTION(S) TAKEN – Enter action code(s) from Care Plan below								
SCORE 13 = HIGH RISK If patient unconscious score as N/A until patient status improves				NURSE SIGNATURE								

Please see back page for glossary of terms relating to the assessment above.

Falls Assessment Care Plan

Please tick all applicable nursing interventions

Action code	NURSING INTERVENTIONS	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:	Date: / Ward:
1	Falls prevention and general safety precautions discussed with patient and family.							
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions.							

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

WRITE, IMPRINT OR ATTACH LABEL

S .....
F .....
2610706294
D ZALESKI M
Walter 26/10/1970
Lo 28 SCARAWAY ST .....
Glasgow, Lanarkshire
G22 7JS

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'H Risk'**

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

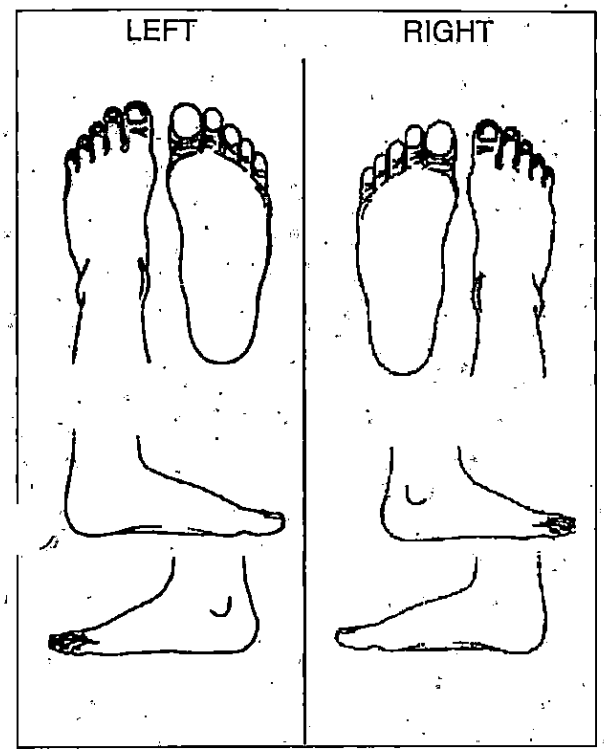
Sex										
Male	1	1								
Female	2									
Age										
14 -49	1	1								
50 -64	2									
65 - 74	3									
75 - 80	4									
81+	5									
Build/Weight for Height (BMI=weight in Kg/height in m²)										
Average - BMI 20-24.9	0	0								
Above average - BMI 25-29.9	1									
Obese - BMI > 30	2									
Below average - BMI < 20	3									
Continence										
Complete/catheterised	0	0								
Incontinent urine	1									
Incontinent faeces	2									
Doubly incontinent (urine & faeces)	3									
Skin Type - Visual Risks Area										
Healthy	0	0								
Tissue paper (thin/fragile)	1									
Dry (appears flaky)	1									
Oedematous (puffy)	1									
Clammy (moist to touch)/pyrexia	1									
Discoloured (bruising/mottled)	2									
Broken (established ulcer)	3									
Mobility										
Fully mobile	0	0								
Restless/fidgety	1									
Apathetic (sedated/depressed/reluctant to move)	2									
Restricted (restricted by sever pain or disease)	3									
Bedbound (unconscious/unable to change position/traction)	4									
Chairbound (unable to leave chair without assistance)	5									
Nutritional Element										
Unplanned weight loss in past 3-6 months										
<5% Score **0**, 5-10% Score **1**, >10% Score **2**	0-2	0								
BMI > 20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 Score **2**	0-2									
Patient acutely ill or no nutritional intake > 5 days	2									
Special Risks - Tissue Malnutrition										
Multiple organ failure/terminal cachexia	8									
Single organ failure e.g. cardiac, renal, respiratory	5									
Peripheral vascular disease	5									
Anaemia = Hb < 8	2									
Smoking	1									
Special Risks - Neurological Deficit										
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6									
Special Risks - Surgery/Trauma										
On table > 6 hours	8									
Orthopaedic/below waist/spinal (up to 48 hours post op)	5									
On table > 2 hours (up to 48 hours post op)	5									
Special Risks - Medication										
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4									
Total Score		2								
Date										
initials		EW								
Time										

83826

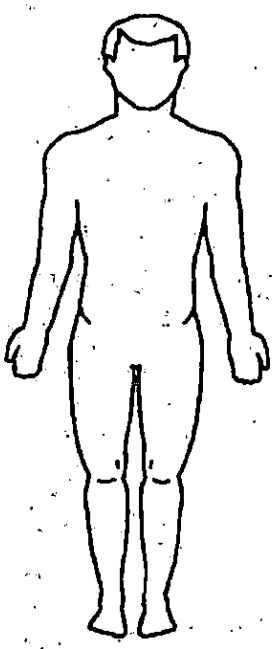
Ensure plan of care is implemented / reviewed for all identified areas of concern.

PRESSURE ULCER RECORD

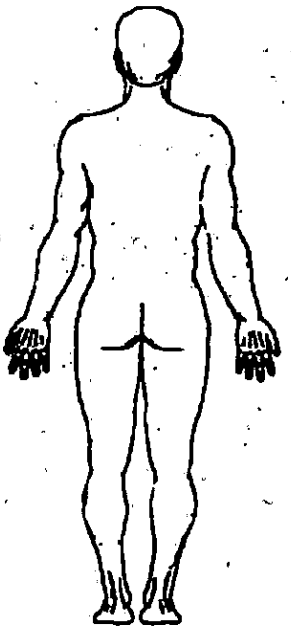
Indicate by circling and numbering all pressure damage on diagrams, then complete box below. Indicate care plan/wound assessment chart.



Anterior view



Posterior view



SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

GRADE 1 Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.

GRADE 2 Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

GRADE 3 Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

GRADE 4 Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

DATE	NUMBER OF ULCER(S)	LOCATION OF ULCER(S)	GRADE OF ULCER(S)	LOCATION OF ULCER(S)

Pressure Ulcers may deteriorate from Grade 1 to Grade 4, but can not be reversed and should be documented as a healing grade of pressure ulcer, eg healing grade 4.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Ear, Nose & Throat (ENT) - 23042014 Hospital Clinic Letter 272377
Ear, Nose & Throat (ENT) - 02062014 Hospital Clinic Letter 275682
Ear, Nose & Throat (ENT) - 14052014 Hospital Clinic Letter 272376
Ear, Nose & Throat (ENT) - 01092014 Hospital Clinic Letter 290419
Ear, Nose & Throat (ENT) - 01082014 Hospital Immediate Discharge Letter 281177

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) 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 09-Dec-2016 **Date sent** 09-Dec-2016

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 0141 772 8530
Voice: 07796686069

1010126678385

Unique Care Pathway Number: 1010126678385

REGISTERED GP DETAILS

Name	Dr J Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
GLASGOW
G21 4AH

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS			
Name	Dr. James McKinlay		
GMC code	3485006	GP code	00361
Practice name	Drs Cron, Howat,McKinlay, Legge & (43133)		
Practice code	43133		

Practice address
The Barony Medical Centre 30 Auchinloch Street Glasgow G21 4AH
Contact number(s)
Voice: 0141 557 6161

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: peristent headaches and nasal congedstion with right frontal sinus opacity, previous operation

Comment: CT head shows fluid in the right frontal sinus, previous with right endoscopic sinus surgery in the past. Correspondance attached, please review.

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
Chronic sinusitis	- unresolved - CT - right maxillary antrum. Awaiting surgery - to stop Aspirin and Perindopril two weeks prior to surgery	19-Jun-2014	19-Jun-2014
Transient cerebral ischaemia NOS	-	01-Aug-2008	01-Aug-2008

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary prevention of ischaemic heart disease	-	27-Apr-2012	27-Apr-2012
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right .	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Clopidogrel 75mg tablets	336	tablet	1 TABLET ONCE A DAY	-	22-Nov-2016	28-Nov-2016
Gabapentin 300mg capsules	672	capsule	1 TWICE DAILY	-	03-Oct-2014	23-Nov-2016
Sertraline 50mg tablets	336	tablet	1 DAILY	-	23-May-2012	23-Nov-2016
Atorvastatin 40mg tablets	336	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	23-Nov-2016
Carbamazepine 200mg tablets	336	tablet	1 A DAY	-	11-Feb-2005	23-Nov-2016
Perindopril erbumine 4mg tablets	336	tablet	TAKE ONE DAILY	-	13-Feb-2009	23-Nov-2016
Tramadol 50mg capsules	100	capsule	1 OR 2 AS REQUIRED	-	03-Oct-2014	21-Nov-2016
Sumatriptan 100mg tablets	6	tablet	1 TABLET AT THE ONSET OF MIGR [more]	-	27-Mar-2012	07-Dec-2016
Paracetamol 500mg tablets	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	28-Sep-2011	27-Oct-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sertraline 50mg tablets	28	tablet	HALF TABLET ONCE A DAY	-	07-Dec-2016	07-Dec-2016
Doxycycline 100mg capsules	8	capsule	TWO NOW THEN ONE DAILY WITH FOOD	-	17-Nov-2016	17-Nov-2016
Folic acid 5mg tablets	56	tablet		-	07-Nov-2016	

			1 TABLET ONCE A DAY			07-Nov-2016
Adapalene 0.1% cream	45	gram	APPLY ONCE DAILY AT NIGHT	-	03-Nov-2016	03-Nov-2016
Aspirin 75mg gastro-resistant tablets	336	tablet	1 EVERY DAY	-	01-Aug-2008	30-Sep-2016
Prednisolone 5mg tablets	56	tablet	8 IN THE MORNING	-	10-Oct-2016	10-Oct-2016
Prednisolone 5mg tablets	42	tablet	6 IN THE MORNING	-	19-Sep-2016	19-Sep-2016
Clarithromycin 500mg tablets	14	tablet	1 TABLET TWICE A DAY	-	19-Sep-2016	19-Sep-2016
Tramadol 50mg capsules	100	capsule	1 OR 2 AS REQUIRED	-	03-Oct-2014	30-Sep-2016
Tramadol 50mg capsules	100	capsule	1 OR 2 AS REQUIRED	-	03-Oct-2014	03-Aug-2016
Gabapentin 300mg capsules	672	capsule	1 TWICE DAILY	-	03-Oct-2014	30-Sep-2016
Aspirin 75mg gastro-resistant tablets	336	tablet	1 EVERY DAY	-	01-Aug-2008	30-Sep-2016
Sertraline 50mg tablets	336	tablet	1 DAILY	-	23-May-2012	30-Sep-2016
Atorvastatin 40mg tablets	336	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	31-Oct-2016
Carbamazepine 200mg tablets	336	tablet	1 A DAY	-	11-Feb-2005	30-Sep-2016
Perindopril erbumine 4mg tablets	336	tablet	TAKE ONE DAILY	-	13-Feb-2009	30-Sep-2016
Paracetamol 500mg tablets	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	28-Sep-2011	28-Jun-2016
Sumatriptan 100mg tablets	6	tablet	1 TABLET AT THE ONSET OF MIGR [more]	-	27-Mar-2012	03-Aug-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
03-Nov-2016	128	78
19-Sep-2016	105	65
12-Sep-2016	136	78

Body Measurements

Date Recorded	Height	Weight	BMI
13-Oct-2014	1.778	76	24
22-Oct-2013	1.778	76	24
25-Sep-2012	1.778	77	24.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		13-Oct-2014
Cigarette consumption:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	13-Oct-2014
Current smoker:	Smoking status on date of event: Smoker.	13-Oct-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	02-Sep-2014
Cigarette smoker:	Smoking status on date of event: Smoker.	07-Mar-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	13-Oct-2014
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	22-Oct-2013

Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	22-Oct-2013
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	25-Sep-2012
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 4.	28-Jan-2003
Exercise grading NOS:	Result of Scoring Test: 2.	13-Oct-2014
GPPAQ physical activity index: active:		13-Oct-2014
Declined referral to physical exercise programme:		22-Oct-2013
Exercise grading NOS:	Result of Scoring Test: 2.	22-Oct-2013
GPPAQ physical activity index: active:		22-Oct-2013

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Ear, Nose & Throat (ENT) - 23042014 Hospital Clinic Letter 272377

Ear, Nose & Throat (ENT) - 02062014 Hospital Clinic Letter 275682

Ear, Nose & Throat (ENT) - 14052014 Hospital Clinic Letter 272376

Ear, Nose & Throat (ENT) - 01092014 Hospital Clinic Letter 290419

Ear, Nose & Throat (ENT) - 01082014 Hospital Immediate Discharge Letter 281177

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

ENT - Rhinology 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
Date of referral 07-Mar-2014 **Date sent** 07-Mar-2014

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 01417728530
Voice: 07796686069

101006848589Y | Unique Care Pathway Number: 101006848589Y

REGISTERED GP DETAILS

Name	Dr J Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
GLASGOW
G21 4AH

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS

Name	Dr. Susan Legge		
GMC code	4188654	GP code	08729
Practice name	Drs McGowan, Cron, Howat,McKinlay & (43133)		
Practice code	43133		

Practice address

The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Contact number(s)

Voice: 0141 557 6161

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: discharge, pain, "blockage" , blood from right nostril 2/12, smoker

Comment: had beconase, and prednisolone drops, 2 courses macrolide, raw little s area, sensation blockage higher up at bridge. blood on blowing nose.
smokes, has pets (not new). please see

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right .	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen 500mg tablets	56	tablet	1 TABLET TWICE DAILY IF REQUIRED	-	28-Jan-2014	07-Mar-2014
Aspirin 75mg gastro-resistant tablets	336	tablet	1 EVERY DAY	-	01-Aug-2008	12-Feb-2014
Sertraline 50mg tablets	336	tablet	1 DAILY	-	23-May-2012	12-Feb-2014
Atorvastatin 40mg tablets	336	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	12-Feb-2014
Carbamazepine 200mg tablets	336	tablet	1 A DAY	-	11-Feb-2005	12-Feb-2014
Perindopril erbumine 4mg tablets	336	tablet	TAKE ONE DAILY	-	13-Feb-2009	12-Feb-2014
Tramadol 50mg capsules	100	capsule	TAKE 1 OR 2 AS DIRECTED	-	23-May-2012	07-Mar-2014
Amitriptyline 25mg tablets	28	tablet	TAKE 1 AT NIGHT	-	22-Jun-2012	07-Feb-2014
Paracetamol 500mg tablets	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	28-Sep-2011	07-Feb-2014
Sumatriptan 100mg tablets	6	tablet	1 TABLET AT THE ONSET OF MIGR [more]	-	27-Mar-2012	28-Jan-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Betamethasone 0.1% ear/eye/nose drops	10	ml	TWICE A DAY TO EACH NOSTRIL	-	07-Mar-2014	07-Mar-2014
Naseptin nasal cream (Alliance Pharmaceuticals Ltd)	15	gram	APPLY TWICE A DAY	-	07-Mar-2014	07-Mar-2014
Betamethasone 0.1% ear/eye/nose drops	10	ml	TWICE A DAY TO EACH NOSTRIL	-	07-Feb-2014	07-Feb-2014
Clarithromycin 250mg tablets	28	tablet	1 DAILY	-	07-Feb-2014	07-Feb-2014
Clarithromycin 250mg tablets	56	tablet	2 TABLET TWICE A DAY FRO 7 DA [more]	-	10-Jan-2014	10-Jan-2014

Beclometasone 50micrograms/dose nasal spray	200	dose	TWICE A DAY TO EACH NOSTRIL	-	10-Jan-2014	10-Jan-2014
Naproxen 500mg tablets	56	tablet	1 TABLET TWICE DAILY	-	16-Dec-2013	16-Dec-2013
Sertraline 50mg tablets	28	tablet	1 DAILY	-	23-May-2012	16-Dec-2013
Aspirin 75mg gastro-resistant tablets	28	tablet	1 EVERY DAY	-	01-Aug-2008	20-Nov-2013
Atorvastatin 40mg tablets	28	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	16-Dec-2013
Perindopril erbumine 4mg tablets	30	tablet	TAKE ONE DAILY	-	13-Feb-2009	20-Nov-2013
Carbamazepine 200mg tablets	28	tablet	1 A DAY	-	11-Feb-2005	20-Nov-2013
Naproxen 500mg tablets	56	tablet	1 TABLET TWICE DAILY	-	20-Nov-2013	20-Nov-2013
Amitriptyline 25mg tablets	84	tablet	TAKE 2 AT NIGHT	-	22-Jun-2012	01-Nov-2013
Baclofen 10mg tablets	84	tablet	1 TABLET THREE TIMES A DAY	-	22-Oct-2013	22-Oct-2013
Amitriptyline 25mg tablets	84	tablet	TAKE 3 AT NIGHT	-	22-Jun-2012	25-Sep-2013
Sertraline 50mg tablets	28	tablet	1 DAILY	-	23-May-2012	20-Nov-2013
Aspirin 75mg gastro-resistant tablets	28	tablet	1 EVERY DAY	-	01-Aug-2008	20-Nov-2013
Carbamazepine 200mg tablets	28	tablet	1 A DAY	-	11-Feb-2005	20-Nov-2013
Perindopril erbumine 4mg tablets	30	tablet	TAKE ONE DAILY	-	13-Feb-2009	20-Nov-2013
Atorvastatin 40mg tablets	28	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	20-Nov-2013
Tramadol 50mg capsules	100	capsule	TAKE 1 OR 2 AS DIRECTED	-	23-May-2012	20-Nov-2013

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker.	07-Mar-2014
Ex smoker:	Smoking status on date of event: Ex-smoker.	22-Oct-2013
Current smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	25-Sep-2012
Cigarette smoker:	Smoking status on date of event: Smoker.	16-Mar-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	13-Jan-2009
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	22-Oct-2013
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	22-Oct-2013
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	25-Sep-2012
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 4.	28-Jan-2003
GPPAQ physical activity index: active:		

		22-Oct-2013
Exercise grading NOS:	Result of Scoring Test: 2.	22-Oct-2013
Declined referral to physical exercise programme:		22-Oct-2013
Exercise grading:	2	25-Sep-2012
Exercise grading NOS:	4	25-Sep-2012

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Neurology 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 13-Oct-2011 **Date sent** 13-Oct-2011

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 01417728530
Voice: 07886545218

101002663657E Unique Care Pathway Number: 101002663657E

REGISTERED GP DETAILS

Name	Dr JJ Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
SPRINGBURN
GLASGOW
G21 4AH

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS

Name	Dr AM Cron		
GMC code	2548010	GP code	00183
Practice name	-		
Practice code	43133		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: constant severe headache since end August

Comment: urgent referral refused as had normal ct scan and lumbar puncture.
off work due to headache

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right.	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
PARACETAMOL tabs 500mg	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	28-Sep-2011	12-Oct-2011
CARBAMAZEPINE tabs 200mg	84	tablet(s)	1 A DAY	-	11-Feb-2005	28-Sep-2011
PERINDOPRIL ERBUMINE tabs 4mg	60	tablet(s)	TAKE ONE DAILY	-	13-Feb-2009	28-Sep-2011
SIMVASTATIN tabs 40mg	56	tablet(s)	1 AT NIGHT	-	01-Aug-2008	28-Sep-2011
ASPIRIN ec tab 75mg	56	tablet(s)	1 EVERY DAY	-	01-Aug-2008	08-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	12-Oct-2011	12-Oct-2011
AMITRIPTYLINE HCl tabs 10mg	84	tablet	3 AT NIGHT	-	12-Oct-2011	12-Oct-2011
DICLOFENAC SODIUM ec tab 50mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	12-Oct-2011	12-Oct-2011
CITALOPRAM tabs 40mg	28	tablet	1 DAILY	-	12-Oct-2011	12-Oct-2011
CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	30-Sep-2011	30-Sep-2011
CITALOPRAM tabs 20mg	56	tablet	1 DAILY	-	20-Aug-2010	28-Sep-2011
CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	28-Sep-2011	28-Sep-2011
DICLOFENAC SODIUM ec tab 50mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	20-Sep-2011	20-Sep-2011
AMITRIPTYLINE HCl tabs 10mg	56	tablet	2 AT NIGHT	-	19-Sep-2011	19-Sep-2011

DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	07-Sep-2011	07-Sep-2011
CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	07-Sep-2011	07-Sep-2011
PROPRANOLOL tabs 40mg	56	tablet	TAKE ONE THREE TIMES DAILY	-	07-Sep-2011	07-Sep-2011
IBUPROFEN tabs 600mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	07-Sep-2011	07-Sep-2011
CO-DYDRAMOL (dihydrocodeine & paracetamol) tabs 10mg 500mg	100	tablet	AS DIRECTED	-	01-Feb-2006	23-Aug-2011
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	01-Sep-2011	01-Sep-2011
IMIGRAN tabs 50mg	6	tablet	TAKE ONE AS DIRECTED FOR HEADACHE	-	01-Sep-2011	01-Sep-2011
CITALOPRAM tabs 20mg	56	tablet(s)	1 DAILY	-	20-Aug-2010	28-Sep-2011
CO-DYDRAMOL (dihydrocodeine & paracetamol) tabs 10mg 500mg	100	tablet(s)	AS DIRECTED	-	01-Feb-2006	23-Aug-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet(s)	1 EVERY DAY	-	13-Feb-2009	25-Jul-2011
CITALOPRAM tabs 20mg	56	tablet(s)	1 DAILY	-	20-Aug-2010	26-May-2011
CO-DYDRAMOL tabs 10mg 500mg	100	tablet(s)	AS DIRECTED	-	01-Feb-2006	06-Jun-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker.	16-Mar-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	13-Jan-2009
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	14-Nov-2008
Ex smoker:	Smoking status on date of event: Ex-smoker.	20-Aug-2008
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	18-Jul-2008
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 4.	28-Jan-2003

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: drug allergy	Drug code for allergy: PENICILLIN G inj 600mg/vial, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

Additional Support Needs

No known ASN requirements

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

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Neurology 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
Date of referral 21-Sep-2011 **Date sent** 21-Sep-2011

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 01417728530
Voice: 07886545218

101002564513S Unique Care Pathway Number: 101002564513S

REGISTERED GP DETAILS

Name	Dr JJ Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
SPRINGBURN
GLASGOW

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS

Name	Dr AM Cron		
GMC code	2548010	GP code	00183
Practice name	-		
Practice code	43133		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: 40 yr old persistant severe headache 3 weeks

Comment: adm WIG 29/8/11 neg CT and lumbar ouncture. headache persisted, despite beta blocker, trial benzodiazepine, amitryptyline at night and diclofenac. Was on co-dydramol, now stopped. Unable to work, feels at wists end. Low sodium found, BFZ stopped and has come up. normal esr and cortisol level

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right.	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
CO-DYDRAMOL (dihydrocodeine & paracetamol) tabs 10mg 500mg	100	tablet	AS DIRECTED	-	01-Feb-2006	23-Aug-2011
CITALOPRAM tabs 20mg	56	tablet(s)	1 DAILY	-	20-Aug-2010	25-Jul-2011
CARBAMAZEPINE tabs 200mg	84	tablet(s)	1 A DAY	-	11-Feb-2005	20-Jun-2011
PERINDOPRIL ERBUMINE tabs 4mg	60	tablet(s)	TAKE ONE DAILY	-	13-Feb-2009	25-Jul-2011
SIMVASTATIN tabs 40mg	56	tablet(s)	1 AT NIGHT	-	01-Aug-2008	10-May-2011
BENDROFLUMETHIAZIDE tabs 2.5mg	56	tablet(s)	1 EVERY DAY	-	13-Feb-2009	25-Jul-2011
ASPIRIN ec tab 75mg	56	tablet(s)	1 EVERY DAY	-	01-Aug-2008	08-Aug-2011

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
DICLOFENAC SODIUM ec tab 50mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	20-Sep-2011	20-Sep-2011
AMITRIPTYLINE HCl tabs 10mg	56	tablet	2 AT NIGHT	-	19-Sep-2011	19-Sep-2011
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	07-Sep-2011	07-Sep-2011
CITALOPRAM tabs 10mg	28	tablet	1 DAILY WITH 20MG	-	07-Sep-2011	07-Sep-2011
PROPRANOLOL tabs 40mg	56	tablet	TAKE ONE THREE TIMES DAILY	-	07-Sep-2011	07-Sep-2011
IBUPROFEN tabs 600mg	84	tablet	TAKE ONE THREE TIMES DAILY	-	07-Sep-2011	07-Sep-2011
DIAZEPAM tabs 5mg	10	tablet	TAKE ONE AS NEEDED MAX 3 DAILY	-	01-Sep-2011	01-Sep-2011
IMIGRAN tabs 50mg	6	tablet	TAKE ONE AS DIRECTED FOR HEADACHE	-	01-Sep-2011	01-Sep-2011

CO-DYDRAMOL (dihydrocodeine & paracetamol) tabs 10mg 500mg	100	tablet(s)	AS DIRECTED	-	01-Feb-2006	23-Aug-2011
CITALOPRAM tabs 20mg	56	tablet(s)	1 DAILY	-	20-Aug-2010	26-May-2011
CO-DYDRAMOL tabs 10mg 500mg	100	tablet(s)	AS DIRECTED	-	01-Feb-2006	06-Jun-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker:	Smoking status on date of event: Smoker.	16-Mar-2010
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	13-Jan-2009
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	14-Nov-2008
Ex smoker:	Smoking status on date of event: Ex-smoker.	20-Aug-2008
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	18-Jul-2008
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 4.	28-Jan-2003

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: drug allergy	Drug code for allergy: PENICILLIN G inj 600mg/vial, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

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**

ZALESKI, Walter
BORN 26-Oct-1970 (55y) GENDER Male
CHI 2610706294

Goals and Treatment Plan; Occupational Therapy and Physiotherapy

Last updated by Najim ATTA (Najim Atta2) 2 years ago (v. 2) Show History
Amendments (1)
v.2 - update
08-Apr-24 15:15 by Najim ATTA

Sensitivity

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Admission Details

Hospital	Glasgow Royal Infirmary	Specialty	Trauma And Orthopaedic Surgery

Expectations

Patient or carers understanding of condition:	pt understanding of operation
Patient or carers perception of need:	pt understanding importance of physio
Patient or carers expectation of outcome:	d/c home when safe
Therapists expectation of outcome:	d/c home with appropriate aid

Goals and Treatment Plan

Problem	Goal	Goal type	Treatment Plan	Set by	Date Identified	Active	Completion date	Clinician	Comments
reduced mobility.	aim to mob indep x2 e/c in 1/52	Short Term	chair and bed exercises mobility px	Najim Atta	02-Apr-2024	No	08-Apr-2024	Najim Atta	pt achieving indep e/cs and on stairs. For CRT

Outcome Measures

Outcome measures	—

Discharge Summary

ZALESKI, Walter es

BORN 26-Oct-1970 (55y) GENDER Male

Discharge Summary pt managing stairs and mobility indep. For further input by CRT

CHI 2610706294

Walking Aid Issued —

Sign Off

Name	—	Designation	—
Date	—		
Completed by a Student	—		

Previous Patient Notes for Physiotherapy (newest at the top).

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

Patient Note		**Inpatient Note**
Date/Time: 08-Apr-2024 15:14	**Created By:** Rotational Physiotherapist - Najim Atta2	**Role:** AHP - GGC
Specialty: Physiotherapy	**Organisation:**	Sensitive

Note:

R HEMI 1/4/24
FWB

S/ pt consented to rx at 13.15 with C. Jackson AP present. pt keen to mobilise and attempt stair px

O/ pt lying supine 30 degrees HOB, NEWs0 , shrinker sock in-situ
Stump circumference// 24cm with aim to shrink to 21cm
Lie to sit// R side of bed, indep. able to maintain sitting balance
STS// to WZF, indep. x2 e/c sized
Walking px// ~30m, indep, x2 e/c, moderate effort. acceptable cadence, foot clearance, step length and weight transference. pt able to mobilise to stairs for Ax
Stairs px// L sided bannister and x1 e/c, so1, pt able to clear step and adhere to VP with acceptable cadence and foot clearance x10 steps . pt able to manage x4 nil rail x2 e/c with improving confidence with each step. pt able to mobilise back to back with indep t/f

A/ pt mobilising indep 2 e/c. ICAN and n/s updated. pt indep on stairs and mobility on ward level. pt can d/c home from here wqith CRT with aim to return to baseline and reduced swelling on LL

P/ D/C from physio input, CRT to be initiated in conjunction with OTs

Najim Atta B5PT

Patient Note		**Inpatient Note**
Date/Time: 05-Apr-2024 12:14	**Created By:** Specialist Physiotherapist - Roger Higginson	**Role:** AHP - GGC
Specialty: Physiotherapy	**Organisation:**	Sensitive

Note:

S/ pt consent to input 11:00. doesn't think there has been any change in stump swelling. keen for prosthesis to fit and mobilise with x2 e/c prior to D/C.

O/ Up sitting in chair - alert
Provided stool to elevate R residuum
Shrinker in situ - removed
Measured 5cm from distal end - 26cm

Rx/1. Reinforced elevation and compression

A/ Stump swelling is worse. reinforced strict elevation and compression therapy over weekend.

P/ R/V 3/7 - aim remeasure and fit prosthesis when 21cm. if still swollen try PPAMaid compression therapy. consider home with WWF, NWB. liaise with OT as required

Patient Note		Inpatient Note
Date/Time: 04-Apr-2024 12:20	**Created By:** Rotational Physiotherapist - Najim Atta2	**Role:** AHP - GGC
Specialty: Physiotherapy	**Organisation:**	Sensitive

Note:

R Hemi 1/4/24

S/ pt consented to rx at 10.50. pt bright and keen to mobilise. pt used shrinker sock majority of yesterday and taken off before bed. pt has not worn it today but says he will continue shrinker after lunch

O/ pt lying supine 30 degrees HOB, NEWs 1 BP,

Lie to sit// R side of bed, indep
STS// WZF, indep
Walking px// So1, WWF, ~10m. acceptable clearance, cadence and step length. pt slightly losing balance when turning frame but able to adjust. pt able to t/f into chair so1

Rx/
1. t/f px
2. walking px

A/ pt mobilising WWF and so1. ICAN updated. pt encouraged to use shrinker sock to reduce swelling and allow fit for limb

P/ r/v in 1/7, aim to progress mobility. ?fit limb and progress to x2 e/c

Najim Atta B5PT

Patient Note		Inpatient Note
Date/Time: 03-Apr-2024 15:08	**Created By:** Specialist Physiotherapist - Roger Higginson	**Role:** AHP - GGC
Specialty: Physiotherapy	**Organisation:**	Sensitive

Note:

S/ Pt consent to input 14:00. Neil Woodward PTSW present. pain relief to input. states distal stump measurement was 20-21cm at last appointment. prosthesis is new.

O/ Up sitting in chair -alert. NEWS 0
Patient attempting to apply prosthesis, not fitting due to swelling
Sized for shrinker. 24cm, 5cm from distal end
Size S, 38cm shrinker fitted - patient happy with fit
Sit to stand with assistance x1 to WWF, stiff and sore initially
Mob with WWF and supervision x1 ~ 12m, hopping on L LL. on and off toilet with raised seat and safely back to chair on ward

Rx/1. Mob px
2. Shrinker sock

A/ Prosthesis not fitting due to swelling (~2-3cm wider circumference at distal end) so instructed to wear shrinker during the day. now WWF and supervision on ward. N/S aware and I can board updated

P/ R/V 1/7 - try again with prosthesis when swelling reduced. should then progress to x2 e/c with ease

Patient Note		**Inpatient Note**
Date/Time: 02-Apr-2024 14:22	**Created By:** Rotational Physiotherapist - Najim Atta2	**Role:** AHP - GGC
Specialty: Physiotherapy	**Organisation:**	Sensitive

Note:

POD1 R HEMI under FIB and Spinal
FWB

PMH: R BKA , prev CVA, HTN, depression

S/ pt consented to rx at 11.00 with M. Friary PTA present. pt just returning from check x-ray this AM. pt keen to mobilise but not willing to use prosthesis due to pain and irregular feeling

O/ pt lying supine HOB 30 degrees, NEWs 2 1lo2 via NC.
CSM// intact but reduced, long standing]
Static quads// present
Knee flexion// 50 degrees AROM
Abduction// 30 degrees AROM
Static glutes// present
Lie to sit// L side, Ao1 at trunk. able to maintain sitting balance. o2 removed
STS// to p/p, indep
Walking px// p/p and so1, pt able to hop on L LL ~10m, acceptable clearance, cadence and appropriate use on aid. pt able to turn and sit in chair with VP. pt saturating at 97% on RA

Rx
1. bed exercises
2. t/f px
3. walking px

A/ pt mobilising p/p and so1. ICAN and n/s updated. pt tolerated rx and encouraged to continue progressing mobility. pt would benefit from px with prosthesis with aim to mobilise indep with appropriate aid

P/ r/v in 1/7, aim to mobilise WWF and ao1

Najim Atta B5PT

Previous Patient Notes for (newest at the top).

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

Patient Note		Historical Note
Date/Time: 03-Mar-2017 11:29	**Created By:** ST8 ENT - Hiteshkumar Tailor	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

DCrampsey clinic. Referred with headaches on background of CT scan showing frontal sinus disease. Headaches are vertex/occipital(!!). Seen neurology at ross hall. c/o ongoing Rt NO, occ rhinorrhea. O/e- mild rhinitic mucosa, no polyps. open ethmoids, unable to see clear patent maxillary antrum right. plan - betnesol, mometasone. f/up 3months.

Patient Note		Historical Note
Date/Time: 01-Sep-2014 15:01	**Created By:** Consultant Otolaryngologist and Honorary Senior Lecturer - G W McGarry	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

still right nasal obstruction
not using any nasal meds
see path see micro
onto n saline
letter
D
G

Patient Note		Historical Note
Date/Time: 31-Jul-2014 11:11	**Created By:** Consultant ENT Surgeon - Louise Melia	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

op note:

Right FESS

Post op: routine obs, home later if fit, clarithromycin 500mg bd 14 days, follow up 4 weeks wed pm clinic at gri

Louise

Patient Note		Historical Note
Date/Time: 02-Jun-2014 15:25	**Created By:** Consultant Otolaryngologist and Honorary Senior Lecturer - G W McGarry	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

see CT films
confirm right sided antral sinusitis
note on perindopril and aspirin
needs 2 week notice

letter
G
w/l

Patient Note		Historical Note
Date/Time: 14-May-2014 14:00	**Created By:** Doctor/Surgeon - John Glore	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

No improvement in Symptoms
O/E Pus in Right OMC n grade A polyp.
CT scan pending due 20/05/14 at RVH
F/U 3/52
Letter

Patient Note		Historical Note
Date/Time: 23-Apr-2014 14:04	**Created By:** Doctor/Surgeon - John Glore	**Role:**
Specialty:	**Organisation:**	Sensitive

Note:

Plan 2/2
CT sinuses
Clarythromycin and metronidazol
F/U 3/52
Letter

Patient Note		Historical Note

Date/Time: 23-Apr-2014 14:03	Created By: Doctor/Surgeon - John Glore	Role:
Specialty:	Organisation:	Sensitive

Note:

Months Right nasal probs: blocked, right facial pain, right headaches, unable to blow right nostril, sometime blood nose, numbness right side nose, snoring, antibiotics 2/12 by GP no imrovement.
PMH: TIA 2008 affected memory, Right Below know amputee.
DH reviewed. Allegies penicillin (rashes); somker 10/d for 20 yrs; Alcohol rare. works as customer advisor
O/E: oral cavity, oropharynx, neck NAD
Rigid nasendoscopy pus in Right OMC
Plan 1/2

CHI: 2610706294

Glasgow Royal Infirmary

8

Total Att: 3

12 Mth Att: 0

Title: **MR**

ZALESKI **Walter**

DOB **26/10/1970** Age: **52y** Sex: **Male**

28 Scaraway Street
Glasgow
Lanarkshire
G22 7JS
01417728530

Next of kin: **ZALESKI, Rhona**
Relationship: **Wife**
0141 772 8530

GP: **C Howat**
0141 557 6161

Ecg ✓

x2 failed attemps at bloods.

Attendance Date: **22/05/2023** Arrival Time: **14:11**

Registration Time: **14:11** Date of Incident: **22/05/2023**

Major Incident Desc:

Reason for Attendance: **chest pains**

Nursing Assessment

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

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **22/05/2023 14:38** Nurse name: **Nurse Karen Kerr**

Temp	**36.7**	C
HR	**85**	bpm
BP	**120/79**	mmHg
MAP	**92.67**	mmHg
RR	**16**	bpm
SpO2	**99**	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **"ECG PLEASE, NEWS 1. 6 hour hx right sided chest pain, stabbing in nature with sob. No cardiac hx. "**

2610706294 26/10/1970 ZALESKI Walter
2610706294 26/10/1970 ZALESKI Walter
2610706294 26/10/1970 ZALESKI Walter
2610706294 26/10/1970 ZALESKI Walter
2610706294 26/10/1970 ZALESKI Walter

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
22/5/20	PARACETAMOL	1g	PO	18:35		
22/5/20	ORAMORPH	5MG	PO			

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

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 27/3/23 Time 17:50 Name EVE STOBIE Grade FY2. Specialty GM

52M - chest pain

HOPC: Sudden onset sharp (R) sided chest pain since this morning. Started at rest.
Radiates up towards shoulder.
Worst on inspiration.
Denies cough. ↑RR - feels struggling to catch breath when speaking.
No palpitations.
No fever

No abdo pain. Opening bowels. No LUTS
Headaches - normal for him.
No dizziness / syncope

PMH: Below knee amputation (R) leg
TIA 2008
Chronic headaches
Impotence

DHx: Allergy - penicillin
Tramadol
Nortriptyline
Paracetamol
Ranitidine
Clopidogrel
Sertraline

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

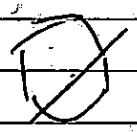
or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

SH: lives with family.
EX - smoker (stopped last week) NO ETOH.

O/E HS 1+1 +0 .



JVT.

Calf (L) sight. No evidence DVT.

Neuro grossly intact

Bloods: TROP <4 Ca 2.65 CRP 3 WCC 10.9

Obs: NEWS 0
HR 74

ECG: NSR HR 84

Well's score (3)

Imp: chest pain ? cause
⇒ exclude PE.

Plan: CXR
D-dimer

If NAD → (H).

ELEANOR TOBIE

CXR - NAD
D-dimer <1 FEU.

DIV. Thorax Consultant (Cons)
agrees with plan.
Worsening advice given

Glasgow Royal Infirmary
Emergency Department

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Clinical Notes

Date	Time	Name	Grade	Specialty

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

mi • 287967 Version 1_0 • GGC0226

Emergency Department Nursing Documentation

Presenting Complaint - CP

Date: 22/05/23 Time: 1636

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print)

Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☑	NEWS Chart complete / NEWS SCORE - (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☑
GGC RED BAG - with patient	☐		
12 Lead ECG	☑	ID Band	☑
Weight:	☐	Peak Flow	☐
Blood Samples Obtained: Yes ☑ No ☐		Xrays / CT Scan Performed:	☐
IV Access: Yes ☐ No ☐		Relatives / NOK informed (Carers)	☐
Blood Gas: VBG ☐ ABG ☐		Child Protection Concern (considered in line with policy)	Y/N
		Adult Support and Protection	Y/N

Urinalysis							
Leucocytes	☐	Nitrites	☐	Protein	☐	Blood	☐
Ketones	☐	Glucose	☐	PH		S.G.	
MSSU / CSU	☐	Toxiclogy	☐				
HCG	☐	+VE	☐	-VE	☐	Strip No -	

Screening Tools (Please tick/circle when completed)			
SEPSIS RISK? / SIRS Criteria 2 or more	Y/N	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	YES
Mental Health Triage Assessment	Y/N	If NOT WHY? - (details)	NO
GMAWS	Y/N	Date - 22/05/23 Time - 16:37 Signature -	

4AT	
AMT	Correct
Age	
Date of Birth	
Place	
Current year -	

No mistakes	= 0
1 mistake	= 1
> 1 mistake	= 2

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

Mental status according to family/carer		
Acute change or fluctuating	4	YES
Acute change or fluctuating	0	NO

4AT score /12

STEP 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

		YES	NO
F	**F**unctional impairment (new or worsening) eg difficulty with self care		
R	**R**esident in a care home?		
A	**A**ltered mental state such as acute confusion or dementia use the 4AT		
I	**I**mmobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	**L**ikely to require support for discharge? (either new or increase in existing support)		

Are any of the above criteria met? If YES to any of the above move to step 2

STEP 2 Would this person be better managed by another specialty team at present?

Indicator for care by another acute specialty regardless of age.

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome	✓	
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

Screening Tools / ACTIVE CARE

(Please tick/circle 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	
			N/A			
2) Mobility	Does the person require assistance?	Y/N				
3) Continence		Y/N	**5) Skin**	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?		Y/N
4) Nutrition		Y/N	**6) Judgment**	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS		Y/N

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire el
G22 7JS

At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*	
YES	(NO)

Pause for Transfer / Discharge (Please tick when completed)		Tick when completed	N/A	Notes
Relatives Informed of Admission / Discharge		☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☐	Always	
GGC RED BAG - with patient		☐	Always	
Name Band		☐	Always	
Nursing Screening Tools completed		☐	Always	
Bed requested, SBAR COMPLETE		☐	☐	
NEWS chart		☐	Always	
Prescriptions / Charts signed	Infusions	☐	☐	
	Cannula	☐	☐	
Notes: medical notes, GP letter, PRF		☐	☐	
Patients requiring analgesia: sufficient		☐	☐	
Belongings (including patients medication)		☐	Always	Please note here if any other tasks required prior to transfer
SAS Transport required and ref. no.		☐	☐	
Print Name Sign -				

Nursing Notes

Date and Time		Print Name and Signature
22/05/23 @ 1640	Patient brought to vehicle ® Observations ☑ Bloods ☑ ECG ☑. Aware. VIV Pt declined pain killers	

(6)

NEWS 2 Key | 1 | 2 | 3

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2610706294
ZALESKI
Walter M
28 Scaraway Street 26/10/1970
Glasgow, Lanarkshire
G22 7JS

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....

Glasgow Coma Scale

| | | |

CHI: 2610706294

Glasgow Royal Infirmary

9

Total Att: 4

12 Mth Att: 1

Title: MR

ZALESKI **Walter**

DOB 26/10/1970 Age: 53y Sex: Male

28 Scaraway Street
Glasgow
Lanarkshire
G22 7JS
01417728530

Next of kin: ZALESKI, Rhona
Relationship: Wife
0141 772 8530

GP: C Howat
0141 557 6161

Attendance Date: 31/03/2024 Arrival Time: 06:18

Registration Time: 06:18 Date of Incident: 31/03/2024

Major Incident Desc:

Reason for Attendance: **R hip pain.**

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

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

Presenting Complaint:

Observation Date: 31/03/2024 06:29 Nurse name: Nurse Stephanie Cunningham

Temp	36.4	C
HR	67	bpm
BP	131/77	mmHg
MAP	95.00	mmHg
RR	16	bpm
SpO2	98	%
Oxygen		%

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

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

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

Nursing Notes: **R HIP PAIN NEWS: 0 fall when trying to sit on chair tonight at event. felt lost balance. hx right lower leg amputation unable to determine shortening and rotation pain sore currently 8/10. given im morphine to some effect by sas(10mg)**

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

Patient Information

WALTER ZALESKI

Age/Gender: 53Y Old Male
Address: 28 SCARAWAY ST,G22 7JS
DOB: 26/10/1970
CHI: ,2610706294
Ethnicity:

Date: 31/03/2024
Incident Number: CR010778953
Incident Type: EMG
Incident Location: IN THE FUNCTION ROOM GARFIELD HOUSE HOTEL CUMBERNAULD ROAD STEPPS GLASGOW, G33

Scottish Ambulance Service

Presenting Complaint

HIP PAIN

Additional Comments

999 53YOM fall. O/A pt sat in chair alert, well perfused, normal WOB. C/O ground level fall on dance floor at 23:45, sudden onset right hip pain 10/10 severity. O/E unable to ascertain shortening rotation due to lower leg amputation. Obs normal. Hx - CVD, TIA, HTN and arthritis. Tx - Morphine, Entonox and Paracetamol as indicated. Transfer GRI.

PATIENT ASSESSMENT

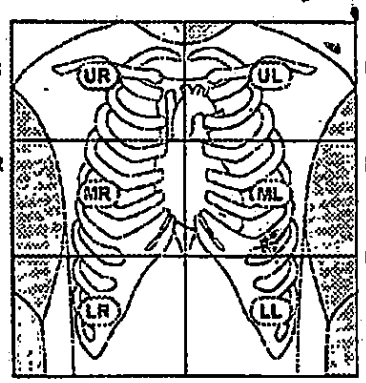
ACVPU Alert <C> No

A Clear

B Breathing Adequately: Yes — Respiratory Rate 20 — SPO2 95%

Oxygen Given: No

Normal Percussion, Normal Breath Sounds, Normal Air Entry	UR / UL	Normal Percussion, Normal Breath Sounds, Normal Air Entry
Normal Percussion, Normal Breath Sounds, Normal Air Entry	MR / ML	Normal Percussion, Normal Breath Sounds, Normal Air Entry
Normal Percussion, Normal Breath Sounds, Normal Air Entry	LR / LL	Normal Percussion, Normal Breath Sounds, Normal Air Entry



C

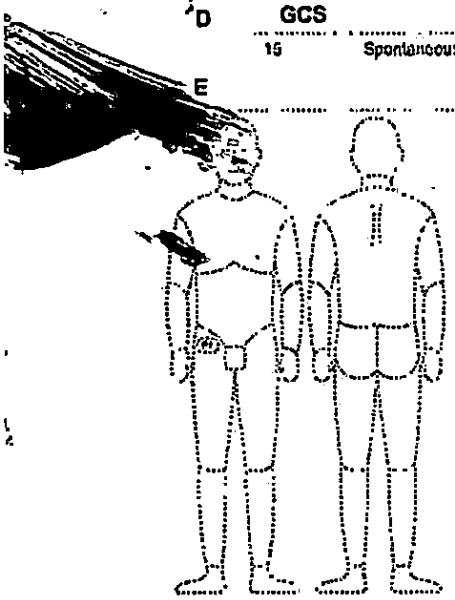
Pulse Rate	BP	Cap Refill	ECG Rhythm
95	116/65	<=2 Secs	Sinus Rhythm

Rhythm	Arm	Central/Peripheral	ECG
Reg	Left	Peripheral	3 Lead

D

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

E



Pain

ID	Body Part	Pain Scale
P1	Right Upper Leg	10

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
05:01	91		127/77	100											E1016059
05:33	97		127/80	96											E1016059
05:27	95	20	116/65	95	<=2 Secs	15	Alert		37.7	7.5	Sinus Rhythm	3	3		E1016059

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
05:27	20 (0)	95 (1)		0	116 (0)	95 (1)	Alert (0)	37.7 (0)	2

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
05:40	Entonox		PRN	INH		10		E1016059
05:50	Morphine	10	mg	IM	09/2026	10		E1016059
05:52	Paracetamol	1	g	OR	04/2028	10		E1016059

HISTORY

AMPLE

Allergies: PENICILLIN

Medication: ECZ

Past Medical History: Hypertension, CVD ARTHRITIS LOWER LEG AMP

TIA: How Many: 1

Events Prior: DANCING AT WEDDING

Social History

Lives alone: No | Living With: PARTNER | Patient Occupation: Does Not Work

Patients General Appearance: Normal

Patient Mobility: Mobile With Assistance

Patient Communication: Sight Impairment

Patient Clinical Risk Factors: Alcohol

SOCRATES

Site: RIGHT HIP | Onset: SUDDEN, 30/03/2024, 23:45

Character: Constant, Worsening | Radiates: No

Severity: 10/10

MEDICAL

CLOSE RECORD

Treatment On Scene: Non-Emergency

Conveyance

Transport To Hospital: Normal driving | Pre-Alert: No | Patient Accompanied By: PARTNER

INCIDENT LOG

Time Call Received: 23:44 | Allocated: 05:07 | Mobile: 05:07

First Resource On Scene | Crew On Scene: 05:23 | Crew Left Scene: 06:01

2610706294 M
ZALESKI 26/10/1970
Walter
26 Scaraway Street
Glasgow, Lanarkshire G22 7JS

9:30:25

Status: **ACCEPTED**
Analyzed: 31/03/2024 08:30:10
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: EMMA MACKIE0

Patient

ID:	2610706294
Last Name:	ZALESKI
First Name:	WALTER
Gender/Age:	Male, 53 years
Birth Date:	26/10/1970

Cartridge

Lot No.:	240206AL
S/N:	00000000500767788
Exp. Date:	11/04/2024

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	CASU
S/N:	16090423

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	40.8	nmol/L	--	--	--	--
pCO_2	5.6	kPa	--	--	--	--
pO_2	5.0	kPa	--	--	--	--
Na^+	134	mmol/L	--	133	146	--
K^+	4.4	mmol/L	--	3.5	5.3	--
Cl^-	103	mmol/L	--	95	108	--
Ca^{++}	1.22	mmol/L	--	1.15	1.27	--
Glu	5.5	mmol/L	--	3.5	6.0	--
Lac	1.9	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	143	g/L	--	--	--	--
O_2Hb	↓ 67.7	%	--	95.0	98.0	--
COHb	↑ 1.6	%	--	0.5	1.5	--
MetHb	1.0	%	--	0.5	1.5	--
HHb	↑ 29.8	%	--	0.0	5.0	--
sO_2	↓ 69.4	%	--	95.0	98.0	--
Derived						
BE(B)	0.3	mmol/L	--	--	--	--
$HCO_3^-(c)$	25.4	mmol/L	--	--	--	--
Hct(c)	43	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered		
Temp	37.0	°C

[redacted]

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2610706294
ZALESKI
Walter M
26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Date & Time	NURSING NOTES (CONT)	Signature, Print Name & Designation
31.3.24	C: FOR HOME TOMORROW. FAPP.	
1640	MFE UPDATED.	
	MRSA SCREEN TAKEN	
1614	24 Nursing hrs	
	A - NEWS 4 last night due to	
	tachy & ↓ O² sats 93%. ? due	
	to pain, analgesia given.	
	Rechecked d bloor - NEWS 0.	
	B - Complains up to date.	
	C - Frail for mobs today -	
	Oramorph given as required overnight.	
	D - Nil.	
1/4/24	~~A - NEWS (3), SpO~~	
1435	A - NEWS (4), on 4LO2 via	
	nasal cannula, tachy @	
	99bpm, BP 108 systolic.	
	B - resp ranging 4°	
	C - received to ward post	
	R hip hemi under GAS FI block. ~~NEWS~~	
	Required O2 4L on return	
	to ward as sats 92%. on	
	4L/simple mask. Now	
	tolerating 4L via nasal	
	cannula. ~~Tolerating~~ RR	
	~~Sat~~ visibly sweaty pale	
	clammy on return to	
	ward - ECG performed	
	Oramorph given. ECG	

Date & Time		Signature, Print Name & Designation
1/4/24	reviewed by ANP – NAD.	
	D = nil	
02/04/24	Nursing Night	
01:30	A – NEWS as per chart –	
	B – updated	
	C – Addn PRN analgesia administered	
	D – nil	
4	OA	
	Ok stable NEWS 3.	
	For Check XR + rehab as pt tol	
2/4/24	A – NEWS 2 hypokalaemia	
15:30	B – care rounding 4'	
	C – mobile pulpit ANP.	
	attended check XR.	
	D – nil	
3/4/24	Nursing night	
05:40	A – news 0	
	B – MU care plans up to date	
	C – Pt mobilising PP PAO. using	
	bottles overnight. PRN oramorph given	
	Attended check xray 2/4	
	D – nil.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick. ✔ appropriate directorate

2610706294
ZALESKI
Walter M
28 Scaraway Street 26/10/1970
Glasgow, Lanarkshire
G22 7JS

Date & Time		Signature, Print Name & Designation
3/4/24	Fracture CDF	
01240	Fall + NOF #. (12) Lem: 1/4/23.	
	NEWS - 0.	
	Pain on L hand Space.	
	No NS Concerns.	
	MOT, Clerk Rx, bloods.	
	Encage po intake & analgesia	
		J Keenan
3/4/24	NURSING DS	
	A: NEWS 2. REMAINS HYPOTENSIVE BUT ASYMPTOMATIC CURRENTLY.	
	B: CHARTS NOT REVIEWED	
	C: NAD 2NA+AOL CAN HOP TO/FROM TOILET. STRINGER SOCK GIVEN BY PHYSIO AS LIMB NOT FITTING CORRECTLY. FOR ANALGESIA PRN TODAY.	
		A Mcintosh
	D: NR.	GN Campbell
4/4/24	Nursing night	
0240	A-news 1 BP	
	B-All care plans updated	
	C-Shrinker sock on. For Analgesia PRN. requiring oramorph still overnight.	
	D-Nil	SN - N Campbell

Date & Time		Signature, Print Name & Designation
4/4/24	Assessed by Fracture Liaison Service	
	53M admitted with (R) NOF #	
	- Vitamin D deficient at 16nmol/L, patient	
	has been given a loading dose of 100,000	
	units colecalciferol and commenced on a	
	daily supplement 1,000 units colecalciferol	
	which should continue on discharge.	
	- For outpatient DXA as a priority when	
	has been requested. Further treatment	
	decisions deferred until review in our	
	clinic following DXA	
4/4/24 9:50	- WR Surgeon	
	- Pt stable.	
	Rec Q Sleep ame. Has	
	prosthesis too small - due to swelling -	
	Plan elevate leg	
	Cont same -	
	see note above re DEXA Scan	
	#1107	
	Have w/ consult.	
4/4/24 11:30	FYI - WG2	
	MDT Discussion - ? need more analysis	
	Reviewed HCPMA + d/w patient.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

2610706294
ZALESKI
Walter M
28 Scaraway Street 26/10/1970
Glasgow, Lanarkshire
G22 7JS

Date & Time	Cont... FY1 - W62	Signature, Print Name & Designation
4/4/24		
11:30	He tells me that the Oramorph helps with breakthrough — 4x PRN in last 24hrs.	
	Patient happy to continue with current plan for analgesia	
		Lewis Dyson (FY1)
4/4/24 18[55]	A - NEWS(1) slight hypertension B - care rounding 40, care plans reviewed C - mobile ZF501 continues to need PRN oramorph D - nil	CP McAmpbell MCAMPBELL
5/4/24 0600	Nursing night A - News 2 tachy BP B - All care plans updated C - PRN oramorph given. Mobilising WZF501 D - nil	M Campbell SN

83949 GGC0072

Date & Time		Signature, Print Name & Designation
	Nursing daylight	
5/4/24	A – NEWS = 0	
	B – Charts up to date	
	C – For PT/OT	S.V
	D – Nil	~~Joyce~~
6/4/24	Nursing night	
	A) News 0	
	B) care plans up to date	
	C) Seen for long periods	Joyce EN
	D) Nil	Joyce
6/4/24	Nursing Daylight	
1540	(A) - News (0)	
	(B) - Care plans updated	
	(C) - PT/OT ongoing	
	(D) - Nil	
7/4/24	Nursing night	
08⁰⁰	A) News 0	
	B) Care plans up to date	
	C) Seen at overnight	Joyce EN
	D) Nil	Joyce
7/4/24	NURSING D/S.	
	A: NO ISSUES	
	B: CHARTS REVIEWED	
	C: SEEN DAY. ASSISTANCE AS REQUIRED.	ABNORMAL
	D: NIL	
	Nursing night	
	A) NEWS 0	
	B) care plans - up to date but requires a HOIST.	
	C) Seen at overnight after Medication round.	Joyce EN
	D) Nil	Joyce

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

2610708294
ZALESKI
Walter M
26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Date & Time	NURSING DIS 2030	Signature, Print Name & Designation
8/4/24	A: NIL	
	B: CHARTS NOT REVIEWED BUT TO HIGH ACUITY/EMERGENCY ON WARD.	
	C: FOR D/C TOMORROW. WILL HAVE CRT. AMBULANCE REQUIRED AS WIFE CONCERNED ABOUT GETTING WALKING SAFELY IN AS? LIMB STILL NOT FITTING PROPERLY.	
	?IDL REQUESTED:- DOES HAVE SOME MEDS IN POD BUT THESE HAVE BEEN GIVEN USED THIS ADMISSION.	
9/4/24 07.20	Nursing Night	
	Pt remains stable, as charted. Meds given as per MEDICA.	
	Tolerating diet & fluids prior to settling.	
	NAD new issues/concerns voiced.	
	Charts updated as able, due to staffing & excessive ward activity.	
9/4	For D/C home	
	NFU	
	DN arranged for wound clip removal 14/4/23	
	Ambulance requested	
	CRT arranged	
	Clip removers sent with	

Date & Time		Signature, Print Name & Designation
	Patient	
	Able to do own dressing	M
9/4/26	Nursing Day care...	
2030	Patient was discharged.	

Glasgow Royal Infirmary
Fractured Neck of Femur
Big 6 Proforma

NHS Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Date of arrival	31/3/24
Time of arrival	06:29
Referral time	___:___
Time left ED	___:___
ED Doctor	FLORA FUNG

Pain score on arrival in ED 8 /10

Side of radiologically confirmed NOF → (R)

Recent deterioration in function or mobility ○

Concurrent UTI/LRTI ○

	Done	Time
Bed requested - Trauma Co-ordinator 07989681763 (7.30am-7.30pm) Ortho OOH pg 13681	✓	___:___
Repose mattress overlay none	none	___:___
Analgesia at presentation to ED	✓	06:29
Fascia Iliaca Block infiltrated (if appropriate, see overleaf)	✓	11:00
IV access & Bloods -please use '#NOF order set' on Trakcare	✓	11:15
IV fluids - Hartmann's at 1L/6hrs (modified if known LV dysfunction)	✓	11:15
Titrate Oxygen Saturations to >95% (88-92% in COPD)	✓	___:___
X-ray AP pelvis	✓	07:32.
Appropriate heel boot applied NONE AVAILABLE		___:___
ECG reviewed	✓	09:24.
CXR & lateral hip x-ray reviewed	✓	11:16.
AP & lateral long femur x-rays if history of malignancy		___:___
Oramorph 2.5 mg PRN prescribed on Kardex	✓	11:20
NEWS documented	✓	11:15
4AT documented	✓	11:20
Pressure areas reviewed	✓	11:20

The BIG 6

- Ensure all of checklist overleaf complete (red text indicates part of big 6)
- Remember to check pressure areas assessment and 4AT screening performed with documentation in nursing notes
- Consider FIB and document in notes if not indicated, or contraindicated

Fascia Iliaca Block

SIDE OF RADIOLOGICALLY CONFIRMED NOF (left or right)

Right

Contraindications (please circle)

atient Refusal

Allergy to local anaesthetic

Infection at injection site

Warfarin/DOAC

Verbal consent obtained ✓

LA dose appropriate for weight ✓

Aseptic technique ✓

Weight	Dose
< 50 kg	30 ml of 2.5mg/ml Levobupivacaine
> 50 kg	40 ml of 2.5mg/ml Levobupivacaine

Pain scores ✓

Date & time of FIB infiltration __/__/__ __:__

Side of block R

Volume of 2.5mg/ml levobupivacaine infiltrated _____

Signature of person administering block _____

Time post block (mins)		BP	Pulse	O2 sats	RR
11.15	5	140/84	99	96	20
11.35	10	146/87	94	96	25
11.40	15	132/91	94	95	17
11.45	30	150/78	96	96	12

Pain score on departing ED 7/10

S. O'R[illegible]ME

Signature [illegible]

2610706294

Patient name: ZALESKI, Walter, M, 26/10/1970, 28 Scaraway Street, Glasgow, Lanarkshire, G22 7JS

Patient CH

NHS Greater Glasgow and Clyde

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			
Blood samples	Y	N	Positive findings		
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:

Patient name

Patient CHI

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS
Greater Glasgow and Clyde

Care Rounds Checklist

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

Signed _____ Name E. MACKIE Designation SN

Signed _____ Name J. DUNN Designation HCA

Signed _____ Name _____ Designation _____

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

			Times	800	1120										
	1	**THINK DELIRIUM** Is the patient more confused/drowsy than normal? If yes inform registered nurse.		N	N										
	2	**PAIN: ASSESS AND ADDRESS** Is the patient distressed or in pain? If yes inform registered nurse.		N	8/10										
S	3	**SKIN INSPECTION** Pressure areas checked?		1	Y										
		R = RED D = Discloured PU - Pressure Ulcer INT = Intact M = Moisture		/	INT										
K	4	**KEEP MOVING** Has the patient moved or walked?		1	1										
		Bed R =Right side (30°) tilt L =Left side (30°) tilt B =Back Chair W/ST = Assist to walk / stand		B	L										
		ELIMINATION Does the patient need the toilet?		1	1										
I	5	I = Independent A - Assistance given IC = Incontinent (urine/ faeces)		NT	NT										
N	6	**FOOD FLUIDS AND NUTRITION** Is the patient nil by mouth?		1	1										
		Drink taken?		/	Y										
		Food, snack, or supplements taken?		/	N										
		Has oral hygiene been carried out as per care plan?		/	N										
	7	**ENVIRONMENT CHECK** Is the patient's call buzzer to hand?		Y	Y										
		Is the area clutter free clean and safe?													
		Does the patient have everything they require in safe reach?													
		Is the bed in the lowest position?			Y										
	8	**INFORMATION** Is there anything else I can help you with? Inform the patient of the time of return		NT	NT										
	9	**ESCALATION** Is there anything else I can help you with? Inform the patient of the time of return		NT	NT										
		Care provider		EM	SEN										
		Role		SN	RN										

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

Patient na

Patient C

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

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

NHS 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	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.

O 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
31/3/24	09:05	N	4	N	N	N	N	4 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 .....

or use sticker

NHS
Greater Glasgow and Clyde

Nursing notes cont.

Date and Time	Name/Signature

Patient name

Patient CHI

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS
Greater Glasgow and Clyde

Ongoing Care

	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours	9 Hours	10 Hours	11 Hours	12 Hours
Time		11.34							
Nursing notes updated including (NEWS, MEWS,PEWS)		✓							
FFN (provide details)		✓							
IVI/IVABs		✓							
Routine Medications prescribed and administered		✓							
Falls risk assessment		X							
Skin assessed and supported (PURDRA)		✓							
Analgesia assessment		✓							
Nurse call system in place		✓							
SBAR commenced		✓							
Patient/ relatives updated		X							
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		NA							
STOPPS completed		NA							

Patient name

Patient CHI

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS
Greater Glasgow and Clyde

Nursing notes

Date and Time		Name/Signature
31/3/24 0905	Patient Settled. Obs as Charted. Bloods and access Obtained. Awa't ECGs. Independently mobile in trolley. Ongoing medical F/U —	E. MACKIE SW
09??	Pallet mover to outside for NOF # bloc.	
11.22	Femoral block supplied. obs taken ✓ Analgesia ✓	
11.50	Post block obs complete. NEWS (1).	
31/3/24	Pain 7/10. Bed Ready	

Glasgow Royal Infirmary
Orthopaedic Trauma Unit Admission Document

NHS Greater Glasgow and Clyde

Walter ZALESKI
PATIENT LABEL
2610706294

D. o. Admission / Review: 30/3/24
Consultant: JENKINS

Problem/Injury:
S3 → (R) IC NOF #

History:
Fell → (R) hip whilst transferring into chair.

Penicillin Allergy ~~Add'n~~.

Past Medical & Surgical History:
Cognitive impairment 2° Ischaemia.
Depression - Venlafaxine.
Low folate

Previous Orthopaedic History:
Historic (R) BTA for failed Ankle arthrodesis.

Social History, Mobility, Social Support:
Uses prosthesis + stick
Vapes
Occ. alcohol

PATIENT LABEL

Observations:

- ☐ HR _____ bpm
- ☐ BP ____ / ____ mmHg
- ☐ Temp _____ °C
- ☐ RR _____ min
- ☐ Sa02 ____ % on _____

NEWS: 0

Blood Results:

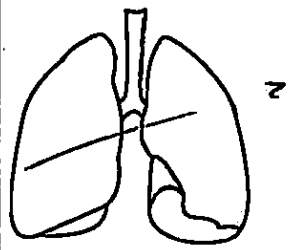
Date:	31/3/24	Bil	12
WCC	14.9	ALT	31
Hb	140	AST	25
PLT	320	ALP	181
CRP	7	Albumin	41
PT	1	GGT	–
APTT	31	ESR	–
INR	–	Adj Ca	2.47
Na	137	PO4	–
K	4.4	Mg	–
Cl	104	Lactate	–
Urea	4.1	CK	–
Creatinine	89	G+S / x-match available ☐	
eGFR	>60		

GENERAL EXAMINATION:

CV:

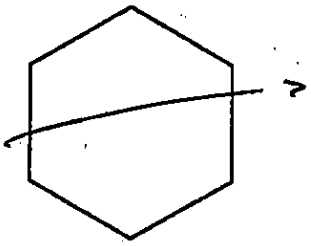
Heart Sounds: I + II + 0 ECG: Sinus Tachy @105.

RESP:



CxR: _____

ABDO:



FOCUSSED ORTHOPAEDIC EXAMINATION:

Skin over ® hip + Stump

ONM.

NEUROVASCULAR STATUS: _____

PATIENT LABEL

NEUROLOGICAL ASSESSMENT (If applicable):

GCS: E____ V____ M____

Cranial Nerves:

	Tone	Reflexes
LUL		
RUL		
LLL		
RLL		

PR: Anal Tone _____ Peri-Anal Sensation - _____

Bladder Scan Vol./Residual Vol. _____

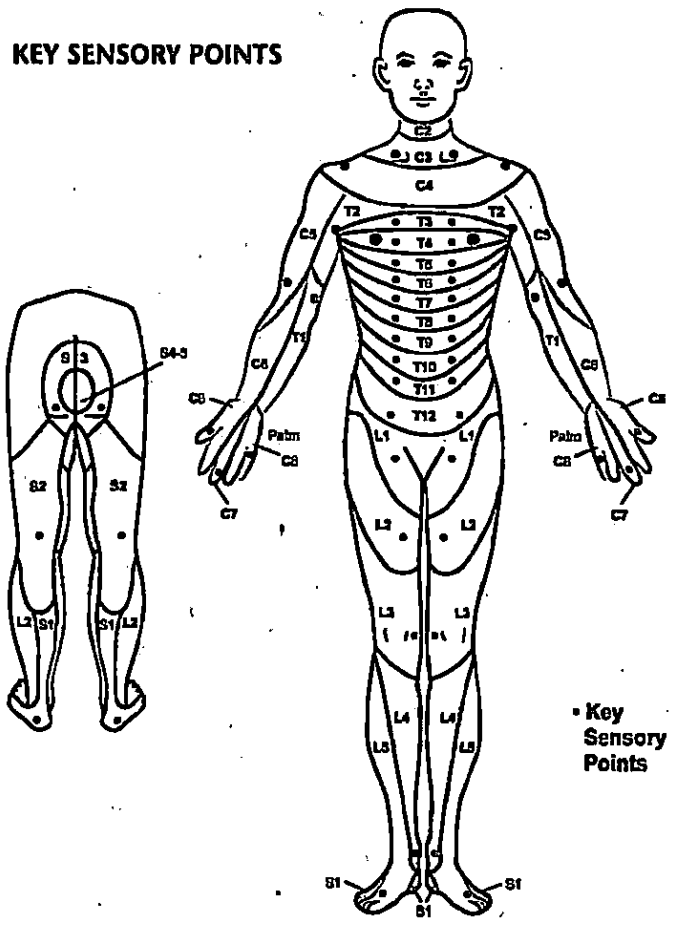
SENSATION

(NORMAL N, REDUCED ↓, ABSENT A)

	R	L
C4		
C5		
C6		
C7		
C8		
T1		

	R	L
L1		
L2		
L3		
L4		
L5		
S1		
S2		

KEY SENSORY POINTS



POWER

KEY MUSCLES (SCORE OUT OF 5)

	R	L	
C5			Elbow flexors
C6			Wrist extensors
C7			Elbow extensors
C8			Finger flexors (distal phalanx of middle finger)
T1			Finger abductors (little finger)

	R	L	
L2			Hip flexors
L3			Knee extensors
L4			Ankle extensors
L5			Long toe extensors
S1			Ankle plantar flexors

Medicine Reconciliation Form

PATIENT LABEL

Source of medication history: (minimum 2 sources)

Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐

Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐

Repeat Script ☐ Other (specify) _____

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

Allergies	List any Over Counter or alternative medicines
None known ☐	
	Do medicines need further clarification Yes ☐ No ☐
List collected by:	Plan approved by:
Designation: Date:	Designation: Date:

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

NHS GG&C Risk Assessment for Venous Thromboembolism (VTE)

Trauma and Orthopaedic surgery

- **Risk Assessment should be completed for all patients on admission to hospital**
- **Patients should be reassessed every 48 - 72 hours or sooner if condition changes**
- **Assessment should be documented in Kardex**
- **Provide patient information on VTE prevention**

Pt Addressograph

Operative patients start here

Non-operative patients start here

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

Yes

No

Indicators of patients at standard and increased risk of VTE (tick all that apply)

STANDARD RISK	INCREASED RISK	
☐ Acute trauma/surgical admission	☐ Critical care admission	☐ Varicose veins with phlebitis
☐ Dehydration	☐ Obesity (BMI>30Kg/m^2)	☐ Current significant medical condition e.g.
☐ Age >60 years	☐ Active cancer or cancer treatment	• Serious Infection
☐ Surgical procedure with total anaesthetic/surgical time >90 minutes, or >60 minutes if surgery of lower limb	☐ Thrombophilia	• Heart Failure
☐ Expected significant reduction in mobility relative to their normal state for more than 2 days	☐ Personal history or first degree relative with a history of VTE	• Respiratory Failure
☐ Hip or knee replacement surgery or other major orthopaedic elective surgery	☐ Pregnancy or ≤6 weeks post partum (seek specialist advice)	• Inflammatory Disease
	☐ Hormone replacement therapy, tamoxifen	
	☐ Oestrogen containing contraceptive pill	

Yes — Standard/Increased Risks — No

- Risk assessment now complete
- No thromboprophylaxis required
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 – 72 hours or sooner if condition changes.
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Does the patient have any bleeding risk factors? (tick all that apply)

- ☐ Surgery expected within the next 12 hours
- ☐ Surgery expected within the next 48 hours and/or risk of clinically important bleeding
- ☐ Active bleeding or risk of bleeding including
  - New-onset stroke
  - Platelet count <75 x 10^9/L
  - Acute liver failure
  - Active duodenal ulcer or gastric ulcer
- ☐ Concurrent use of therapeutic anticoagulant
- ☐ Acute bacterial endocarditis
- ☐ Any spinal intervention (prophylactic enoxaparin is contraindicated for 12 hours before spinal and epidural anaesthetics and lumbar puncture. Enoxaparin contraindicated for 4 hours after spinal and epidural anaesthetics and removal of epidural catheter.)
- ☐ Persistent uncontrolled hypertension (BP ≥ 230/120 mmHg)
- ☐ Untreated inherited bleeding disorder (e.g. haemophilia or Von Willebrands)
- ☐ Spinal surgery (seek specialist advice)
- ☐ Proliferative diabetic retinopathy

Yes — Bleeding Risks — No

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated
- Reassess patient every 48 hours or sooner if condition changes
- **Complete risk assessment result box at foot of page**

NO BLEEDING RISKS

- Prescribe thromboprophylaxis for standard/increased risk as denoted overleaf
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 - 72 hours or sooner if condition changes
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Risk Assessment Result (tick all that apply)

VTE Risk factors assessed ☐Yes ☐No | Bleeding Risk factors assessed ☐Yes ☐No | Patient Informed ☐Yes ☐No

Prescribed: ☐Thromboprophylaxis in accordance with Table overleaf ☐AES ☐NONE | Information leaflet supplied ☐Yes ☐No

Assessors Name: (PRINT NAME) | Assessors signature: | Date:

It is the responsibility of the consultant in charge to decide on the appropriate VTE prophylaxis. Follow recommendations recorded in the patient specific VTE prophylaxis instruction sheet. Contra-indications or drug interactions with any of these agents must be observed – if in doubt discuss directly with consultant's team.

Thromboprophylaxis on Admission

Procedure	During admission	
• **Hip fracture** • **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery to lower limbs**	Standard VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily **Or** Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

Thromboprophylaxis on Discharge

Procedure	On discharge	
• **Hip fracture**	Standard VTE risk	Continue enoxaparin SC for an overall treatment course of 2 weeks or until discharge (whichever is sooner)
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
• **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery To lower limbs** • **Total knee replacement**	Standard VTE risk	Aspirin orally 150mg daily for 5 weeks
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

*Arrangements for the supply and administration of enoxaparin after discharge are currently under discussion with Primary Care. Contact clinical pharmacist for information on local arrangements in your hospital.

PATIENT LABEL

Investigations:

Imaging:

Urinalysis:

Other:

THINK BOWELS

Regular Laxatives prescribed ☐

If patient prescribed laxatives prior to admission please increase

YES ☐ N/A ☐

Summary:

(R) IC NOF #

Plan:

w/hold Clopidogrel

PRINT & SIGN: Simpsons **DATE:** 31/3/24

GRADE: CT1 **TIME:** 1145

Tick When Complete

- ☑ Med Rec
- ☑ Kardex (Laxatives + VTE prophylaxis)
- ☑ VTE form completed – FOR
- ☑ IV Fluids
- ☒ DNACPR Applicable?
- ☑ G&S / XMATCH If required

*** If for Theatre:

- ☑ Coded on PACS
- ☑ Bluespier
- ☑ Fast From 3am
- ☑ Limb Marked
- ☑ Consent Form
- ☑ Anaesth made aware

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

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 21/3/24 Time 09:00 Name FUNG Grade HPTL Speciality

53 → Fall

PMHx:
- Ⓡ BK amputation (2001) for pain relief due to congenital deformity.
- HTN
- Cerebrovascular disease

was attending a wedding trying to get to his chair and fell. landed on Ⓡ side. Intense pain immediately unable to weightbear. Denied any dizziness / CP / palpitation / headache. No HI. No LOC. Denied corynal / urinary / bowel symptoms. Slightly nauseous. Pain 8/10. Improve with Im morphine. Last eaten @ 10pm 30/3/24.

Social: lives with wife + son
has prostate leg. mobile with one walking stick.
Ex-smoker vapes.
minimal alcohol.

Medi: Tramadol. Venlafaxine. Nortriptyline. Perindopril. Clopidogrel. Atorvastatin. Salamol

Allergy: Penicillin

Glasgow Royal Infirmary
Emergency Department

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

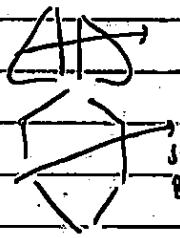
Clinical Notes

Date 31/3/24 **Time** 09:00 **Name** Punk **Grade** GPIT2 **Speciality**

cont.

O/E : Alert. Orientated. GCS 15.
Speaking in full sentence
Warm peripheries. CRT < 2 secs.
Pulse regular. HS I + II + 0

NEWS 2
- SpO2 94% on (A) :
HR 103



(L) lower limb normal movement and sensation
severe pain over (R) hip. normal sensation.
Calf (R) SNT.

Imp: (R) #NOF.

Plan: (1) IV access. bloods. fluids
(2) XR pelvis + (R) hip + chest ; minalysis
(3) Analgesics

Confirmed (R) #NOF on X-ray.
To start on Rtg 6 proforma.
For THR.
Referred to ortho for admission — will review in department.

FIB performed under supervision of Cons. Brithiff.
No immediate complications.
For transfer to ortho ward. still requires 6 Ks

Punk

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC	14.9		Na	137		Bil	12		FiO_2		
Hb	140		K	4.4		ALT	31		H^+		
Plat	320		Cl	104		AST	25		$PaCO_2$		
Neut	13		Ur	7.1		GGT			PaO_2		
DD			Creat	89		A phos	131		Bic		
PT			eGFR	780		Alb	41		BE		
PTT			Glu	5.4		AdjCa	2.47		Lactate		
TT			CRP	7		Amyl			Ethanol		
INR	1.0		Mg	0.87		TropI HS			Para		
			Phos	1.0		BHCG			Sal		

Diagnosis and Plan

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

Department of Orthopaedic Surgery
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: 0141 201 3718

NHS
Greater Glasgow and Clyde

Mr P Jenkins
Ward round
W 62

PJ/DRF

01/04/2024

Mr Walter Zaleski
CHI: 2610706294
28 Scaraway Street Glasgow G22 7JS

This 53-year-old gentleman had a below knee amputation in 1999 on the right side. He has cognitive impairment due to recurrent TIA's and uses a prosthesis and single stick. He fell onto his right hip transferring. He has an intracapsular displaced neck of femur fracture. This would require hemiarthroplasty. His x/rays show the femur to be somewhat dysplastic and after templating this is likely to require an Exeter and Unitrax head to allow sufficient modularity. We have explained the risk and benefits and overall I felt he had the capacity to consent and he is therefore consented.

Mr Paul Jenkins
Consultant Orthopaedic Surgeon

Note: This ward round has not been checked by the consultant prior to being sent to the ward.

7/11/2016

CHI: 2610706294 26/10/1970 M
ZALESKI, WALTER
28 Scaraway St,G22 7JS
0141 772 8530

3485006
Dr J Mckinlay, 43133
Barony Medical Centr, G21 4AH
07/11/2016 16:55. Practice:

Dr James McKinlay
Barony Medical Centre
30 Auchinloch Street
Springburn G21 4AH
Tel 0141 557 6161

Dear Doctor, Thankyou for seeing this.

46 year old man
- for one weekend
- worsening headache
- intolerable not positional
- very breathless, no chest pain
- optician check was fine
- previous TIA,
- severe pain = legs

no meningism
no rashes
no photophobia

blood on portal

headache = cause
previous TIA please review

PMH
- an attached.

DNA
- attached.

ALLERGIC TO PENICILLIN

O/E
Sats 97
P 69.
RR 18
T = 37
BP = 140/80

chest odd exp

Δ severe headache
breathless

Yours
Dr McKinlay

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Date & Time 7/11/16. 2230. Consultant Ward AAU.

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
Patient on Bleeders list	☐

46yo ♂ - headache
- sore legs

Background: - previously seen by Neurology with headaches ~2011;
- "TIA" in 2008 → men felt to be migraines in nature + headaches problematic since
- episodes of analgesia detox; felt analgesia intake was contributing to symptoms
- current deformity of (R) foot → club foot → BKA with subsequent phantom pain

- 6/12 hx of headache
- constant / daily
- no relieving / exacerbating factors
- generalized / worse on top of head
- no positional change
- no neck stiffness / photophobia / nausea
- no visual / speech disturbance
- no associated neurology
- feels ↑ severity over the last few weeks
- does feel different from prev headaches
- has not attended GP with these headaches → trying to manage on own with analgesia

- no head injury
- no collapses

Ward Review

- has never found prev interventions helpful; has been on Tramadol for 2 yrs after Codeine stopped @ Pain Clinic

Recent presentation to ED → breathless/wheezy (cough +ve viral serology - MV virus.
Has felt breathless on exertion since but slowly improving.
Generalised "cramps" of both legs for same length of time
No recent changes to meds.
As headache → no impact on mobility. No swelling.

Allergic to penicillin
Smokes 20/day.
Little alcohol.

OE - well. CNs ✓.
- pulse reg. No neurology - power/tone ✓ throughout.
- °LNs. BKA (R) leg
US ✓
Chest clear.

① - Chronic headache
- Prev issues with migraines / difficulty managing symptoms
- No acute change
  ? migraine
  ? Tension
  ? medication related.
- Cramps in legs → ?renal cause → electrolytes (L). -add CK (?rhabdo).
- breathless/wheezy post viral ?Lipoglomerulo.

② - OP CT
- No acute change to meds
- R IV DPC with CT head
- add CK
- OP PFTs.

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

NHS Greater Glasgow and Clyde

- 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

Operative patients

Non-operative patients

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

Yes ☐ No ☐

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 • Expected within the next 12 hours • Within the previous 4 hours ☐
Acquired bleeding disorders (e.g. liver failure) ☐	Other procedure with high bleeding risk – discuss with senior if unsure ☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis ☐	Acute bacterial endocarditis ☐
Acute stroke (within 14 days) ☐	Surgery expected within the next 12 hours ☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg) ☐	Trauma with high bleeding risk e.g. Head Injury ☐
Thrombocytopenia (<75 x 10⁹/l) ☐	eGFR <30ml/minute/1.73m²: Dose reduction required ☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands) ☐	Heparin induced Thrombocytopenia ☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery ☐	

- 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 <50Kg or eGFR <30ml/minute/1.73m² ☐
If weight> 120kg, 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: _____

RAT Medicine & Surgery – TEST OF CHANGE 09

mi • 250744 Version 9_0 • GGC0015

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/ carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐ Other (specify) _____

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withold	Stop	continue	Reason for alteration
Allergies/adverse events								

List obtained by _____ Designation _____

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

Consultant Review

Check List	
VTE ☐	
Med - Rec ☐	
Kardex ☐	
CxR ☐	
ECG ☐	
Oxygen ☐	
EDD	

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

Clinical Notes

Clinical Notes

Clinical Notes

Dr James McKinlay
Barony Medical Centre
30 Auchinloch Street
Springburn G21 4AH
Tel 0141 557 6161

CHI: 2610706294 26/10/1970 M
ZOLESKI, WALTER
28 Scaraway St,G22 7JS
0141 772 8530
3485006
Dr J Mckinlay, Barony Medical Centr, G21 4BH 43133
12/09/2016 12:00. Practice:

12/9/2016

Dear Dr,

Thankyou for seeing this 45 year old man who presents with

over weekend unwell
dizziness / fever / myalgia / headache
sweats ++
chest tightness / yellow sputum
? more lung than cardiac pain

Bmy attached Dbw attached

ALLERGIC TO PENICILLIN

O/E sweaty
T3 sats 99%. T37 BP 136/78.
throat → tongue red + coated ++
chest ® added sounds

Yours sincerely
Dr McKinlay

A unwell / ? infection / exclude cardiac

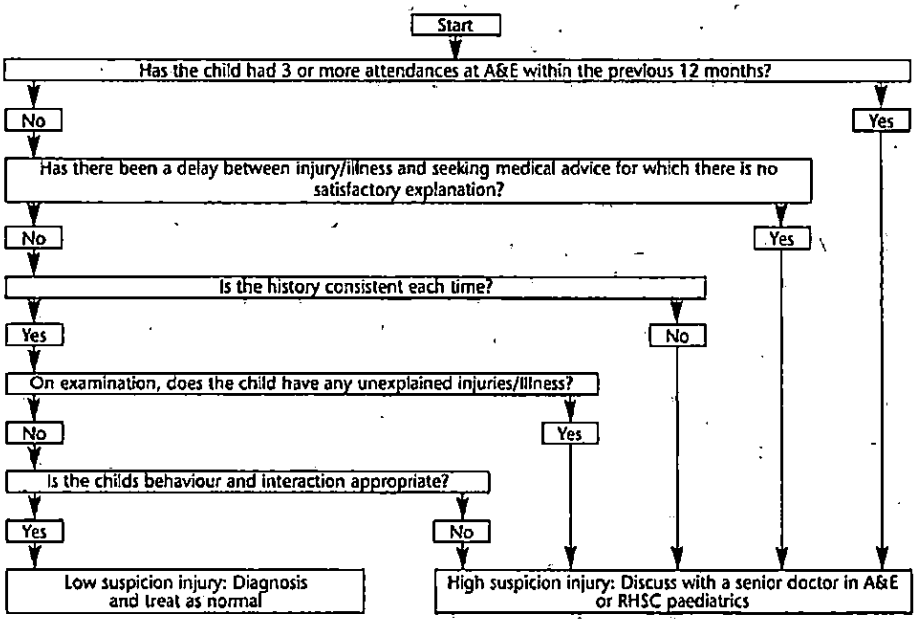
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970

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

Date 12/9/16 Time 1315 Name CHAUHAN Grade FY2 Speciality AAU

45 ♂ GP referral: Cough, Dizziness

Ex - CVA 2008
- Hypercholesterolaemia
- (R) BKA - (congenital malformation)

- Experiencing flu-like symptoms for past 4 weeks. Started with sore throat + non-productive cough. Over past week, cough has been productive of yellow sputum and associated with pleuritic chest pain.

Please complete where appropriate:

AMT (if >65 years)	CURB Score (if <65 years)
	SIRS

80907

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

New experience chest pain before.
Dull, central.

Also associated myalgia + sweats.

- Appetite (N), weight unchanged.
No abdo pain. No LUTS.
Bowels (N).

FH
- IHD - 5° father had attack 50s

SH - lives with wife
- Working
- Smokes - 5/day
- Social Alcohol

Meds.

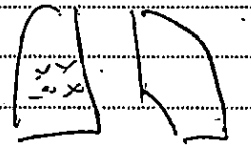
* Penicillin Allergic *

Tramadol 50mg PRN
Sumatriptan 100mg PRN
Gabapentin 800mg BD
Aspirin 75mg OD
Sertraline 50mg OD
Atorvastatin 40mg OD
Carbamazepine 200mg OD
Perindopril 4mg OD
Paracetamol 1g PRN

O/E - NEWS 0

A -

B - RR 16
Sats 100% /A



Fill (2) nuclzone crops

C - HR 77
BP 126/80

HS I+II+0
JVP ↔
Calves SNT

D - AVPO GCS 15/15
BM 4.8
36.3.

Acute Medicine Unit
Glasgow Royal Infirmary
Unitary Patient Record
(Part A - Acute Assessment)

NHS
Greater Glasgow and Clyde

Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

E - T ✗ Nebs ×2
BS ✓ ECG - SR (N)

Hb 157
WCC 7·4
Plt 322

Imp - Viral Infection

Plan - Bloods
- ECG
- CXR. → No focal consolidation
- Viral Swabs.
- Sputum Culture.

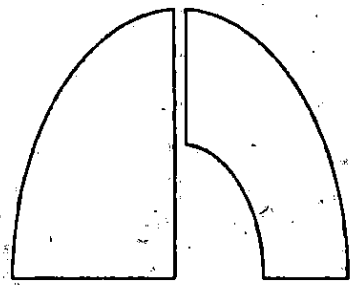
CRP 22

UEs (N)
LFTs (N)

Given reassuring blood results + normal CXR, MC Zaleski may be discharged on 5/7 PO doxycycline
Working advice given.

Thomas, FY2

X-Ray results



Patient Name
DoB
Unit Number

or affix label

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		
Tropl	Date and time	
Chol		
Trig		
Para	Date and time	
Sal		
S osm		
ABG	Date and time	
H^+		
P_aCO_2		
P_aO_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
DOXYCYCLINE 200mg PO			OD	CHAUHAN			
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.

NHS
Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

The patient attended ENT Clinic at GRI

Hospital on _____ and I would advise a change to drug therapy from

_____ to _____

or additional therapy of _____

as detailed below. Full letter to follow.

Additional Comments: _____

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
- Betnesol nasal drops	1+	TDS	6/52
- Mometasone nasal spray	1i	OD	3/12

Yours Sincerely

Signature:

Name (print) Mr H. Tailor Grade: ST3 Tailor ENT Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545 GGC0004

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	ZALESKI, WALTER	Name	LEGGE, SUSAN
Address	28 SCARAWAY ST Glasgow Lanarkshire G22 7JS	Address	The Barony Medical Centre 30 Auchinloch Street Glasgow
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	10432099L
Telephone		Consent	Yes
Patient Contact Number	01417728530	Sensitivity	Sensitive
CHI Number	2610706294	Consultant Name	MCGARRY
Sex	Male	Requires Transport	No
Date of Birth	26/10/1970	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RHONA ZALESKI	
Address	AS ABOVE	
Landline	AS ABOVE	
Mobile		
Relationship	WIFE	

Assessment Details					
Assessor	A HILSTON	Grade	5	Date	17/06/2014
Ward	GGH SAU				

Surgery / Procedure Attending For
RIGHT FESS

Availability	
Are you available at short notice?	No
Period of unavailability	
Reasons for unavailability	

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Details	TWO WEEKS NOTICE REQUIRED AS NEEDS TO COME OFF MEDICATIONS

Anaesthetic History	
1. Previous GA	
Have you had a General Anaesthetic before?	Yes
Were there any problems?	No
2. Previous LA	
Have you had a Local Anaesthetic before?	Yes
Were there any problems?	No
3. Dentition Risk	
Do you have any loose teeth, caps or dentures?	No
4. Reduced neck movement	
Do you have any neck or jaw stiffness?	No
5. Other Risk	
Has anybody in your family had a serious reaction to an anaesthetic?	No
6. Heartburn	
Do you suffer from heartburn or indigestion?	No
7. Sickle Cell Disease (risk factor)	
Do you have sickle cell disease?	No
Are there risk factors for sickle cell disease?	No

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes
Details of relevant surgical history	RIGHT BELOW KNEE AMPUTEE 2001, TRIPLE ANKLE PROCEDURES 1990'S,
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

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

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

11. Angina	
Do you suffer from Angina?	No

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

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

14. Blackouts	
Do you suffer from blackouts?	No

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

Respiratory	
16. Asthma / Bronchitis / COPD / Emphysema	
Do you have asthma, bronchitis, COPD, or emphysema?	No

17. URTI (Upper Respiratory Tract Infection)	
Have you recently had a cold?	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Neurological	
18. Stroke	
Have you had a stroke or TIA?	Yes
Dates of the episodes	TIA 2008
18a. Is there a permanent disability?	No

19. Epilepsy	
Do you have epilepsy?	No

20. Neurological Disease	
Do you have any neurological or muscular disease?	Yes
Details	MIGRAINES

21. Physical Disability	
Do you have a physical disability?	Yes
Further Details	RIGHT BELOW KNEE AMPUTEE - RARELY USES WHEELCHAIR. PROSTHETIC LEG.
Do you have reduced normal activity?	No
Do you have to use a wheelchair?	Yes

Haemotological	
22. Bleeding Disorder	
Do you suffer from prolonged bleeding or excessive bruising?	No

23. Previous DVT	
Have you had a DVT?	No

24. Anaemia	
Do you suffer from anaemia?	No

Miscellaneous	
25. Kidney Disease	
Do you have renal failure?	No

26. Liver Disease	
Do you have liver disease or suffer from jaundice?	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

27. Diabetes	
Do you have diabetes?	No

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

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

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

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

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

33. Smoker	
Do you smoke?	Yes
How many each day?	10.00

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

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

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

36. Language	
Can the patient speak English?	Yes

Drug History

37. Drugs

List all drugs (including herbal remedies and complimentary medicines)

NAPROXEN 500MG BD PRN, ASPIRIN 75MG OD, SERTRALINE 50MG OD, ATORVASTATIN 40MG OD, PERINDOPRIL 4MG OD, TRAMADOL 50MG PRN, AMITRIPTYLINE 25MG OD, PARACETAMOL 500MG X2 PRN, SUMATRIPTAN 100MG PRN

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

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

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

40. Allergies	
Does patient have any allergies?	Yes

Current Drug Allergies and Adverse Reactions

Category	Infections	Drug	PENICILLIN	Reaction(s)	Other - See notes
Notes	UNKNOWN ? SKIN RASH				

Implants

41. Pacemaker

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	Yes

43. Coronary stents	
Have you had coronary artery stents inserted?	No
Details	GLASSES, RIGHT LEG PROTHESIS,

Examination			
44. Age (years)	43		
Weight (kg)	73.9		
Height (m)	1.75	BMI	24

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

46. Blood Pressure	
Systolic/Diastolic BP	134 / 82

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

47. Pulse		
Pulse Rate	92	/ min
Rhythm	Regular	

48. Oxygen Saturation	99	%

49. Urine Analysis	
Result	
Details	

50. VTE Risk			
Is patient at risk of VTE?	Yes	Do they require prophylaxis?	Yes

Day Surgery Criteria			
51. Day Surgery Criteria			
Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	No	Does the patient agree to be a day patient?	Yes

52. Admission Criteria	
Appropriate admission based on nursing assessment	23hr

AHP USE ONLY: Is OT/Physio assessment required:	An OT/Physio assesssment is not required

53. MRSA Screening	
Does the Patient require a Clinical Risk Assessment? (for patients > 23 hours)	No
Has the patient ever had a previous positive MRSA result?	
Has the patient been admitted from a care home/institutional setting or another hospital?	
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	

Has patient is to be admitted to any of the following:							
Orthopaedics		Vascular		Renal		Critical Care	

MRSA Lab Test Results

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Nose		Perineum		Throat		Other		Patient refused	
Other details:									

Investigations Required

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	
HbA1c	No	No		No	No	
Glucose	No	No		No	No	
Group & Save	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
LFTs	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
Amylase	No	No		No	No	
CRP	No	No		No	No	
Calcium/Bone	No	No		No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
MRSA Screen	No	No		No	No	
Pregnancy Test	No	No		No	No	
Temperature	No	No		No	No	
FBC	Yes	Yes	17/06/2014	No	No	
U&Es	Yes	Yes	17/06/2014	No	No	
ECG	Yes	Yes	17/06/2014	No	No	

Pre-op Assessment Summary

Assessor	A HILSTON
Grade	5
Summary	

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

43 year old male attending for Right FESS under Mr McGarry TCI TBA GGH as a DC.

Hypertension controlled with medication.

TIA 2008 - On Aspirin. Nil issues since. Has been told by surgeon to discontinue taking Aspirin and Perindopril 2 weeks prior to surgery.

Right below knee amputee - Has prosthesis. Born with club foot which could not be corrected with several surgeries.

ECG borderline - Possible ectopic atrial rhythm.

Suitable for GA and DC.

20/6/14 - Phoned patient. Anaesthetist has advised patient to remain on Perindopril but stop Aspirin 2 weeks prior to surgery.

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

Advise to take usual anti-reflux medication	No
Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	No
Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to 33. Drug Abuse).	No

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	No
OCP advice	No
Provide Herbal Medicine Advice	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available if the patient is taking methadone	No
Print PEFR Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist	C RUNCIE
Grade	CONSULTANT
Summary	

From: Runcie, Colin
Sent: 19 June 2014 09:57
To: Hilston, Alison
Subject: RE: pirindopril

Hi Alison,
He should come off his Aspirin but not his Pirindopril.
Thanks and regards,
Colin

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	ZALESKI, WALTER	Name	LEGGE, SUSAN
Address	28 SCARAWAY ST Glasgow Lanarkshire G22 7JS	Address	The Barony Medical Centre 30 Auchinloch Street Glasgow
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10432099L
Telephone		Consent	Yes
Patient Contact Number	01417728530	Sensitivity	Sensitive
CHI Number	2610706294	Consultant Name	MCGARRY
Sex	Male	Requires Transport	No
Date of Birth	26/10/1970	Religion	None

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	RHONA ZALESKI	
Address	AS ABOVE	
Landline	AS ABOVE	
Mobile		
Relationship	WIFE	

Assessment Details					
Assessor	A HILSTON	Grade	5	Date	17/06/2014

Surgery / Procedure Attending For
RIGHT FESS

Short Notice Availability	Yes/No	Details
Available at short notice?	No	TWO WEEKS NOTICE REQUIRED AS NEEDS TO COME OFF MEDICATIONS

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	No	
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	No	
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		RIGHT BELOW KNEE AMPUTEE 2001, TRIPLE ANKLE PROCEDURES 1990'S,
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	No	
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

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

Neurological	Yes/No	Details/Problems
Stroke	Yes	Dates of the episodes: TIA 2008;
Epilepsy	No	
Neurological Disease	Yes	MIGRAINES.
Physical Disability	Yes	Has to use a wheelchair; RIGHT BELOW KNEE AMPUTEE - RARELY USES WHEELCHAIR. PROSTHETIC LEG.

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

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

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

Any serious illness not already mentioned?	No

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

Social	Yes/No		
Alcohol (units/week)	0		
Smoker	Yes	10 cigs/day	
Ex Smoker			
IV drug abuser	No		Methadone Req:
Pregnant	No	LMP	Could Be Pregnant: No

Drug History

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

NAPROXEN 500MG BD PRN, ASPIRIN 75MG OD, SERTRALINE 50MG OD, ATORVASTATIN 40MG OD, PERINDOPRIL 4MG OD, TRAMADOL 50MG PRN, AMITRIPTYLINE 25MG OD, PARACETAMOL 500MG X2 PRN, SUMATRIPTAN 100MG PRN

Patient takes the following drugs

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

Does patient have any allergies?	Yes

Current Drug Allergies and Adverse Reactions

Category	Infections	Drug	PENICILLIN	Reaction(s)	Other - See notes
Notes	UNKNOWN ? SKIN RASH				

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	

Other reason for implant	
Type of pacemaker/impantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination

Weight (kg)	73.9	Height (m)	1.75	BMI	24	Temp	
Pulse (bpm)	92	Regular	Regular	BP	134/82		
SaO2 (%)	99						

Investigations

The below investigations are required.

17/06/2014

FBC
U&Es
ECG

VTE Risk

Is patient at risk of VTE?	Yes	Do they require prophylaxis?	Yes

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)							No
Has the patient ever had a previous positive MRSA result?							
Has the patient been admitted from a care home/institutional setting or another hospital?							
Does the patient have a wound/ulcer or invasive device which was present prior to admission?							
Has patient is to be admitted to any of the following:							
Orthopaedics	No	Vascular	No	Renal	No	Critical Care	No
MRSA Lab Test Results							
Nose	No	Perineum	No	Throat	No	Other	No	Patient refused	No
Other details:							

CHI Number: 2610706294 Patient Name: ZALESKI, WALTER

Admission Criteria

Appropriate admission based on nursing assessment	23hr

AHP USE ONLY: Is OT/Physio assessment required:	**An OT/Physio assesssment is not required**

Pre-operative Assessment Summary

Assessor: A HILSTON Grade: 5

43 year old male attending for Right FESS under Mr McGarry TCI TBA GGH as a DC.

Hypertension controlled with medication.

TIA 2008 - On Aspirin. Nil issues since. Has been told by surgeon to discontinue taking Aspirin and Perindopril 2 weeks prior to surgery.

Right below knee amputee - Has prosthesis. Born with club foot which could not be corrected with several surgeries.

ECG borderline - Possible ectopic atrial rhythm.

Suitable for GA and DC.

20/6/14 - Phoned patient. Anaesthetist has advised patient to remain on Perindopril but stop Aspirin 2 weeks prior to surgery.

Recommended Admission Pathway

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

Anaesthetic Assessment

Anaesthetist: C RUNCIE Grade: CONSULTANT

From: Runcie, Colin
Sent: 19 June 2014 09:57
To: Hilston, Alison
Subject: RE: pirindopril

Hi Alison,
He should come off his Aspirin but not his Pirindopril.
Thanks and regards,
Colin

Acute Services Division

Diagnostics Directorate

Department of Pathology

Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

STA Form Release 1.1 RC 1.1

Hospital Name: Glasgow Royal Infirmary

Patient Details		GP Details	
Name:	WALTER ZALESKI	**Name:**	LEGGE, SUSAN
Address:	28 SCARAWAY ST Glasgow Lanarkshire	**Address:**	The Barony Medical Centre 30 Auchinloch Street Glasgow
Postcode:	G22 7JS	**Telephone:**	
Correspondence Address1			
Correspondence Address2			
Correspondence Postcode			
Telephone:			
CHI Number:	2610706294	**Consent:**	Yes
CRN:	10432099L	**Sensitivity:**	Sensitive
D.O.B:	26/10/1970	**Form Date:**	17/06/2014
Sex:	Male		

	Yes	No
1. **Did you receive the patient leaflet "The Use of Surplus Tissue for Medical Research & Education"?**	●	
2. **Does the patient require further information from the Bio Repository Nurses?**		●
3. **Do you agree that surplus tissue not essential for your diagnosis or future treatment may be used for medical, education and ethically approved medical research?**	●	

Withdrawl of Authorisation

Date of Withdrawl

Comments

If a patient withdraws authorisation please complete the date and any information relating to the reason for withdrawal in the comments field.

Acute Services Division

Surgery and Anaesthetics Directorate

Department of Pre Op Assessment Unit

Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

PreAdmission Form Release 1.0

Hospital Name: Glasgow Royal Infirmary

Patient Details		GP Details	
Name:	ZALESKI, WALTER	**Name:**	LEGGE, SUSAN
Address:	28 SCARAWAY ST Glasgow Lanarkshire	**Address:**	The Barony Medical Centre 30 Auchinloch Street Glasgow
Postcode:	G22 7JS	**Telephone:**	
Correspondence Address 1:		**Consent:**	Yes
Correspondence Address 2:		**Sensitivity:**	Sensitive
Correspondence Postcode:		**Consultant Name:**	MCGARRY
Telephone:		**Admission Date:**	
CHI Number:	2610706294	**Time:**	
CRN:	10432099L	**Ward:**	GGH SAU
D.O.B:	26/10/1970	**Procedure/Operation:**	RIGHT FESS

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

Current Drug Allergies and Adverse Reactions					
Category	Infections	**Drug**	PENICILLIN	**Reaction(s)**	Other - See notes /
Notes	UNKNOWN ? SKIN RASH				

Emergency Contact Numbers	
Name	
Relationship	
Phone	

Discharge	Yes	No
Estimated Date		
Transport Required		
Supervising Adult for Discharge		

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

Medicines	Yes	No
Own Supplied		

Valuables	Yes	No
Valuables Returned		

MRSA		
Positive	**Negative**	**Unknown**

Activities of Daily Living NOTE: NOT REQUIRED FOR DAY SURGERY

Safety and Comfort

Breathing and circulation

Maintaining Body Temp

Personal Hygiene

Elimination

Sleep

Mobility

ing and drinking

Skin Condition/Waterlow score

Communication (including anxiety & fear) Aids worn?

Date **Admitted By**

ZALESKI, Walter
BORN 26-Oct-1970 (55y) GENDER Male
CHI 2610706294

Information Record; Occupational Therapy and Physiotherapy

Last updated by Barry SCOTT (Barry Scott) 2 years ago (v. 1) Show History

Sensitivity

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Admission Information

Hospital	Glasgow Royal Infirmary
Ward	Ward 62
Specialty	Trauma And Orthopaedic Surgery
Consultant	Mr. Jenkins
Assessment completed by	Assistant practitioner

Personal Details

Consents to assessment	Yes	Details	—
Does the patient have an appointed welfare guardian or power of attorney	No		

Medical History

Relevant past medical history	Right BKA (2001) - for pain relief due to congenital deformity Wears prosthesis HTN Cerebrovascular disease Prev. CVA Cognitive impairment Depression	Reason for referral / management instructions	Post-op OT/PT Ax
		Risks / precautions / contraindications / allergies / red flags	—
Present complaint / history of present complaint	Right hip hemi - 1/4/24 for right NOF# Lost balance whilst trying to sit on chair at a wedding. Fell onto right side		
Current / pending investigations	No		

Relevant drug history on admission	As per drug prescription chart (Kardex)		
Smoker	Yes	Details	Vapes

ZALESKI, Walter
BORN 26-Oct-1970 (55y) GENDER Male
CHI 2610706294

Personal and Social Circumstances

Personal and social circumstances	Details		
Obtained from	Patient		
Lives With	Family	Details	Wife and adult son

Accommodation

Accommodation	Details		
Type	House		
Number of floors	2		

Home Information

Home information	Details		
Ownership	Owner occupier		
Door Entry System	No	Key Safe	No
Telecare	No	Community Alarm	No
Heating	—		
Bedroom location	Upstairs	Bath/ Shower room location	Upstairs
Internal stairs	Yes	External stairs	Yes
Number	14	Number	2
Handrail Ascending	Bilateral	Handrail Ascending	Nil
Type	Straight flight		
Ability to negotiate stairs or steps	Independent	Stair lift	No
Further home information	—		

Previous Level of Mobility

Previous mobility	Details		
Indoor	Independent	Further details	1 x stick
Outdoor	With assistance	Further details	1 x stick / wheelchair Always accompanied outdoors

Previous Transfers

Previous transfers	Details		
Bed	Yes	Details and Equipment	Independent King-sized bed with bedstick in situ

Toilet or Commode	Yes	Details and Equipment	Independent Bilateral grab rails on walls Commode for night toileting

ZALESKI, Walter
BORN 26-Oct-1970 (55y) GENDER Male
CHI 2610706294

Bath	—		
Shower	Yes	Details and Equipment	Independent Wet room with shower chair in situ
Chair or Wheelchair	Yes	Details and Equipment	Independent Armchair
Other Transfer	—		
Additional information	—		

Falls

Falls	Details		
How many falls in the last year	4	Any sustained injury	Bony
Mechanism of fall	Other	Further Information	Present admission + approx. 3 other small falls due to loss of balance

Sensory Function

Sensory function	Details		
Vision	Impaired	Further details	Glasses for reading and distance
Hearing	Intact		
Communication	Intact		
Additional information	—		

Self Care

Self care	Details		
Washing / bathing	Independent	Further details	—
Personal grooming	Independent	Further details	—
Toileting / continence	Independent	Further details	—
Night toileting	Independent	Further details	Commode. Wife empties
Dressing	With assistance	Further details	Wife assists
Eating and drinking	Independent	Further details	—
Medication	With assistance	Further details	Independent taking. Wife sorts meds
Additional information	—		

Domestic Life

Domestic life	Details		
Shopping	With assistance	Further details	Done by wife
Laundry	With assistance	Further details	Done by wife

ZALESKI, Walter
BORN 26-Oct-1970 (55y) GENDER Male
CHI 2610706294

Housework	With assistance	Further details	Done by wife
Meal preparation	With assistance	Further details	Done by wife
Driving	Unable	Further details	—
Childcare	Not Applicable		
Additional information	—		

Social Support

Social support	Details
Homecare	No
Nurse specialist	No
Day centre	No
Tuck in	No
District nurse	No
Meals on wheels	No
CPN	No
Other	No
Additional information	Nil POC. Lives with wife who supports

Lifestyle and Leisure

Lifestyle and leisure	Details
	Playing bowls

Physical Activity

Physical activity	Not completed at this time

Employment

Employment	Details		
Employment Status	Unemployed	Details	—
Outcome	—		

Finance

Finance	Not completed at this time

Form completed by a student	No

My Admission Record

NHS Greater Glasgow and Clyde

2610706294
ZALESKI
Walter M
26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
Affix patient ID label

Hospital: GRI Ward: 62
Date of Admission: 31/3/24 Time: 13.40
Information obtained from: Name: WALTER
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 53 Telephone Number:
Consultant: 07796686069

Communication

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

Preferred first contact	**Preferred second contact**
Name: RHONA ZALESKI	Name:
Relationship: WIFE	Relationship:
Address:	Address:
Telephone: 07919157508	Telephone:
Is this person aware of your admission? Yes ☑ No ☐	Is this person aware of your admission? Yes ☐ No ☐
Can we share information with this person? Yes ☑ No ☐	Can we share information with this person? Yes ☐ No ☐

Presenting Complaint / Diagnosis

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

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

No known allergies ☐ PENICILLIN *

Relevant past medical history

SEVERAL SURGERIES TO LOWER Ⓡ LEG BEFORE AMPUTATION
HTN, PREVIOUS CVA, DEPRESSION, COGNITIVE IMPAIRMENT

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

Power of Attorney / Guardianship / Adult with Incapacity

Name:
Addr
2610705284
ZALESKI M
Walter 26/10/1970
DoB 28 Scaraway Street
CHI: Glasgow, Lanarkshire
G22 7JS
Affix

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

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☐

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

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

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

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

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

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

Carbapenemase-producing enterobacteriaceae (CPE)

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

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

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

MRSA Screening

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

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

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

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

If **YES Inform the IPCT** ☐

N-
A
2610705294
ZALESKI, M
Walter 26/10/1970
D 28 Scaraway Street
C Glasgow, Lanarkshire
G22 7JS
Afi

Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☑ when did you stop? 6/12

Never smoked ☐

Do you use eCigarettes? Yes ☑ No ☐

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

Yes - administered NRT ☐ Yes - patient declined NRT ☐

If declined - Why: _____

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

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

Drugs

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

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

_____

_____

Alcohol

Do you drink alcohol? Yes ☐ No ☑

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

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

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

Name (Please PRINT): J. Scott Signature:

Designation: ORTHO FLOW Date: 31/3/24

My Assessment Record

Nam
Add
2610706294
ZALESKI
Walter
28 Scaraway Street
Glasgow, Lanarkshire
M
26/10/1970
DoI
CH
G22 7JS
Affix patient ID label

1. Breathing and Circulation

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

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

2. Communication

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

Na
Ad
2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Dol Glasgow, Lanarkshire
G22 7JS
CHI
Affix patient ID label

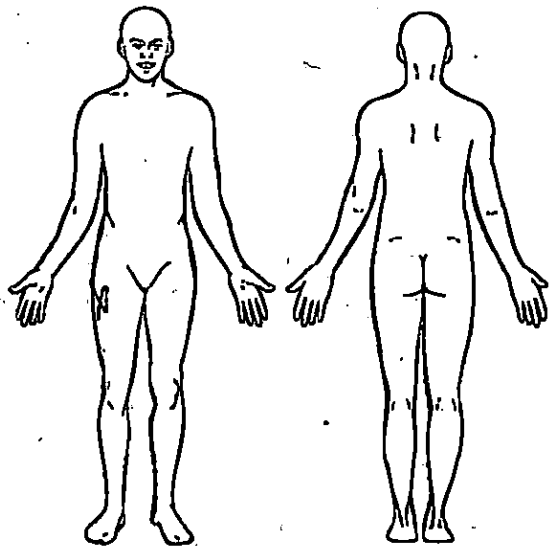
3. Senses

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

Can you describe where and what the pain is like?

STABBING PAIN

Mark current pain on body chart



Have you had treatment / intervention for the pain?

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

Can you describe any chronic pain that you have?

What makes the pain better?

ANALGESIA

Nan
Add
2510706294
ZALESKI
Walter
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970
Dol
CH
Affix patient...

4. Cognitive Status THINK DELIRIUM

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

N.B. Think Delirium

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

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

and follow the guidance

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

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

NO

What do you like to eat and drink?

ANYTHING BUT SALAD

What do you not like to eat and drink?

SALAD

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

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

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
Affix patient ID label

Assessment of the patient's hydration and nutrition needs

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

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

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

6. Elimination

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

Assessment of the patient's elimination needs

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

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

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

What products do you normally use for this continence issue?

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

Date urinary catheter last changed ___/___/___

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

Bowels

When did your bowels last move? 1/7

How often in a day/week do you have a bowel movement? Per day ☐ Per week 3/4

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

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

What products do you normally use for this continence issue?

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

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

NAD

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

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

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

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

Pressure ulcer identified on admission: Yes ☐ No ☑

Pressure Ulcer Grade: _____

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

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

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

Ni
Ac 2610706294
— ZALESKI M
— Walter 26/10/1970
28 Scaraway Street
Dc Glasgow, Lanarkshire
CH G22 7JS
Affix patient ID label

8. Mobility

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

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

9. Maintaining a Safe Environment

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

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

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

10. Sleep and Rest

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

Nz
Ac
2610706294
ZALESKI
Walter
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970
Do
CH
Affi

11. Social Circumstances

Do you:

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

Other please specify_____ ☐

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

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☑ Referred ☐

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

12. Emotional and Spiritual Care

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

Roman Catholic

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

NO

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

Healthcare Chaplain informed Yes ☐ N/A ☑

N
A
2610706294
– ZALESKI M
– Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Affix patient ID label

13. Person Centred Care

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

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

Informal Support

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

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

Name: .....

Contact Details: .....

.....

.....

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

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

Yes ☐ No ☐

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

Name
Addr
2610706294
ZALESKI
Walter
28 Scaraway Street
DoB: Glasgow, Lanarkshire
CHI:
Affix
M
28/10/1970
G22 7JS

Required Support

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

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

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

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

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

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

Name
Addre
2610706284
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
DoB: Glasgow, Lanarkshire
CHI: G22 7JS
Affix patient ID label

Risk Assessments/Other Documentation

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

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation

Name:
Addres
DoB:
CHI:
Affix patient ID label

2810706294
ZALESKI
Walter
M
28/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Nai
Adc 2610706284 M
ZALESKI 26/10/197C
Walter
28 Scaraway Street
DoB Glasgow, Lanarkshire G22 7JS
CHI:
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Care Rounds Checklist

Date: 2-4-24

Attach Ad

2610706294
ZALESKI, Walter — M — 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Ward: 62

NHS Greater Glasgow and Clyde

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

1. Signed [signature] Name Rema A Designation SN
2. Signed [signature] Name H CAMPBELL Designation SN
3. Signed [signature] Name Megan Campbell Designation SN

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

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

		Times	05:30	09:25	13:00			14:30	18:30	22:30												
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N			N	N	N												
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N			N	N	N												
S	3	**SKIN INSPECTION** Pressure areas checked:	M	MT	Y			Y	Y	Y												
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	–	–	IM			IM	IM	–												
K	4	**KEEP MOVING** Has the patient moved or walked?	T	T	Y			Y	Y	T												
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B	B			B	B	B												
		Chair Assist to walk or stand (W/ST)	T	T	–			ST	–													
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	Bottle	NT	Bottle			N	Bottle	Bottle												
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N			N	N	N												
		Drink taken?	N	Y	Y			Y	Y	Y												
		Food, snack, or supplement taken?	N	N	Y			Y	Y	Y												
		Has oral hygiene been carried out as per care plan?	N	N						N												
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y			Y	Y	Y												
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT			NT	NT	NT												
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NR	NR	NR			NR	NR	NR												
		Care provider / role	BE	BE	SN			SN	SN	SN												

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 01/04/24

Attach Addres

2610706294
ZALESKI
Walter
M
26/10/1970

NHS
Greater Glasgow and Clyde

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

1. Signed _____ Name _____ Designation _____
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Ward: 62

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

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

		Times	00	30	00	30	00	45	35											
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N		N	N	N	N											
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	Y(4)	Y		N	N	N	N											
S	3	**SKIN INSPECTION** Pressure areas checked:	N	NT		N	Y	Y	N											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	I			-	INT	INT	-											
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y		Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B		B	B	B	B											
		Chair Assist to walk or stand (W/ST)	-			-		-	T											
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I		N	IC	A	N											
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N		N	N	N	N											
		Drink taken?	Y	Y		Y	Y	Y	Y											
		Food, snack, or supplement taken?	N	N		Y	Y	Y	Y											
		Has oral hygiene been carried out as per care plan?	-	-					N											
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y		Y	Y	Y	Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	Y		NR	NR	NR	N											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NAD	NAD		NAD	NAD	NAD	NAD											
		Care provider / role																		

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Fluid Balance Chart

2610706294
ZALESKI
Walter
M
26/10/1970

Hospital: GRH
Ward: G2
Date: 02/04/24

Reason for Fluid Balance Chart _____
Is patient fluid restricted? Yes ☐ No ☐
If yes how many mls in 24 hours? _____
Fluid balance from previous 24hrs +/- _____

Does patient require thickened fluids?
Yes ☐ No ☐ Stage _____
Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:
1. Type _____ circle how many daily 1 2 3
2. Type _____ circle how many daily 1 2 3
Signature: _____ Designation: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

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

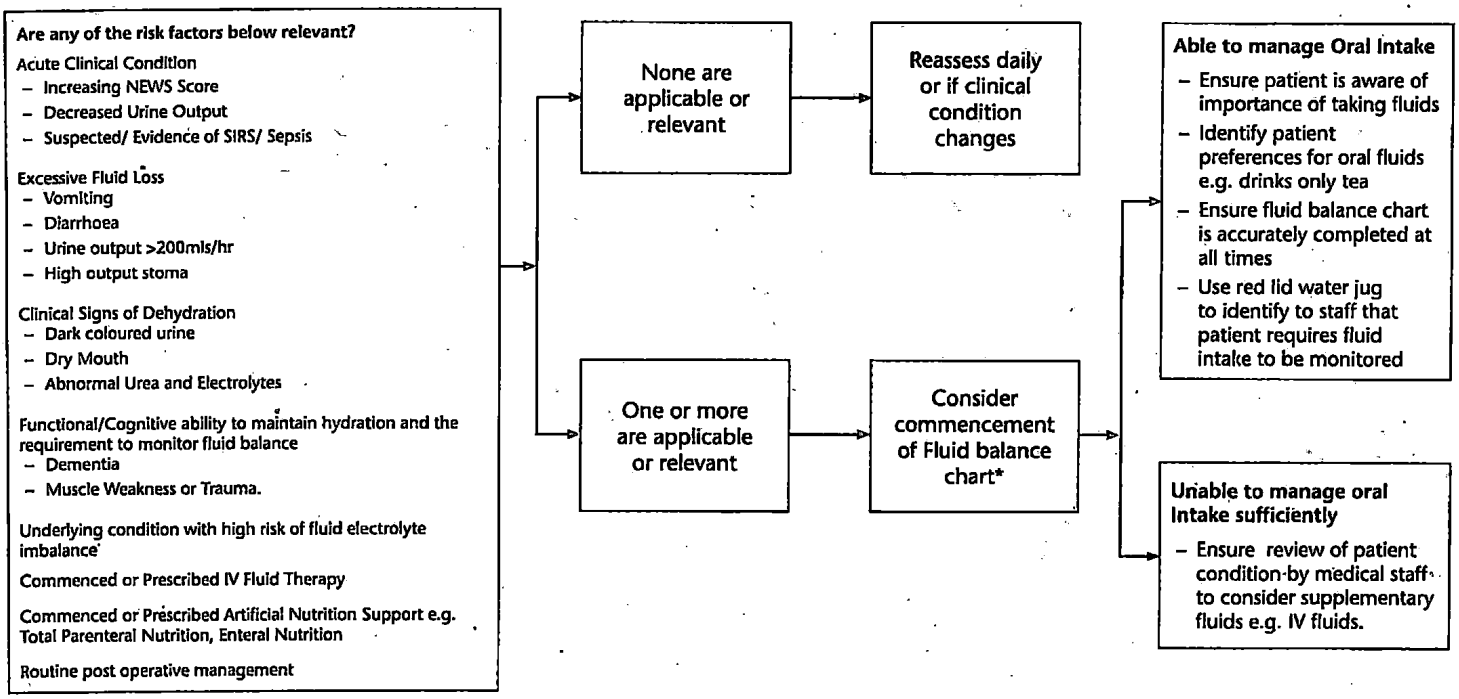
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

220665

Guide to commencing fluid balance charts

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



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

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

MIS • EDU • 237971-2

Fluid Balance Chart

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Hospital: GRI
Ward: 62
Date: 31/3/24
1/4/24

Reason for Fluid Balance Chart _____
Is patient fluid restricted? Yes ☐ No ☐
If yes how many mls in 24 hours? _____
Fluid balance from previous 24hrs
+/- _____

Does patient require thickened fluids?
Yes ☐ No ☐ Stage _____
Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:
1. Type _____ circle how many daily 1 2 3
2. Type _____ circle how many daily 1 2 3
Signature: _____ Designation: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
08:00																	
09:00																	
10:00																	
11:00																	
12:00																	
13:00																	
14:00																	
15:00										IC							
16:00																	
17:00					IVF	250											
18:00					IVF					400							
19:00																	
20:00																	
21:00																	
22:00																	
23:00																	
								*Total Intake	[redacted]						*Total Output	[redacted]	

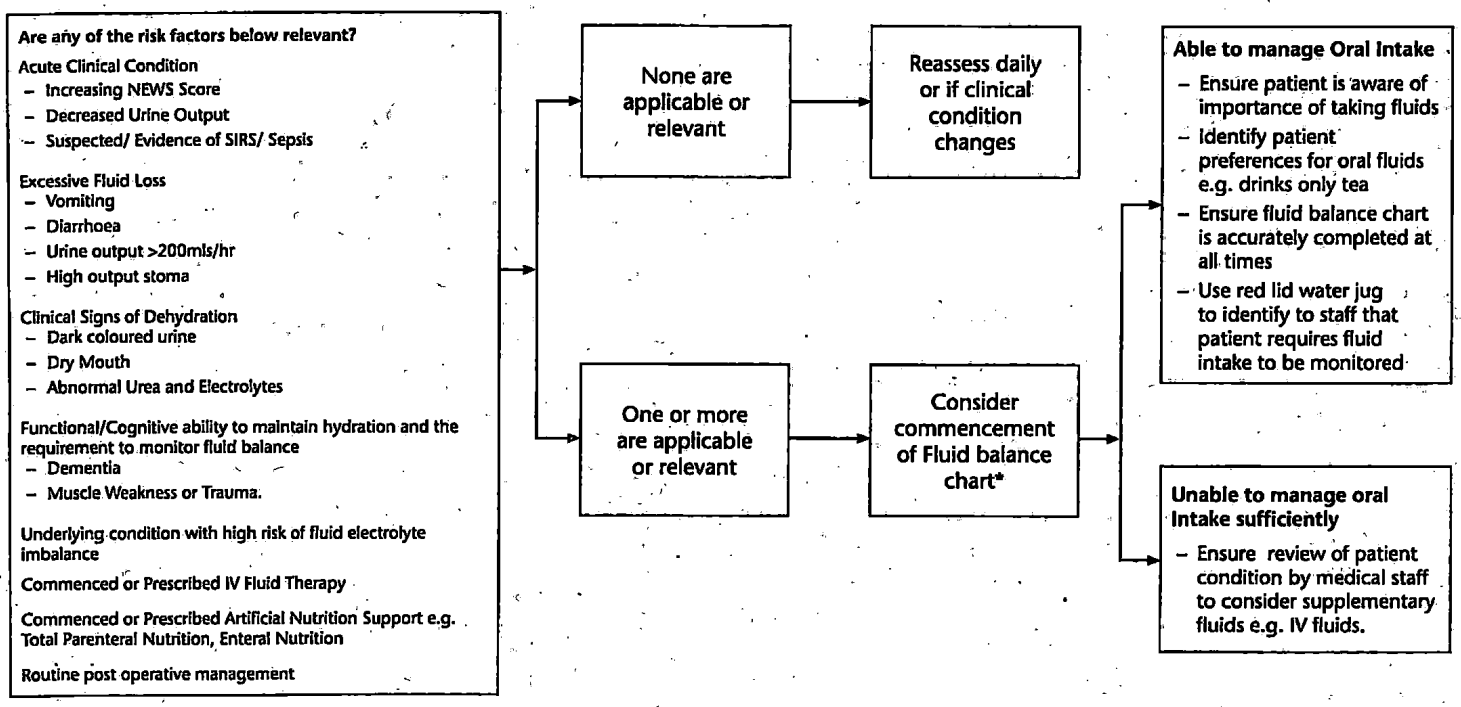
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

220665

Guide to commencing fluid balance charts

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



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

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

MIS • EDU • 237971-2

Care Rounds Checklist

Date: 31/3/24

Attach Addr
2610706294
ZALESKI M
Walter 28/10/197C
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS Greater Glasgow and Clyde

Ward: 62

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

1. Signed ____ Name J-Scott Designation OC
2. Signed ____ Name ____ Designation ____
3. Signed ____ Name ____ Designation ____

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

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

		Times	14 39	18 32	22 05																			
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N																			
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N																			
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y	NT																			
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	I	I	–																			
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y																			
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B	B																			
		Chair Assist to walk or stand (W/ST)																						
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	Bottle	N	Bottle																			
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N																			
		Drink taken?	N	N	N																			
		Food, snack, or supplement taken?	N	N	N																			
		Has oral hygiene been carried out as per care plan?	N	N	N																			
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y																			
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT																			
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA																			
		Care provider / role	OJ	OJ	AT																			

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 09/4/24

Attach Addi

2610706294
ZALESKI
Walter
M
26/10/1970

Ward: G2

NHS Greater Glasgow and Clyde

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

1. Signed SH Name SHONA THOMAS Designation RN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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

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

		Times	02 30	04 30	07 00	08 30
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	N	N
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)				I
K	4	**KEEP MOVING** Has the patient moved or walked?	I	I	I	I
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B		B
		Chair Assist to walk or stand (W/ST)				
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N
		Drink taken?	N	N	N	N
		Food, snack, or supplement taken?	N	N	N	N
		Has oral hygiene been carried out as per care plan?	N	N	N	I
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA
		Care provider / role	SH	SH	SH	SH

Care Rounds Variance Sheet

Attach Addressograph Label Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 8/4/24

Attach Addres

2810706294
ZALESKI
Walter
M
26/10/1970

NHS Greater Glasgow and Clyde

Ward: 52

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

1. Signed _____ Name _____ Designation RN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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

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

		Times	0130	0630	1100	1500	1900	2200												
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N	N											
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N	N											
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	N	N	N	N	N											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)			-	-	-	-												
K	4	**KEEP MOVING** Has the patient moved or walked?	Y		Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B		B	B	B	B	B											
		Chair Assist to walk or stand (W/ST)					W	W												
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	N	I	I	I	I	I											
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N											
		Drink taken?	N	N	Y	Y	Y	Y	N											
		Food, snack, or supplement taken?	N	N	Y	Y	Y	Y	N											
		Has oral hygiene been carried out as per care plan?	N	N	I		N		N											
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y	Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	N	N	N	N	N	N											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.																		
		Care provider / role																		

NHSGGC Bedrail Risk Assessment

2610706284
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS Greater Glasgow and Clyde

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

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	31.3.24	07/4/24					
	TIME	1640	0250					
	WARD	62	62					
	HOSPITAL	GRI	GRI					
SECTION ONE – GENERAL		Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		✓		✓				
2	Has the patient requested the use of bedrails?	✓			✓				
IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED									
SECTION TWO – COGNITIVE AND PHYSICAL STATUS									
3	Is the patient at risk of climbing out of bed?		✓		✓				
4	Is the patient stressed, delirious or restless?		✓		✓				
5	Is the patient small in stature?		✓		✓				
6	Does the patient have an unusually large or small head that might present an entrapment issue?		✓		✓				
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?		✓		✓				
IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf									
SECTION THREE – COMMUNICATION									
8	Has the patient been consulted regarding the use of bedrails?	✓		✓					
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition	✓		✓					
10	Has the use of bedrails been discussed with relatives/carers?		✓		✓				
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?		✓		✓				
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?		✓		✓				
IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf									
SECTION FOUR – DECISION MAKING		Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?	✓			✓				
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request	✓							
15	Bedrail risk assessment completed by:	[signature]		SDREL					
16	Bedrails checked by:	[signature]		SDREL					
17	Date	31.3.24		07/4/24					

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

A. Alternatives to bed rails:-

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

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

Is patient:-

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

C. Safe use and application of bedrails:-

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

D. Record keeping:-

All of the following should be recorded:-

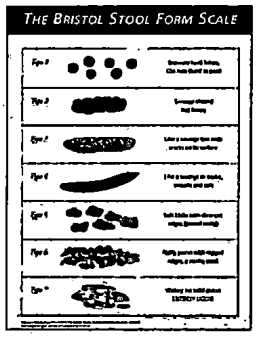
- Date and time of assessment
- Bedrail information leaflet given to patient and-or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed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

Bedrail risk assessments should be made as follows:-

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

Stool Chart

Key		
Consistency	**Colour**	**Amount**
0 = Watery	0 = Chalky	0 = Very Small
1 = Soft	1 = Pale	1 = Small
2 = Normal	2 = Normal	2 = Normal
3 = Firm	3 = Dark	3 = Large
4 = Constipated	4 = Black	4 = Very Large
	5 = Red	



1. Separate hard lumps, like nuts (hard to pass)
2. Sausage-shaped but lumpy
3. Like a sausage but with cracks on its surface
4. like a sausage or snake, smooth and soft
5. Soft blobs with clear-cut edges (passed easily)
6. Fluffy pieces with ragges edges, a mushy stool
7. Watery, no solid pieces ENTIRELY LIQUID

NHS
Greater Glasgow and Clyde

2610708284
ZALESKI M
Walter 26/10/197C
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Date	Time	Colour	Type	Consistency	Amount	Specimen Obtained	Blood	Mucus	Signature
4/4/24	1100	Pr	reports		BO	yesterday			Campbell
5/4/24	Pt	Stakes	Bowels	active					Joyer
6/4/24	Pt	Stakes	Bowels	Colour					Joyer
7/4/24	Pt	Stakes	Bowels	active					Joyer

Date	Time	Colour	Type	Consistency	Amount	Specimen Obtained	Blood	Mucus	Signature

2610706294
ZALESKI [illegible] M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

(Inpatient) Moving and Handling Assessment Form

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

1. General Information

Body Build		
Weight	Height	
Kg	cm	
BMI		
Risk of Falls: Yes	No	

Problems with comprehension, behaviour, co-operation (specify):
MILD COGNITIVE IMPAIRMENTS

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

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

Hoist | Standaid | Walking Aid | Assistance | Supervision | Independent

Model
Sling type
Sling Size

Aid Type ~~DYNAMIC~~ ~~BEDREST~~ NZFAD1

People: 1 ~~2~~ 2 | >3

Additional Information / Equipment:

3. Toileting

Hoist | Standaid | Walking Aid | Assistance | Supervision | Independent

See No 2 Sit to Stand Transfers for details

see 'sit to stand transfers' ~~URINALS/BEDPANS~~ NZF AD1

People: 1 ~~2~~ 2 | >3

Additional Information:

4. Move on / off bed pan

Hoist | Manoeuvre | Assistance | Supervision | N/A

See No 2 Sit to Stand Transfers for details

Roll patient ✓
Monkey pole
Independent bridging

People: 1 | 2 ✓ | >3

Additional Information:

5. Move up / down bed

Hoist | Handling Aids | Assistance | Supervision | Independent

See No 2 Sit to Stand Transfers for details

Sliding sheets ✓
Monkey pole
Rope ladder

People: 1 | 2 ✓ | >3

Additional Information:

6. Lateral Transfer to / from trolley / bed

Hoist | Handling Aids | Assistance | Supervision | Independent

See No 2 Sit to Stand Transfers for details

Rigid Transfer Board ~~✓~~
Other (Please specify)

People: 1 ~~2~~ 2 ✓ | >3

Additional Information / Equipment (eg sliding sheets):

7. Sit up over side of bed

Bed Rest ✓ | Assistance | Supervision | Independent

People: 1 ~~2~~ 2 | >3

Additional Information / Equipment (eg rope ladder, swivel cushion):

8. Into Bath or Shower

Equipment | Handling Aid | Assistance | Supervision | Independent

Shower
Variable / Fixed height bath
Bed bath ~~✓~~

Shower chair
Shower trolley
Bathing hoist (eg Ateni)

People: 1 ~~2~~ 2 ✓ | >3

Additional Information / Equipment (eg sling lifting hoist after risk assess):

9. Walking

No Walking ✓ | Walking Aid | Assistance | Supervision | Independent

see 'sit to stand transfers'

People: 1 ~~2~~ 2 | >3

Additional Information / Equipment (eg hoist with walking sling, dist. Walked)

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	31.3.24	2/9/24	4/4/24
Assessor's signature:	[signature]	[signature]	[signature]
Proposed Review date:	POST OP	9/9/24	11/52

Continuation Sheet

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

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

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	5/4/24		
Assessor's signature:	M Cupbell		
Proposed Review date:	1/5/2		

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2610706294 ZALESKI M Walter 26/10/1970 28 Scaraway Street Glasgow, Lanarkshire G22 7JS	Hospital: GRI Ward: 62	**Points to consider:** • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

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

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

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

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

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

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
1/4/24	01:00	N	Y	Y	N	Y	Y	4 hrly	JH
02/04/24	01:15	N	Y	Y	N	Y	Y	4 hrly	JO
3/4/24	05:30	N	Y	Y	N	Y	Y	4 hrly	MC
4/4/24	01:00	N	Y	Y	N	Y	Y	4 hrly	MC
5/4/24	06:00	N	Y	N	N	Y	Y	4 hrly	MC
6/4/24	04:35	N	Y	N	N	Y	Y	4 hrly	Joyce
7/4/24	02:50	N	Y	N	N	Y	Y	4 hrly	Joyce
8/4/24	08:50	N	Y	N	N	N	N	4 hrly	Joyce
09/04/24	00:00	N	Y	N	N	N	N	4 hrly	J
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

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

Prevention of Pressure Ulcer Intervel onal Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

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

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

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 31/3/24 Time 14:00 of initial height and weight on admission to hospital		Actual	*Patient reported	*If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height	5' 10" cm	☐	☑	
Admission Weight	73 Kg	☑	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

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

Date	31/3/24							
Time	1540							
Ward	62							
Oedema/ Ascities present Y/N	N							
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes	CH							
Weight (kgs)	73							
BMI	23							
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	0							
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	0							
Step 3 Acute disease effect If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	0							
Step 4 Overall Risk of Malnutrition TOTAL	0							
Rescreen on	07/4/24							
Signature								

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

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

JST STEP 5 Management Guidelines

MUST 1

- Check assistance required with eating and drinking (Red, Amber, Green).
- Check with patient /carer normal eating patterns and preferences.
- **Use a Food First Approach:**
  - Offering mid-morning, mid-afternoon and supper snack from ward supplies (e.g. bread with butter/jam, biscuits with butter/jam, cereal).
  - Offer full cream milk with and between meals.
  - Order additional MUST snack daily of patients choice (refer to 'catering' section in Nutrition Resource Manual).
- Encourage family and friends to bring in patient preferred snacks.
- Complete a food and drink recording chart, including all food and fluid consumed and refused, encouraging patient and family to complete where appropriate.
- Review and evaluate the above daily, clearly documenting issues actioned in nursing evaluation notes.

Is there documented evidence in the nursing evaluation notes that the above steps have been completed over a **72 hour period?**

YES

Is the patient's intake 'normal' or improved for them?

YES

- Discontinue food and drink recording chart, documenting reason in nursing notes.
- Continue with **'food first'** approach as above.
- Rescreen at least every 7 days.

NO

- Encourage higher calorie menu choices indicated with ✪
- Continue with food and drink recording chart for 4 days, and if no improvement in intake, rescreen.

NO

Complete the above steps

MUST 2 OR GREATER

- Check assistance required with eating and drinking (Red, Amber, Green).
- Check with patient /carer normal eating patterns and preferences.
- **Use a Food First Approach:**
  - Offering mid-morning, mid-afternoon and supper snack from ward supplies (e.g. bread with butter/jam, biscuits with butter/jam, cereal).
  - Offer full cream milk with and between meals.
  - Order additional MUST snack daily of patients choice (refer to 'catering' section in nutritional resource manual).
- Encourage family and friends to bring in patient preferred snacks.
- Complete a food and drink recording chart, including all food and fluid consumed and refused, encouraging patient and family to complete where appropriate.
- Review and evaluate the above daily, clearly documenting issues actioned in nursing evaluation notes.

Is there documented evidence in the nursing evaluation notes that the above steps have been completed over a **72 hour period?**

YES

Is the patients intake 'normal' or improved for them?

YES

- Discontinue food and fluid chart, documenting reason in nursing notes.
- Continue with 'food first' approach as above.
- Rescreen at least every 7 days.

NO

Is the patient dying?

YES

- Discontinue food and drink recording chart.
- Stop screening.
- Offer food and fluid as appropriate.

NO

- Continue with food and drink recording chart.
- Screen at least every 7 days.
- Consider referral to dietetics via Trakcare.

NO

Complete the above steps

DISCHARGE

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

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

mi • 285884 v3.0 • CGC0250

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name: 2610706294 ZALESKI Walter M 26/10/1970 28 Scaraway Street Glasgow, Lanarkshire G22 7JS	Ward: 62
CHI number:	Discharge destination: Home
	Estimated Discharge Date (1) 8/4/24
	Estimated Discharge Date (2) / /
	Final date of discharge: 9/4/24

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

NEWS 2 Key | 1 | 2 | 3

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2910709294
ZALESKI M
Walter 28/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

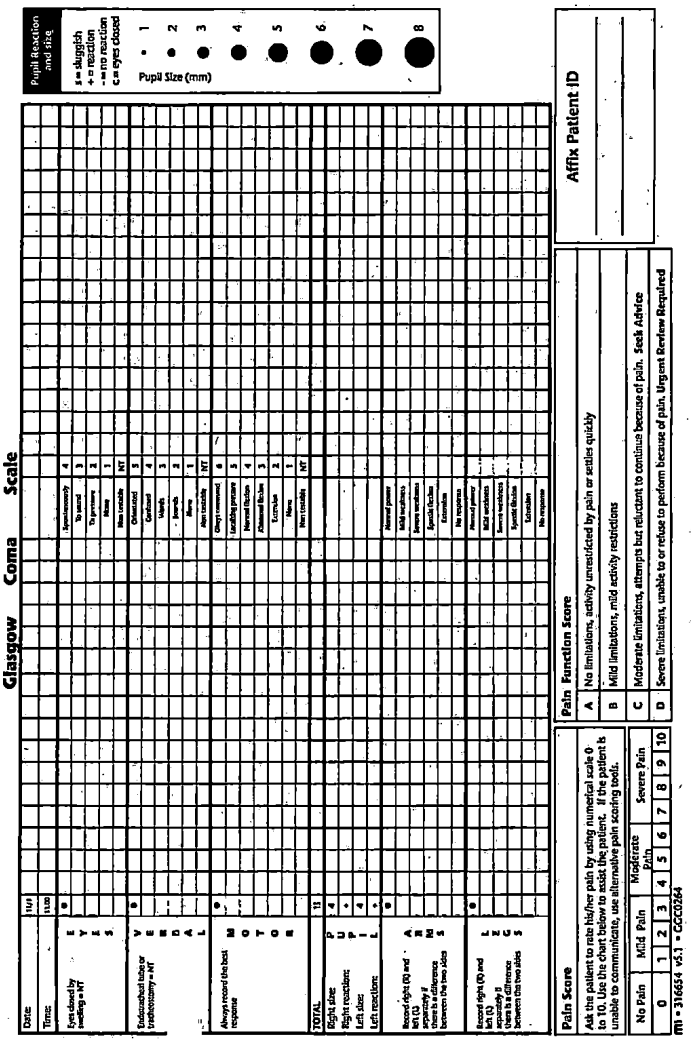
Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....



mi • 316654 v6.1 • GCC0264

Walter Zaleski

NEWS 2 Key: 1 | 2 | 3

Date: 1/11 | Time: 11.00

A + B Respirations Breaths/min

A + B SpO2 Scale 1 Oxygen saturation (%)

SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88–92% eg in chronic hypercapnoeic respiratory failure

Only use scale 2 under direction of qualified clinician

Air or oxygen?

C Blood Pressure mmHg (Score uses systolic BP only)

C Pulse Beats / min

D Any changes in neuro response, do GCS, Immediate medical review. Check Blood Glucose. Think Delirium.

E Temperature

NEWS Total

Blood glucose 7.0

Pain / function score 0A

Time Pt last passed urine 10.20

Fluid balance chart indicated Y/N N

GCS indicated Y/N N

Time NEWS due 23.00

Escalation of care Y/N N

Initials AB

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

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

Think ACE

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

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

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

Abbreviations for recording oxygen device

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

Affix Patient ID

mane Walter
2510706294
ZALESKI
Walter
M
26/10/1970

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2610708294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

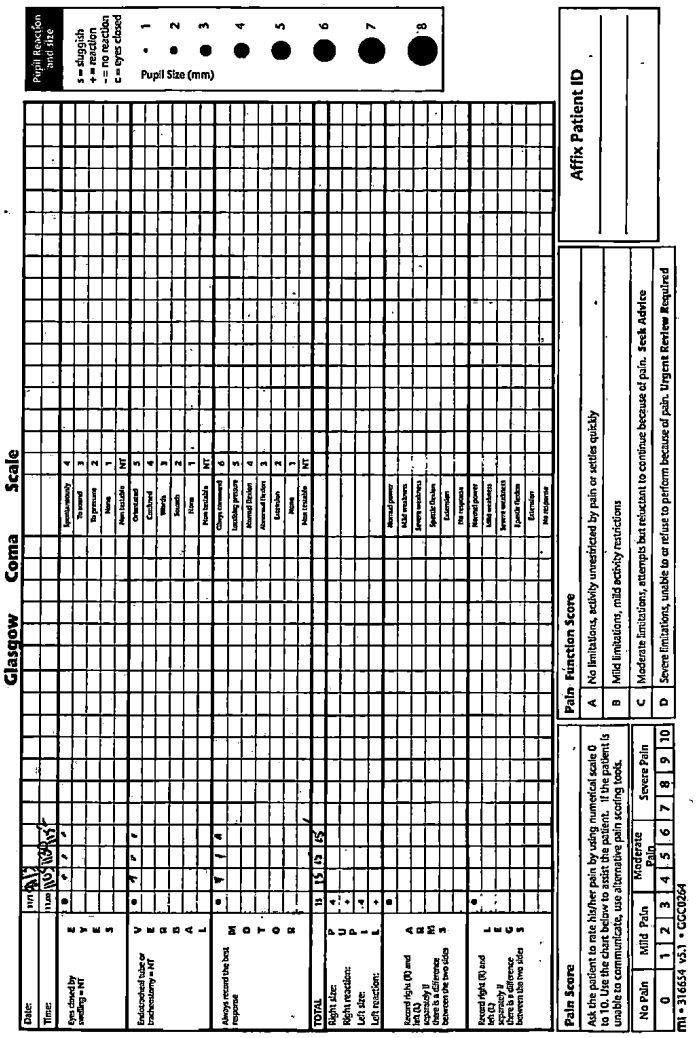
Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....



Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital: GRI.

Date: 7/11/16 Time: 1730

Triage Nurse: E Boyle. Transport SAS/Self:

2. Presenting Complaint

Severe Headache + SOB

taking 1g Paracetmol little effect.

last felt like this pt had TIA

anxious at triage

PmH / TIA.

3. Observations

Allergies (including food allergies):

No Known allergies ☐ Penicillin.

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
16.	100% (A)	35.5.	64	140 / 84
GCS	**NEWS Score**	**PEFR**	**Blood Glucose**	**Pain Score**
15/15				/10
Relative Present	**Interpreter Reqd.**	**ID Band**	**Category**	**GAP Score**
Y/N	Y/N	✓	3	NO.

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? _____

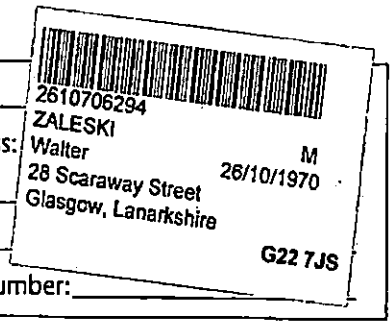
AMT Score _____ out of 4

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
Address:
DOB:
CHI Number:



Named Nurse/Team Leader: _____

Assessment Completed by: Name(PLEASE PRINT) _____

4. 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:

☐ IV Fluids

☐ IV Drugs

☐ Suspected haemorrhage

☐ Diagnostic tests

Insertion Date: __/__/__

Insertion Time: ____:____

Hand hygiene performed immediately before PVC insertion.	☐
Skin antiseptic containing 70% isopropyl alcohol used to cleanse the skin and left to dry.	☐
Aseptic technique maintained throughout insertion procedure.	☐
Sterile, transparent, semi permeable dressing used to cover catheter site.	☐
Size/Colour:_____ Insertion site:_____	
Signature:_____	

Adult Urethral Urinary Catheter Insertion (Use maintenance care plan as appropriate)

Clinical Indication for Insertion:

Insertion Date: __/__/__

Insertion Time: ____:____

Signature: _____

Hand hygiene performed immediately before insertion.
Aseptic technique maintained throughout insertion procedure and connection to closed drainage.
Urethral meatus cleansed with saline and lubricant used.
Guage: _____
_____ mls in balloon

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Na
Ad
DO
CH

2610706294
ZALESKI
Walter
M,
26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Red Flags (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern		Learning Disabilities	
Adult Support and Protection		Patient has appointed Welfare Guardian/Power of Attorney	
Confused Patient *(if more confused than baseline, consider DELIRIUM)*		Patient has Adult with Incapacity Section 47 certificate in place	
Substance Misuse		Infection Risk	
Has swallow test been carried out?		STOPPS completed?	
Systemic inflammatory response syndrome (SIRS)		Falls Risk? *(If at risk, complete full Cannard Risk Assessment)*	
Anticipatory Care Planning? (If applicable, complete GAEL chart)			

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 occuring and complete the pressure ulcer intervention plan (PUDRA Chart).

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

2 Mobility	Does the person require assistance to mobilise?	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? If Yes, please give details:	Yes / No

Record of Intentional Rounding – ask whenever patient is visited but no longer than every 2 hours

1. Comfort: Are you comfortable?
2. Pain: Do you have any pain?
3. Drink/Mouth Care: Would you like a drink?
4. Food: Are you hungry?
5. Continence: Do you need to go to the toilet?
6. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
7. Is there anything else I can do for you?

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2610705294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Communication with Relatives	Signatures	Time
Next of Kin: Tel:		

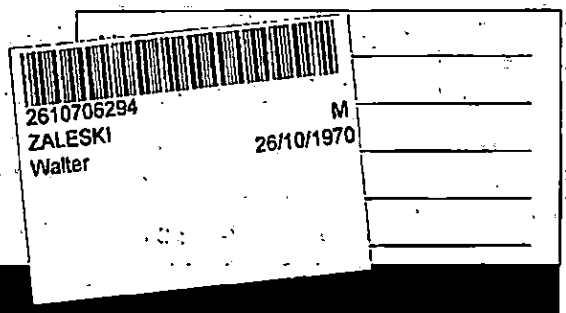
Nursing Notes

Date and Time		Print Name and Signature
7.11.16	Attended E frontal headache. Bloods taken including ESR/ Cholesterol.	
	Observations Stable.	
	Await Medical Review	E Kane.
2020	Headache persists. Paracetamol 1g PO administered. Vital signs charted. GCS 15/15	L Haine
21.15	Tea and toast given.	

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde



Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
A
D
C
2610706294 M
ZALESKI
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Nursing Notes

Date and Time		Print Name and Signature

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	AMT4	☐	☐	
	NEWS Chart	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patients medication)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed/SBAR completed	☐	Always	
	Notes: medical notes; GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on 02: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patients medication)	☐	Always	
New medications explained	☐	☐	
PVC removed	☐	☐	
Relatives aware of Discharge	☐	☐	Please note here if any other tasks required prior to discharge
Social/Support Services required and contacted	☐	☐	
SAS Transport required and ref. no.	☐	☐	Print name
Other means of transport arranged by nurse	☐	☐	

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address

2610706294
ZALESKI
Walter
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

CHI No.
DoB

	Date	Ward
Admitted		
Transferred		
Transferred		

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

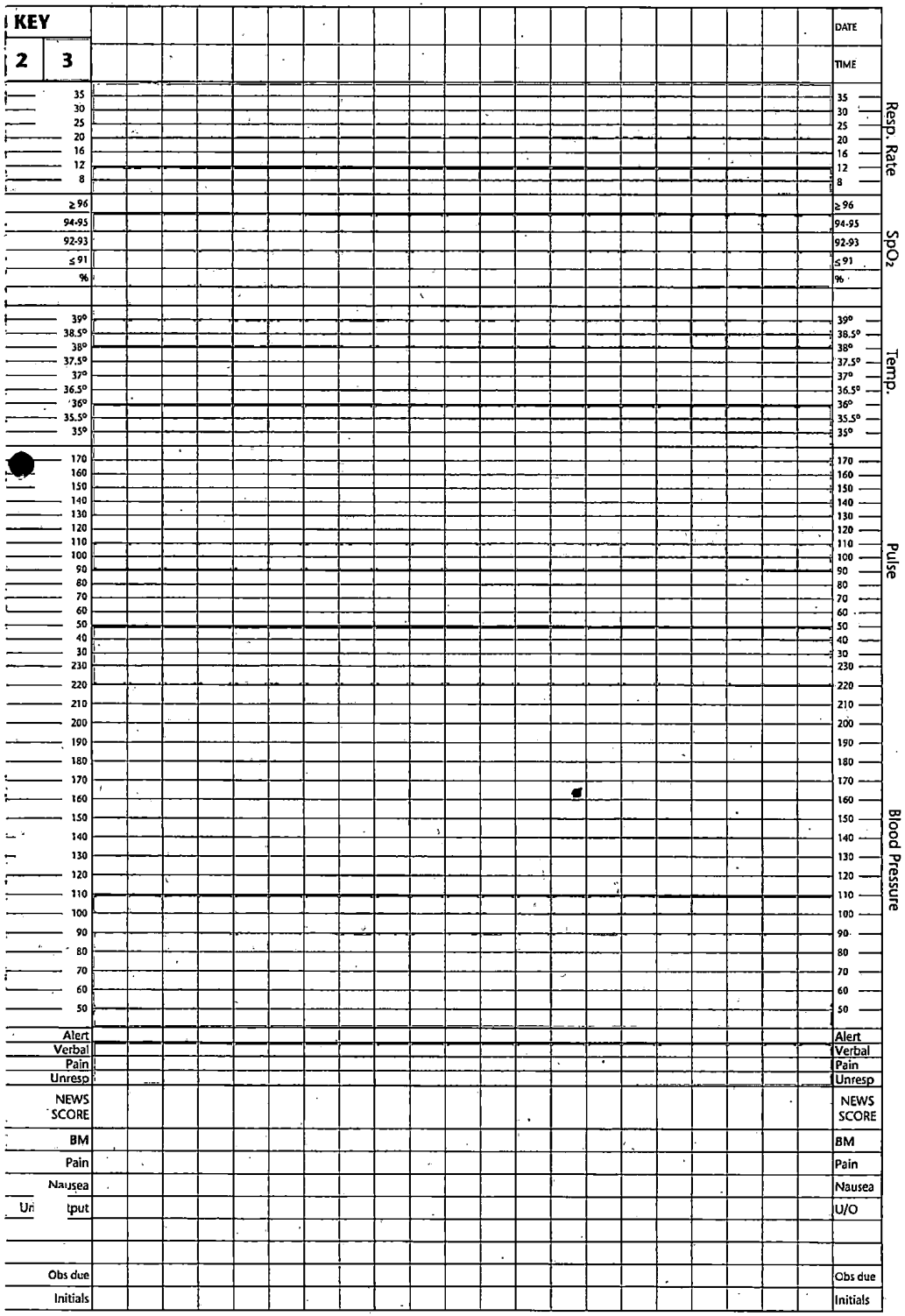
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.

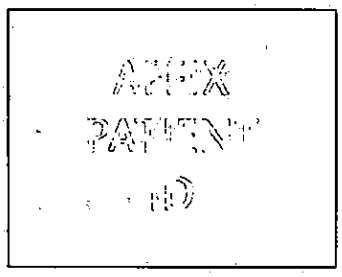
WALTER ZALESKI

| | | |


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

Glasgow Coma Scale

Pupil size (mm) 1 2 3 4 5 6 7 8



Neurological Observations

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

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

(11)

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital GRI

Date: 12/9/16 Time: 1230

Triage Nurse X. McCall Transport SAS/Self: (Self)

2. Presenting Complaint

Past week had cold symptoms over weekend developed chest tightness, dizziness & SOB, productive cough

Last had paracetamol at 11-30am

Hx TIA
Hypertension
Below knee amputation

3. Observations

Allergies (including food allergies) Penicillin

No Known allergies ☐

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
16	100	36.3	77	126/80
GCS	**NEWS Score**	**PEFR**	**Blood Glucose**	**Pain Score**
15 /15	0		4.5	/10
Relative Present	**Interpreter Reqd.**	**ID Band**	**Category**	**GAP Score**
Y/N	Y/N		3	19

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

NHS Greater Glasgow and Clyde

Nam
Addr
DOB:
CHI N

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
M
26/10/1970
G22 7JS

Named Nurse/Team Leader: Margaret Kingsman

Assessment Completed by: Name(PLEASE PRINT) P. PEARMAN

4. Patient Preparation

Prepare patient for examination	☑	IV Cannula (if required)		(Y)/N
Clothing bag labelled and stored	☑	Blood samples taken If Yes, list requests	Basic Set	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:

☐ IV Fluids

☐ IV Drugs

☐ Suspected haemorrhage

☑ Diagnostic tests

Insertion Date: 29/16.

Insertion Time: 1800

Hand hygiene performed immediately before PVC insertion. ☑

Skin antiseptic containing ~~70% isopropyl~~ 2% CHLOREXID alcohol used to cleanse the skin and left to dry. NC ☐

Aseptic technique maintained throughout insertion procedure. ☑

Sterile, transparent, semi permeable dressing used to cover catheter site. ☑

Size/Colour: PINK Insertion site: L ANT.

Signature: [signature]

Adult Urethral Urinary Catheter Insertion (Use maintenance care plan as appropriate)

Clinical Indication for Insertion:

Insertion Date: __/__/__

Insertion Time: ____:____

Signature: _____

Hand hygiene performed immediately before insertion.

Aseptic technique maintained throughout insertion procedure and connection to closed drainage.

Urethral meatus cleansed with saline and lubricant used.

Guage: _____

_____ mls in balloon

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam
Addr
DOB:
CHI N

2610706294 M
ZALESKI 26/10/1970
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire G22 7JS

Red Flags (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	X	Learning Disabilities	X
Adult Support and Protection	X	Patient has appointed Welfare Guardian/Power of Attorney	X
Confused Patient *(if more confused than baseline, consider DELIRIUM)*	X	Patient has Adult with Incapacity Section 47 certificate in place	X
Substance Misuse	X	Infection Risk	X
Has swallow test been carried out?	NO	STOPPS completed?	X
Systemic inflammatory response syndrome (SIRS)	X	Falls Risk? *(If at risk, complete full Cannard Risk Assessment)*	X
Anticipatory Care Planning? (If applicable, complete GAEL chart)	X		

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 occuring and complete the pressure ulcer intervention plan (PUDRA Chart).

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

2 Mobility	Does the person require assistance to mobilise?	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? If Yes, please give details:	Yes / (No)

Record of Intentional Rounding – ask whenever patient is visited but no longer than every 2 hours

1. Comfort: Are you comfortable?
2. Pain: Do you have any pain?
3. Drink/Mouth Care: Would you like a drink?
4. Food: Are you hungry?
5. Continence: Do you need to go to the toilet?
6. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
7. Is there anything else I can do for you?

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
21/9/11	13	PF	1400	MK										

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam
Addi
DOB
CHI

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

Communication with Relatives		Signatures	Time
Next of Kin:	Tel:		

Nursing Notes

Date and Time		Print Name and Signature
17/9/16	- Wished Info Obtained	
13[00]	- Charge Info Given Independently	
	ECG ✓	
	Bloods ✓	
	Admit Medical Ward	P. Bretton
16[15]	- D/C - ? Post Mtl + Resp	
	Infection - Allow Home with D/?	
	Bypass - GP aware sent	
	with Discharge Summary to GP	PK

Acute Assessment Unit

Nursing Documentation

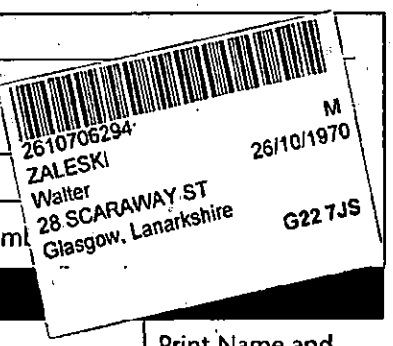
NHS Greater Glasgow and Clyde

Name:

Addres

DOB:

CHI Numl



Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
Address:
DOB:
CHI Number:

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam
Add
DO
CH

2610706294
ZALESKI
Walter
M
26/10/1970
28 SCARAWAY ST
Glasgow; Lanarkshire
G22 7JS

Nursing Notes

Date and Time		Print Name and Signature

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	AMT4	☐	☐	
	NEWS Chart	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
	Belongings (including patients medication)	☐	Always	Please note here if any other tasks required prior to transfer
	Bed requested, accepted and ward informed/SBAR completed	☐	Always	
	Notes: medical notes; GP letter, PRF	☐	Always	
Investigations	CXR reviewed	☐		
	ECG reviewed	☐	☐	Print name
	Bloods sent	☐	☐	
	Bloods reviewed	☐	☐	
	Patient on 02: cylinder checked	☐	☐	
	Patients requiring analgesia: sufficient	☐	☐	

Pause for Discharge (Please tick when completed)	Tick when completed	N/A	Notes
Advice leaflets given	☐	☐	Information on discussion with relatives
Belongings (including patients medication)	☑	Always	
New medications explained	☑	☐	
PVC removed	☑	☐	
Relatives aware of Discharge	☑	☐	Please note here if any other tasks required prior to discharge
Social/Support Services required and contacted	☐	☑	
SAS Transport required and ref. no.	☐	☑	Print name
Other means of transport arranged by nurse	☒	☑	P. PERHAM.

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name	
Address	2610706294 ZALESKI M Walter 26/10/1970 28 SCARAWAY ST Glasgow, Lanarkshire
CHI No.	G22 7JS
DoB	

	Date	Ward
Admitted	29/1/16	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

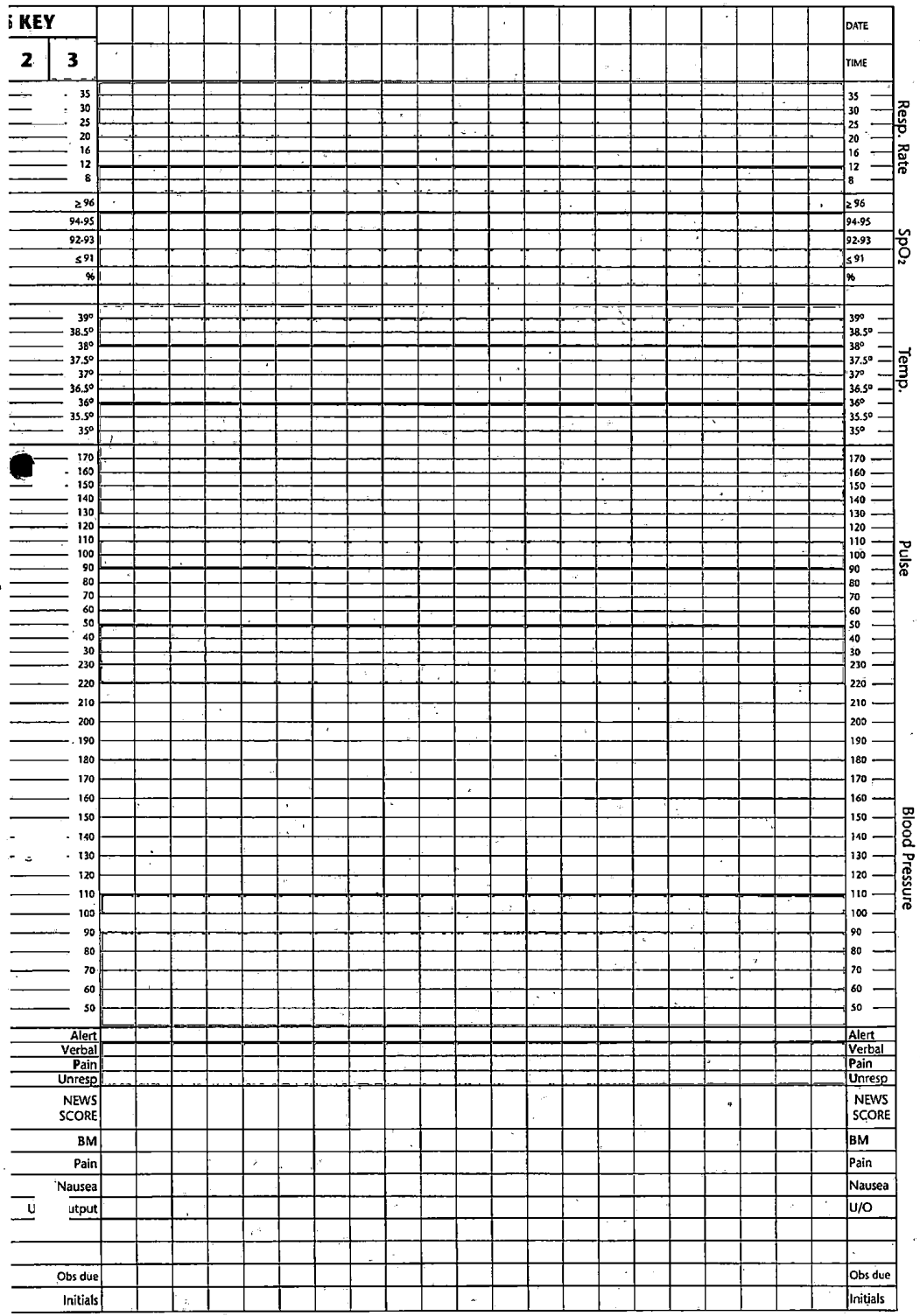
NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

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.

Room 11 Wallis Zaleski

| | | |


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

Glasgow Coma Scale

Pupil size (mm)

1	2	3	4	5	6	7	8
•	●						

ALEX PATIENT ID

Neurological Observations

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

Pain Score

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

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

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

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Anaesthetic Record

NHS Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Pre-op 62

Procedure(s) ®hemiarthroplasty

Anaesthetist(s) JEHREN / BLEWITT — C ☑ SAS ☐ ST ☑ CT ☐ PA ☐

Surgeon(s) JENKINS. ☑ ☐ ☐ ☐

Elective ☐
Urgent ☑
Immediate ☐

Date 01/04/2024

Discussed with supervising consultant _____

SUMMARY

GA ☑
Spinal ☐
Epidural ☐
Sedation ☐
Other LA

FM vent OK ☐
LMA OK ~~#4 gel~~ ☑
Laryngoscopy gd —

ASA 1 2 (3) 4 5
Comment

Anaesthetist Sign / Print _____

ASSESSMENT

Airway / Dentition
Partial top denture

Prev grade I
MP III Calder A
M10 N3 F1b NE okay.

RS vape/smoke
COPD - uses inhaler once per month. No exacerbations last 12 months.

CVS
HTN
TIA - CT 2023: severe small vessel disease.

GI / Renal / CNS / Other
Depression
Memory impairement - likely due to ischaemia
® below knee amputation for congenital foot deformity - 1999

Previous anaesthesia / Family history
No issues.

Assessor Sign / Print / Date
MENGYE LI 01/04/24.

Ht 1.76
Wt ~75 kg
BMI

Food: 22:00 53y/o
Reflux: none.

BP ___ / ___

ECG NSR, HR105, QTc452ms!

Hb	135	Na	140
WCC	11.2	K	3.8
Plts	244	U	5.0
XMatch	~~X~~ ✓	Cr	85 (eGFR >60)
Clotting		Gluc	

Allergies / Reactions
? Penicillin - unknown (childhood).

Current therapy
Tramadol
Venlafaxine
Salamol
Nortriptyline
Perindopril ✓ taken on 01/04
Clopidogrel - last took before 31/3.
Atorvastatin

OK with NSAIDs ☑

Risks discussed GA vs spinal. + FIB
- Declined spinal as prev panicked when had spinal for amputation and unable to feel legs.
- GA: sore throat, PONV, pain, dental damage.

☑ Rx Gts.

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Equipment check performed ☑

Vascular access
Cannula 20G (R) hand
A line
CVP

Airway/Ventilation
FM OG-guedel
LMA #4 gel
ETT
Grade

Pre-ox ☑
Cricoid P ☐
SV ☑
IPPV ☐

Regional Anaesthesia: Time:

Nerve Block: Fascia Iliaca ☐ Left ☒ Right

STOP BEFORE YOU BLOCK ☑

Asepsis: ☑ Chlorhex Spray ☐ Sterile Field ___ mls 1% Lidocaine S/C

Awake / Sedated / (GA) / Post Spinal

☐ Ultrasound (P) / OP
☐ Nerve Stimulator ___ mA
☐ Landmark

Needle: 50mm Sonoplex ☐ Catheter inserted

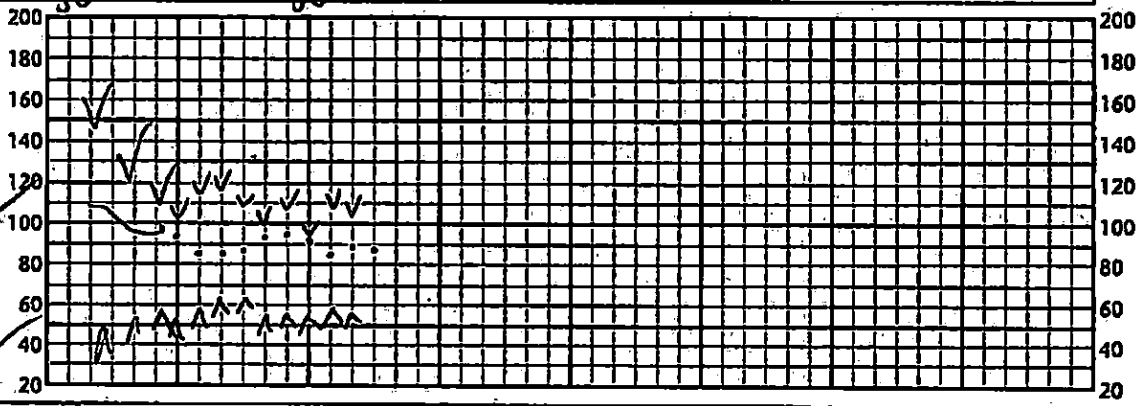
☐ Neg Aspiration ☑ Nil Nerve Swelling ☐ Nil Pain/Paraesthesia

Drugs used in block: 30ml 0.25% levobupivacaine

ALFENTANIL	750mg	+250mg						
PROPOFOL TCI	4 — 3.5		— 3.3					
CEFUROXIME	1.5g							
TXA	1g		//					
PEX	500mg							
MORPHINE mg		4		+3				
ONDANSETRON mg				4				
METERAMINOL.	X			X				
Time	36	10		36	11			

Position: Supine

ECG SpO₂ ☑
NIBP
Fluid warmer ☐
Patient warmer ☑



IV Fluids (1)

Events

FiO_2 N_2O ☐	0.4	.99	.99	.99				
SpO_2	95	95	96	96				
$ETCO_2$	5.7	5.2	6.0	5.8				
ETAA	✓							
temp		36.8		37.1				

Eye care ☑
Pressure point care ☑

Events	IV fluids	
(A)	(1) 1000ml OSL	(9)
(B)	(2)	(10)
(C)	(3)	(11)
(D)	(4)	(12)
(E)	(5)	(13)
(F)	(6)	(14)
(G)	(7)	(15)
(H)	(8)	(16)

NHS
Greater Glasgow and Clyde

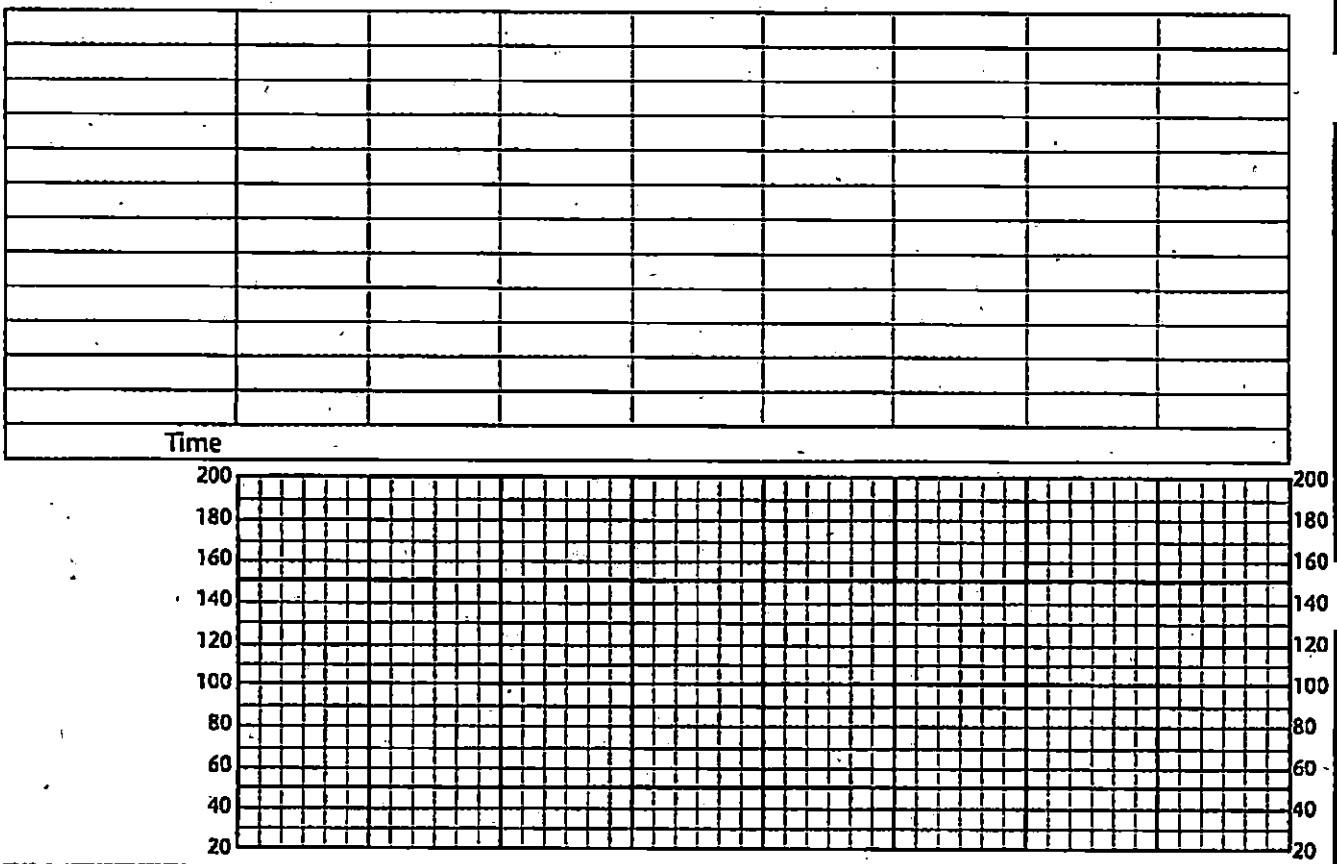
Name

Hospital no.

CHI no.

DoB / Age

Anaesthetic Record



IV Fluids	
Events	
FiO_2 N_2O☐	
SpO_2	
$ETCO_2$	
ETAA	

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Had paracetamol 06:43.

Oxygen

Per PCA/other protocol ☐

_____ L/min in recovery

To keep SaO_2 > ____ %

Fluids

ENO.

Monitoring/Investigations

Routine

Hb - chase result on ward

aim >90

Anaesthetic Notes

Post op analgesia:

3L : ibuprofen only.

Regular tramadol temporarily pw immediate post op period (usually ↳50mg QDS on 50-100mg PRN 6°), stopped hip protocol regular oramorph and continue breakthrough oramorph.

Anaesthetic Record

NHS Greater Glasgow and Clyde

Name
2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire.
G22 7JS

Pre-op

Procedure(s) Extraction of 11 teeth

Anaesthetist(s) R Hughes

Surgeon(s) S Kyle

Elective ☐
Urgent ☐
Immediate ☐

C	SAS	ST	CT	PA
☐	☐	☐	☐	☐
☑	☐	☐	☐	

Date 1 / 7 / 26 3 15

Discussed with supervising consultant _____

SUMMARY

GA ☑
Spinal ☐
Epidural ☐
Sedation ☐
Other LA

FM vent OK ☐
LMA OK ☐
Laryngoscopy gd ____

ASA 1 (2) 3 4 5
Comment On many analgesics for Phantom Limb pain

Anaesthetist
Sign / Print _____

ASSESSMENT

Airway / Dentition

RS

CVS

GI / Renal / CNS / Other

Previous anaesthesia / Family history
Amp leg for corny problems

Assessor
Sign / Print / Date _____

Ht
Wt kg
BMI

BP ___ / ___
ECG

Hb	Na
WCC	K
Plts	U
XMatch	Cr
Clotting	Gluc

Allergies / Reactions
Pen

Current therapy
Stated
Many Analgesics

OK with NSAIDs ☑

Risks discussed

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Equipment check performed ☑

Regional Anaesthesia

Vascular access

Cannula Pink (L) Hand

A line

CVP

Airway/Ventilation

FM ☐ Pre-ox ☑

LMA ☐ Cricoid P ☐

ETT 7.5 CNTT ☐ SV ☐

Grade 1 ☐ IPPV ☐

Fentanyl	100 mcg
Paracetamol	2000 mg
Ondansetron	30 mg
Voltarol	75 mg
Sevo	

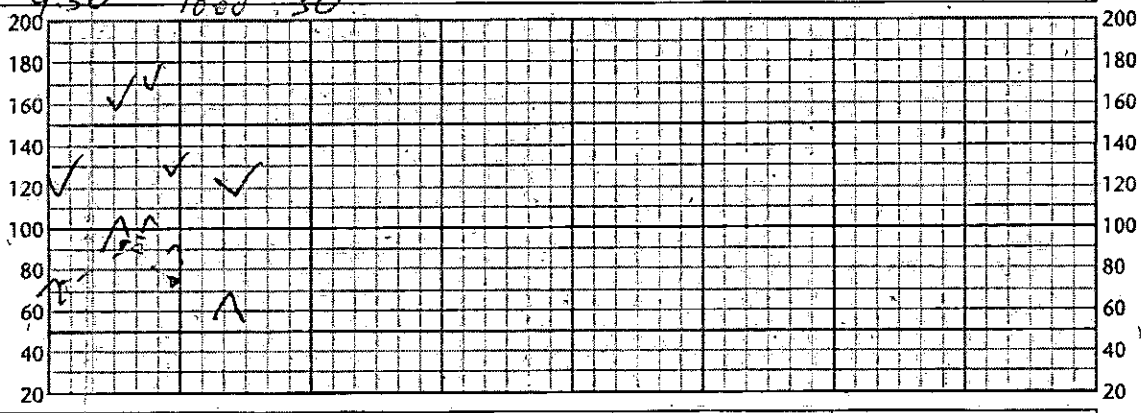
Time 9.30 10.00 30

Position

ECG SpO_2 NIBP ☐

Fluid warmer ☐

Patient warmer ☐



IV Fluids	
Events	
FiO_2 N_2O ☑	
SpO_2	97
$ETCO_2$	4.1
ETAA	2.0

Eye care ☐

Pressure point care ☐

Events

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids

① H/MIL ② ③ ④ ⑤ ⑥ ⑦ ⑧

⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

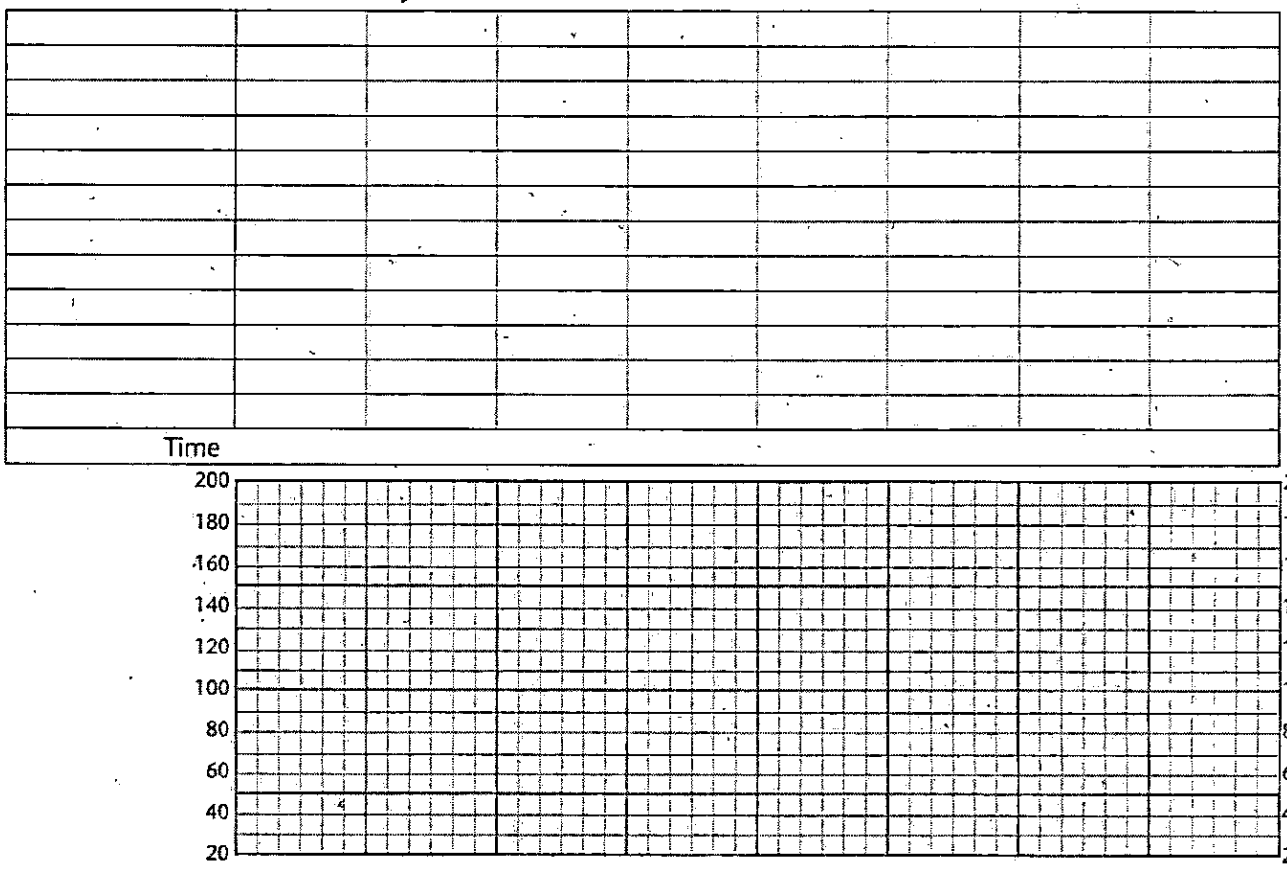
NHS
Greater Glasgow and Clyde

Name

Hospital no.

CHI no.

DoB / Age



Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

_____ L/min in recovery

To keep SaO_2 > ____ %

Fluids

Monitoring/Investigations

Anaesthetic Notes

Acute Services Division

NHS Greater Glasgow and Clyde

2610706294
ZALESKI
Walter M
28 Scaraway Street 26/10/1970
Glasgow, Lanarkshire
G22 7JS

Perioperative Care Plan

Hospital: GRI	Consultant:
Ward: G2	Date: 11/9/24

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.

Height: ..... **Weight:** .....

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

R BKA

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☑ N/A ☐	
Blood Grouped and Saved confirmed by labs 1st sample ☑ 2nd Sample ☑ Antibodies +ve ☐ -ve ☐	Yes ☐ No ☐ N/A ☐	

Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	Comments
Is there any chance you are pregnant? N/A ☐	Yes ☐ No ☐	Comments
Pregnancy test carried out with the patient's consent Pregnancy test result N/A ☐	Yes ☐ Refused ☐ Postive ☐ Negative ☐	Comments
Tampon removed N/A ☑	Yes ☐	Comments
MRSA Positive ☐ Negative ☐ Results pending ☑ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☑ Other Positive ☐ Negative ☐ Results pending ☐ N/A ☑		Comments
PUDRA Yes ☑ N/A ☐ Patient Refused ☐		Comments
PVC care plan in place Yes ☑ No ☐ N/A ☐		Comments

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☑ Site 1: Time: Site 2: Time:	

2610706294
ZALESKI M
Walter 26/10/1970

Created on 31 Mar 2024 08:01 by Lor

SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
ECG	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
MAR document	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Falls risk assessment	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☑ Urgent	Yes ☐ No ☑	Yes ☐ No ☐
Alert Sticker – specify:	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Biometry	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☑ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Signed by Surgeon and Patient	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Dated		31/3/24	
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;		M	
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
If 'Yes' specify:	Penicillin → rashes		
Fasted from – specify time (24 hr clock) N/A ☐	Food: 0300	Food: 31/3 12.00	Food:
	Fluid: STS	Fluid: STS.	Fluid:
Blood Glucose Score – if relevant	Time: Score: N/A ☑	Time: Score: N/A ☑	Time: Score: N/A ☐
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☐
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☑ N/A ☐	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
		(R) prosthetic leg (in use)	

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed ☑/ N/A ☐ If 'Yes' state where stored	Yes ☑ No ☐ N/A ☐ in room	Yes ☑ No ☐ N/A ☐ ppr. - ant.	Yes ☐ No ☐ N/A ☐
Loose teeth, caps and crowns and veneers State site and type	Yes ☐ No ☑	Yes ☐ No ☑	Yes ☐ No ☐
Hearing aid(s) N/A ☑	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ NA Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
If removed state where stored			
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☑ No ☐	Yes ☐ No ☐ NA	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐ NA	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐ NA	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☑ If 'yes' state where stored If unable to remove, please tape and state location	Yes ☐ No ☐	Yes ☑ No ☐	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ No ☑ Not Known ☐ Yes ☐ N/A ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☐	Yes ☑ No ☐	Type: Salbutamol - occ -	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☑ No ☐	Type: enoxaparin	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason: N/A	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	Comment if required: PIU	
Pre-Medication given N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☑ Trolley ☐ Operating chair ☐ Yes ☑ No ☐	Bed	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: HEARNDEN Sign: Time: 0858.	Print: J DUNLOP Sign: Time: 09:15	Print: Sign: Time::

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Surgical Brief

Surgical Brief carried out:	Yes ☐ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:
D= CHART					

Stop Before You Block — This section NOT applicable ☐

Stop Before You Block carried out:	Yes ☑ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☑	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☑	Throat spray ☐ Time: _____
Local Anaesthetic ☐	Site: Drug:		mls
Sedation ☐	Drug:		mls

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Yes ☐ Chlor-a-prep solution Yes ☐		Other ☐ Specify prep:
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Yes ☐ Chlor-a-prep solution Yes ☐		Other ☐ Specify prep:
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:		
REGIONAL BLOCK	Yes ☑ N/A ☐	Specify prep: CHLORHEX		

Blood Glucose Monitoring — This section NOT applicable ☑

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑	Specify: TAPE

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify: Warmtouch	Yes ☑ No ☐ N/A ☐
		Warm Fluids	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☑ N/A ☐
		Thermal Hat	Yes ☐ No ☑ N/A ☐
		IV fluid warmer	Yes ☐ No ☑ N/A ☐
Temperature documented by Anaesthetist		Other – specify:	Yes ☐ No ☑ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☑

Anaesthetic Practitioner Comments

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☐ Hover Mattress ☐	Sliding sheet ☑ Other:	Roll board ☐

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☑ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☑ Patient refused ☐

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:** Supine ☐ Prone ☐ Left Lateral ☑ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☑ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☑ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☑ Heel gel pads ☐ Full gel mattress ☑ Gel wedge ☐ Pillows ☑	**R Arm Position** At side ☐ On boards ☑ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☑ **L Arm Position** At side ☐ On boards ☐ Across chest ☑ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☑ Straps ☐ **Pressure care:** Gel/ Foam pads ☑
Position 2 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐
Position 3 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐ **L Arm Position** At side ☐ On boards ☐ Across chest ☐ Hand table ☐ Hand traction ☐ **Secured with:** J-board ☐ Straps ☐ **Pressure care:** Gel/ Foam pads ☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☐
Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Electrosurgery — This section NOT applicable ☐

Monopolar: Yes ☑ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode: SHOULDER.		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☑ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☑	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☑ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated

Digit Tourniquet — This section NOT applicable ☑

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis — Contraindicated ☐ — This section NOT applicable ☑

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation — This section NOT applicable ☐

SALINE -

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
(2) HIP	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date _____	Chlorhexidine gluconate solution: ≥ % ☑ in IPA Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry Date: _____
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: _____ Expiry Date: _____	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry Date: _____

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☑

Site	Drug	Quantity

Drains

This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

22/03/2024	22/03/2026	
Wt 0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

GGC ORTHO LARGE

T-00177-026

ID: 5055476430003553

Production Id: 601569

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

	2025/05/26	
0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - THEATRE H - ORTHOPAEDICS

ETS SIZERS 38MM - 56MM

T-01320-001

ID:50554764300040108

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

27/03/2024	27/03/2026	
Wt 0 Kg		

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

BIOMET CEMENT GUN

S11615-004

ID: 5055476430000812

Production Id: 598572

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

24/03/2024	24/03/2026	
Wt 0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

GGC STRYKER EXETER FEMORAL TRAY (V)

T-00314-003

ID: 50554764300036681

Production Id: 603978

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

21/03/2024	21/03/2026	
Wt 0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

GGC STRYKER EXETER V40 RASP TRAY (V)

T-00316-007

ID: 50554764300038700

Production Id: 599099

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

30/03/2024	30/03/2026	
Wt 0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

HIP EXTRAS & RETRACTOR TRAY

S9384-004

ID: 50554764300032526

Production Id: 606677

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

29/03/2024	29/03/2026	
Wt 0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

STRYKER SYSTEM 8 CORDLESS DRIVER

T-01478-004

ID: 50554764300040451

25/03/2024	25/03/2026	
Wt 0 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R

GGC STRYKER HEAD IMPACTOR

T-01088-011

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Attach to patient's record
REF 3011630001-3 LOT W24AAE0801
Refobacin® Revision
1x40
(01) 0 0887868 35848 3
(17) 280531 (10) W24AAE0801
BIOMET France
Plateau de Lautagne
26000 Valence
FRANCE
YYYY-MM-DD 2026-05-31

Attach to patient's record
REF 3011630001-3 LOT W24AAE0801
Refobacin® Revision
1x40
(01) 0 0887868 35848 3
(17) 280531 (10) W24AAE0801
BIOMET France
Plateau de Lautagne
26000 Valence
FRANCE
YYYY-MM-DD 2026-05-31

Unitrax® Endoprosthesis
Head Component
2027-11-22
OD
48mm
Legal Manufacturer
Howmedica Osteonics Corp
325 Corporate Drive
Mahwah, NJ 07430, USA
REF 6942-5-048
LOT 5M1L62
STRYKER ORTHOPAEDICS

stryker 2029-02-24
EXETER® V40™
Cemented Hip Stem
REF 0580-1-371
LOT G8446046
OFFST 37.5
SZE N°1
STM LNTH 150mm
TPR V40™

Unitrax®
Neck Adjustment Sleeve
2028-10-18
OFFST STD
TPR V40™
Legal Manufacturer:
Howmedica Osteonics Corp.
325 Corporate Dr
Mahwah, NJ 07
REF 6942-6-065
LOT 15735154
STRYKER ORTHOPAEDICS

28/03/2024 28/03/2026
Wt 0 Kg
STERILE
Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. - ORTHO TH - M,N & R
GGC STRYKER UNITRAX TRAY(V)
S14203-001
ID: 50554764300016157
Production Id: 609048
Central Decontamination Unit
01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐

Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1	(L) HIP	Type: Staples Absorbable ☐ Non Absorbable ☑ Other.....	Aquacel + dressing	
2		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
3		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
4		Type: Absorbable ☐ Non Absorbable ☐ Other.....		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Operation / Procedure Performed

Rt hip hemiarthroplasty

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☐ Patient refused ☐

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical handover Instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient		**Other**
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery

This section NOT applicable ☐

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐	Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
If 'Yes' please specify (right)	Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED)

Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern Identified (include area of body)	Actions taken (continue in events section on page 16)

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

- FBC Sample obtained & sent to Lab by Anaesthesist in recovery – Not requiring to wait in Recovery for Result JSS.

1140 LMA expelled nil issues.

1150 1g IV Paracetamol given as Hepma JS

Post-operative Observations

Time	1035	1105	1120	1135	1150	1205	1220	1235
210			139/87	157/76				
200								
190								
180								
170								
160				V				
150								
140			V			1st		
130	V	V						
120								
110								
100								
90								
80								
70								
60								
50								
40								
30								
Airway type	4	4	4	1	1	1	1	
O_2 Therapy	5L	5L	5L	5L	5L	5L	4L	
SpO_2	99	99	99	99	99	96	95	
Resp. Rate	12	12	15	14	15	15	16	
CVP UR	SR	SR	SR	SR	SR	SR	SR	
Temp.	36.2							
Pain Score	0	0	0	0	0	0	0	
P.O.N.V.	0	0	0	0	0	0	0	
Sedation Score	3	3	3	1	0	0	0	
M Score								
rV staining								
Hourly Urine Vol.								
Total Urine Vol.								
Wound Score								
Colour	Pink	Pink	Pink	Pink	Pink	Pink	Pink	
Circulation +ve/-ve					Slight			
Sensation +ve/-ve	?		[illegible]		[illegible]			
Movement +ve/-ve	?		[illegible]		[illegible]			
Pedal Pulse – R / L		N	/A					
Drain 1 Perfusion	Ls	Ls	Ls	Ls	Ls	Less		
Temp	Wm	Wm	Wm	Wm	Wm	Wm		
Staff initials	SS	SS	SS	SS	SS	AM		

Recovery Notes 1/4/24.

- Uneventful recovery from Anaesthetic.
- All Obs Stable as charted, wound site dry + intact.
- 1g IV Paracetamol given as prescribed.
- Comfortable throughout recovery.
- To chase Ub result on ward

Name:.....
Address:.....
.....
DoB:.....
CHI number:.....
Affix patient data label

AP CONT

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol. / Total Urine Vol.	/	/	/	/	/	/	/
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

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

AP CONT.

- FBC sent off at beginning of recovery.
- Discharge criteria met.

SN SMITH

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address:.....
.....
DoB: .....
CHI number:.....
Affix patient data label

Use this page to document further patient information if required.

2610706284
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Theatre: H

Date: 1/4/24

Patient Safety Checklists
North Sector Theatre Suite

SCOTTISH PATIENT SAFETY PROGRAMME

NHS Greater Glasgow and Clyde

Anaesthetic Pause (Sign in)
Before any form of sedation or anaesthesia

Patient, Anaesthetist, Assistant/ODP to participate in the anaesthetic pause and cease their tasks:

Silence for pause.

Ask the patient their name and DoB. Check this matches name band and CHI is correct? Y/N

Does the patient have any Allergies? Y/N
Or metalwork? Y/N

Ask the patient what operation they are having?
Is there a signed consent form for the expected procedure? Y/N

Laterality – has the patient been marked? Y/N/NA
If lateral block planned attach **STOP BEFORE YOU BLOCK** sticker. Y/N
If neuraxial block, check last dose LMWH >12h Y/N

Pregnancy: confirm that the pregnancy status question has been asked. Y/N/NA
(n/a in males, females >55, previous hysterectomy/BSO, post menopausal, surgery for ERPOC)

Anaesthetic equipment available and checked ready to use? Y/N/NA

Name/Signed _____

Review Date: June 2024

Surgical Pause - Pre Skin Incision
Before start of surgical intervention

All the theatre team to participate in the surgical pause and cease their tasks:

Silent theatre for pause.

Scrub Team to Confirm:
Patient Name, DoB, CHI on Name Band and Consent Form? Y/N
Operation and Laterality on Consent Form (and check mark if laterality)? Y/N

Anaesthetic Team to Confirm:
Patient Allergies? Y/N
Antibiotics given in correct dose? Y/N/NA
A.S.A. .....
Warming required ? Y/N
Any concerns ? Y/N

Anaesthetic Assistant to Confirm:
Position of any metalwork/ pacemaker? Y/N

Surgeon to Confirm:
Does imaging need to be displayed? Y/N
Any concerns? Y/N
Intra-op DVT prophylaxis? Y/N
If yes circle TEDS/Flowtrons/LMWH ~~Y/N~~

Circulating Team to Transfer Information above to the Theatre Whiteboard? YES

Emergency cases: CEPOD category agreed? Y/N
ELLSA data completed ? Y/N/NA

Name/Signed _____

Sign Out
Towards the end of procedure

All the theatre team to participate in the surgical sign out and cease their tasks:

Silent theatre for sign out.

Lead surgeon at table (start of skin closure) Y/N

Has the correct procedure been recorded? Y/N
Is the swab, needle and instrument count correct? Y/N

Is there a specimen? Y/N
Confirm - labelled and recorded correctly? Y/N

Are there any packs or drains in the patient? Y/N
What are the post-op instructions for these?

What is the estimated blood loss (EBL)?.....ml

Are more antibiotics required? Y/N
Has post-op VTE prophylaxis been prescribed? Y/NA

Can the patient eat and drink immediately post-op? Y/N
Any concerns for the recovery and management of this patient? Y/N

Is the post-op destination still appropriate? Y/N

Name/Signed _____

NHS Intraoperative Accountable Items Count Record

Date 1 | 4 | 2024

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

WARD

HOSPITAL GRI

THEATRE H

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	L. Anderson	SKUTNIK | R
PRE - OP INSTRUMENT COUNT	L. Anderson	SKUTNIK | R
FINAL SWAB COUNT	L. Anderson	DAWN
FINAL INSTRUMENT COUNT	L. Anderson	DAWN
FINAL DISPATCH COUNT	L. Anderson	DAWN

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - .....

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☐

OPERATION : Right hip hemiarthroplasty

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time	
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time	
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time	
			Circulating Practitioner (2) Signature/Print Name and Time	

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)	0	Pledgelets	0	Caesarean Roll		ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes	0	p. blade	1	
Abdominal packs	5	Stoops/Slings	0			
Sutures	4	Bulldogs	0			
Blades	3	Sheds	0			
V[redacted]s	0	Ports	0			
Syringe[redacted]	0	Tibbs Cannula	0			
Discard-a-pad	1	Staple Gun Inserts	0			
Diathermy pencil	0	Spears	0			
Diathermy tips	1	Retrieval Bag (Bert)	0			
Scratch pad	0	Digital Tourniquets	0	Throat Pack IN	☐	
Reels	0	Pen & Ruler	1	Throat pack OUT	☐	
Patties	0	Bi-Polar	0	Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect

.....

Datix is Completed ☐

Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Operation Sheet Mr Jenkins **Date: 01/04/2024**

Mr Walter Zaleski		**Surgeon:**	Iain Bohler
Hospital No:	2610706294 **D.O.B.:** 26/10/1970	**Assistant:**	Paul Jenkins
Operation:	Right Cemented Hip Hemiarthroplasty (Unitrax)	**Anaesthetist:**	Sally Jeffrey
Indication:	Closed Intracapsular Neck of Femur Fracture (Right)		

Preparation and Position:

Previous R BKA. New intracapsular #NOF. XR shows femur to be dysplastic. Risks/benefits and alternative to surgery explained and patient provided consent.

Templated at 37.5 offset, therefore Unitrax head used to allow for modularity.

CHG prep and drape in lateral position.

Incision and Approach :

Lateral – anterolateral Hardinge

Findings :

As per XR. Quads tight leading to knee extension with hip in neutral

Procedure :

Femur prepared to accept a 37.5 No1 Exeter stem. Head sized at 48mm. Trialled with a +4 and STD head. +4 could not comfortably be reduced, therefore STD head selected. Hardinge cement restrictor. Pulse lavage irrigation and drying. Above implants placed. Hip reduced and stable. CHA irrigation.

Closure :

Layers vicryl
p to skin

Post Op Instructions :

As per protocol.
Check XR
PT/OT – in view of BKA, requires assessment of pre-existing transfer and mobilization status. No restructions on hip movement or weightbearing.
No Ortho FU required

Patien 2610706284
ZALESKI M
Walter 26/10/1970
Date o 28 Scarsway Street
Glasgow, Lanarkshire
CHI N G22 7JS

tient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
21/3/24		HARTMANNS	500	BD IV	3°				21/3/24	1112			
22/3/24		HARTMANNS	500	BD IV	3°				22/3/24	1640			
1/4		Hartmanns	500	IV	20°								
1/4/24		Hartmanns	500	IV	8°								

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (If administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE

PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES☐ NO☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital Numb 2610706294 ght:

ZALESKI M

DOB: Walter 26/10/1970 ght:

28 Scaraway Street

Glasgow, Lanarkshire

G22 7JS face area:

Date of Admis

Consultant Nar d:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

DATE

MONTH

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:
INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

All Routes: As Required Prescriptions

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION						STOPPED	DATE	TIME	DOSE	GIVEN BY	Patient's Own Medicine: For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
☐	☐	☑	LL	DRUG: ORAMORPH	DOSE: 2.5mg	ROUTE: ORAL	INDICATION: PAM	DATE: / INITIALS:	31/3	11:20	2.5 mg	[signature]					
				PRESCRIBER (PRINT & SIGN): [signature] PAM	MAX.FREQ.: x6	DATE: 31/3/24											
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													
☐	☐	☐	MM	DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE: / INITIALS:	DATE	TIME	DOSE	GIVEN BY	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
				PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:											
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													
☐	☐	☐	NN	DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE: / INITIALS:	DATE	TIME	DOSE	GIVEN BY	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
				PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:											
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													
☐	☐	☐	PP	DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE: / INITIALS:	DATE	TIME	DOSE	GIVEN BY	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
				PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:											
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													

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

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE: INITIALS:	DATE																						Patient's Own Medicine For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	TIME																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DOSE																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		DATE:	GIVEN BY																						Assessed by:
																										Ordered from Pharm.

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

Name _____

CHI No _____

Drug Allergies / Sensitivities **None Known** ☐ **Yes** ☑ **(provide details below)**

PENICILLIN

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

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

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

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

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

Please note - intrathecal must be written in full.

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGICD029

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES☐ NO☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hospital 2610706294
DOB: ZALESKI M
Walter, 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
Date of G22 7JS
Consult

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
7/11/16	Paracetamol	1g	PO		L. Haime LINDA HAIME		20.20

DATE

MONTH

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

CC

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

DD

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

EE

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

FF

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

All Routes: As Required Prescriptions

| | | |

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE:	DATE																							Patient's Own Medicine For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION	INITIALS:	TIME																						Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE:	DATE																							For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION	INITIALS:	TIME																						Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE:	DATE																							For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION	INITIALS:	TIME																						Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE:	DATE																							For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION	INITIALS:	TIME																						Qty:
NEW MEDICATION ☐		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.

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

Name _____

CHI No _____

Drug Allergies / Sensitivities **None Known** ☐ **Yes** ☐ **(provide details below)**

_____

_____

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

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

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

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

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

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

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital Number:	Height:
DOB:	Weight:
Date of Admission: __/__/__	Surface area:
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
12/9/16	DOXYCYCLINE	200mg	PO	1545		R	1558

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**A** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																							
		0700-0900																							
		1200-1400																							
		1600-1800																							
		2200-2400																							
		Other time																							
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**B** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																							
		0700-0900																							
		1200-1400																							
		1600-1800																							
		2200-2400																							
		Other time																							
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**C** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																							
		0700-0900																							
		1200-1400																							
		1600-1800																							
		2200-2400																							
		Other time																							

Patient's Own Medicine	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE: 12 13
MONTH: 9 9

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

Patient's Own Medicine

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

H DRUG: DOXYCYCLINE

DOSE: 100MG ROUTE: PO DATE: 12/9/16

PRESCRIBER (PRINT & SIGN):

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 4/7.

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

J DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

K DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

L DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

N DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

P DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

R DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

CC DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

All Routes: As Required Prescriptions

BEFORE ADMISSION ☐	LL	DRUG	STOPPED DATE:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	INITIALS:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐	MM	DRUG	STOPPED DATE:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	INITIALS:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐	NN	DRUG	STOPPED DATE:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	INITIALS:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐	PP	DRUG	STOPPED DATE:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	INITIALS:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

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

BEFORE ADMISSION ☐	RR	DRUG	STOPPED DATE: INITIALS:	DATE																							Patient's Own Medicine For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																						Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE																							For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																						Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE																							For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																						Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE																							For Use Y/N
NEW DOSE ☐		DOSE	ROUTE	INDICATION		TIME																						Qty:
		PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE																						Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																						Assessed by:
																												Ordered from Pharm.

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

Name WALTER ZALESKI

CHI No 2610706294

Drug Allergies / Sensitivities **None Known** ☐ **Yes** ☒ **(provide details below)**

PENICILLIN

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

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

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

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

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

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

FOR NURSES

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

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Inpatient prescription & administration record for Walter Zaleski (2610706294) Admission: 31/03/2024 => 10/04/2024

03:00
12/04/24

Patient Demographics

ZALESKI Walter (2610706294)
DOB: 26/10/1970
28 Scaraway Street, Glasgow,
Lanarksh,
G22 7JS

Admitted: 31/03/2024 12:49
Discharged: 10/04/2024 07:30

Transfer history

Admission	2024-03-31 06:19:00	RAE GRI ED
Transfer	2024-03-31 12:49:00	R62 GRI WARD 62

Responsible Consultant history

Assigned No Consultant	31/03/24	06:19
Paul Jenkins	31/03/24	12:49

Allergy

Admission Allergy Check performed by: Samuel Simpkins
Current recorded allergy (reaction): No Known Drug Allergies

ATORVASTATIN 40 mg Tablets

31/03/24 22:00 40 mg ONCE daily at 10pm (Oral) — Samuel Simpkins

31/03/24	22:00	31/03/2024	22:03	Jacquie McGuire	
01/04/24	22:00	01/04/2024	21:22	Iyabo Adetokunbo	
02/04/24	22:00	02/04/2024	22:57	Megan Campbell	
03/04/24	22:00	03/04/2024	22:38	Megan Campbell	
04/04/24	22:00	04/04/2024	22:37	Suzanne Quigley	
05/04/24	22:00	05/04/2024	22:41	Janet Dyer	
06/04/24	22:00	06/04/2024	22:25	Janet Dyer	
07/04/24	22:00	07/04/2024	23:55	Janet Dyer	
08/04/24	22:00	08/04/2024	21:45	Shony Thomas	
09/04/24	22:00			SYSTEM	Not Charted prior to Discharge

CEFUROXIME 1500mg (1.5g) Injection

☒ 01/04/24 10:00 1,500 mg (Intravenous Slow Bolus Injection) — Alice Blewitt

01/04/24	10:00	01/04/2024	10:00	Alice Blewitt	

COLECALCIFEROL 1000 units Tablets

☒ 04/04/24 07:00 1,000 unit ONCE daily at 7am (Oral) — Frances Lovell NMP

04/04/24	07:00	04/04/2024	08:56	Hannah Campbell	
05/04/24	07:00	05/04/2024	10:54	Calistus Younkwe Tiemani	
06/04/24	07:00	06/04/2024	08:42	Joy Shaw	
07/04/24	07:00	07/04/2024	09:26	Lindsay Armstrong	
08/04/24	07:00	08/04/2024	08:27	Lindsay Armstrong	
09/04/24	07:00	09/04/2024	09:02	Shony Thomas	
10/04/24	07:00			SYSTEM	Not Charted prior to Discharge

COLECALCIFEROL 25000 units Tablets

☒ 03/04/24 07:00 100,000 unit (Oral) — Frances Lovell NMP

03/04/24	07:00	03/04/2024	08:57	Jacquie McGuire	

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 31/03/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Samuel Simpkins

31/03/24	17:00	31/03/2024	17:35	Lindsay Armstrong	
01/04/24	17:00	01/04/2024	19:03	Hannah Campbell	
02/04/24	17:00	02/04/2024	18:32	Hannah Campbell	
03/04/24	17:00	03/04/2024	18:28	Lindsay Armstrong	
04/04/24	17:00	04/04/2024	17:53	Hannah Campbell	
05/04/24	17:00	05/04/2024	18:19	Calistus Younkwe Tiemani	
06/04/24	17:00	06/04/2024	17:44	Joy Shaw	
07/04/24	17:00	07/04/2024	18:03	Lindsay Armstrong	
08/04/24	17:00	08/04/2024	18:16	Lindsay Armstrong	
09/04/24	17:00			SYSTEM	Not Charted prior to Discharge

ENSURE COMPACT Oral Liquid

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

ENSURE COMPACT Oral Liquid *(Continued)*

31/03/24 17:00 1 Dose(s) TWICE daily at 7am and 5pm (Oral) Samuel Simpkins

31/03/24	17:00	31/03/2024	17:35	Lindsay Armstrong	
01/04/24	07:00			Jacquie McGuire	Nil by mouth / Fasting
01/04/24	17:00	01/04/2024	19:03	Hannah Campbell	
02/04/24	07:00			Hannah Campbell	Refused by Patient
02/04/24	17:00	02/04/2024	22:56	Megan Campbell	
03/04/24	07:00			Jacquie McGuire	Refused by Patient
03/04/24	17:00	03/04/2024	18:28	Lindsay Armstrong	
04/04/24	07:00			Hannah Campbell	Refused by Patient
04/04/24	17:00			Hannah Campbell	Refused by Patient
05/04/24	07:00	05/04/2024	10:46	Calistus Younkwe Tiemani	
05/04/24	17:00	05/04/2024	18:18	Calistus Younkwe Tiemani	
06/04/24	07:00			Joy Shaw	Refused by Patient
06/04/24	17:00			Joy Shaw	Refused by Patient
07/04/24	07:00	07/04/2024	09:29	Lindsay Armstrong	
07/04/24	17:00	07/04/2024	18:05	Lindsay Armstrong	
08/04/24	07:00	08/04/2024	08:26	Lindsay Armstrong	
08/04/24	17:00	08/04/2024	18:16	Lindsay Armstrong	
09/04/24	07:00	09/04/2024	09:01	Shony Thomas	
09/04/24	17:00			SYSTEM	Not Charted prior to Discharge
10/04/24	07:00			SYSTEM	Not Charted prior to Discharge

Ibuprofen 400 mg Tablets

01/04/24 12:00 400 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) for 8 dose(s) Alice Blewitt

01/04/24	12:00	01/04/2024	15:23	Hannah Campbell
01/04/24	22:00	01/04/2024	21:21	Iyabo Adetokunbo
02/04/24	07:00	02/04/2024	07:02	Iyabo Adetokunbo
02/04/24	12:00	02/04/2024	13:29	Hannah Campbell
02/04/24	22:00	02/04/2024	22:58	Megan Campbell
03/04/24	07:00	03/04/2024	08:55	Jacquie McGuire
03/04/24	12:00	03/04/2024	13:41	Lindsay Armstrong
03/04/24	22:00	03/04/2024	22:38	Megan Campbell

Laxido (Orange) Sachets

31/03/24 22:00 1 Sachet TWICE DAILY 7am:10pm (Oral) Samuel Simpkins

31/03/24	22:00			Jacquie McGuire	Refused by Patient
01/04/24	07:00			Jacquie McGuire	Nil by mouth / Fasting
01/04/24	22:00			Iyabo Adetokunbo	Refused by Patient
02/04/24	07:00			Iyabo Adetokunbo	Refused by Patient
02/04/24	22:00	02/04/2024	22:56	Megan Campbell	
03/04/24	07:00			Jacquie McGuire	Refused by Patient
03/04/24	22:00			Megan Campbell	Refused by Patient
04/04/24	07:00			Hannah Campbell	Refused by Patient
04/04/24	22:00			Suzanne Quigley	Refused by Patient
05/04/24	07:00			Calistus Younkwe Tiemani	Refused by Patient
05/04/24	22:00			Janet Dyer	Refused by Patient
06/04/24	07:00			Joy Shaw	Refused by Patient
06/04/24	22:00			Janet Dyer	Refused by Patient
07/04/24	07:00			Lindsay Armstrong	Drug unavailable
07/04/24	22:00			Janet Dyer	Refused by Patient
08/04/24	07:00			Lindsay Armstrong	Refused by Patient
08/04/24	22:00			Shony Thomas	Refused by Patient
09/04/24	07:00	09/04/2024	09:01	Shony Thomas	
09/04/24	22:00			SYSTEM	Not Charted prior to Discharge
10/04/24	07:00			SYSTEM	Not Charted prior to Discharge

MORPHINE SULFATE 10 mg in 5mL Oral Solution

31/03/24 17:00 2.5 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Samuel Simpkins

31/03/24	17:00	31/03/2024	17:34	Lindsay Armstrong	
31/03/24	22:00	31/03/2024	22:03	Jacquie McGuire	
01/04/24	07:00			Jacquie McGuire	Other - see patient nursing notes

Discontinued on: 01/04/2024 10:21:00 by: Alice Blewitt . Reason: Rationalising Medication

NORTRIPTYLINE 25 mg Tablets

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

NORTRIPTYLINE 25 mg Tablets *(Continued)*

☒ 31/03/24 22:00 25 mg ONCE DAILY NIGHT 10pm (Oral) Samuel Simpkins

31/03/24	22:00	31/03/2024	22:03	Jacquie McGuire	
01/04/24	22:00	01/04/2024	21:22	Iyabo Adetokunbo	
02/04/24	22:00	02/04/2024	22:57	Megan Campbell	
03/04/24	22:00	03/04/2024	22:37	Megan Campbell	
04/04/24	22:00	04/04/2024	22:37	Suzanne Quigley	
05/04/24	22:00	05/04/2024	22:39	Janet Dyer	
06/04/24	22:00	06/04/2024	22:24	Janet Dyer	
07/04/24	22:00	07/04/2024	23:55	Janet Dyer	
08/04/24	22:00	08/04/2024	21:45	Shony Thomas	
09/04/24	22:00			SYSTEM	Not Charted prior to Discharge

Paracetamol 500 mg Tablets

☒ 31/03/24 17:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Samuel Simpkins

31/03/24	17:00	31/03/2024	17:33	Lindsay Armstrong	
31/03/24	22:00	31/03/2024	22:03	Jacquie McGuire	
01/04/24	07:00	01/04/2024	06:43	Jacquie McGuire	
01/04/24	12:00	Suspended			
01/04/24	17:00	01/04/2024	19:03	Hannah Campbell	
01/04/24	22:00	01/04/2024	21:18	Iyabo Adetokunbo	
02/04/24	07:00	02/04/2024	07:01	Iyabo Adetokunbo	
02/04/24	12:00	02/04/2024	13:28	Hannah Campbell	
02/04/24	17:00	02/04/2024	18:32	Hannah Campbell	
02/04/24	22:00	02/04/2024	22:56	Megan Campbell	
03/04/24	07:00	03/04/2024	08:55	Jacquie McGuire	
03/04/24	12:00	03/04/2024	13:41	Lindsay Armstrong	
03/04/24	17:00	03/04/2024	18:27	Lindsay Armstrong	
03/04/24	22:00	03/04/2024	22:37	Megan Campbell	
04/04/24	07:00	04/04/2024	08:53	Hannah Campbell	
04/04/24	12:00	04/04/2024	13:48	Hannah Campbell	
04/04/24	17:00	04/04/2024	17:53	Hannah Campbell	
04/04/24	22:00	04/04/2024	22:35	Suzanne Quigley	
05/04/24	07:00	05/04/2024	10:46	Calistus Younkwe Tiemani	
05/04/24	12:00	05/04/2024	14:02	Calistus Younkwe Tiemani	
05/04/24	17:00	05/04/2024	18:18	Calistus Younkwe Tiemani	
05/04/24	22:00	05/04/2024	22:37	Janet Dyer	
06/04/24	07:00	06/04/2024	08:38	Joy Shaw	
06/04/24	12:00	06/04/2024	12:50	Joy Shaw	
06/04/24	17:00	06/04/2024	17:44	Joy Shaw	
06/04/24	22:00	06/04/2024	22:23	Janet Dyer	
07/04/24	07:00	07/04/2024	09:25	Lindsay Armstrong	
07/04/24	12:00	07/04/2024	13:11	Lindsay Armstrong	
07/04/24	17:00	07/04/2024	18:03	Lindsay Armstrong	
07/04/24	22:00	07/04/2024	23:54	Janet Dyer	
08/04/24	07:00	08/04/2024	08:25	Lindsay Armstrong	
08/04/24	12:00	08/04/2024	13:48	Lindsay Armstrong	
08/04/24	17:00	08/04/2024	18:15	Lindsay Armstrong	
08/04/24	22:00	08/04/2024	21:42	Shony Thomas	
09/04/24	07:00	09/04/2024	09:01	Shony Thomas	
09/04/24	12:00	09/04/2024	13:24	Joy Shaw	
09/04/24	17:00			SYSTEM	Not Charted prior to Discharge
09/04/24	22:00			SYSTEM	Not Charted prior to Discharge
10/04/24	07:00			SYSTEM	Not Charted prior to Discharge

Perindopril 4 mg Tablets

☒ 01/04/24 07:00 4 mg ONCE DAILY MORNING 7am (Oral) Samuel Simpkins

01/04/24	07:00	01/04/2024	06:43	Jacquie McGuire	
02/04/24	07:00	02/04/2024	07:02	Iyabo Adetokunbo	
03/04/24	07:00	03/04/2024	08:55	Jacquie McGuire	
04/04/24	07:00	04/04/2024	08:54	Hannah Campbell	
05/04/24	07:00	05/04/2024	10:52	Calistus Younkwe Tiemani	
06/04/24	07:00	06/04/2024	08:40	Joy Shaw	
07/04/24	07:00	07/04/2024	09:26	Lindsay Armstrong	
08/04/24	07:00	08/04/2024	08:27	Lindsay Armstrong	
09/04/24	07:00	09/04/2024	09:02	Shony Thomas	
10/04/24	07:00			SYSTEM	Not Charted prior to Discharge

SENNOSIDES (SENNA) 7.5 mg Tablets

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

SENNOSIDES (SENNA) 7.5 mg Tablets *(Continued)*

☒ 31/03/24 22:00 7.5 mg ONCE daily at 10pm (Oral) Samuel Simpkins

31/03/24	22:00			Jacquie McGuire	Refused by Patient
01/04/24	22:00	01/04/2024	21:18	Iyabo Adetokunbo	
02/04/24	22:00	02/04/2024	22:56	Megan Campbell	
03/04/24	22:00			Megan Campbell	Refused by Patient
04/04/24	22:00	04/04/2024	22:35	Suzanne Quigley	
05/04/24	22:00			Janet Dyer	Refused by Patient
06/04/24	22:00			Janet Dyer	Refused by Patient
07/04/24	22:00			Janet Dyer	Refused by Patient
08/04/24	22:00			Shony Thomas	Refused by Patient
09/04/24	22:00			SYSTEM	Not Charted prior to Discharge

TRAMADOL 50 mg Capsules

☒ 01/04/24 12:00 50 mg FOUR times daily - 6am,12pm,6pm,10pm (Oral) Alice Blewitt

01/04/24	12:00	01/04/2024	15:23	Hannah Campbell	
01/04/24	18:00	01/04/2024	19:03	Hannah Campbell	
01/04/24	22:00	01/04/2024	21:23	Iyabo Adetokunbo	
02/04/24	06:00	02/04/2024	07:01	Iyabo Adetokunbo	
02/04/24	12:00	02/04/2024	13:28	Hannah Campbell	
02/04/24	18:00	02/04/2024	18:32	Hannah Campbell	
02/04/24	22:00	02/04/2024	22:58	Megan Campbell	
03/04/24	06:00	03/04/2024	08:55	Jacquie McGuire	
03/04/24	12:00	03/04/2024	13:41	Lindsay Armstrong	

☒ 03/04/24 18:00 100 mg FOUR times daily - 6am,12pm,6pm,10pm (Oral) Rebecca Bryant

03/04/24	18:00	03/04/2024	18:28	Lindsay Armstrong	
03/04/24	22:00	03/04/2024	22:38	Megan Campbell	
04/04/24	06:00	04/04/2024	08:53	Hannah Campbell	
04/04/24	12:00	04/04/2024	13:48	Hannah Campbell	
04/04/24	18:00	04/04/2024	17:53	Hannah Campbell	
04/04/24	22:00	04/04/2024	22:37	Suzanne Quigley	
05/04/24	06:00	05/04/2024	10:45	Calistus Younkwe Tiemani	
05/04/24	12:00	05/04/2024	14:03	Calistus Younkwe Tiemani	
05/04/24	18:00	05/04/2024	18:20	Calistus Younkwe Tiemani	
05/04/24	22:00	05/04/2024	22:42	Janet Dyer	
06/04/24	06:00	06/04/2024	08:38	Joy Shaw	
06/04/24	12:00	06/04/2024	12:51	Joy Shaw	
06/04/24	18:00	06/04/2024	17:46	Joy Shaw	
06/04/24	22:00	06/04/2024	22:25	Janet Dyer	
07/04/24	06:00	07/04/2024	09:24	Lindsay Armstrong	
07/04/24	12:00	07/04/2024	13:11	Lindsay Armstrong	
07/04/24	18:00	07/04/2024	18:03	Lindsay Armstrong	
07/04/24	22:00	07/04/2024	23:56	Janet Dyer	
08/04/24	06:00	08/04/2024	08:25	Lindsay Armstrong	
08/04/24	12:00	08/04/2024	13:48	Lindsay Armstrong	
08/04/24	18:00	08/04/2024	18:16	Lindsay Armstrong	
08/04/24	22:00	08/04/2024	21:45	Shony Thomas	
09/04/24	06:00	09/04/2024	09:01	Shony Thomas	
09/04/24	12:00	09/04/2024	13:24	Joy Shaw	
09/04/24	18:00			SYSTEM	Not Charted prior to Discharge
09/04/24	22:00			SYSTEM	Not Charted prior to Discharge
10/04/24	06:00			SYSTEM	Not Charted prior to Discharge

VENLAFAXINE 75 mg Modified Release Capsules

☒ 01/04/24 07:00 75 mg ONCE DAILY MORNING 7am (Oral) Samuel Simpkins

01/04/24	07:00	01/04/2024	06:43	Jacquie McGuire	
02/04/24	07:00	02/04/2024	07:02	Iyabo Adetokunbo	
03/04/24	07:00	03/04/2024	08:55	Jacquie McGuire	
04/04/24	07:00	04/04/2024	08:54	Hannah Campbell	
05/04/24	07:00	05/04/2024	10:51	Calistus Younkwe Tiemani	
06/04/24	07:00	06/04/2024	08:40	Joy Shaw	
07/04/24	07:00	07/04/2024	09:25	Lindsay Armstrong	
08/04/24	07:00	08/04/2024	08:26	Lindsay Armstrong	
09/04/24	07:00	09/04/2024	09:01	Shony Thomas	
10/04/24	07:00			SYSTEM	Not Charted prior to Discharge

VENLAFAXINE 150 mg Modified Release Capsules

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

VENLAFAXINE 150 mg Modified Release Capsules *(Continued)*

☒ 01/04/24 07:00 150 mg ONCE DAILY MORNING 7am (Oral) Samuel Simpkins

01/04/24	07:00	01/04/2024	06:43	Jacquie McGuire
02/04/24	07:00	02/04/2024	07:02	Iyabo Adetokunbo
03/04/24	07:00	03/04/2024	08:55	Jacquie McGuire
04/04/24	07:00	04/04/2024	08:54	Hannah Campbell
05/04/24	07:00	05/04/2024	10:51	Calistus Younkwe Tiemani
06/04/24	07:00	06/04/2024	08:39	Joy Shaw
07/04/24	07:00	07/04/2024	09:25	Lindsay Armstrong
08/04/24	07:00	08/04/2024	08:26	Lindsay Armstrong
09/04/24	07:00	09/04/2024	09:01	Shony Thomas
10/04/24	07:00			SYSTEM Not Charted prior to Discharge

CODEINE PHOSPHATE 15 mg Tablets as required

☒ 06/04/24 09:37 15 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) for pain Jack Thomson

15.00	07/04/2024	09:27	Lindsay Armstrong
15.00	08/04/2024	08:27	Lindsay Armstrong

GLYCEROL 4 g Suppositories (Glycerin Adult) as required

☒ 31/03/24 12:49 8 g every 24 HOURS (Rectal) FOR CONSTIPATION Samuel Simpkins

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 31/03/24 12:49 2.5 mg every HOUR (Oral) FOR PAIN Samuel Simpkins

2.50	31/03/2024	12:59	Lindsay Armstrong
2.50	31/03/2024	16:03	Lindsay Armstrong

Discontinued on: 31/03/2024 16:11:13 by: Samuel Simpkins

☒ 31/03/24 12:49 5 mg every HOUR (Oral) FOR PAIN Samuel Simpkins

10.00	01/04/2024	01:18	Jacquie McGuire
10.00	01/04/2024	02:21	Suzanne Quigley
10.00	01/04/2024	05:16	Suzanne Quigley
10.00	01/04/2024	05:46	Kelly Hamilton
10.00	01/04/2024	06:46	Jacquie McGuire
20.00	01/04/2024	08:21	Hannah Campbell
5.00	01/04/2024	12:52	Hannah Campbell
5.00	01/04/2024	15:23	Hannah Campbell
5.00	02/04/2024	01:13	Iyabo Adetokunbo
5.00	02/04/2024	06:59	Iyabo Adetokunbo
5.00	02/04/2024	09:02	Hannah Campbell
10.00	02/04/2024	11:28	Hannah Campbell
5.00	02/04/2024	16:29	Hannah Campbell
10.00	03/04/2024	13:43	Lindsay Armstrong
10.00	03/04/2024	20:27	Kelly Hamilton
20.00	03/04/2024	22:40	Megan Campbell
5.00	04/04/2024	08:59	Hannah Campbell
5.00	04/04/2024	14:38	Hannah Campbell
5.00	04/04/2024	22:38	Suzanne Quigley
20.00	05/04/2024	06:03	Megan Campbell
10.00	05/04/2024	18:21	Calistus Younkwe Tiemani
10.00	05/04/2024	22:45	Janet Dyer

Discontinued on: 06/04/2024 09:35:00 by: Jack Thomson . Reason: Course Complete

Ondansetron 4 mg in 2mL Injection as required

☒ 31/03/24 12:49 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Grianaesthesia Hip Fracture* Samuel Simpkins

☒ 31/03/24 12:49 4 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Grianaesthesia Hip Fracture* Samuel Simpkins

PARACETAMOL - IN RECOVERY ONLY 1000 mg in 100mL IV Infusion as required

☒ 31/03/24 12:49 1,000 mg (Intravenous Intermittent Infusion) RECOVERY ONLY for 1 dose(s) Samuel Simpkins

1,000.00	01/04/2024	11:03	Stacey Smith/ Jennifer Duffy

PHOSPHATE Standard Tube (133 mL) Enema as required

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

PHOSPHATE Standard Tube (133 mL) Enema as required *(Continued)*

☒ 31/03/24 12:49 133 mL every 24 HOURS (Rectal) FOR USE WHEN BOWELS HAVE NOT OPENED AFTER 3DAYS — Samuel Simpkins

PROCHLORPERAZINE 3 mg Buccal Tablets as required

☒ 31/03/24 12:49 3 mg every 12 hours (Buccal) FOR NAUSEA — Samuel Simpkins

SALBUTAMOL 100 micrograms (MDI) per metered dose as required

☒ 31/03/24 12:49 200 microgram every 10 minutes (Inhalation) FOR BREATHLESSNESS — Samuel Simpkins

TRAMADOL 50 mg Capsules as required

☒ 31/03/24 12:49 50 mg EVERY SIX HOURS (Oral) FOR PAIN — Samuel Simpkins

100.00 31/03/2024 18:11 Lindsay Armstrong

Discontinued on: 01/04/2024 10:22:00 by: Alice Blewitt . Reason: Rationalising Medication

Patient level notes

added by **Francis Quinn** on 31/03/2024 at 11:40

Title: GRI Anaesthesia HIP FRACTURE

GRI Anaesthesia HIP FRACTURE

IV Paracetamol STAT dose - If you have given a STAT dose of IV paracetamol please select **'Retrospective STAT order'** in the **'Order Entry'** tab and enter the time administered.

PO Paracetamol Regular - Please adjust start time in the **'Order Entry'** tab to at least 4hours from IV STAT dose if necessary.

Ensure Compact - Withhold on morning of surgery when the patient is fasting

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)			
Hospital / clinic / GP practice	GRI		
Patient's surname / family name	ZALESKI		
Patient's first name	Walter		
Date of birth	26/10/70	Gender	Male ☑ Female ☐
CHI number	2610706294		
Special requirements (e.g. other language / communication method)	–		

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Right hip hemiarthroplasty.

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

Pain Scar Stiffness Reduced mobility Failure/fracture ± Reoperation
Bleeding ± Transfusion Neurovascular deficit
Infection ± Antibiotics ± Revision/Removal Vascular injury
DVT ± PE Death
Anaesthetic risks

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	Simpkins GTI
Date	31/3/24

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
That surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature x [signature]	Date 21/3/24
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Zaleski, Walter ID:2610706294 01-APR-2024 12:59:37 GREATER GLASGOW SITE-GRWD62 ROUTINE RECORD

26-OCT-1970 (53 yr)
Male Unknown

Room:
Loc:220

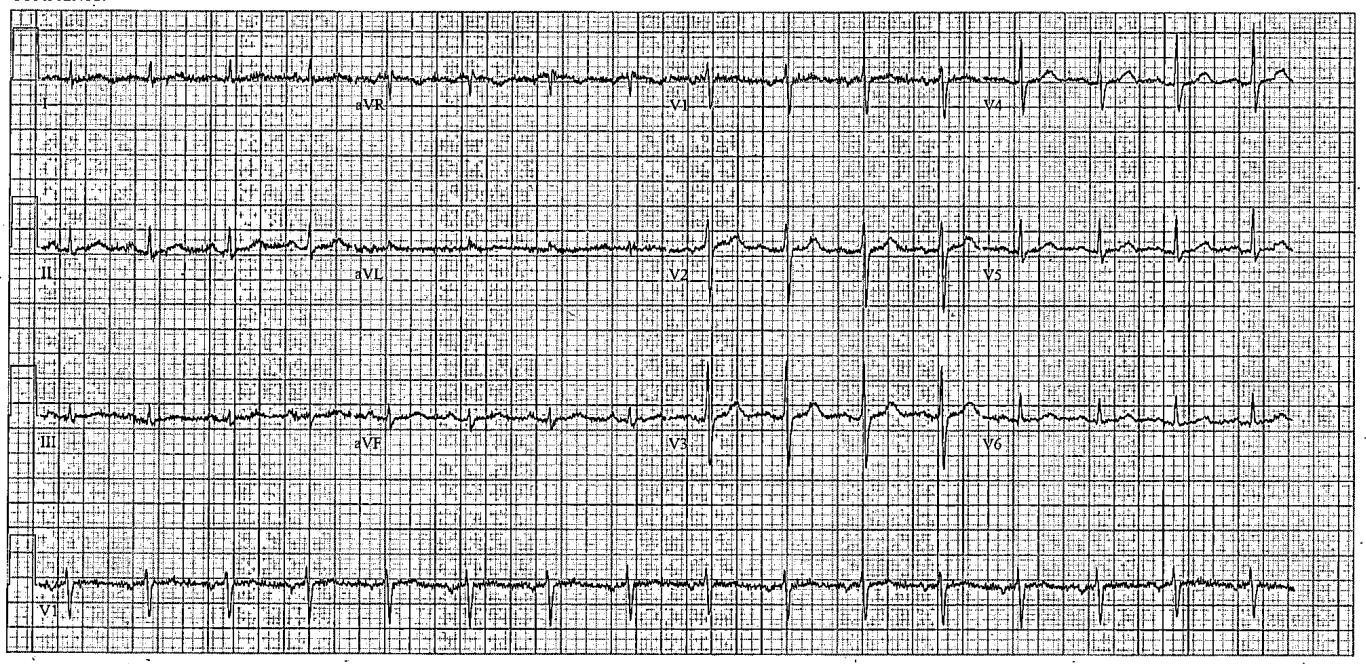
Vent. rate	95	BPM	Normal sinus rhythm
PR interval	132	ms	Normal ECG
QRS duration	74	ms	
QT/QTc	350/439	ms	
P-R-T axes	59 39	64	

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 131

SID: 3318675 EID: EDT: ORDER:

Zaleski, Walter ID:2610706294 01-APR-2024 12:59:37 GREATER GLASGOW SITE-GRWD62 ROUTINE RECORD

26-OCT-1970 (53 yr)
Male Unknown

Room:
Loc:220

Vent. rate	95	BPM
PR interval	132	ms
QRS duration	74	ms
QT/QTc	350/439	ms
P-R-T axes	59 39	64

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed

25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 131

SID: 3318675 EID: EDT: ORDER:

Zaleski, Walter ID:2610706294 01-APR-2024 12:59:12 GREATER GLASGOW SITE-GRWD62 ROUTINE RECORD

26-OCT-1970 (53 yr)
Male Unknown

Room:
Loc:220

Vent. rate	92	BPM
PR interval	146	ms
QRS duration	78	ms
QT/QTc	354/437	ms
P-R-T axes	59 18	64

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed

25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 131

SID: 3318675 EID: EDT: ORDER:

Zaleski, Walter ID:2610706294 01-APR-2024 12:58:26 GREATER GLASGOW SITE-GRWD62 ROUTINE RECORD

26-OCT-1970 (53 yr)
Male Unknown

Room:
Loc:220

Vent. rate	87	BPM
PR interval	144	ms
QRS duration	78	ms
QT/QTc	360/433	ms
P-R-T axes	51 11	58

Normal sinus rhythm
Possible Left atrial enlargement
Borderline ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 131

SID: 3318675 EID: EDT: ORDER:

Zaleski, Walter ID:2610706294 31-MAR-2024 09:24:11 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

26-OCT-1970 (53 yr)
Male Caucasian

Room:
Loc:201

Vent. rate	105	BPM
PR interval	156	ms
QRS duration	78	ms
QT/QTc	342/452	ms
P-R-T axes	56 57	64

Sinus tachycardia
Otherwise normal ECG

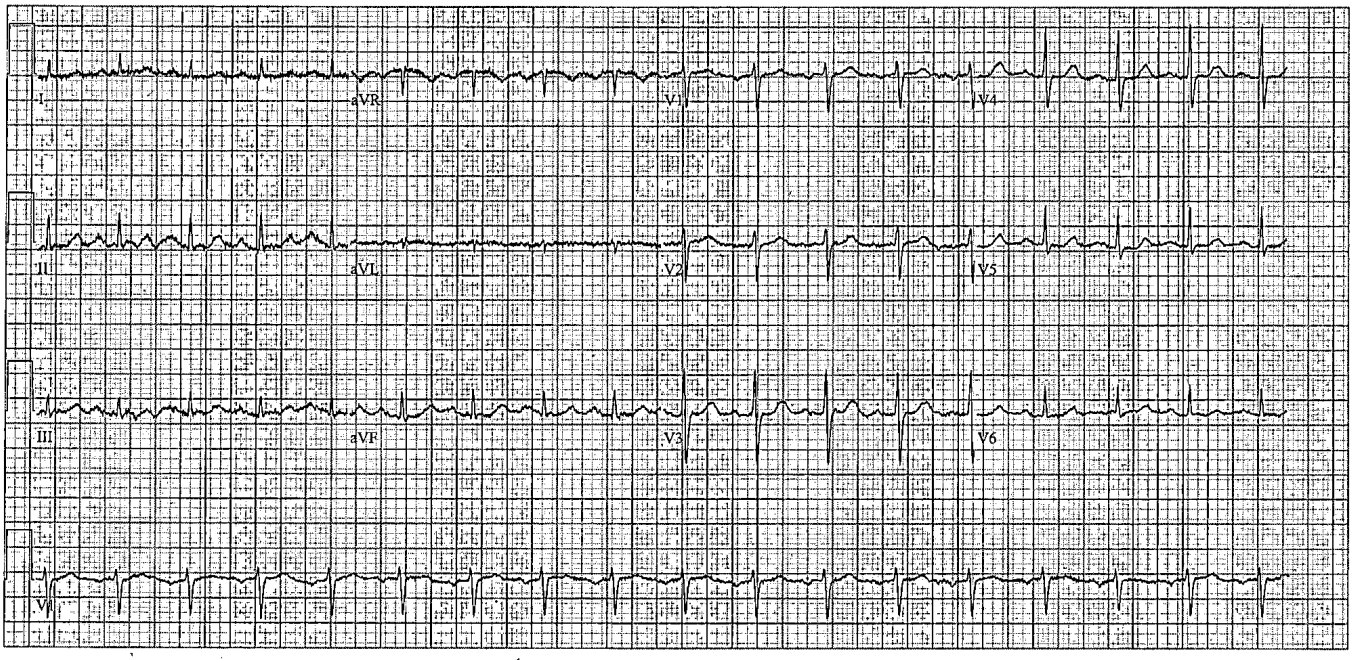
Technician: mf
Test ind:ecg

Referred by: Doc

Unconfirmed

Location:rm9

Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1506

SID: 3318675 EID:13 EDT: ORDER:

ZALESKI, WALTER ID:2610706294 07-NOV-2016 20:05:07 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

26-OCT-1970 (46.yr)
Male Caucasian

Room:
Loc:202

Vent. rate	64	BPM
PR interval	188	ms
QRS duration	86	ms
QT/QTc	388/400	ms
P-R-T axes	15 49	43

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 2

25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 117

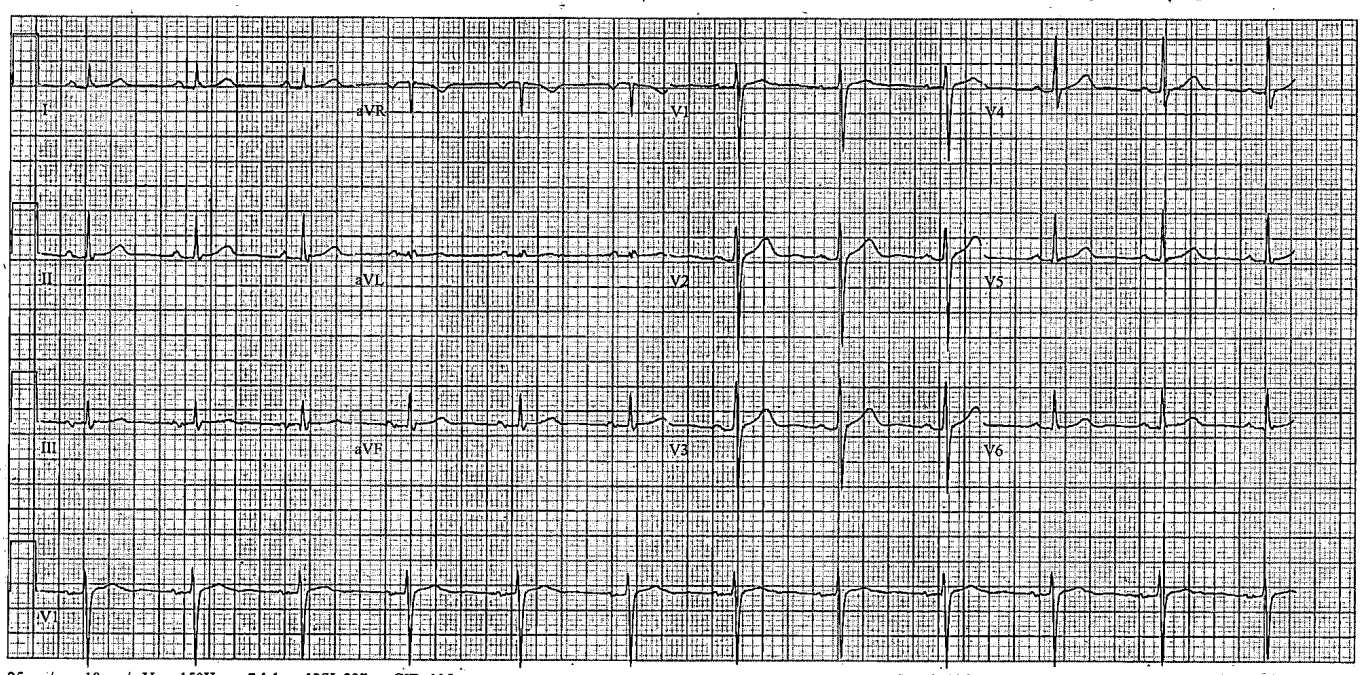
SID: 3318675 EID:21002 EDT: 14:24 09-NOV-2016 ORDER:

ZALESKI, WALTER ID:2610706294 12-SEP-2016 12:03:58 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

26-OCT-1970 (45 yr)		Vent. rate	70	BPM	Normal sinus rhythm
Male	Caucasian	PR interval	156	ms	Normal ECG
		QRS duration	84	ms	
Room:		QT/QTc	376/406	ms	
Loc:202		P-R-T axes	31 56	50	

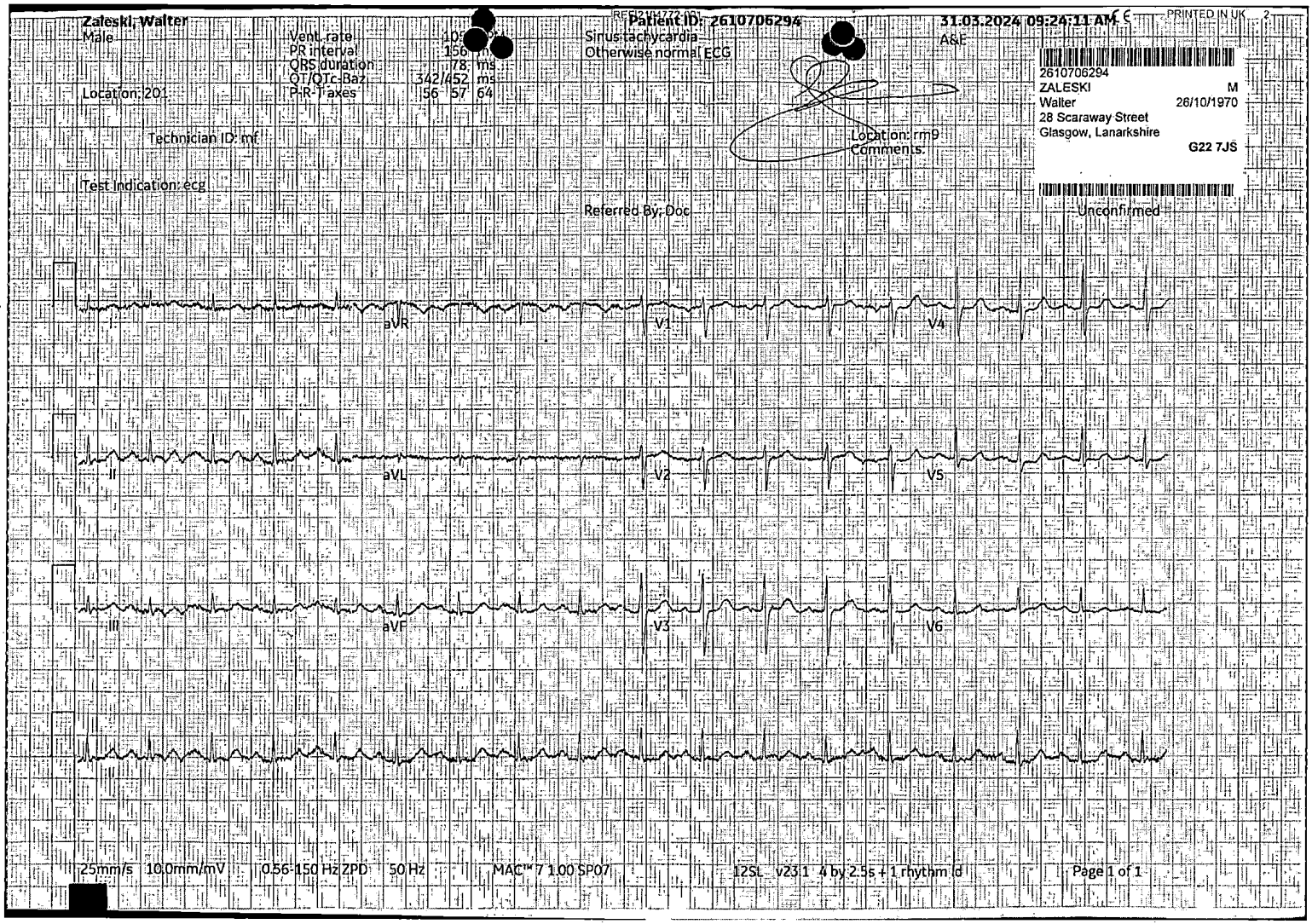
Technician:
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 2



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 115

SID: 3318675 EID:21002 EDT: 15:58 27-OCT-2016 ORDER:


Zaleski, Walter
Male
Patient ID: 2610706294
31.03.2024 09:24:11 AM
A&E
PRINTED IN UK
Vent. rate 105
PR interval 156 ms
QRS duration 78 ms
QT/QTc-Baz 342/452 ms
P-R-T axes 56 57 64
Sinus tachycardia
Otherwise normal ECG
Location: 201
Technician ID: mf
Test Indication: ecg
Referred By: Doc
Location: rm9
Comments:
2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
25mm/s 10.0mm/V 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP07 12SL v23 1 4 by 2.5s + 1 rhythm d
Page 1 of 1

ZALESKI, WALTER ID: 2610706294 22-May-2023 15:07:33 GLASGOW ROYAL INFIRMARY ED

26-Oct-1970
Male

Loc: 201

Technician:

Vent. rate	84	bpm
PR interval	154	ms
QRS duration	84	ms
QT/QTc	364/418	ms
P-R-T axes	67 61 73	

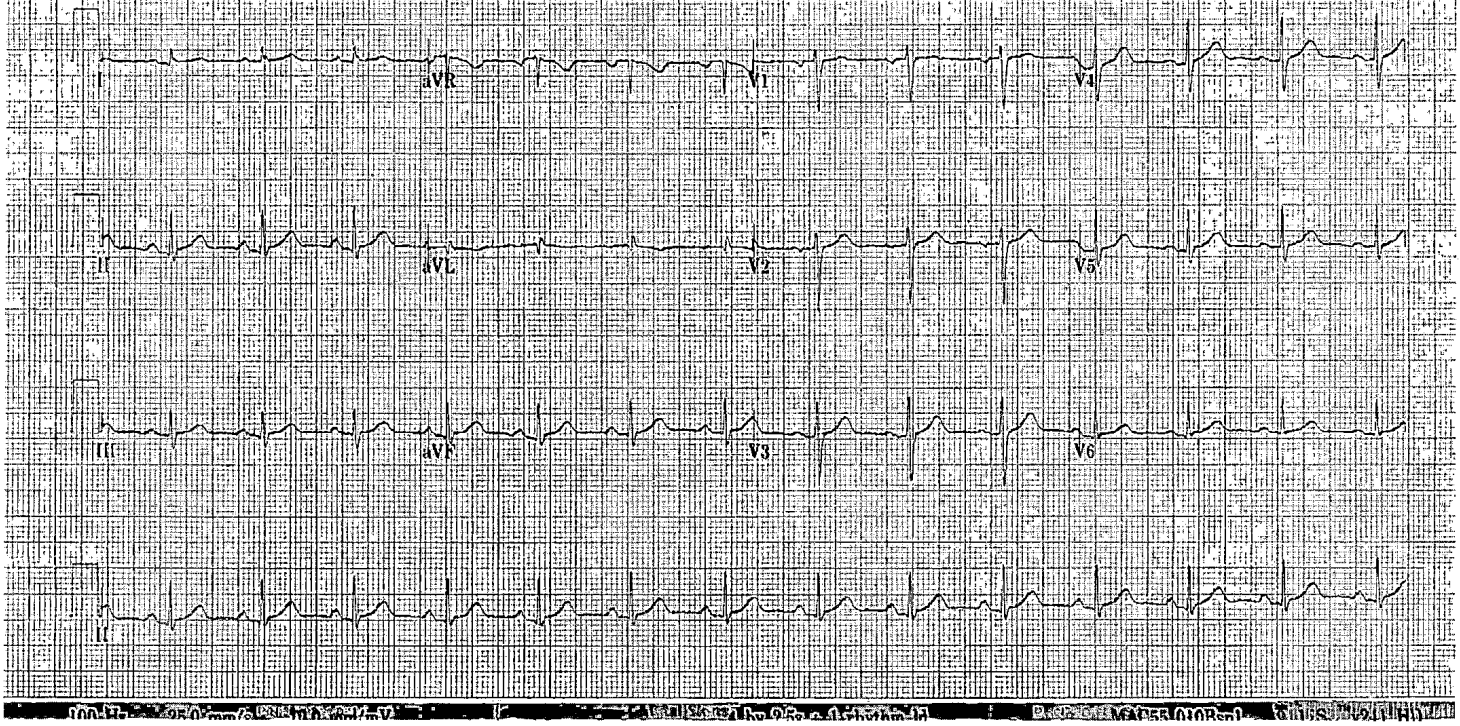
Normal sinus rhythm
Normal ECG

2610706294 M
ZALESKI 26/10/1970
Walter .
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

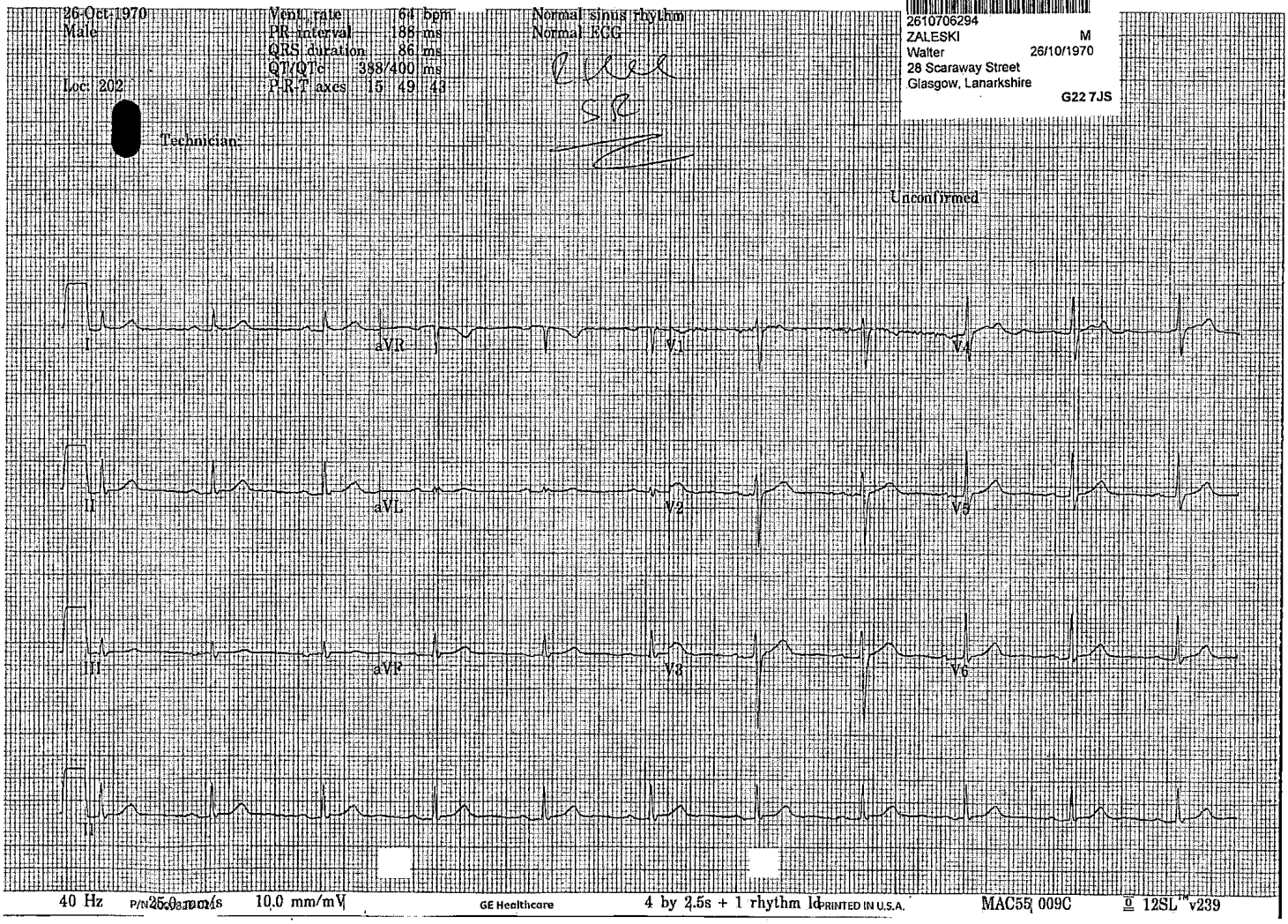
Referred by:

Unconfirmed

COMMENTS:



ZALESKI, WALTER 2610706294 7-Nov-2016 20:05:07 ACUT



2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

ZALESKI, WALTER ID: 2610706294 12-Sep-2016 12:03:58 ACUTE ASSESSMENT UNIT,GRI

26-Oct-1970
Male

Loc: 202

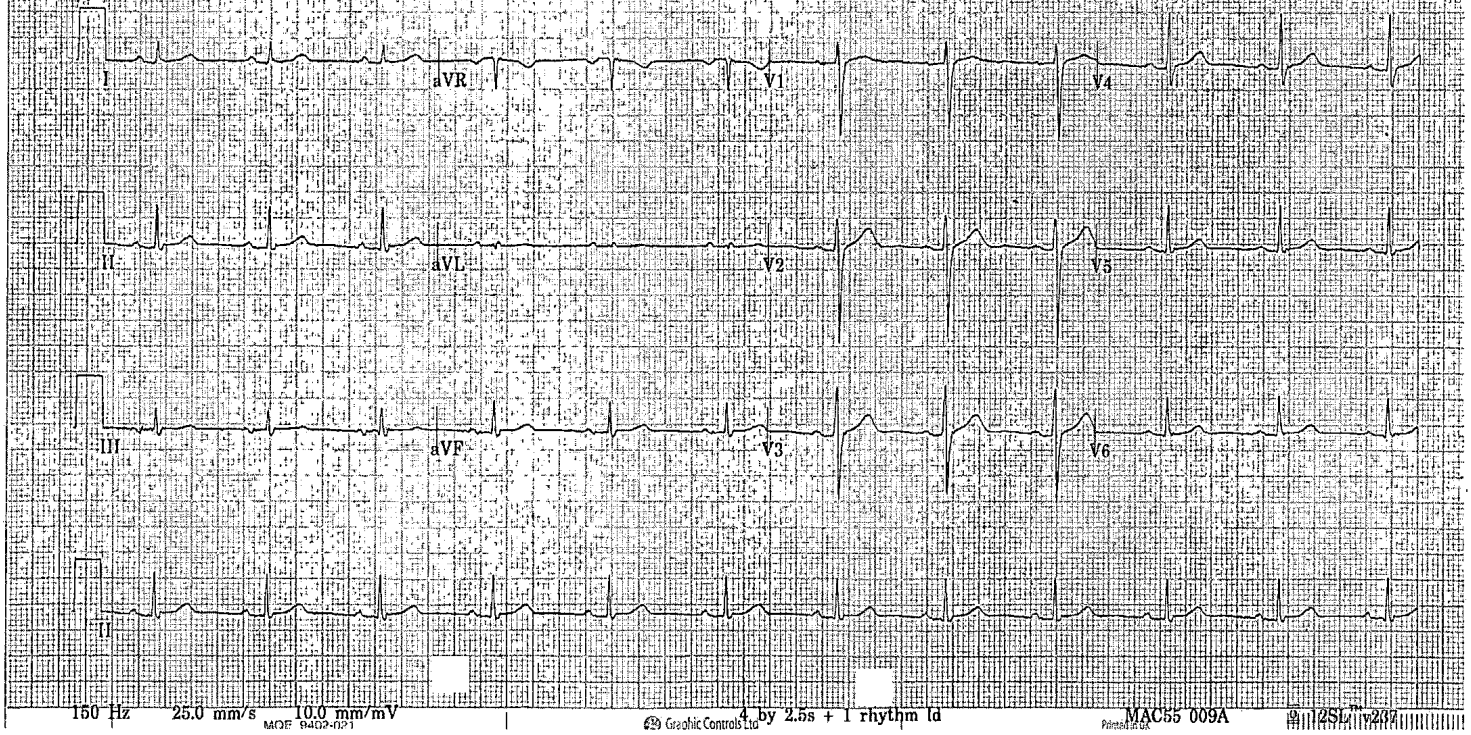
Technician:

Vent. rate	70	bpm
PR interval	156	ms
QRS duration	84	ms
QT/QTc	376/406	ms
P-R-T axes	31 56	50

Normal sinus rhythm
Normal ECG

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV
MOD: 9402-021

Graphic Controls Ltd

4 by 2.5s + 1 rhythm ld

MAC55 009A

2SL Ver

RESPIRATORY PHYSIOLOGY LABORATORY
RESPIRATORY MEDICINE DEPARTMENT
GLASGOW Royal Infirmary
GREATER GLASGOW AND CLYDE NHS

Last Name: Zaleski
First Name: Walter
ID-Nr: 2610706294
Physician Name: Dr Aitken
Ordering Physician: Acute Assessment
Diagnosis: ?COPD

176.0 cm, 69.3 69.5 kg, 152.9 26/10/1970 Male 46
Visit Date: 13/01/2017 01:49 PM
Physiologist: TAYYABA TARIQ CLINICAL
Smoke Time: 33
Smoke Per Day: 15.00
Pack years: 24.75

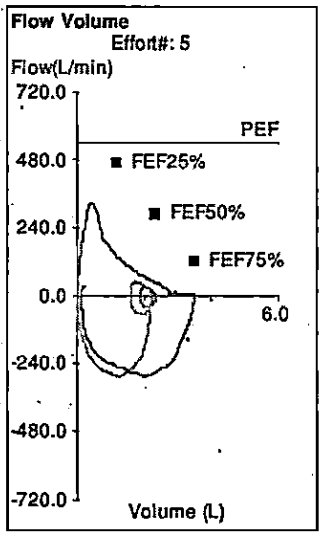
Spirometry

Volumes:

	Units	Pred	Pre	% Pred	SR	Post	% Pred	SR	%Change
VC	L,btps	4.80							
ERV	L,btps	1.35							
TV	L,btps								
:	L,btps	3.25							

Flow Volume:

	Units	Pred	Pre	% Pred	SR	Post	% Pred	SR	%Change
FVC	L,btps	4.60	3.76	82	-1.39				
FEV1	L,btps	3.74	2.20 <	59 <	-3.02				
FEV1/FVC	%	79	59 <	74 <	-2.82				
PEF	L/min	538.70	328.00 <	61 <	-2.90				
FEF25-75%	L/min	248.18	71.70 <	29 <	-2.83				



Body - Plethysmography

Resistance:

	Units	Pred	Meas	% Pred	SR	Post	% Pred	SR	%Change
RAW	kPa/L/s	0.30							
SGaw	L/s/kPa/l	0.97							

Volumes:

	Units	Pred	Meas	% Pred	SR	Post	% Pred	SR	%Change
VTG	L,btps		3.62						
TLC	L,btps	6.98	5.86	84	-1.61				
VC	L,btps	4.80	3.53 <	74 <	-2.26				
RV	L,btps	2.09	2.33	111	0.58				
RV/TLC	%	32	40	124 >	1.43				
FRC	L,btps	3.44	3.48	101	0.06				

CO Diffusion

	Units	Pred	Avg	% Pred	SR
Hgb	g/dl		14.60		
TLco	mmol/min/kPa,stpd	10.49	6.59 <	63 <	-2.77
TLcoHb	mmol/min/kPa,stpd	10.49	6.59 <	63 <	-2.77
VA	L,btps	6.98	5.30	76 <	
KCO	mmol/min/kPa/L,stpd	1.50	1.24	83	
KCOHb	mmol/min/kPa/L,stpd	1.50	1.24	83	

Physiologist Notes

Moderate airflow obstruction on dynamic testing.
TLC and RV are within normal limits.
Transfer factor is moderately reduced.
Reversibility not indicated.
SpO2 99%

F.Wilkie

Bone Densitometry DXA

Performed	22-Jul-2024 08:55	Received	22-Jul-2024 09:19
Reported	22-Jul-2024 09:17	Order Number	G107H40794871
Status	Final	Source System	MiSys

Bone Densitometry DXA Final
Walter Zaleski
Auto reported

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

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 7/4/24

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

1. Signed Doyer Name Joyce Designation RN
2. Signed Armstrong Name Armstrong Designation CN
3. Signed _____ Name _____ Designation _____

Attach Addressograph

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Ward: 62

IHS
ter Glasgow
nd Clyde

'Must dos' for me. Ask the patient if there is anything they want specifically done today:
NO THANKS

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

		Times	00 02	04 05	09 00	13 53	17 45	22 20														
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N														
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N														
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y	Y	Y	Y	N														
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	INT	INT	I	I	I															
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y														
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B			-															
		Chair Assist to walk or stand (W/ST)	W	W	W	W	W	N														
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I	I														
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N														
		Drink taken?	Y	Y	Y	Y	Y	N														
		Food, snack, or supplement taken?	N	N	Y	Y	Y	N														
		Has oral hygiene been carried out as per care plan?	N	N	N	N	N	N														
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y														
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	Y	N	N	N	NT														
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N/A	N/A	N	N	N	N/A														
		Care provider / role	SR	SR	LB	LB	LB	SJ														

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

ml • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 6.4.24

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

1. Signed _____ Name JC OLEC Designation RN
2. Signed _____ Name SCA SHAW Designation SN
3. Signed _____ Name _____ Designation _____

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

Attach ..
2810705294
ZALESKI IV
Walter 26/10/197(
28 Scaraway Street
Glasgow, Lanarkshire
Ward: G22 7JS

NHS Greater Glasgow and Clyde

'Must dos' for me. Ask the patient if there is anything they want specifically done today:
NO THANKS.

		Times	05	08	12 40	16 40	20 20	22
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	N	N	N	N	Y
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	M	-		-		M
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	N	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B		B	B	B
		Chair Assist to walk or stand (W/ST)	W		W	-		W
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N
		Drink taken?	Y	Y	Y	Y	Y	Y
		Food, snack, or supplement taken?	N	Y	Y	N	Y	N
		Has oral hygiene been carried out as per care plan?	N	Y	N	N	N	N
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	N	N	NT	Y	Y
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NB	N	N	NK	NB	NB
		Care provider / role	SA	NB	NB	BB HCA	SA	SA

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GCC0098

Care Rounds Checklist

Date: 5/4/24

Attach

2610708284
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Ward: 67

NHS Greater Glasgow and Clyde

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

1. Signed N Campbell Name Megan Campbell Designation SN
2. Signed [signature] Name [illegible] Designation SN
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:
NO THANKS

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

			Times	05	09	13	15	19															
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N	N	N	N															
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N	N	N	N	N															
S	3	**SKIN INSPECTION** Pressure areas checked:		Y	Y	N	N	N															
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		INT	INT	M	–																
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	Y	Y	Y															
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	B	W																	
		Chair Assist to walk or stand (W/ST)					ST	W															
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		I	I	N	N	N															
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		–	–	N	N	N															
		Drink taken?		–	–	N	Y	Y															
		Food, snack, or supplement taken?		–	–	Y	Y	Y															
		Has oral hygiene been carried out as per care plan?		–	–	N	N	N															
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y	Y	Y	Y															
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		M	M	N	N	N															
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		[illegible]	[illegible]	N	N	N															
		Care provider / role		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]															

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GCC0098

Care Rounds Checklist

Date: 4/4/24

Attach Addressogr: 2610706294 M ZALESKI Walter 26/10/1970 28 Scaraway Street Glasgow, Lanarkshire G22 7JS

NHS ster Glasgow ind Clyde

Ward: 62

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

1. Signed A Campbell Name Megan Campbell Designation SRN
2. Signed A Campbell Name M CAMPBELL Designation SRN
3. Signed A Campbell Name Megan Campbell Designation SRN

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

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

			Times	08	12	16	20
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:		Y	Y	Y	/
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		INT	INT	INT	/
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	B	CH	B
		Chair Assist to walk or stand (W/ST)					
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		N	N	N	N
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N	N	N
		Drink taken?		P	P	Y	N
		Food, snack, or supplement taken?		P	P	Y	N
		Has oral hygiene been carried out as per care plan?		P	P	I	/
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		MK	MK	NT	N
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		MK	N	MB	MB
		Care provider / role		MK	MK	CH	CH

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GCC0098

Care Rounds Checklist

Date: 03/04/24

Attach Addr

2610705294
ZALESKI, Walter M 28/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Ward: G2

NHS Greater Glasgow and Clyde

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

1. Signed MCampbell Name Megan Campbell Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed MCampbell Name Megan Campbell Designation SN

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

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

		Times	09:30	12:45	16:00	21:15																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N																		
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	N	N																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	-	-	-	-																		
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	-	Y																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	R	B	B	B																		
		Chair Assist to walk or stand (W/ST)				W																		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	-	I	I																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N																		
		Drink taken?	Y	Y	N	Y																		
		Food, snack, or supplement taken?	N	N	N	N																		
		Has oral hygiene been carried out as per care plan?	N	N	N	N																		
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT	NT																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA																		
		Care provider / role	SN	SN	SN	SN																		

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

2610705294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

FALLS RISK ASSESSMENT

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

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRECAUTIONS TO BE UNDERTAKEN FOR ALL PATIENTS

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

	Ward: 62 Date: 31/3/24 Time: ----:----	Ward: 62 Date: 2/9/24 Time: ----:----	Ward: 62 Date: 4/4/24 Time: 04:10	Ward: 62 Date: 5/4/24 Time: 06:00	Ward: Date: Time: ----:----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	BED REST AT PRESENT	PULPITAT	WZF A01	WZF S01	
2. Check walking aid (if required) is in reach and in use.	NA	ao needs	Zimmer	Zimmer	
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓	✓	✓	✓	
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	NA	✓	✓	✓	
5. If glasses are worn, check they are available and in use.		✓	✓	✓	
6. If hearing aid/s are worn, check they are working and in use.		N/A	N/A	N/A	

RISK ASSESSMENT

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

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

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: Date: Time: ----:----	Ward: 62 Date: 2/9/24 Time: ----:----	Ward: 62 Date: 4/4/24 Time: 04:10	Ward: 62 Date: 5/4/24 Time: 4pm	Ward: 62 Date: Time: ----:----
BED AND SEATING					
Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice. (Patient care plan 8)		✓	✓	✓	
Assess if a low bed is required (Patient care plan 9)		N/A	N.A	N/A	
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)		In use	In use	In use	
Review the frequency of care rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart. (Patient care plan 9)		4°	4° hrly	4°	
If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.		N/A	N/A	N/A	
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)		4AS	N/A.	N/A	
Document continence problems and link to care rounding (Patient care plan 6)		N/A	Continent	Continent	
Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)		N/A	N/A	N/A	
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.		N/A	N/A		
COMMUNICATION					
Give the patient / relatives / carers an inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)		✓	✓	✓	
Update the ward team of the patient's mobility status. (Patient care plan 8)		✓	✓	✓	
Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)		✓	✓	✓	
Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)		N/A	✓	N/A	
Signature of nurse completing interventional plan / or update					

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

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write or affix patient label

Name: ZALESKI M
DOB: Walter 26/10/1970
Ward: G2
2610706294
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS Greater Glasgow and Clyde

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

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

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

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

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

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

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

***Date PVC Removed:** ___/___/___

***Reason For Removal:** _____

Modified Visual Infusion Phlebitis (VIP) Score

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

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

NHS Greater Glasgow and Clyde

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

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

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

4AT					
(1) Alertness This includes patients who may be markedly drowsy (e.g. difficult to rouse and/or sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep attempt to wake with speech or gentle touch on shoulder. **Ask the patient to state their name and address to assist rating**	Ward ED Date & Time 11·18 31/3/20	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
Normal (fully alert, but not agitated, throughout the assessment)	(0)	0	0	0	0
Mild sleepiness for <10 seconds after waking, then normal	0	0	0	0	0
Clearly abnormal	4	4	4	4	4
(2) AMT4 Ask the patient their **Age, Date of Birth, Place (name of hospital) Current Year**					
No mistakes	(0)	0	0	0	0
1 mistake	1	1	1	1	1
2 or more mistakes	2	2	2	2	2
(3) Attention Ask the patient **"Please tell me the months of the year in backward order, starting at December".** To assist, one prompt of **"What is the month before December"** is permitted.					
Achieves 7 months or more correctly	(0)	0	0	0	0
Starts but scores < 7 months or refuses to start	1	1	1	1	1
Untestable (cannot participate because too drowsy or inattentive)	2	2	2	2	2
(4) Acute change or fluctuating course Evidence of significant change of fluctuation in: alertness, cognition, other mental function (e.g. hallucinations, paranoia) over the past 2 weeks and still present in preceding 24 hrs.					
No	(0)	0	0	0	0
Yes	4	4	4	4	4
4AT TOTAL SCORE					
Print initials of assessor					

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

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

2610706294
ZALESKI
Walter
M
26/10/1970

NHS
Greater Glasgow and Clyde

TIME checklist to guide Delirium risk reduction, Identification and Management

The TIME checklist is a joint medical and nursing responsibility.

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

2610706294
ZALESKI
Walter
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

Care Plan

NHS
Greater Glasgow and Clyde

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
31/3/24	AOI		31/3/24 IA	NURSE CALL BUZZER TO HAND	
31.3.24 IA	WEARS TOP SET DENTURES				
				10. Sleep and Rest	
			31/3/24 IA	PROMOTE ADEQUATE SLEEP/REST	
	8. Mobility				
31/3/24	BED REST AT PRESENT			12. Privacy, dignity and sexuality	
	NORMALLY USES WHEELCHAIR		31/3/24	MAINTAINED AT ALL TIMES	
31.3.24 IA	PROSTHETIC R/L LEG				
9/9/23	PULAT AN				
4/4/24	WZF AOI				
5/4/24	WZF AOI			Negotiated care - Please record any planned involvement of patient/family in delivery of care	
			31.3.24 IA	PLEASE KEEP WALTER'S WIFE	
				UP TO DATE AS HE DOESN'T	
				ALWAYS TAKE IN WHAT	
				SAID.	

mi • 285668 Version 1_0 • GGC0127

2610706294
ZALESKI M
Walter 26/10/1970
28 Scaraway Street
Glasgow, Lanarkshire
G22 7JS

Care Plan

NHS Greater Glasgow and Clyde

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

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
31/3/24	MONITOR AS PER NEWS				
				5. Hydration and Nutrition	
			3.3.24	NORMAL DIET + FLUIDS	
	2, 3. Communication and senses				
21.3.24	WEARS GLASSES				
				6. Elimination	
	4. Cognitive status		31.3.24	URINALS/BEDPANS AS REQUIRED	
31.3.24	4AT 0				Z
31.3.24	MILD COGNITIVE IMPAIRMENT		31.3.24	CHART BOWEL MOTIONS	
			8.4.24	UP TO TOILET	

XR Pelvis

Performed	02-Apr-2024 10:20	Received	05-Apr-2024 09:55
Reported	05-Apr-2024 09:53	Order Number	G107H40788510
Status	Final	Source System	MiSys

XR Pelvis Final
Walter Zaleski
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 Chest

Performed	31-Mar-2024 09:35	Received	31-Mar-2024 10:14
Reported	31-Mar-2024 10:12	Order Number	G107H40785953
Status	Final	Source System	MiSys

XR Chest Final
Walter Zaleski
Clinical History :

53M, presented post fall, reduced air entry at lung bases, to rule out infection

XR Chest :

Supine. The heart is not enlarged and mediastinal contours are normal. Lungs clear with nil new comparing to 22/05/2023.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

XR Pelvis

Performed	31-Mar-2024 07:32	Received	31-Mar-2024 12:45
Reported	31-Mar-2024 12:43	Order Number	G107H40785841
Status	Final	Source System	MiSys

XR Pelvis Final
Walter Zaleski
Clinical History :

fall ?r nof prev amputation tender unable to weightbear

XR Pelvis :
Compared to prior film dated 28/04/2017.

Acute displaced right subcapital neck of femur fracture.

XR Hip Rt :
See above.

Reported by: Dr Louise Hartley
Verified by: Dr Louise Hartley

XR Hip Rt

Performed	31-Mar-2024 07:32	Received	31-Mar-2024 12:45
Reported	31-Mar-2024 12:43	Order Number	G107H40785866
Status	Final	Source System	MiSys

XR Pelvis Final
Walter Zaleski
Clinical History :

fall ?r nof prev amputation tender unable to weightbear

XR Pelvis :
Compared to prior film dated 28/04/2017.

Acute displaced right subcapital neck of femur fracture.

XR Hip Rt :
See above.

Reported by: Dr Louise Hartley
Verified by: Dr Louise Hartley

CT Head

Performed	18-Dec-2023 17:32	Received	26-Dec-2023 15:46
Reported	26-Dec-2023 15:44	Order Number	G107H40329753
Status	Final	Source System	MiSys

CT Head Final
Walter Zaleski
Clinical History :
progressive worsening of memory , had h/o TIA and had small vessel disease on CT brain 2016

CT Head :

Comparison: none available.
Severe small vessel disease is once again demonstrated.
No evidence of focal subacute infarct haemorrhage or space-occupying lesion.
Normal ventricular system.

Impression
no cause of the patient's symptoms identified.

Davide Simonato
GMC 7708524
Consultant Radiologist
Axon Diagnostics
clinicalqueries@axondiagnostics.com

Reported by: Dr Davide Simonato
Verified by: Dr Davide Simonato

XR Chest

Performed	22-May-2023 18:36	Received	07-Jun-2023 18:46
Reported	07-Jun-2023 18:44	Order Number	G107H39692721
Status	Final	Source System	MiSys

XR Chest Final
Walter Zaleski
Clinical History :
Sudden onset right sided chest pain, sharp in nature ?PE

XR Chest : Comparison made with previous chest radiograph dated 12 September 2016. The lungs and pleural spaces are clear. Normal cardiac and mediastinal outline.

Dr N Rao | Consultant Radiologist | 6073133 | Medica
Report date: 07/06/2023

Reported by: Dr Nitin Rao
Verified by: Dr Nitin Rao

CT Head

Performed	11-Nov-2016 14:36	Received	11-Nov-2016 15:52
Reported	11-Nov-2016 15:50	Order Number	G107H32023995
Status	Final	Source System	MiSys

CT Head Final
Walter Zaleski
Clinical History :

Please can this scan be done as outpatient as he has been discharged. 6/12 history of headaches. no other features. exclude intracranial pathology

CT Head :
Noncontrast
There is no intracerebral mass or ventricular dilatation.
Similar to previous cranial imaging including MR in 2008 there is marked periventricular and deep white matter low attenuation. This is most likely due to a marked[patient's young age noted] small vessel ischaemia but please refer to patient's previous investigations in 2008, it is noted there were vascular risk factors then.
There is no haemorrhage. There is some fluid containing high attenuation in right frontal sinus which is new indicating a small area of right frontal sinusitis. No bony abnormality.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

XR Chest

Performed	12-Sep-2016 14:29	Received	16-Sep-2016 11:15
Reported	16-Sep-2016 11:13	Order Number	G107H31836762
Status	Final	Source System	MiSys

XR Chest Final
Walter Zaleski
Clinical History :

45 year old referred with productive cough of yellow sputum and pleuritic chest pain. R midzone creps on auscultation. ?consolidation

XR Chest :
Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact. The previous chest film from 1999 is no longer available for comparison.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

CT Sinuses

Performed	20-May-2014 15:42	Received	04-Jun-2014 08:59
Reported	04-Jun-2014 08:57	Order Number	G107H29004095
Status	Final	Source System	MiSys

CT Sinuses Final
Walter Zaleski
Clinical History :
? Maxillary sinusitis. Pus in the osteomeatal complex.

CT Sinuses :
The nasal septum is slightly crooked but essentially midline. The nasal passageway is patent. There is complete opacification of the right maxillary sinus. There is slight bowing of the medial wall of the right antrum, compared to the left, which raises possibility of a mucocele. The right OMC and frontal drainage pathway are occluded. No obvious mass but an obstructing lesion needs to be excluded. There are a few opacified right ethmoid air cells and there is moderate circumferential mucosal thickening in the right frontal sinus. The left maxillary sinus, frontal, ethmoids and sphenoid sinuses are clear and the left OMC is patent. The skull base and orbital wall appear intact.

Reported by: Dr Ian McCrea
Verified by: Dr Ian McCrea

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	☐

Acute Services Division

Stobhill Hospital
Bone Metabolism/Fracture Liaison Service
Telephone 0141 201 5300/5301

NHS
Greater Glasgow and Clyde

Osteoporosis Specialist Nurses: Sr Frances Lovell/CN David McKee
Consultant: Dr J Hinnie

Ref: FL/FL/2610706294

22-Jul-2024

Dr. Colin HOWAT
30 Auchinloch Street
Glasgow

G21 4AH

Dear Dr. HOWAT,

Walter Zaleski, DOB: 26-Oct-1970
28 Scaraway Street
Glasgow
Lanarkshire
G22 7JS

Your patient recently attended hospital having sustained a fracture.

He was subsequently assessed for Osteoporosis risk by Specialist Nurse, Sr Frances Lovell Osteoporosis Specialist Nurse on 22-Jul-2024. A Summary of this report will be sent to the patient

Scan Date: 22-Jul-2024			
Left Hip			
Neck of femur	BMD: 0.764	TScore: -1.972	ZScore: -1.492
Total hip	BMD: 0.848	TScore: -1.269	ZScore: -1.269
Scan Conclusions:			
Osteopenia			
Spine			
L1-L4	BMD: 0.904	TScore: -2.302	ZScore: -2.434
Scan Conclusions:			
Osteopenia			
Scan Intepretations			
Lumbar spine BMD may be overestimate because of degenerative disease or artefact; regard with caution			

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

The following clinical risk factors have been reviewed:

Osteoporosis Risk Factors
Past history of fragility fracture(s)

Falls and Fracture Risk Factors
History of previous fracture (>50yr)
On feet <= 4 hours/day

Fracture History
Right Hip (Aged 53)

Treatment Recommendations
Continue current vitamin D supplement.
and in addition
Consider Alendronic Acid 70mg once weekly (counsel re infrequent risk of dyspepsia & protocol for ingesting medication)

Lifestyle Recommendations
(None)

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

Vertebral fracture assessment performed: TV4 to LV4 visualised – therein no vertebral fractures were seen.

Although this gentleman is in the younger age group and ten year probability of a major osteoporotic fracture calculated by FRAX is 10%, in view of this gentleman's hip fracture, I discussed this gentleman with Dr Hinnie, and we would advise bisphosphonate treatment at present and for re-referral for further DXA scan in 5 years.

This gentleman was vitamin D deficient in April 2024 and was given a loading dose of vitamin D whilst an inpatient and he continues on a daily colecalciferol supplement, which he shoud continue in addition to the above bisphosphonate.

I have requested further blood tests of testosterone, LH/FSH, through the hospital phlebotomy hubs. Results will be available on SCI store.

Yours sincerely

Sr Frances Lovell
Osteoporosis Specialist Nurse

Dr J Hinnie
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	JH/AH
Date of Clinic:	02/03/2009
Date of Typing:	04/03/2009
Hospital Number:	10432099L
CHI Number:	2610706294

NURSE LED STROKE CLINIC

Dr Michael McLaughlin
The Barony Medical Centre
30 Auchinloch Street
G21 4AH

Dear Dr McLaughlin

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

I reviewed Mr. Zaleski at the Nurse Led Stroke Return clinic on 2nd March. His blood pressure was 135/80 and pulse 87. I believe that his current medications are; Aspirin 75mg, Bendroflumethiazide 2.5mg, Perindopril 2mg and Simvastatin 40mg as well as Carbamazepine 200mg for phantom limb pain. I have checked his U's & E's and cholesterol and shall attach these results for your information and as these appear to be stable, I would suggest increasing his Perindopril to 4mg and would be grateful if you would continue to monitor his blood pressure and renal function. Unfortunately he continues to smoke around five cigarettes per day and says that he finds it difficult to stop completely as he said that he does not have much support at home as his wife also smokes. He has returned to work but feels this is stressful at times and his mood can be affected. However he appears to be managing the stress fairly well but I have advised him of the support that is available to him should he feel that he is becoming less able to cope. I have given him a copy of the "My Stroke Book" as well as my contact number. I have not planned any further follow up at the clinic however would be happy to see him again should he need any further information or support.

Yours sincerely

Sister Jan Hunter
Stroke Nurse Specialist

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	PF/AF
Date Dictated:	16/02/2009
Date of Typing:	19/02/2009
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

I now have the result of this man's echocardiogram. It is normal. Follow up has been arranged at the Nurse Led Clinic.

Yours sincerely

DR P FRASER
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	PF/ET
Date of Clinic:	13/01/2009
Date of Typing:	21/01/2009
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

Diagnosis:
1. Cerebrovascular disease
2. Hypercholesterolaemia
3. Smoker
4. Family history of premature vascular disease
5. Previous right below knee amputation (for pain relief due to congenital deformity)

Medication: Aspirin 75mg, Simvastatin 40mg, Carbamazepine 200mg for phantom limb pain, Codydramol as required

I reviewed this 38 year old man at my Cerebrovascular Clinic today. As you know his MRI of brain showed some bilateral white matter changes which are thought to represent chronic ischaemic change. A lumbar puncture was performed and CSF was sent which showed no evidence of oligoclonal bands. He has multiple vascular risk factors as noted above. Unfortunately he continues to smoke however has reduced this from 20 cigarettes per day to 5 cigarettes per day and his long term aim is to stop. His blood pressure today was initially significantly elevated 179/90 dropping to 150/96. His cholesterol dropped from 7.4 to 5.1 when last checked and I have sent a further sample to check this today. He drinks no alcohol.

His main complaint is of intermittent throbbing frontal headache. At times this is associated with nausea. On this occasion he denies any visual symptoms and states that it is exacerbated by stress for example shouting at his two boys (aged 12 and 4). He is not working at present as he found return to full time work as a team manager in a call centre extremely stressful but needs to try and negotiate a phased return to work.

Walter Zaleski ~ 26/10/1970

Investigations Outstanding: He is due to attend for a echocardiogram on the 30th January.

Recommendations: I would be grateful if you could add Perindopril 2mg as per my handwritten note. Please check his U's & E's following one week. If this is tolerated please add Bendrofluazide in four weeks time.

Follow Up: I have arranged for him to be reviewed at the Nurse Led Clinic in six weeks time. I would plan to increase his Perindopril to 4mg if possible.

Yours sincerely

DR P FRASER
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	BEL/ET
Date of Dictation:	05/12/2008
Date of Typing:	11/12/2008
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

Just a quick letter to let you know that Mr Zaleski attended the Day Hospital on the 5th December 2008 and had a successful lumbar puncture. There were no immediate complications. Samples have been sent to Southern General for oligoclonal bands. He also had a concurrent sample sent as well.

We plan to see him back in clinic once we have the result of the oligoclonal bands.

Yours sincerely

DR BOON ENG LOO
Staff Grade in Medicine for the Elderly

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line. : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	CS/ET
Date of Clinic:	25/11/2008
Date of Typing:	27/11/2008
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

Diagnosis:
1. Headache and facial weakness ? cause
2. ? Cerebrovascular disease
3. Right below knee amputation
4. Hypercholesterolaemia
5. Smoker

Medication: Simvastatin 40mg, Aspirin 75mg, Codydramol, Carbamazepine
Please add Perindopril 2mg if blood pressure remains elevated

I reviewed Mr Zaleski today in Dr Fraser's TIA Clinic. He was initially referred back in July with episodes of facial weakness, right sided headache, intermittent facial numbness and slurred speech. Mr Zaleski has quite a number of risk factors including smoking twenty cigarettes per day, family history of ischaemic heart disease with her father having MI in his 40's and her sister MI in her 50's and most recently he found out his sister had a stroke in Poland a couple of weeks ago. His most recent cholesterol is 7.4.

He had an MRI of his brain which showed multiple non-specific white matter changes within both cerebral hemispheres that are likely to represent chronic ischaemic change but did not exclude demyelination. He had a carotid doppler scan which showed mild stenosis of the left internal carotid artery.

Mr Zaleski is still feeling quite lethargic and over the last couple of weeks is still experiencing occasional facial weakness associated with nausea, description of seeing stars in his eyes and occasional headache.

Walter Zaleski ~ 26/10/1970

It does sound as though these episodes that he describes are migraneous in nature. I have explained to him the results of his MRI and in view of his risk factors that he may have underlying cerebrovascular disease. However in view of his age we need to exclude demyelination.

He will attend for a lumbar puncture on the 5th December at the Day Hospital to check for oligoclonal bands and he will require a serum blood test along with this.

In view of the headaches I have not added in Dipyridamole at this stage but certainly when he attends the clinic in approximately six weeks then this could be reassessed. I have rechecked his cholesterol today which has improved and is now 5.1. His blood pressure is 130/80 but certainly if it remains elevated then I would be grateful if you could add in Perindopril.

He will be reviewed back in the clinic once we have the result of his lumbar puncture.

Yours sincerely

Dr Claire Steel
Specialist Registrar

Zaleski Walter CHI: 2610706294

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Date of Completion: 26/03/2015

Dr. S Legge
Drs cron howat mckinlay legge &
The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Dear Dr S Legge,

Name	CHI	DoB	Address
Walter Zaleski	2610706294	26/10/1970	28 SCARAWAY ST Glasgow G22 7JS

Admitted	Type	Discharged	Destination
26/03/2015 08:00	In Patient	26/03/2015	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
Oral Surgery	Dr Christine Goodall	STO DSSA - ACH Day Surgery Unit	

Reason for Admission and Presenting Complaints	Admission Category
dental caries	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:

Treatments: Extraction 16 13 12 11 21 22 23 24 36 45 47

Follow-up arranged: at GDP

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Medication Comment: own medication

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dentist Siobhan Kyle
Dentist

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Siobhan Kyle, Dentist

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Ear, Nose & Throat (ENT) - 14062017 Hospital Clinic Letter 408971
Ear, Nose & Throat (ENT) - 03032017 Hospital Clinic Letter 396398

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 19-Feb-2018 **Date sent** 19-Feb-2018

PATIENT DETAILS

Surname	ZALESKI
Forename(s)	WALTER
Title	MR
Sex	Male
Date of birth	26-Oct-1970
CHI no.	2610706294
Area of Residence	-

Patient's address

28 SCARAWAY ST
GLASGOW
G22 7JS

Contact number(s)

Voice: 0141 772 8530
Voice: 07796 686 069
E-mail: waltercz1@hotmail.com

1010155102416 Unique Care Pathway Number: 1010155102416

REGISTERED GP DETAILS

Name	Dr J Mckinlay		
GMC code	3485006	GP code	00361
Practice name	Barony Medical Centre		
Practice code	43133		

Practice address

30 AUCHINLOCH STREET
GLASGOW
G21 4AH

Contact number(s)

Voice: 01415576161

REFERRING GP DETAILS

Name	Dr. James McKinlay		
GMC code	3485006	GP code	00361
Practice name	Drs Cron, Howat,McKinlay, Legge & H (43133)		
Practice code	43133		

Practice address

The Barony Medical Centre
30 Auchinloch Street
Glasgow
G21 4AH

Contact number(s)

Voice: 0141 557 6161

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Loud snoring recently and reduced patency nostrils, Left > right, feels blockage.

Comment: ENT problems in the past, now worsening, please review, Has nasal spray.

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
Chronic sinusitis	- unresolved - CT - right maxillary antrum. Awaiting surgery - to stop Aspirin and Perindopril two weeks prior to surgery	19-Jun-2014	19-Jun-2014
Transient cerebral ischaemia NOS	-	01-Aug-2008	01-Aug-2008

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	moderate airflow obstruction.	02-Mar-2017	02-Mar-2017
Primary prevention of ischaemic heart disease	-	27-Apr-2012	27-Apr-2012
Diagnostic lumbar puncture	oligoclonal bands negative	06-Jan-2009	06-Jan-2009
Chronic disease monitoring	chronic ischaemic changes	03-Oct-2008	03-Oct-2008
Amputation below knee	[YEAR OF EVENT 2001] NOTES: - right.	01-Jan-2001	01-Jan-2001

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol 50mg capsules	100	capsule	1 OR 2 AS REQUIRED	-	03-Oct-2014	22-Jan-2018
Nortriptyline 25mg tablets	84	tablet	THREE TABLETS DAILY	-	02-Aug-2017	22-Jan-2018
Perindopril erbumine 4mg tablets	336	tablet	TAKE ONE DAILY	-	13-Feb-2009	14-Feb-2018
Carbamazepine 200mg tablets	336	tablet	1 A DAY	-	11-Feb-2005	14-Feb-2018
Atorvastatin 40mg tablets	336	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	14-Feb-2018
Clopidogrel 75mg tablets	336	tablet	1 TABLET ONCE A DAY	-	22-Nov-2016	14-Feb-2018
Sertraline 100mg tablets	336	tablet	1 TABLET ONCE A DAY	-	23-May-2012	14-Feb-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nortriptyline 25mg tablets	56	tablet	TWO TABLETS DAILY	-	02-Aug-2017	29-Nov-2017
Nortriptyline 25mg tablets	112	tablet	TWO TABLETS DAILY	-	02-Aug-2017	29-Nov-2017
Nortriptyline 50mg tablets	28	tablet	ONE DAILY	-	02-Aug-2017	27-Oct-2017
Tramadol 50mg capsules	100	capsule	1 OR 2 AS REQUIRED	-	03-Oct-2014	29-Nov-2017
Nortriptyline 50mg tablets	28	tablet	ONE DAILY	-	02-Aug-2017	29-Sep-2017

Sertraline 100mg tablets	336	tablet	1 TABLET ONCE A DAY	-	23-May-2012	28-Nov-2017
Clopidogrel 75mg tablets	336	tablet	1 TABLET ONCE A DAY	-	22-Nov-2016	18-Oct-2017
Perindopril erbumine 4mg tablets	336	tablet	TAKE ONE DAILY	-	13-Feb-2009	18-Oct-2017
Carbamazepine 200mg tablets	336	tablet	1 A DAY	-	11-Feb-2005	18-Oct-2017
Atorvastatin 40mg tablets	336	tablet	1 TABLET ONCE A DAY	-	27-Sep-2012	18-Oct-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
13-Nov-2017	136	88
30-Aug-2017	128	78
03-Nov-2016	128	78

Body Measurements

Date Recorded	Height	Weight	BMI
13-Nov-2017	1.778	76	24
13-Oct-2014	1.778	76	24
22-Oct-2013	1.778	76	24

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:	Smoking status on date of event: Ex-smoker.	13-Nov-2017
Not interested in stopping smoking:		13-Oct-2014
Cigarette consumption:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	13-Oct-2014
Current smoker:	Smoking status on date of event: Smoker.	13-Oct-2014
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10.	02-Sep-2014
Current non drinker:	Drinking status on eventdate: Life teetotaler.	13-Nov-2017
Current non drinker:	Drinking status on eventdate: Life teetotaler.	13-Oct-2014
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	22-Oct-2013
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	22-Oct-2013
Alcohol units per week:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	25-Sep-2012
GPPAQ physical activity index: inactive:		13-Nov-2017
Exercise grading NOS:	Result of Scoring Test: 2.	13-Oct-2014
GPPAQ physical activity index: active:		13-Oct-2014
Declined referral to physical exercise programme:		22-Oct-2013
Exercise grading NOS:	Result of Scoring Test: 2.	22-Oct-2013

Clinical warnings

Allergies

Description	Comment	Date recorded

H/O: drug allergy	Drug code for allergy: Penicillin G 600mg/vial injection, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	28-Jan-2003

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Ear, Nose & Throat (ENT) - 14062017_Hospital Clinic Letter_408971
Ear, Nose & Throat (ENT) - 03032017_Hospital Clinic Letter_396398

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

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 26/3/15

ADI 2610706294
NA ZALESKI Walter M
28 SCARAWAY ST 26/10/1970
DC Glasgow, Lanarkshire G22 7JS

HOSP/CHI no.

WARD DSU

HOSP Stobhill

THEATRE 5

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	S/N McAloon	L NEWALL LNewall
PRE - OP INSTRUMENT COUNT CORRECT	S/N McAloon	L NEWALL LNewall
FINAL SWAB COUNT CORRECT	S/N McAloon	L NEWALL LNewall
FINAL INSTRUMENT COUNT CORRECT	S/N McAloon	L NEWALL LNewall
FINAL SWAB DISPATCH COUNT CORRECT	S/N McAloon	L NEWALL LNewall

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE - S McAloon
SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*	N/A		
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION: Extraction of multiple teeth

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)	0	Tapes					ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings					
Abdominal packs	2	Bulldogs					2 swabs in N/A
Sutures	1	Shods					
Blades	1	Tibbs Cannula					
IV needles	1	Ports					
Syringes	0	Staple Gun Inserts	N/A		N/A		
D'-----l-a-pad	0	Spears	N/A				
D.....my pencil	0	Throat packs - Anae					
Diathermy tips	0	Throat packs - Scrub					
Scratch pad	0	Retrieval Bag (Bert)					
Reels	0	Digital Tourniquets					
Patties	0						
Pledgelets	0						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) - N/A

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

A 2610706294
ZALESKI, M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

Admission Checklist

Hospital : STOBHILL	Consultant : GOODALL	Date : 26/3/15

Proposed Operation:-

Patient Questionnaire Completed?	Yes ☑	No ☐
Pre-Op assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Wife	Telephone Number:	
Confirm "Next of Kin" on pre-assessment Yes Name: WIFE – Rhona	Telephone No: 07919157508	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known)..... N/A.	Yes ☐	No ☒
Carer required to stay with patient?	Yes ☐	No ☒
Date of LMP?	Date.....	
re you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☒
Pregnancy test results N/A.	+VE	-VE
Group and save results checked Date done.....	Yes ☐	No (N/A)
Anti D required	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☐
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....	Yes ☐	No (N/A)
CJD single question asked Answer to CJD single question N/A.	Yes ☐ DD ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified No, I have not been notified	Comment if required
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes (N/A)	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.	(R) PROSTATIS BEGAN KNEE REPLACEMENT	
Fit Form required	Yes ☑ No ☐	

Baseline Observations

	Time.....	Time.....
SP02	98	
BP	128/90	
HR	70	
Temp	36.1	
Staff Initials	[signature]	

Please print & sign name when checklist completed

Name : [signature]
Time : 910

221983

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

2610706294
Affix ZALESKI
Walter
Nan 28 SCARAWAY ST
CH Glasgow, Lanarkshire
DC
M
26/10/1970
G22 7JS

Patient mode of transport to theatre Trolley ☑ Walking ☐ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
X-Rays and Scans – Hardcopy	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker		Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / ~~Incapacity~~ (circle) Signed & Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Checked against theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Check with:			
Patient/~~Incapacity~~/Consent(Circle)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Procedure and site for Surgery	Yes ☐ No ~~☒~~ N/A	Yes ☐ No ☐	Yes ☐ No ☐ N/A ✓
Correct site marked	Yes ☐ No ☒ n/a.	Yes ☐ No ☐	
Comments & details eg Welfare Guardian/ Power of Attorney			Yes ☐ No ☐
Allergies/Sensitivities and Reactions	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
If Yes, please specify	Penicillin - unsure reaction.		
Fasted from - specify time (24hr clock	Food: 10pm last night Fluid:	Checked:	Checked: ✓
Blood Glucose Score (N/A)	Time: Score:	Time: Score	Time: Score
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If left in situ, state location on patient	(R) PROSTHESIS BELOW KNEE		
If removed state where stored	AT BEDSIDE		
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
False Nails	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
State Location:			
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☑ No ☐ N/A ☐ on patient	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Admission Checklist

2610706294 M
ZALESKI 26/10/1970
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire G22 7JS

Preoperative Checklist *continued*

Pre-operative checks	Admission Check	Reception Check N/A	Anaesthetic Check
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☒ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☒ N/A ☑ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☐	Please see page 1 Checked ☑
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☑
MRSA screen results (if applicable)	Positive ☐ Negative ☐ Comments if required: Results Pending ☐ N/A ☒		
Inhalers / Sprays with patient State Type	Yes ☐ No ☐ N/A ☒	Type:	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☐ N/A ☒	Type:	
Paper Pants in situ	Yes ☐ No ☐ N/A ☒		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☐ No ☐ N/A ☒	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐ N/A	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result		See P1 Checked ☑	See P1 Checked ☐
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☒	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☒	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☒	Yes ☐ N?A ☐	Yes ☐ N/A ☑
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☑ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information	none		
Please print and sign name once the checklist is complete	Admission: [signature] Time: 24/3/15	Reception: N/A ☐ Time:	Anaesthetic Assistant: Ian Campbell Time 0920.

Acute Services Division
Surgery & Anaesthetics

Affix 2610706294
ZALESKI M
Nar Walter 26/10/1970
CHI 28 SCARAWAY ST
Glasgow, Lanarkshire
DO G22 7JS

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Surgical Brief

Surgical Brief carried out:	Yes ☑	No ☐	If 'No' please specify		
Baseline Observations Date & Time	Pulse: 79	BP: 119/73	Temp:	SpO2: 99	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☐ No ☐		
STOP BEFORE YOU BLOCK carried out	Yes ☐	No ☐	N/A ☑		

Anaesthetic Type – Please Tick all that apply

General Anaesthetic ✓	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐
Local Anaesthetic	Site:	Drug:	mls:	
Sedation	Drug:	mls:		

Skin Prep used for Anaesthetic Monitoring/Block(s) — This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury — This section NOT applicable ☑

SpO2 Probe rotated hourly	Yes ☐ No ☐ N/A ☑					Initial Position		
Time Rotated								
Probe Position								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: TAPE

Maintenance of Norm-thermia — This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☐ No ☑	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other - specify	Yes ☐ No ☐ N/A ☐
Patients Temperature documented by Anaesthetist	Yes	No	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

A 2610706294
N ZALESKI M
Walter 26/10/1970
C 28 SCARAWAY ST
D Glasgow, Lanarkshire
G22 7JS

Record of Anaesthetic Pump Infusion Device Numbers This section NOT applicable ☐

Comments/Events

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Theatre

Affi 2610706294
Nai ZALESKI M
Walter 26/10/1970
CH 28 SCARAWAY ST
DO Glasgow, Lanarkshire G22 7JS

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☐ No ☑	Pat Slide ☐	Hover Mattress ☐	Sliding sheet ☐	Other specify: ☐	Roll Board ☐

Pre - op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: (0) 1 2 3	PU Grade: (N/A) 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time:

Supine	☑	Prone	☐
Left Lateral	☐	Right Lateral	☐
Lloyd Davis	☐	Jack-knife	☐
Tren-delenburg	☐	Deckchair	☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐
Lithotomy	☐	Other	☐

Positioning Devices

Head ring (Gell)	☑	Lateral supports	☐
Pillows	☐	Hydraulic leg supports	☐
Straps	☐	Limb Traction	☐
Wedge	☐	Side Supports	☐
Sandbag	☐	Bolster	☐

Pressure Relieving

Gel Pads	☐
Heel gel Pads	☑ x 4
Full gel mattress	☐
Gel Wedge	☐
Pillows	☐

Arm Position

R Arm Position		L Arm Position	
At side	☑	At side	☑
On boards	☐	On boards	☐
Across chest	☐	Across chest	☐
Hand Table	☐	Hand Table	☐
Hand Traction	☐	Hand Traction	☐
Secured with:		**Secured with:**	
Straps	☐	Straps	☐
J Board	☑	J Board	☑
Pressure Care:		**Pressure Care:**	
Gel / Foam Pads	☐	Gel / Foam Pads	☐

Position 2 — This section NOT applicable ☑

Time:

Supine	☐	Prone	☐
Left Lateral	☐	Right Lateral	☐
Lloyd Davis	☐	Jack-knife	☐
Tren-delenburg	☐	Deckchair	☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐
Lithotomy	☐	Other	☐

Positioning Devices

Head ring	☐	Lateral supports	☐
Pillows	☐	Hydraulic leg supports	☐
Straps	☐	Limb Traction	☐
Wedge	☐	Side Supports	☐
Sandbag	☐	Bolster	☐

Pressure Relieving

Gel Pads	☐
Heel gel Pads	☐
Full gel mattress	☐
Gel Wedge	☐
Pillows	☐

Arm Position

R Arm Position		L Arm Position	
At side	☐	At side	☐
On boards	☐	On boards	☐
Across chest	☐	Across chest	☐
Hand Table	☐	Hand Table	☐
Hand Traction	☐	Hand Traction	☐
Secured with:		**Secured with:**	
Straps	☐	Straps	☐
J Board	☐	J Board	☐
Pressure Care:		**Pressure Care:**	
Gel / Foam Pads		Gel / Foam Pads	

Electrosurgery — This section NOT applicable ☑

Monopolar Yes ☐	N/A ☐	Bipolar Yes ☐	N/A ☐

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Acute Services Division
Surgery & Anaesthetics

Affix 26[illegible]
Nam ZALESKI Walter M
CHI 28 SCARAWAY ST 26/10/1970
DOB Glasgow, Lanarkshire G22 7JS

GG&C Day Surgery/23 hour Care Plan

Theatre

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐		
Padding under tourniquet	Yes ☐ No ☐ N/A ☐		
Cover over tourniquet	Yes ☐ No ☐ N/A ☐		
Post op skin check(s) satisfactory	Yes ☐ No ☐	If 'No' state reason and action:	

Site	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquets — This section NOT applicable ☑

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☑	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☑ 0.015 % Other ☐ Specify:.....%

Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☑	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site Gums	Drug Lidocaine and Hydrochloride adrenaline	Quantity 8·8ml
Site	Drug	Quantity

Drains — This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐ | Wound Dressings: Yes ☐ No ☐ N/A ☑

	Site	Wound closure	Dressings	Packing
1	Gums	4-0 VICRYL RAPIDE	N/A	N/A
2				

Acute Services Division
Surgery & Anaesthetics

Af 2610706294
Na ZALESKI M
CH Walter 26/10/1970
DO 28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

GG&C Day Surgery/23 hour Care Plan

Theatre

Urinary Catheter	Inserted prior to admission		This section NOT applicable ☑	
Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

Dental Extractions x 11.

Blood Tags — This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4
Action taken if required		

Notes / Comments / Events — This section NOT applicable ☐

Traceability Stickers

Acute Services Division
Surgery & Anaesthetics

A/ 2610706294
N ZALESKI M
Walter 26/10/1970
Cl 28 SCARAWAY ST
D Glasgow, Lanarkshire
G22 7JS

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

Post-Op Instructions e.g. sutures, physio, follow up appointments

Verbal Handover from Theatre to Recovery

Verbal handover given by: S/N VINUYA To: S/N FRASER

Handover should include the following

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

Acute Services Division
Surgery & Anaesthetics

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Post-operative Observations

Time	10 20	10 25	10 35	10 40	11 15	11 25	11 30	11 35	11 40	11 45	12 15	12 35	13 30
210													
200													
190													
180													
170													
160													
150				149									
140					133	130	134						
130								129	126	129	132	124	123
120													
110													
100													
90													
80				86	84	75	75	78	77	95	77	60	80
70											72		
60													
50													
40													
30				75	69	65	71	71	73	61		62	74
Airway type	2 Guedel	1	1	oral	oral	oral	oral		oral	oral	Oral	oral	oral
O_2 Therapy	5L	5L	5L	5L	3	5	5	5L	AIR	AIR	A	A	A
SpO_2	100%	100%	100%	99	99	99	99	99	99	99	97	98	98
Resp. Rate	15	15	16	14	14	14	14	12	12	12	13	13	16
CVP													
Temp.	37.1												
Pain Score	0	0	0	0	8	8	8	7	7	6/7	6	7/8	2-3
P.O.N.V.	0	0	0	0	0	0	0	0	0	0	0		0
Sedation Score	0	0	0	0	0	0	0	0	0	0	0		0
BM Score													
HemoCue Score													
Hourly Urine Vol. / Total Urine Vol.													
Wound Score	dry	dry	dry	dry		dry	dry	dry	dry	dry	min		dry
Wound Score													
Wound Score													
PV Staining													
Circulation +ve/-ve													
Sensation +ve/-ve													
Movement +ve/-ve													
Pedal Pulse – Left													
Pedal Pulse – Right													
Drain 1													
Drain 2													
Drain 3													
Drain 4													
Staff initials	AM	AM	AM	SS	SS	SS	SS	SS	SS	SS	AM		SS

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.	/	/	/	/	/	/	/
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff Initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

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

Acute Services Division
Surgery & Anaesthetics

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks

Time	1230	Comments
BP	123/80	
HR	74	
SpO2	99	
Wound Site 1	ooze from Gums	
Wound Site 2		
Diet & Fluids tolerated		
Operated limb N/A ☐ Colour Sensation Movement		

Signature:

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

Acute Services Division
Surgery & Anaesthetics

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAVAY ST
Glasgow, Lanarkshire
G22 7JS

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Discharge Criteria	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs	✓		BP 123 80 HR 74 SpO2 99%
Sedation Score (alert & orientated)	✓		
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided Urine post-op	✓		
Advice given if not voided urine post-op		NA.	
ound site(s) checked & satisfactory 1. 2.	✓		ooze - but minimal.
CSM of operated limb checked & satisfactory		na	
IV Cannula removed	✓		
ID bracelet/ECG electrodes removed	✓		
Anti-D given		na	
Appliances given		na	
Post –Op discharge letter	✓		
Follow up appointment arranged	✓		By post ☐ Given ☐ already arranged.
Practice/ District Nurse referral		na	
Post- Op Instructions given	✓		
Discharge medication		na	none prescribed - pt has own.
esponsible adult escort	✓		mother in law
esponsible adult supervision overnight	✓		wife.
Any skin issues prior to discharge reported		na	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient		na	

Patient met discharge criteria at 1340 hrs By Sharon Sr.

Patient left DSU at 1407. Destination Home

Discharged into the care of mother in law Relationship

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS

26/3/15 (1035 hrs) Patient meets acute recovery discharge criteria — A Fraser S/N

1125 - patient complaining of pain. Score 8/10. Dr Hughes consulted - for IV fentanyl protocol and IV paracetamol to be given

1125 - fentanyl 20 mcg IV given pain score 8/10

1150 fentanyl 20 mcg IV given pain score 8/10

1135 fentanyl 20 mcg IV given. pain score 7/10

1140 fentanyl 20 mcg IV given, pain score 7/10

1240 - patient shd score pain score 8/10. Dr Hughes consulted. Tramadol 100mg oral prescribed and given

1330 - patient pain score now 2-3/10. Slight ooze coming from mouth. Patient given advice on post op care. Waiting for mother in law to collect care

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label
Name :
CHI :
DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

2610706294
ZALESKI M
Walter 26/10/1970
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7J

70.00kg.

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	Yes ☑ No ☐
Do you have a cough, cold or nose trouble?	Yes ☐ No ☑
What time did you last have something to eat?	22:00
What time did you last have something to drink?	22:30
Do you require a sick line or self certificate?	Yes ☑ No ☐
Do you have any known skin problems e.g. pressure ulcers or sores?	Yes ☐ No ☑

atient Agreement

I understand that following day surgery I must:

- Have a carer for the next 24 hrs
- Have a method of transport home and escort .

I understand that following day surgery **I must NOT:**

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24 hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these restrictions?

Patient signature: ..... Date: 26/3/2015

Registered practitioner signature ..... Date: 26/3/2015

Comments

New Stobhill Hospital
Post-Operative Instructions

NHS Greater Glasgow and Clyde

Monitoring in recovery - NIBP, SpO2, ECG, Resp Rate.

Oxygen as protocol unless otherwise instructed.

Anaesthetist Print Name, Sign & Date.
R I Hughes R MUGHES 26/3

2610706294
ZALESKI
Walter
28 SCARAWAY ST
Glasgow, Lanarkshire
G22 7JS
M
26/10/1970

IV Analgesia				
Morphine as per recovery guidelines (2012)	☐	Dose Given	Given by	Time
Fentanyl as per recovery guidelines (2012)	☑	20mcg	[illegible]	1125
		20mcg	[illegible]	1130
		20mcg	[illegible]	1135
		20mcg	[illegible]	1140
		20mcg	[illegible]	1145

Antiemetics				
Ondansetron 4mg iv 6hrly	☐			
Cyclizine 50mg iv 8hrly	☐			
Prochloperazine 12.5mg im 8hrly	☐			

TTAs to be dispensed (all oral)		PRN ✓	REG ✓		PRN ✓	REG ✓
Paracetamol	1g	✓				
Cocodamol	8/500	✓		Doesn't need take home		
Cocodamol	30/500			pack - has own analgesia		
Dihydrocodeine	30mg					
Diclofenac	50mg					
Ibuprofen	400mg					
Ondansetron	4mg					
Buccastem	3mg					

Dispensed by:

NURSE NAME & SIGNATURE

TTAs administered in ward

Medication	Dose	Given by	Time

Once only prescriptions

Date	Time	Medicine	Dose	Route	Signature/Name	Given by	Time
26/3/15	1115	Paracetamol	1g	IV	R I Hughes	[illegible]	1125
26/3/15	1115	Tramadol	100mg	oral	R I Hughes	[illegible]	1240

Other post-op instructions

Operation note: Op Note

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: Oral Surgery
Contact Tel:
Enquiries to:
Letter Date: 26/03/2015
Reference: OS/STOB/DSU
Dictated Date: 26/03/2015
Transcribed Date: 26/03/2015

26/03/15
Cons: Goodall
Anaesth: Hughes
Surg: Cross
Assist:Wright/Simpson

Stobhill Hospital
Department: Oral Surgery

<u>Upper clearnace and removal LL6, LR57 under GA</u>
Standard prep and drape
LA: 8.8mls 2% lignocaine with 1:80000 adr
LL6, LR5, LR7, UR6321, UL1234 all elevated intact, vicryl haem for upper anteriors
Haem
Discharged

N Cross
StR Oral Surgery
GDC 83277

XR Pelvis

Performed	28-Apr-2017 10:42	Received	07-May-2017 09:00
Reported	07-May-2017 08:58	Order Number	G207H32590274
Status	Final	Source System	MiSys

XR Pelvis Final
Walter Zaleski
Clinical History :

XR Pelvis :
There is minor degenerative change affecting the right and left hip joints.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Knee Rt

Performed	06-Mar-2012 10:27	Received	06-Mar-2012 16:33
Reported	06-Mar-2012 16:10	Order Number	G207H26695165
Status	Final	Source System	MiSys

XR Knee Rt Final
Walter Zaleski
Clinical History :

Below knee amputation 12 years ago. Increasing pain right knee.

XR Knee Rt :
There is no significant degenerative change at the knee or patellofemoral joint. There is a focal focal bony protuberance from the lateral aspect of the remaining tibia extending to the proximal tibiofibular articulation. This may represent a small exostosis or be related to previous trauma.There is some rarefaction of the bone within the remaining proximal tibia in keeping with disuse .

Reported by: Dr Rhona Stevens
Verified by: Dr Rhona Stevens

MANUAL PATIENT RECORDS

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

Including:

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

GREATER GLASGOW HEALTH BOARD

STOBHILL HOSPITAL

UNIT NUMBER 4320 ~~4 [illegible]~~

SURNAME	D.O.B.	SEX	MARITAL STATE	RELIGION
ZELESKI	26-10-70	m	M	C/E

FIRST NAMES: WALTER

OCCUPATION: Console Operator

ADDRESS: ~~152 ABERCROMBY ST GLASGOW~~

POST CODE ~~G40 2SA~~ TEL. No.

NEXT OF KIN (NAME & ADDRESS): Mike S/A

POST CODE TEL. No.

CHANGE OF ADDRESS: ~~0/2 27 GREEN ST GALTON~~

POST CODE TEL. No.

NAME & ADDRESS OF OWN DOCTOR: ~~DR M SELZER BRIDGETON HEALTH CENTRE 201 ABERCROMBY STREET GLASGOW~~

POST CODE G40 2DA TEL. No. 554 1866

CHANGE OF ADDRESS: 211 Stevenson St 574-8719

POST CODE G40 2RW TEL. No. ~~554-8672~~

NAME & ADDRESS OF OWN DOCTOR: ~~DR R JAMESON B.H.C. 201 ABERCROMBY ST~~ DR McLAUGHL BARONY HC AUCHINLOC GLASGOW G21

POST CODE TEL. No.

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC/WARD	DOCTOR	DIAGNOSIS/OPERATION	CODED	DISCH. DATE
3/7/91	ORTHO	MR KINNINMONTH		✓	
9/12/92	For Adm 7A			✓	
20/10/93	Pain Clinic	Dr Pain		✓	
11-9-97	Adm 7A	Mr Bennet			
10/2/00	7A				

USE RED INK FOR NOTIFICATION OF DEATH – ALL OTHER ENTRIES IN BLACK

ORTHOPAEDIC

INCLUDES

PAEDIATRIC

143778 - Dalton

558 5713

461 2014 GREATER GLASGOW HEALTH BOARD – NORTHERN DISTRICT OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
Zaleskie	Walter	432099		M. (S.) W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
26/10/7[illegible]	14	M	OPD	R/C.	

ADDRESS c/o Cryffe Childrens Home, Bridge of Dear

G.P.'S NAME & ADDRESS Dr Bonnie, Bridge of Dear

DATE SPECIALTY Ortho IPaed CONSULTANT'S NAME Mr Bennett (ret. Khd

13 JUN 1985 D.N.A. 2514

NEW APPOINTMENT 6/52

NEW APPOINTMENT [illegible]

LETTER TO DOCTOR

NO FURTHER ACTION

25 JUL 1985

Up for routine review today. He was a former patient of Mr. MacPherson's at Yorkhill. Treated for a right T.E.V. now wears surgical shoes.

On examination today he has an old right talipes with quite marked thinning of the calf on the right side, but the most striking thing today is that he has a clinical leg length discrepancy of round about 5 cms. on the right side. This is mostly tibial. He has a reasonable range of movement in his left hip and on the right side there is loss of about 20° of internal rotation. Leg length films show that the hip looks reasonably normal and these confirm shortening of 5.2 cms.

To have a raise on the heel of his right shoe and see again in about 6 months' time to reassess leg lengths then.

X.O.A. J. M. CAULLAY/SMN

Tape failure, dictated from memory. As far as I can remember Walter has about 5 cms. shortening on his right side. The question of leg lengthening was discussed with him today. He is going away to think about it and to come back with his aunt. I would have thought that he was quite a good candidate. See again in one month's time.

G. C. BENNET/SMN

DATE | URINE

Reaction | Albumin | Sugar | Ketones

WEIGHT (in Kilogrammes)

PHYSICAL EXAMINATION

19.3.87 New Letter

19 MAR 1987

See letter to G.P.

Name on W.L. for lengthening of right leg.

G. C. BENNET/SMN

11 MAY 1987

Walter has come back today saying he wants something to be done about his leg.

Measuring him today he is 4 cms. both on the blocks
Complete correction otherwise he would trip over his foot.

For leg length films, bone age, photographs.

See again in 3 weeks.

G. C. BENNET/SMN

1 JUN 1987

T.C.I. 1.7.87. for lengthening of right leg.

G. C. BENNET/SMN

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

ADMITTED: 8.7.87. DISCHARGED: 23.7.87.

Diagnosis: Short right leg.

Walter has a right talipes-equino-varus. He has a short right leg, ~~this mainly being below the knee.~~ ~~Clinically there was 5 cm~~ difference the right being shorter. This was 4.2 cm as measured on ~~scanner-grams. The shortening was almost all in the tibia.~~

~~He has practically no movement in his foot in~~ either the ankle or subtalar joint. There was slight equinus at the right foot.

Operation: 10.7.87. Application of orthofix leg lengthening device and osteotomy of right tibia.

His post-operative course was smooth and he regained his movement very satisfactorily. At 10 days lengthening commenced and check x-rays showed satisfactory distraction.

He was discharged home on 23.7.87. He will remain lengthening at 0.25 mm three times a day. He should have x-rays at weekly intervals during this time to assess that there is adequate callus formation. formation. We are aiming to get 4 cm lengthening. He will then commence dynamic axial weightbearing and we would anticipate him losing 1 cm during this time. This would be a total lengthening of 3 cm. This will allow adequate swing through of his fixed stiff foot.

MR. BENNET/LG.

30-7-87.

Fixator remains very satisfactory and he is lengthening very well.

Check x-ray satisfactory today.

Pin sites redressed and are clean. Dorsum of the foot is quite swollen and he has been complaining of some pain. I think it is because he has been letting the foot hang down too much. Been advised to keep the foot elevated and been given mild analgesics.

See again next week.

M. WALSH/SMN

JMcC/4511 FORM 3

3-8-87.

Pin sites very satisfactory. Redressed today.

See again next week for new x-ray.

X.O.A.

M. WALSH/SM N

6 AUG 1987

Fixator satisfactory. Pin sites satisfactory. Re-dressed.

X-rays show satisfactory callus formation and he continues to lengthen at 0.75 mm a day. Having some discomfort above the lower pins which is probably due to the stretching of interosseous membrane. He has no neurological symptoms. No evidence of infection or inflammation. Dorsum of foot remains swollen. Therefore, he has been instructed to elevate it again and has been given a Tubegrip bandage.

See again in one week.

M. WALSH/IC

3 AUG 1987

Pins out, satisfactory and re-dressed. X-rays, also, satisfactory although the lateral side of lower pins are painful and slightly tender. There is no evidence of inflammation and no periostal reaction. I think this is probably a interosseous membrane stretching and as he is doing 3 times a day this has been cut down to 2.

See again next week

M WALSH/EY

2.5

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No.

DATE	CLINICAL NOTES	Initials
17 AUG 1987	2.5 lengthening	

Walter now has 2.5 cm lengthening of his right leg. Still complaining of pain round the lateral aspect of his ankle. This is not localised to the site of insertion of his diastisis screw. He has a good straight leg raise with about 20° lag and lacks about 20° extension. See again in one week's time. In the meantime to continue lengthening at ¼ turn twice a day.

G.C. Bennet/JT

20 AUG 1987

Still complaining of some pain round the lower part of his fibula. He is tender here but there is little to see. He has almost full flexion of his knee and still has about 20° lag. Inserts are fine. Blood pressure was 110/70. See again next week. X-ray on arrival.

G.C. Bennet/JT

(Walter Zaleskie)

24-8-87

Pins satisfactory. Pin sites satisfactory. Fixator giving no problems. Pain has settled in the lateral aspect of the leg now. Length as measured on films today is 28 mm. increase. Now on Temgesic, therefore increase times to three times a day - i.e. ¾ mm. per day. Requires about three weeks' further lengthening. See again next week.

Note: Blood pressure 110/70 today.

M. Walsh/JT

31-8-87 →

2-8 1-2 1 3/4 ew 1/2 1 0.11 3.3

FORM 39

JMcC/490322

DATE	CLINICAL NOTES	Initials
31-8-87		

Walter's lengthening is going satisfactorily. I would estimate that he has about 3.3 cms at the moment. We are aiming for 4. See again in one week's time. X-ray on arrival.

Everything seems fine today. Pin tracks fine. B.P. has been checked. See again in one week.

G.C. Bennet/JT

7 SEP 1987

Walter Zaleskie

Walter has now got 4.2 cm lengthening on the right side. Should compress for three days then distract for three days and then stop. He will then remain with the fixator at its present length until it is filled in and then he will start dynamic axial fixation.

G.C. Bennet/JT

14-9-87

Tape Fault - nothing on tape.

21 SEP 1987 JT

Walter has now got 4.5 cms. lengthening. He is still a bit thin to allow him to start D.A.F. See again in two weeks' time. X-ray on arrival.

G.C. Bennet/JT

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No.

DATE	CLINICAL NOTES	Initials

5-10-87.

Walter's leg looks fine. Pin tracks satisfactory. Has 30° fixed flexion deformity at the knee. Still complaining of some pain around the ankle, but I can see no reason for this.

See again in 2 weeks' time when we will start an anac-axial fixation then.

G. C. BENNET/SMN

19-10-87.

Walter has started anacaxial fixation today.

See again in one week's time.

X.C.B.

2 NOV 1987

G. C. BENNET/SMN

WALTER ZALESKI G C BENNET/FS 2 NOVEMBER 1987

Getting along very well. Measured leg lengthening is now 4.4 so this is reduced by 0.6. There is a good lot of callus present. See again in 3 weeks. X-ray on arrival.

XOA

30 NOV 1987

Has had a D.A.F. applied for the last four weeks.
His x-rays today show excellent bone formation.
Measured length is 4.5. His lengthening has been removed today.
SEE AGAIN ONE WEEK - X-RAY ON ARRIVAL.
If this is okay his pins can come out.

Letter to G.P.

G.C. BENNET/LI.

FORM 39

JMcC/490322

DATE	CLINICAL NOTES	Initials

30 NOV

WALTER AZLESKI G C BENNET/FS 30 NOVEMBER 1987

X-rays show no angulation in the tibia.
Pins removed today.
See again in 6 weeks.
Continue his dressings at home.

04. Leg length films on arrival when he is next seen.
The knee flexion has certainly improved and is almost full.

18 JAN 1988

X-O-A.

Walter has had a good result from his leg lengthening. His leg lenghts are within 1 cm. of each other. The tibia feels quite solid and his x-rays show bony union. His foot is swollen however and he is tender around the antero-lateral aspect of the ankle.

I can see nothing specific and x-rays are normal.

See again in 2 months' time. Continue mobilisation.

G. C. BENNET/SMN

21 MAR 1988

Walter's leg looks fine. Leg lengths are clinically equal.

See again in 2 months' time.

X.O.A.

G. C. BENNET/SMN

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME

ADDRESS	G.P.'S NAME & ADDRESS
TEL. NO.	TEL. NO.

DATE	SPECIALTY	CONSULTANT'S NAME

D.M.S. 19 MAY 1987

NEW APPOINTMENT SOON

NEW APPOINTMENT (Non Urgent)

LETTER TO DOCTOR

NO FURTHER ACTION ✓

WALTER ZALESKI R R INGRAM/FS 23 MAY 1988

Waler is coming along fine. Leg lengths clinically equal. He has no problems, back to playing football, etc. Check x-rays show good solid union, good alignment. See again in 3 months.

22 AUG 1988

WALTER ZALESKI 22.08.88.

See letter to G.P.

For final review in one year's time.

G.C. BENNET/RW

LETTER 19-9-91 FROM ME KINNINMONTH

JMcC/9574 • F1

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	WEIGHT (in Kilogrammes)			

WALTER ZALESKI G C BENNET/FS 19 09 91

See letter to GP and Mr Kinninmonth.

TCI: 18 October 1991 for triple arthrodesis

Further to my recent letter, Walter was admitted on 8 10 91 and the next day, had a triple arthrodesis of his right foot performed.

He was maintained on bed rest for a week's elevation post-operatively to allow the swelling to go down, after which a plaster was applied and he mobilised nonweight-bearing.

He was discharged home on 18 10 91 and will be seen for review in out-patients in two weeks' time. He should be able to start weight-bearing at that stage.

GCB/CT

WALTER ZALESKI G C BENNET/FS 07 11 91

Walter's wound looks quite satisfactory. Sutures out today. New plaster applied. X-ray looks OK. He can start mobilising in this.
See again in 4 weeks.

POA

XOA

INVESTIGATIONS

Staff Nurse

-5 DEC 1991 D.N.A.

NEW APPOINTMENT SOON Thurs 9/1/92 @ 10-45

NEW APPOINTMENT (Non Urgent)

LETTER TO DOCTOR

NO FURTHER ACTION

RET 03453203-000012 For: PSIMP 14
** IL fro

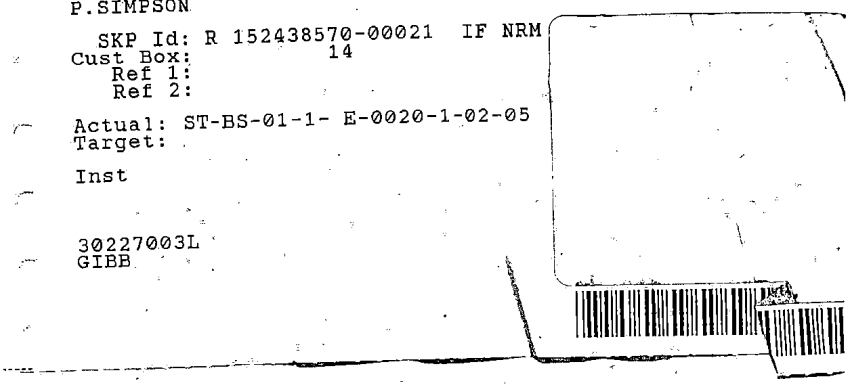
ST668
P.SIMPSON

SKP Id: R 152438570-00021 IF NRM
Cust Box: 14
Ref 1:
Ref 2:

Actual: ST-BS-01-1- E-0020-1-02-05
Target:

Inst

30227003L
GIBB



GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES
18 MAR 1992	

WALTER ZALESKI A S BRYAN/JW 9 1 92

Has developed a mild degree of reflex~~-~~ ~~and~~ Sym pathetic dystrophy following his triple arthrodesis. He attended Casualty just prior to Christmas as his foot had become swollen and the plaster was cutting into the skin. The plaster was removed. He is unable to weightbear due to persistent pain around the foot. He also noted a tendency to swelling and saw his foot to become red.

On examination today there is a slightly dusky appearance to his foot. He is also tender to light pressure around the medial malleolus and in the region of his talus. There is a dysaesthetic along the medial border of his heel. I have arranged an intensive course of physiotherapy for this gentleman and would like to see him in six weeks.

20

WALTER ZALESKI G C BENNET/FS 20 FEBRUARY 1992

Tape failure.

TCI: Removal of staples in right foot and removal of diastasis screw right ankle.

18 MARCH 1992

26 MAR 1992

20-3-92

Removal of Staple + Diastasis Screw

GA

Surg Bryan

Old wounds utilised

Closed ~~=~~ Dexon

ASB

FORM 39

JMcC/912436

DATE

CLINICAL NOTES

Initials

WALTER ZALESKI

This gentleman was admitted on 19th March for removal of his staples and Diastasis screw from his right foot. This was carried out under general anaesthetic.

A S BRYAN/JW

WALTER ZALESKI A S BRYAN/JW 26 3 92

On review at the clinic today his wounds are well healed. He continues to complain of tenderness of the skin along the wounds and I believe this is due to a mild degree of reflex sympathetic dystrophy. I would expect this to improve over the coming months. I have encouraged him to actively weightbear as much as possible and return to the clinic in six weeks.

7 MAY 1992

WALTER ZALESKI G C BENNET/FS 07 05 92

Walter is still getting quite a bit of discomfort in his foot following his removal of staples. For physio. See in 6 weeks.

UN 1992

WALTER ZALESKI G C BENNET/FS 18 06 92

Walter is still getting quite a bit of discomfort in his foot but has not yet been to physiotherapy. On examination, I think it looks quite a bit less swollen than it was and is less sensitive. For physio and review after this.

WALTER ZALESKI G C BENNET/FS 27 SEPTEMBER 1992

TCI 12 December for revision of triple arthrodesis.

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials

21 JAN 1993

WALTER ZALESKI G C BENNET/FS 21 JANUARY 1993

Walter's foot is still giving him trouble. He was not able to make in it for revision of his arthrodesis in December and I have therefore given him a fresh date at the beginning of March to come in for re-arthrodesis of his tarsal joints.

WALTER ZALESKI G C BENNET/FS 18 MARCH 1993

Walter's foot looks satisfactory. See again in 2 weeks' time for change of plaster then he can start weightbearing.

Admitted: 3 3 93 Discharged: 8 3 93
Diagnosis: Revision and bonegrafting right triple arthrodesis.

Walter has previous Lambrinudi arthrodesis with failure of one part of the fusion of the arthrodesis.

Operation: 4 3 93 Revision and bonegrafting right triple arthrodesis.

His post-operative course was smooth. At five days, he was placed in a new plaster and mobilised nonweightbearing satisfactorily. He was discharged home and will be seen for review in out-patients for a change of plaster at four weeks when he will be able to start weight-bearing. GCB/GT

WALTER ZALESKI G C BENNET/JW 1 4 93

Walter's wound has healed satisfactorily. Foot looks fine as does the graft site. Into weightbearing plaster today. See again in 4 weeks. POP and XOA.

WALTER ZALESKI G C BENNET/FS 6 MAY 1993

Out of plaster today. Check x-rays show there is good fusion across the revised triple. Leave out of plaster. See again in 2 months' time.

FORM 39

JMcC/912436

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE | CLINICAL NOTES | Initials

WALTER ZALESKI G C BENNET/JW 18 11 93

I saw Walter for review today. He is still getting a lot of trouble with his right big toenail and I think it would be better off with a Zadek's here.

He is still getting a lot of trouble with his right foot with pain over the dorsal lateral aspect following his triple arthrodesis. I cannot see any cause for this and I have tried all the things I can think of to control it. He is shortly coming in to hospital to have his toenail off and I will ask my colleague Dr Parikh, who runs a Pain Clinic, to see him whilst he is in then to see whether he has anything to offer.

WALTER ZALESKI G C BENNET/FS 9 DECEMBER 1993

Further to my recent letter, I admitted Walter one week ago and performed a nail bed ablation on the right big toe. He is still getting a lot of trouble with pain around his whole foot and I will ask my colleague, Dr Parikh, to see him in the Pain Clinic.

WALTER ZALESKI G C BENNET/FS 16 DECEMBER 1993

Walter's foot looks very satisfactory. He is seeing Dr Parikh next week.

WALTER ZALESKI G C BENNET/FS 20 JUNE 1996

He has been a great problem in the past with pain around the scar of his triple arthrodesis. He was seen by Dr Parikh on several occasions and treated for reflex sympathetic dystrophy with Guanethidine injections and I think this has made quite a difference. He now has no pain around his scar although he does have pain just distal to the lateral malleolus. He is markedly tender over this region and I think he has probably got peroneal tendinitis . This is probably secondary to compression between the calcaneus and the lateral malleolus.

It may be that we will have to do something about this but obviously Walter, and I think quite rightly by this stage, wants to know exactly what is going on before agreeing to any further treatment. In view of this I have arranged for him to have an MRI scan and will see him again once this has been done.

FORM 39

JMcC/912436

DATE	CLINICAL NOTES	Initials
16 JAN 1997		

WALTER ZALESKI G C BENNET/FS 16 JANUARY 1997

I saw Walter for review today. He is having localised pain around the ankle joint and an MRI scan has shown a fragment of bone between the talus and the tibia. This does not really correspond to his painful area but that said, he does have localised pain and he is so fed up with it that I thought it worthwhile exploring it.

I have put his name down to come in on 10 April 1997, after his wife has had her baby, for exploration.

WALTER ZALESKI G C BENNET/FS 24 APRIL 1997

Admitted: 10 04 97 Discharged: 12 04 97
Diagnosis: pain following triple arthrodesis
Operation: exploration right ankle and removal of bony fragments

He was discharged home on crutches.

He was seen for review in the clinic on 24-04-97 when the wound was healing satisfactorily. He have left the stitches in for a further week.

At operation marked degenerative changes were seen in the ankle joint. I have been over this with him and have told him that should his symptoms continue after his present wound has settled down then we would consider an ankle arthrodesis.

1 MAY 1997

12 JUN 1997 DICTATED

WALTER ZALESKI G C BENNET/FS 12 JUNE 1997

Walter is doing better following his exploration of the ankle joint. I think he needs and ankle fusion and I will discuss this with Eric Anderson whether this could be done arthroscopically and if so we might be able to do it jointly.

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials
6.3	C PN.	
12.3		

WALTER ZALESKI

Admitted: 26 2 98 Discharged: 12 3 98
Diagnosis: Painful osteoarthritic right ankle. Previous limb lengthening. Triple arthrodesis right foot.
Operation: 26 2 98 Arthrodesis right ankle.

Walter was admitted for the above procedure. This was by bilateral bonegrafts. For the first week, he was maintained on elevation and front and back slabs. At one week, a plaster was applied. He gradually mobilised in this non-weightbearing. Check x-rays showed satisfactory position. He was discharged home on 12/3/98 and will be seen again for review in out-patients in two weeks' time.

GCB/CL

WALTER ZALESKI G C BENNET/JW 26 3 98

Walter's ankle looks satisfactory. He is getting quite a bit of swelling still when he hangs it down but this does disappear when he puts his foot up. Check x-ray today shows satisfactory position.

See again in four weeks. POP off on arrival.

WALTER ZALESKI G C BENNET/JW 23 4 98

Walter is doing very well. His ankle looks fine and is healing satisfactorily. X-rays show considerate healing at the arthrodesis. To go into a weightbearing below knee plaster. See again in four weeks' time. POP off on arrival.

FORM 39

0181063

DATE	CLINICAL NOTES	Initials

WALTER ZALESKI ANDREW STARK/FS 21 MAY 1998

I reviewed Mr Zaleski in the clinic today. It is now 3 months since he had arthrodesis of his right ankle. He has returned to the clinic today, one week early, as he is having problems with the plaster. On removal of the plaster he had a 1 x 1 cm sore over the head of the 1st metatarsal. This is only superficial and looks nice and clean today.

X-rays taken today show some further healing of the arthrodesis but it is not yet ready to come out of plaster. The sore has been dressed and well padded and a plaster re-applied. We will see him again in one week's time to reassess the sore.

WALTER ZALESKI G C BENNET/FS 7 MAY 1998

Walter's plaster has been rubbing and he has got a small sore on his right big toe. The plaster has been changed today. See as previous arranged.

WALTER ZALESKI G C BENNET/FS 28 MAY 1998

Walter's toe looks much better and has less soreness. See in 2 weeks.

POA XOA

WALTER ZALESKI G C BENNET/JW 11 6 98

It is now almost four months since Walter had his right ankle arthrodesis. Check x-rays show that this appears to be fusing satisfactorily and I think we could now leave him free of plaster. He is going to start weightbearing. I will see him again for review in two weeks' time for a further x-ray to make sure there is no movement.

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
Zaleski Walter	432099

DATE	CLINICAL NOTES	Initials

16 JUL 1998

WALTER ZALESKI G C BENNET/FS 16 JULY 1998

I saw Walter for review today. His ankle arthrodesis seems quite solid and he is quite comfortable. He has left his crutches and is now getting back to work. I will see him for review in 3 months' time.

27 AUG 1998

27 AUG 1998

WALTER ZALESKI G C BENNET/FS 28 AUGUST 1998

I saw Walter for review today. He has been getting quite a bit of pain in his left leg for the last week which has been associated with some reddening and swelling on the medial side. This was indeed the case today on examination and he was markedly tender over the medial side of the lower tibia. He was apyrexial.

It is certainly possible he has an infection there. The x-rays were certainly non-contributory. I have taken some bloods today and arranged a bone scan. I have put him on Flucloxacillin 500 mgs QID and will see him for review in one week's time to assess him with the results.

WALTER ZALESKI G C BENNET/FS 03 SEPTEMBER 1998

I saw Walter for review today. For the last couple of weeks his right ankle has been painful and swollen. When I saw him last week it looked like infection and I started him on Flucloxacillin 500 mgs QID. Reviewing his results of last week shows an ESR of 65, WBC 11,000, negative blood culture. X-rays were normal and bone scan showed only minimal increased uptake compatible with his previous operations.

He certainly looks a lot better today although the medial and lateral sides are somewhat red and warm. I think he should continue with his antibiotics and I will see him for review in one week's time.

FORM 39

0121063

DATE | Initials

WALTER ZALESKI GC BENNET/FS 10 SEPTEMBER 1998

His signs and symptoms have improved dramatically since then but he is still mobilising on crutches. He should continue with his antibiotics and I have arranged for a splint to be made for him and will see him for review in 2 weeks' time. He will not be fit for his work until at least then.

WALTER ZALESKI G C BENNET/FS 24 SEPTEMBER 1998

Walter's foot looks much the same. Checked bloods today. See one week.

WALTER ZALESKI G C BENNET/FS 01 OCTOBER 1998

Walter's CRP has come down to 30 from 260 and ESR has dropped to 45. His leg look smuch the same.

See 4 weeks.

WALTER ZALESKI G C BENNET/FS 29 OCTOBER 1998

Walter's leg looks better than it was. He is quite comfortable. See 4 weeks.

WALTER ZALESKI G C BENNET/JW 26 11 98

Walter's leg is much the same. See again in three months' time unless there are any problems.

the clinic in one year's time to assess how he is getting on.

WALTER ZALESKI G C BENNET/RW 25 02 99

I saw Walter for review today. He has been pretty unwell of late and his ankle, which has previously been arthrodesed, has obviously loosened up a lot. It is quite painful and moves considerably. I think this lies between as being merely loosening off because of his increased activity or infection. I have arranged for a bone scan and some bloods to be performed and we will see him back next week to reassess him.

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
Zaleski Walter	432099

DATE	CLINICAL NOTES	Initials

WALTER ZALESKI G C BENNET/JW 4 3 99

I saw Walter for review today. There is no evidence of infection in his ankle but he certainly has got a marked pseudo-arthrosis. I think our options are very limited. I have given him some additional support in his splint today. I have also discussed a below knee amputation with him. I think this would probably be the best treatment.

I have referred him to a colleague at the Southern, Mr McCreath, so that he can meet some people who have had this done so that he can get some idea and be able to form his own opinion.

WALTER ZALESKI G C BENNET/JW 8 4 99

I saw Walter for review today. Since last seeing him he has been down to the Southern General Hospital and seen Mr McCreath. I enclose a copy of Mr McCreath's letter.

Walter is still thinking about proceeding with an amputation and is going to get in touch with me once he has mulled it over.

WALTER ZALESKI G C BENNET/JW 2 12 99

I saw Walter for review today. He has decided to go ahead with an amputation and I have put his name down to come in on 10th February for a right below knee amputation.

WALTER ZALESKI G C BENNET/CL 13 4 00

Admitted:	10/02/2000
Discharged:	26/02/2000
Diagnoses:	Multiple operations right leg. Failed ankle arthrodesis. Congenital abnormality.
Surgery:	Arthrodesis (Right)26/02/1998, **Below knee amputation (Right) 10/02/2000**
Outcome:	Follow Up O/P

Post-operatively, Walter did very well. His wound healed primarily. Stump managing began to shape the stump. He had some early phantom pain but this gradually settled. He was seen by the physiotherapists and mobilised very satisfactorily following this. He was discharged home on 26/2/00. Arrangements have been made for him to be seen at the Southern General Hospital on 28/2/00 for limb fitting and continued physiotherapy.

FORM 39

0161065

MEDICAL IN CONFIDENCE

STOBHILL
NHS TRUST

CASE RECORD

ADMISSION FORM V3

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL HOSPITAL	S/H-432099

DATE	TIME	TYPE	REASON	ADM/TRANS. FROM	INPAT./DAYCASE	DATE ON WL	W.L. TYPE	PATIENT CATEGORY
26/02/98	08:05	1T	11	12 PR LR	IP	30/07/97	0	3 NHS

WARD	SI FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E.
WARD 7A	11	ORTHOPAEDICS	MR G BENNET		0

TITLE SURNAME	FORENAME (1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MR ZALESKI	WALTER		27	20/10/1970	M	

ADDRESS 211 STEVENSON STREET
GLASGOW

POSTCODE G40 2RW

HEALTH BOARD OF RESIDENCE Greater Glasgow

ALT./PREV. SURNAME

OCCUPATION

CHI NUMBER 2010706294

OCCUPATION (HUSBAND/FATHER)

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

NAME JAMIESON	ADDRESS 201 ABERCROMBY STREET GLASGOW
G.P. CODE 2545763	PRACTICE 46381 | 1
CONTRACT No. SGC06	FH STATUS R Y
	TEL No. 554 1866
	POSTCODE G40 2DA
NAME JAMIESON	ADDRESS 201 ABERCROMBY STREET GLASGOW
P. CODE 2545763	PRACTICE 46381 | 1
CONTRACT No. SGC06	FH STATUS R Y
	TEL No. S/A
	POSTCODE G40 2DA
NAME RHONA ZALESKI	ADDRESS
RELATIONSHIP WIFE	DAY PHONE No.
	NIGHT PHONE No.
RELIGION Ch.of Scotland	VISIT REQ. BY CHAPLAIN YES/NO N
	PENSION BOOK No.

nission

DIAGNOSIS		SPECIAL WARNINGS
R CONDITIONS (D.G.2)		
R CONDITIONS (D.G.3)		

304

SMR50

	PREVIOUS PSYCH. CARE	CONTRIBUTORY SOCIAL FACTOR
TA		

DISCHARGE SUMMARY

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
12/3/98						
DISCH./TRANSF. TO Home	READY FOR DISCH. 9	HOSPITAL: NAME STOBHILL	CODE	WARD 7A	SPECIALTY ORTHO	CONSULTANT CODE BENNET
SMR04	TYPE OF CARE PROVIDED		ECT - 1st TREATMENT DATE		ECT - NUMBER OF TREATMENTS	

MAIN DIAGNOSIS	M159	SPECIAL WARNINGS
OTHER CONDITIONS (D.G.2)		
(D.G.3)		
(D.G.4)		
(D.G.5)		
(D.G.6)		

SMR1 COMPLETED

	CODE	DATE
MAIN OPERATION R ANKLE FUSION	W629285	260298
OTHER OPERATION (O.P.2)		
(O.P.3)		
(O.P.4) TACQUET-TNE ROYD No OP Note		

①

STOBHILL

NHS TRUST

MULTIDISCIPLINARY CARE PATHWAY

SMALL PATHWAY

432099
ZALESKI WALTER
211 STEVENSON STREET M
GLASGOW M
26/10/1970
G40 2RW G.P.Prac.46381

Diagnosis: *Osteoarthritis*

Rheumatoid Arthritis

Other .....

Consultant: MR BENNET

Named Nurse: LYNN MCCAFFER

Date of Admission: 26.2.98

Anticipated Length of Stay 7-10 DAYS

Anticipated Discharge Date: .....

Discharge Date: .....

Ward: 7A

INPATIENT ASSESSMENT RECORD

(This section to be completed by doctors only)

PAST MEDICAL HISTORY INCLUDING OPERATIONS / SURGERY (STATE YEAR)

(IHD - Ischaemic Heart Disease; HBP - High Blood Pressure; TB - Tuberculosis; J - Jaundice; DM - Diabetes Mellitus ; EP - Epilepsy; AS - Asthma)

None ° IHD ° HBP ° TB ° J ° DM ° EP ° AS Other (state).....

Details & Dates

A/A for ortho. deris R ankle
Several previous Ops in R foot for
Talipes Equino Varus
including Triple arthrodesis.
- Pain + cramps while walking + at
night or bed keeping him awake
- moved around a fair bit.

FAMILY HISTORY

- none
- Care assistant in Nursing Home
- Smokes - 10 cigs / day
- Alcohol - v. occasionally

(2)

MEDICATION ON ADMISSION : (Generic name / route / dose / freq)

- Dihydrocodeine 30mg as regd for pain

ALLERGIES / ANAESTHETIC REACTIONS (Specify if known)

- Penicillin - Rash
- No previous problems to anaesthetics

REVIEW OF SYSTEMS

CVS
- Chest Pain: 0
- Breathlessness: 0
- Ankle oedema: 0
- Claudication: 0
- Other (state): 0

RS
- Cough: dry cough
- Sputum: 0
- Wheeze: 0
- Other (state): 0

GI
- Weight Loss: 0
- Abdominal Pain: 0
- Bowel habits: 0
- Haematemesis / Melaena: 0

GU
- Voiding Difficulty: 0
- Frequency: 0
- Other (state): nad

CNS
- Orientation to time / place / person
- Other (state): 0

SKIN CONDITION ✓

SORES none

PHYSICAL EXAMINATION

General Appearance

An Cy Cl J LN (Pale. Cyanosed, Jaundiced, Lymphenopathy)

CVS

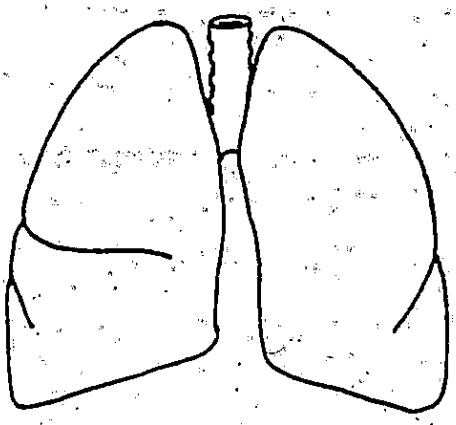
P 64 bpm

JVP ↓

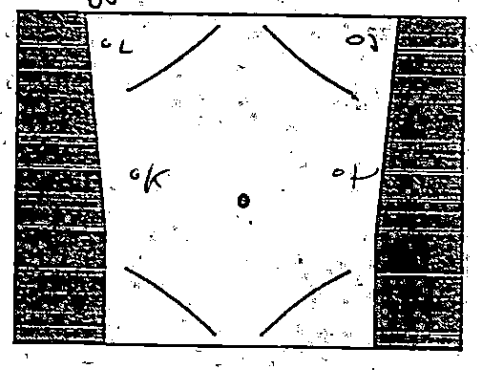
HS 1+ II + ? PSM

Oedema o

Respiration



Abdomen SA non tender BS



Trachea ↓

Expansion good

Percussion resonant

BS increased + crepts + creps

Skin - Intact

- Sores

pl normal

(3)

NUTRITION RISK SCORE

1. WEIGHT LOSS IN LAST THREE MONTHS (UNINTENTIONAL)

NO WEIGHT LOSS	= 0
0 – 3Kg " "	= 1
> 3 – 6Kg " "	= 2
6Kg OR MORE	= 3

2. BODY MASS INDEX

Ht. 5'9"
Wt. 115 + 7lbs

BM =	
20 or MORE	0
18 – 19	1
15 – 17	2
Less than 15	3

3. APPETITE

Good – manages most/all of three meals/ day	0
Poor appetite, poor intake – leaves ½ meals	2
Appetite NIL or virtually nil, N.B.M (for > 4 meals)	3

4. ABILITY TO EAT/RETAIN FOOD

*) No difficulty, eating or feeding No diarrhoea or vomiting	0
*) Difficulty handling cutlery, eating, chewing Vomiting, frequent regurgitation/mild diarrhoea	1
*) Difficulty in swallowing, slow to eat, Moderate vomiting or diarrhoea, physical handicap	2
*) Unable to take food orally, unable to swallow (complete dysphagia)	3
Severe vomiting and/or diarrhoea (> 2/day for children) Malabsorption	

5. STRESS FACTOR

* No stress factor	0
* Mild – Minor surgery, minor infection	1
* Moderate chronic disease, major surgery, Infections, Fractures, Pressure sores/ Ulcers CVA Inflammatory bowel disease, other GI disease	2
* Severe Multiple # Burns Deep pressure sores/ulcers Severe sepsis Malignant disease/Carcinoma	3

2

ACTION SCORE > 4 = GIVE SUPPLEMENT

SCORE > 6 = REFER TO DIETITIAN

(4)

SOCIAL HISTORY

1. Occupation / active hobbies
Care assistant

2. Does the patient live alone?

Yes ☐

No ☑ → With whom?

Ex wife + son

3. Will the patient be alone for extended periods day or night?
No

4. Does the patient have any dependents who rely solely on them?
No

ACCOMMODATION

Flat ☑ Level ..... Lift access Y/N
Ground floor

Bungalow ☐

Two storey ☐

No of stairs a Outside your house N Y No 2

b To your bathroom N Y No N/A

c To your bedroom N Y No NA

Are you the owner occupier Yes ☐ No ☐

High chair required? Yes / No / NA

Raised toilet seat required? Yes / No / NA

Height required .....

NURSING ASSESSMENT RECORD

(This section to be completed by nurses only)

OBSERVATIONS ON ADMISSION

GENERAL

Temp self regulating Pulse 64 BP 140/80

Weight \ kgs 11st 7lbs Height 5'9" (as stated by pt.) Body Mass Index .....

Urinalysis (specify) RSOU

Pressure area Waterlow score 4 - 01A

MSSU result N/A

Smoking (YES) / NO Amount & Frequency 10 per day Advice given (YES) / NO / NA

Alcohol (amount units / week) 2 - 3 units
(14 ÷ Female, 21 ÷ Male) Minimal Intervention YES / NO (NA)

Nutritional Status : - 1. Nutrition Risk Score ..... at risk see A
not at risk see B

A) i. Dietary Supplement required YES (NO)
ii. Requires referral to Dietician YES (NO)

B) Healthy Eating Policy Discussed

2. Requires referral to Dietician YES (NO)

Reason .....

REASON FOR ADMISSION

Arthrodesis (R) Ankle

PHYSICAL AND PSYCHOLOGICAL ASSESSMENT: (to include social interaction, eating, elimination, personal hygiene and dressing, sleeping and understanding of condition)

Independent re mobility. DF/18 30mgs taken for pain (R) Ankle. TID.

No problems identified re diet / elimination.

Sleep pattern satisfactory.

Signature Lynn McCaffr Date 26.2.98

(5)

(May be completed by any member if the multidisciplinary team)

NEXT OF KIN

Rhona Tel. 554 8672
– mackerson law . 7778226

WHOM TO CONTACT IN EMERGENCY (if different to Next of Kin)

PATIENT TRANSFERS

Date: Ward: Consultant

Date: Ward: Consultant

VALUABLES & ACTION TAKEN

left in patient

DISCHARGE ASSESSMENT & PLAN

SERVICES	SITUATION ON ADMISSION cancelled by / date	ARRANGEMENTS FOR DISCHARGE organised by /
District Nurse		
Social Worker		
Meals on Wheels		
Home Help		
Day Hospital		
Day Centre		
Lunch Club		
Carers -specify		
Community O.T.		
Out-patient Physio		
Nutritional Support		

discharge instr required
No social support required.

DATE OF DISCHARGE .....

HOSPITAL TRANSPORT ..... DATE ARRANGED.....

OWN TRANSPORT yes DATE ARRANGED 26.2.98

Signature Lynn McCall Profession NURSE

(4)

Patient Name ..WALTER ZALESKI.....

DATE/TIME	ADDITIONAL MULTIDISCIPLINARY PLAN AND PROGRESS NOTES	SIGN / PROFESSION
26.2.98. 930am	Arranged admission of this 87yr old man for (R) Ankle Arthrodesis fasting for theatre at present, fluids until 1am Vital signs stable o/A Pre op talk given. Dis m/ Bennet pre op.	S/N McCabe

WARD ROUND 26 2 98 WALTER ZALESKI 7A

Has been admitted for right ankle arthrodesis. He still has a jog of movement there which is painful. The rest of the foot is quite plantigrade and there are no callosities on the foot.

For right ankle arthrodesis. For x-ray this morning.

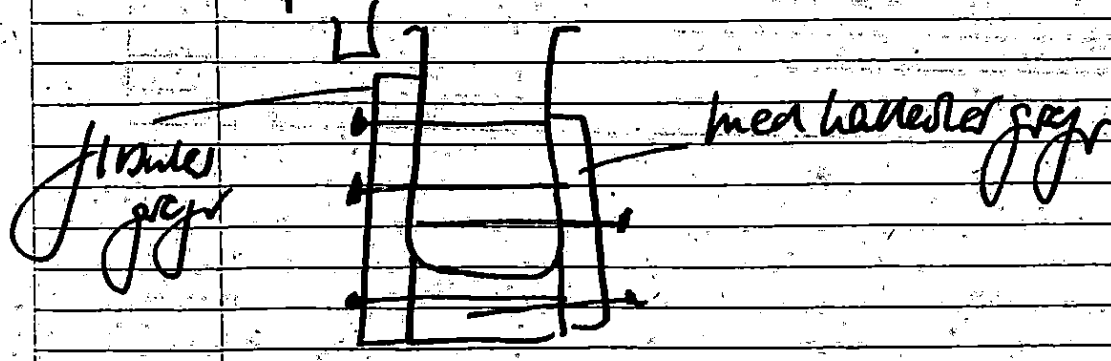
GCB/CL

26.2.98 ANKLE ARTHRODESIS R.

Screw G.A. & U/S/R.

11 1/2 hrs 300

Med + Lat Malleolus



After cast removed from ankle + sutures taken out
Soak in Betadine
Apply Elastoplast
Post op Xrays

PNVP ① Obs pulse, BP, temp, dressing etc 4 hrly for 24hrs
② Elevate foot in pillows.

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
ZALESKI WALTER.	

DATE	CLINICAL NOTES	Initials
4.45 pm	Returned from theatre following (R) Ankle arthrodesis + POP.	
	Vital signs stable, slightly hypertensive when came out of theatre ? due to pain.	
	Bolus dose of 5mgs of Morphine administered in recovery ↳ good effect.	
	Colour + Sensation fine, difficulty ↳ movement	
	Mr Bennet aware.	
	IVI running as charted. Still to pass urine,	
	PCA also in progress as charted S/N Lmcauth	
6pm	No sensation or movement although perfusion to toes satisfactory S/B Mr Bennet who is not concerned due to surgical intervention + plaster. Please continue to observe perfusion to toes	
	Patient slept for periods since return from theatre, awake ↳ verbal command and respirations satisfactory	
	S/B Mr Bennet as above who will review tomorrow. S/N Lmcauth	
27.2	Well. Circ ✓.	
	No fracture lucs. Otherwise seen as for elsewhere.	
11.45	PCA to continue. Patient sleeping most of morning - but pt states this is normal.	
	T-37.7°C. S/N	
4.30 pm	2nd syringe for PCA commenced 3pm S/N	
9pm	Temp 38.4°C - paracetamol for pain @ 8pm	
	Jar applied ✓ & infused.	
	RUU - trace of protein only S/N	
28/2/98 Sat	Seen by Dr Bhandoo B/Cultures not carried out. T & 37°C Fair in situ. Paracetamol 2 tabs 4° as required. W-dise. PCA continues. POP moderately stained. Charlene	
12pm	PCA discontinued, taking oral analgesia for pain remains	

FORM 39

01S1063

DATE	CLINICAL NOTES	Initials
	apyrexial this morning S/B Mr Bennet to remain on bedrest	MG Cullen
10pm	Temp ↑ to 38.6°C. DR Lynch informed paracetamol 1gm given c/o pain at ankle DR will review	KBC
10pm	S/B DR. Lynch Temp 38°C. Toes warm to touch. - leg elevated on 4 pillows feel's more comfotab. MR Bennet contacted at home. informed of ↑ temp + pain. ~~Kee~~ His instructions are to keep leg elevated + observe temp. Not to cut plaster - observe meantime	
7.20pm	Temp 37.5°C. leg remains elevated on 4 pillows	KBC
8.20pm	Temp 37°C.	KBC
1/3/98	Temp 37.4°C. at 1000hrs. Analgesia as per kardex. (R) Leg elevated x 3 pillows. Toes warm to touch. Sensation normal	KBC
12.45pm	Temp 37.4°C c/o increasing pain Morphine 10mg I.M with effect	KBC
5pm.	Mave settled this evening T. 37.5°C.	KBC
2/3/98	Apyrexial this am. S/B MR Bennet. ↓ in swelling in foot Feeling more comfortable this am. Bedrest maintained	KBC
2/3/98	Bedrest maintained. Apyrexial	ICL
3/3/98	No change in condition. Bedrest maintained	MBurke
5/3/98		

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials
	WARD ROUND 5.3.98 WALTER ZALESKI 7A Walter's foot looks reasonable. We will take him along to out-patients today and inspect the wound. If it is satisfactory, he will go into a below knee plaster and then may start mobilising non-weightbearing. GCB/CL	
	Seen at OP ortho clinic. Below knee pop applied. Bed rest to continue overnight with leg elevated. CSM intact to foot.	KGCarde
6/3/98	S/B Mr Bennet can mobilise NWB for short periods. To keep foot elevated while in bed. CSm to foot intact	Kcarde
7/3/98	S/B Mr Bennet CSM intact, apyrexial	MBell
8/3/98	No change in management mobilising NWB CSM satisfactory	mBell
9/3/98	S/B Mr Bennet. Complaining of pain at frontal aspect of lower limb. To be observed and foot/limb elevated. Mobile NWB as able.	FMClendon
2pm	c/o pain in foot - telephoned Mr Bennet Not to have plaster changed - Keep leg elevated at all times.	
6pm	CSM to foot intact - swelling in toes ↓: please observe	Kcarde
10/3/98	Apyrexial CSM To foot intact - foot continous to be elevated	

FORM 39

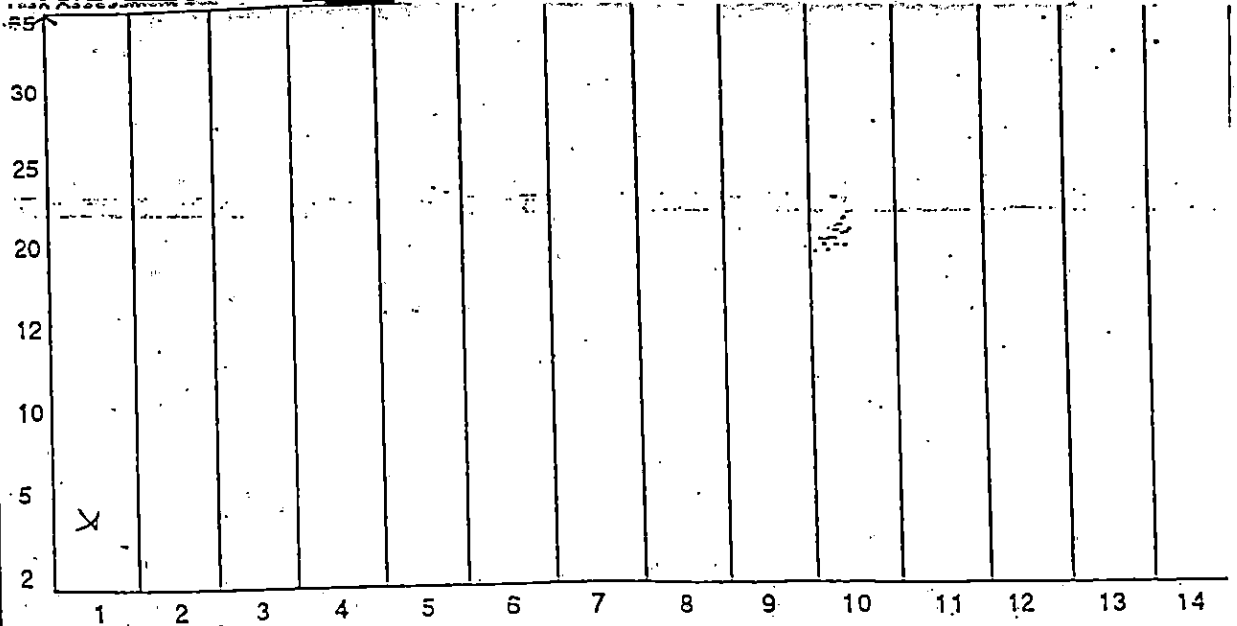
0181063

DATE	CLINICAL NOTES	Initials
.3.98	CSM satisfactory,	
12.30 pm	up in wheelchair, limb elevated.	
	To be reviewed tomorrow	
	Discharge indent requested. S/N LMcCaffer.	
	? OPA, - still to be arranged.	
2/3/98	S/S Mr Bennet, for home today	
	Advice given re % POP, CSM satisfactory	
	OPA given for 2/52	
	Advice given re c/o Discharge indent.	
	Sickline also provided S/N LMcCaffer	

Name: WALTER ZALESKI
Ward: 7A
Unit No: 432099
Date of Admission:

Patient event Code scores :
A = O/A to A/E
B = O/A to ward
C = Pre - op
D = immediate post - op
E = Other (specify)

nb :
following patient assessment document intervention taken in nursing care plan



Signature.....

WATERLOW RISK ASSESSMENT		DATE	26/12	27/02												
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
...ly weight for height ...erage Above average Obese Below average	* 0 1 2 3		0	0												
Continence completed catheterised occasion incont. cath. incontinent of faeces doubly incont.	* 0 1 2 3		0	0												
skin type; visual risk areas healthy tissue paper / dry oedematous / clammy (tempt) discoloured broken spot	* 0 1 1 3 4		1	1												
Mobility fully restless / fidgety apathetic ...ricted ...l / traction ...ribound	* 0 1 2 3 4 5		0	3												
...e / Sex ...ale / female ...- 49 50 - 64 65 - 74 75 / 80 ...1 +	* 1/2 1 2 3 4 5	27.	1 1	1 1												
Appetite ...erage poor N.G. tubes / fluids only ...rm - enteric	* 0 1 2 3		0	2												
Special risks tissue malnutrition e.g. terminal cachexia cardiac failure peripheral vascular disease anaemia smoking	* 5 5 5 2 1		1	1												
Neurological deficit e.g. diabetic, MS, CVA motor/sensory paraplegia	* 4-6		1	1												
Major surgery / trauma orthopaedic below waist, spinal on table >2 hours	* 5 5		1	1												
Medication cytotoxics, high dose steroids anti-inflammatory	* 4		1	1												
TOTAL SCORE			4	9												

SCORE: <10 = LOW RISK 10 - 14 = AT RISK 15 - 19 = HIGH RISK 20 + VERY HIGH RI

STOBHILL NHS TRUST

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	Walter	

Date	2/3	6/3	10/3											
Post Op Date	4.													

TEMPERATURE °C: 42, 41, 40, 39, 38, 37, 36, 35, 34

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

RESPIRATION: 50, 40, 30, 20, 10

No. of Stools

ORM 10B

STOBHILL CARE PLAN

432099
ZALESKI WALTER M
211 STEVENSON STREET M
GLASGOW
26/10/1970
G40 2RW G.P.Prac.46381

MINOR SURGERY

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluation Date
26.2.98	1	PRE-OPERATIVE PREPARATION A. PSYCHOLOGICAL B. PHYSICAL	A. TO RELIEVE ANXIETIES AND ENSURE GOOD UNDERSTANDING OF THEIR SURGERY. B. TO PREPARE PATIENT PHYSICALLY FOR THEIR SURGERY.	A. 1. FULL EXPLANATION OF PRE AND POST-OP CARE. 2. TO ALLOW TIME FOR ANY QUESTIONS TO BE ANSWERED. B. 1. SHOWER PATIENT PRIOR TO PRE-MED. 2. CARRY OUT CHECK ON THEATRE/ RECOVERY CARE PLAN. C. 1. FAST SIX HOURS PRIOR TO SURGERY. 2. ADMINISTER PRESCRIBED PRE-MED AND INSTRUCT PATIENT TO STAY IN BED.	26/2/98 PMCC.
26.2.98	2	POST-OPERATIVE OBSERVATION	TO ENSURE SAFE RECOVERY FROM THEIR SURGERY. TO DETECT COMPLICATIONS THAY MAY ARISE.	TO ENSURE A FULL REPORT OF POST-OP RECOVERY IS RELATED TO WARD STAFF FROM RECOVERY ROOM STAFF. TO CARRY OUT POST-OP CHECKS ON THEATRE/ RECOVERY CARE PLAN ON RETURN TO WARD UNTIL STABLE.	PMCC 26/2/98
26.2.98	3	PAIN	TO PROMOTE PATIENT'S COMFORT.	TO ADMINISTER PRESCRIBED ANALGESIA. TO USE PAIN SCORE ON THEATRE/RECOVERY CARE PLAN.	26.2.98 PMC.

JMcC/933380

dyna mccaf

All entries must be signed

STOBHILL **CARE PLAN** WARD 7A

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluation Date
20/2/18	4	DISCHARGE PLANNING	TO CARRY OUT A SAFE DISCHARGE FOR PATIENT.	1. TO ENSURE PATIENT IS READY FOR DISCHARGE; A. NOT DROWSY. B. PATIENT HAS HAD DIET & FLUID WITHOUT ILL EFFECT. C. PATIENT HAS PASSED URINE. D. RESPONSIBLE ADULT TO COLLECT. 2. ENSURE PATIENT HAS PRESCRIBED ANALGESIA ON DISCHARGE INDENT OR AT HOME. 3. ARRANGE OUT-PATIENT APPOINTMENT AS PER CONSULTANT'S INSTRUCTIONS. 4. INSTRUCTIONS GIVEN VERBALLY OR WITH INFORMATION SHEETS, IF AVAILABLE, ON POST-OP CARE.	20/2/18

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
1/3/98	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	can't see R Heel	gm

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	DISC	

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		

Name WALTER ZALESKI

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
12h	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	over onto Side	FM RD
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
4PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	over onto side	FM EM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
4-3-98 6P	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	over onto Side	FM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
4/3/98 10PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Back to Bed	MC
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
6/3/98 10PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Back to Bed	PMC MC

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A 26/2/98	MORPHINE + PROKERICC	PCA.	IV.			CONT										
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H 26/2/98	PARACETAMOL	1g	ORL	as req				4-6°						
	J 28/2/98	Dihydrocodeine	30-60mg	ORL	6-4°	as req			prn						
	K 1/3/98	VOLTAROL	50mg	ORL	✓				—						
	L														
	M														
	N														
	O														
	P														
	R														
	S														
	T														
	V														

ONCE ONLY PRESCRIPTIONS

DIET

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN
28/2	8.35	Dihydrocodeine	60mg	ORL			8.35pm
29/2	1.45pm	Morphine	10mg	IM			1.45pm

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
7A	WALTER ZALESKI	27YRS			432099	MR RENNIT

KNOWN MEDICINE 1.

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
8/3/98	Initial	J K MB	Initial	J K MB	Initial	J MB	Initial	J K MB	Initial	Initial	
9/3/98		H J K Mac		H K Mac		J Mac		J K Bal			
10/3/98		H J K Mac		H K Mac		J Mac		J K Bal			
11/3/98		H J K Mac						J K Mac			J @ 3.30pm MB Kat 4.30pm ums
1-3/3/98		H J K MB		H K MB							

NAME: Walter Zaleski

UNIT NUMBER: 42099

WARD: 7A

KEY: CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MR1 10/90

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
27/2/98	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial		Initial	HC 8pm KG
28/2/98											H @ 4.45 am. H at 9am MEC H at 5.20pm KG
1/3/98			Kat 9.40 am KG					J K		J 4.30AM.	J at 10.30pm KG
2/3/98		K J		K		J. KG		J K			
3/3/97		H J K					H	J K			J at 9.30pm KG H @ 11.30pm SR
4/3/97		H J K		H J K			H	J K			J at 3pm MEC.
5/3/98		H J K		H K		J	H	J K			
6/3/98		H J		H K		J 3.30	H	J K			
7/3/98		J K		H K		J	H	J K			

NAME: WALTER ZALESKI

UNIT NUMBER: 32099

WARD: 7A

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

STOBHILL NHS TRUST — **THEATRE/RECOVERY CARE PLAN**

UN
NA
AD

432099
ZALESKI WALTER
211 STEVENSON STREET M
GLASGOW M
26/10/1970
G40 2RW G.P.Prac.46381

CONSULTANT MR BENNET
WARD 7A
THEATRE 5
DATE OF OPERATION 26/2/98
TIME:

A. WA... PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED — tick

1. LAST TIME PATIENT ATE OR DRANK	11pm 25/2.				✓
2. CONSENT SIGNED					✓
3. IDENTITY BAND					✓
4. CASE NOTES, X-RAYS, DRUG KARDEX					✓
5. OPERATION SITE PREPARED AND MARKED					✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE					✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES					✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)					✓
9. ALLERGIES * PENICILLIN *					✓
10. VOIDED URINE	12mid day				
11. BASELINE OBSERVATIONS	P	64	BP:	140/80	✓

PROBLEMS/NEEDS	INTERVENTION	OUTCOME

Signature – WARD: Lynn McCall — RECEPTION: EC

B. THEATRE

OPERATION PERFORMED: R. Colles w/ wedges + POP.

DIATHERMY – ~~BIPOLAR~~/MONOPOLAR	✓		
HEEL RESTS	✓		
FLOWTRON BOOTS			
SHEEPSKIN HEEL PADS/MATS			
HEATED WATER BED			
ARM BOARDS	✓		
PATIENT POSITION			
LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE	✓	LITHOTOMY	
PRONE		LLOYD DAVIS	

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS:	PATH	BACT	OTHER
DRAINS			
CATHETER			

COUNTS	CORRECT
SWABS – FIRST	✓
– FINAL	✓
INSTRUMENTS	✓
SHARPS – NEEDLES	✓
– BLADES	✓
THROAT PACK OUT	
PACK IN SITU	
INSTRUCTION FOR REMOVAL	

Name of Scrub Nurse: Sister M.T. Monaghan

Signature of Circulating Nurse: Liz Gibb

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P. ✓		CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY ✓		Hartmanns 1000mls x 8 hrs (Started 15:00 hrs)	
– OXYGEN/WARD			
– CANNULA/REMOVAL – RECOVERY	WARD ✓		
SPECIAL			

INFORMATION/INSTRUCTIONS

Signature: [signature]

D. POST OPERATIVEOBSERVATIONS

TIME	15:00	15:55	15:10	16:25	16:45	17:20	6pm	7pm	8pm	10pm	23:00	24:00	1am	2am	3am	4am	6am
PULSE	123	131	115	104		106	100	88	84	86		100			96		92
BLOOD PRESSURE	114/66	188/101	167/66	173/97	160/80	140/80	130/80	168/72	145/89	160/80	/	140/80	/	/	/	/	150/90
SATURATION (SaO^2)	99	99	99	99	\		\	/									
RESPIRATORY RATE	16	20	20	16	20	20 R	20 R	18	20 R	18		16					
AIRWAY	IN	out	✓	✓					\								
OXYGEN	4L	4L	✓	✓	4 T	4 LT	4 LT	4L	4 LT	4 LT	4 LT	4 LT			4L		4L
PAIN SCORE	~~4~~	4	~~2-3~~	2	3			2		1							
SEDATION SCORE	1	0	0	1	1	1		1		1							
TEMPERATURE	35	36	✓	✓	—	—		36.2	\								
WOUND POP.	✓	✓	✓	✓	✓	Oez	Oez	slight leak	leak +	LEAK +++		leak +++	as before		as before		
C	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓		✓
S	—	—	✓	✓	—	—	—	~~✓~~	—	—		—	—		—		—
M	—	—	—	—	—	—	—	~~—~~	—	—		—	—		—		—
mls in syringe	~~50.5~~ 50	47.5	41.5	41.5	41.5	40.5	40.5	37	35	35	33	31	28		24	23	21
mls to patient	0	3	9	9	9	10	10	14	16	16	18	20	23		27	28	30
		5mg Intus.			1ml	1ml	1ml	Morphine 1ml	1ml	PHC	PHC	PHC	PHC		KMd	PHC	KMd

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

1pm	9pm	10pm	11	3pm	4pm	5pm	6pm	8pm
		94						
		120/72						
		26		New syringe fitted				
		37.5					38.4	
19	15	12	9	~~25~~ 23	~~56~~ 56	~~47~~ 47	~~45~~ 45	39
32	37	40	43	~~52~~ 52	~~54~~ 54	58	60	67
PHE	UBS	~~UBS~~						
			UBS	UBS	UBS	UBS	UBS	UBS

E. **RECOVERY ROOM** **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

5mgs bolus of morphine via PCA given @ 1600hrs.

Signature A Nurse

CONSENT BY PATIENT/PARENT FOR OPERATION

I WALTER ZALESKI of _____

hereby consent to

•submission of MYSELF to the

operation of R ANKLE ARTHROSCOPY

the nature and effect of which have been explained to me by:

Dr/Mr KINCH

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 26/2/98 (Signed) X _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 26/2/98. Signed _____ (Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/~~60ml~~ syringe add 5 mgs Morphine + 5 mgs Dexamethasone

_____ Add sterile water to make 50/~~60ml~~ volume

Settings: Concentration 1 mg/ml Dose Duration 5 min

Loading Dose — Lockout Duration 5 mins

Bolus Dose 1 ml Background Infusion —

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

THIS DOCUMENT MUST BE RETAINED

STOBHILL NHS TRUST

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

DATE 26.2.98

SURNAME	FORENAME	Unit Number
ZALESKI	WALTER	

No. 0181327

FLUID / ADDITIVE DRUG	VOL / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No / BATCH No.	Given b
Hartmans	1000mls	1500 HRS	8°	11.10pm	[signature]		TIGATE
5% Dextrose (if reqd)	500	11.10pm	8°		[signature]	97L 09BT 11/99	JCHS
5% Dextrose	500		8°		[signature]		
N Saline	50+		8°		[signature]		

Form 75a

PRESCRIPTION SHEET NUMBER 2. THIS DOCUMENT MUST BE RETAINED

PATIENT'S NAME Walter ZALESKI

HOSPITAL Stockwell UNIT NUMBER 432099

WARD 7A D.O.B. 26/10/70

Prescriptions and Administration sheet for medicines given by Syringe / Infusion Pump
Each prescription must be completed fully and unambiguously. FULL SIGNATURES TO BE USED

1 PRESCRIPTION DETAILS (to be completed by DOCTOR before start of therapy)

MEDICINE(S)	TOTAL DOSE in syringe / bag	DILUENT	TOTAL VOLUME in syringe / bag	ROUTE	TYPE SYRINGE DRIVER OR INFUSION PUMP MODEL:	PRESCRIBERS SIGNATURE
50 mgs MORPHINE AND DROPERIDOL 5mg		Water 50mls		IV		

2 FLOW RATE DETAILS (to be completed by DOCTOR and NURSING STAFF)

	Date	Start Time	Rate Setting	Prescribed by	Set by	Checked by
Initial rate						
Change 1						
Change 2						
Change 3						
Change 4						

3 PREPARATION DETAILS (to be completed by DOCTOR or NURSING STAFF)

	Date	Time	Prepared by	Checked by	Set by	Checked by
Initial Prep.						
Rpt. 1						
Rpt. 2						
Rpt. 3						
Rpt. 4						

4 ADMINISTRATION CHECK (to be completed HOURLY by NURSING STAFF)

Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments
27/2/98	10Pm	30.	75 mgs	1mg/ml	C Mackenzie	
27/2/98	2Am	25.	80 mgs	1mg/ml	C Mackenzie	Check.
28/2/98	3Am	25.	80 mgs	1mg/ml	C Mackenzie	Check
28/2	5Am	21	84.	PCA	C Mackenzie	
28/2	6Am	19.	86	PCA	C Mackenzie	Check
28/2	7Am	15.	90.	PCA	C Mackenzie	Check

Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments

5 DISCONTINUATION

(Sign):..... DATE :..... TIME :.....

NOTE : IF THE 'BOOST' FACILITY OF A SYRINGE DRIVER IS USED, RECORD THIS IN THE 'COMMENTS' SECTION.

PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/ INFUSION PUMP - GUIDELINES ON USE

ONLY APPROPRIATELY PREPARED REGISTERED NURSES MAY PARTICIPATE IN THE PREPARATION AND ADMINISTRATION OF MEDICINES GIVEN VIA A SYRINGE DRIVER

THIS FORM IS NOT APPROPRIATE FOR USE IN CERTAIN HIGH DEPENDENCY AREAS:

The medicine should be prescribed in the patient's main prescription sheet, cross referenced by annotating the "other prescription sheets in use". This sheet should be kept in close proximity to the device in use.

Each prescription sheet should be used to record the prescription, preparation and administration details of syringes or infusion bags which are prepared in accordance with the prescription in Section I of the form. IF THE DETAILS IN SECTION I REQUIRE TO BE CHANGED A NEW PRESCRIPTION FORM MUST BE USED.

Signatures must be written out in full in the appropriate spaces.

The form should be completed as follows :

SECTION 1 : PRESCRIPTION DETAILS:

(i) The prescription must be completed in full by a qualified medical practitioner

(ii) "Total Dose" refers to the total quantity of medicine in micrograms, milligrams or units, placed into the container.

(iii) If the medicine is further diluted, the diluent must be noted in the "Diluent" space and total volume recorded, ie, medicine + diluent.

(iv) The Route of Administration, Intravenous or Subcutaneous, must be recorded.

(v) The type of infusion device, syringe driver or infusion pump, and the model when selected must be recorded by the doctor or nurse as appropriate.

(vi) The prescriber must sign the space provided.

SECTION 2 : FLOW RATE DETAILS:

(i) The initial flow rate (in ml/hour or mg/hour or mm/hour depending on the device in use) should be prescribed by the Doctor on the "initial rate" line.

(ii) If the infusion rate is set and started by the prescriber, the "set by" section should also be signed. If this is done by two registered nurses/midwives, both "set by" and "checked by" sections should be signed.

(iii) Any subsequent alterations in flow rate must be prescribed by the Doctor on the "Change" lines except for prescribed variable dose/sliding scale regimes [see (iv)].

(iv) When a "VARIABLE DOSE REGIME" (eg sliding scale insulin) has been prescribed, this should be recorded on the "initial rate" line and all changes recorded in the "Comments" section as appropriate.

SECTION 3 : PREPARATION DETAILS:

If the final product (syringe or infusion attached to pump) is prepared by :

(i) a Qualified Medical Practitioner, then he/she must sign the "prepared by" space, or,

(ii) a Registered Nurse or Midwife, if calculation or dilution is involved, the preparation of the infusion should be witnessed by another Registered Nurse or Midwife. The "Prepared by/Checked by" and "Set by/Checked by" sections must be signed. Preparation of fresh infusions of the same prescription should be recorded on subsequent lines

SECTION 4 : ADMINISTRATION CHECK:

(i) The infusion must be checked at regular intervals, as indicated on the sheet, during the period that the pump is in use. Each section must be completed in full.

(ii) The "Comments" section should be used to record observations, including site checks. All unexpected events must be brought to the attention of the Nurse or Doctor in charge.

SECTION 5 : DISCONTINUATION:

When the administration is to be discontinued, the prescriber should complete the appropriate sections on the sheet and on the main Kardex prescription sheet. A line should be drawn through each prescription to prevent continued use. Local guidelines for the "Duration of Use" should be followed prior to renewing the syringe/bag.

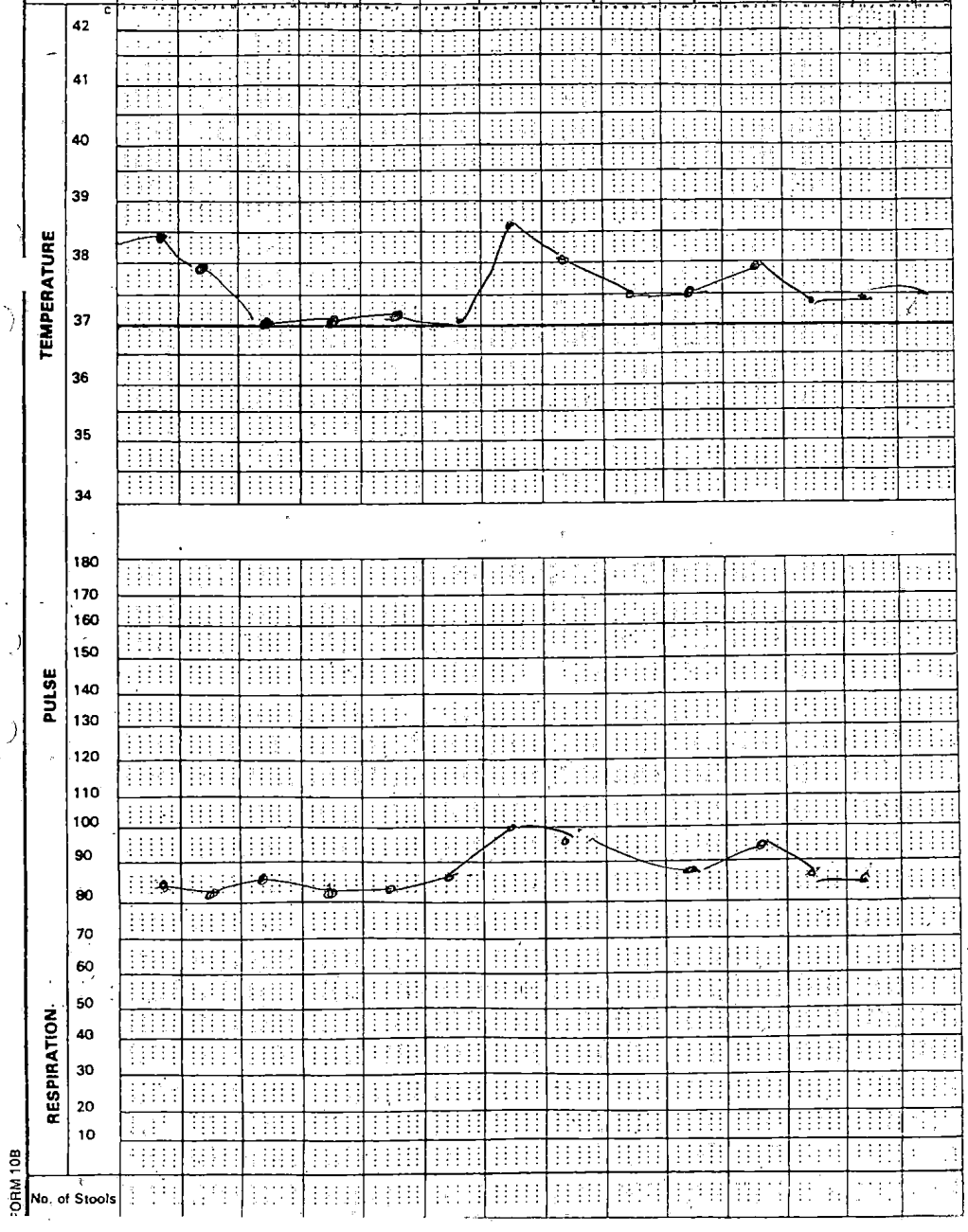
STOBHILL NHS TRUST

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	Walter	

27/2/98 28/2/98. 1/3/98

Date						28/2								
Post Op Date	10pm	12mn	2am	4am	6am		5.20	6.10	7.15	10pm	4am	930	2pm	4(6)



FORM 10B

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
2-3 1PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	STRAIGHT LIFT	CM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
4PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	ON TO COMMODE	JG
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
6PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		CM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
8PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	UP TO TOILET ON COMMODE	CM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
9PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	STRAIGHT LIFT	FM

Name .WALTER ZALESKI

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
1/3/08	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
9am	Buttocks (R)	(0) 1 2 3 4 5	ROLLED ONTO SIDE	CK
	Buttocks (L)	(0) 1 2 3 4 5		
	Heel (R)	(0) 1 2 3 4 5		
	Heel (L)	(0) 1 2 3 4 5		
	Elbow (R)	(0) 1 2 3 4 5		
	Elbow (L)	(0) 1 2 3 4 5		
	Sacrum	(0) 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
11PM	Buttocks (R)	(0) 1 2 3 4 5	Both elbows very slightly Pink	
	Buttocks (L)	(0) 1 2 3 4 5		
	Heel (R)	(0) 1 2 3 4 5		
	Heel (L)	(0) 1 2 3 4 5		
	Elbow (R)	(0) (1) 2 3 4 5		
	Elbow (L)	(0) (1) 2 3 4 5		
	Sacrum	(0) 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
2-3	Buttocks (R)	(0) 1 2 3 4 5	ASSIS. B/BATH GIVEN	CM
	Buttocks (L)	(0) 1 2 3 4 5		
	Heel (R)	(0) 1 2 3 4 5		
	Heel (L)	(0) 1 2 3 4 5		
	Elbow (R)	(0) 1 2 3 4 5		
	Elbow (L)	(0) 1 2 3 4 5		
	Sacrum	(0) 1 2 3 4 5		
9AM	Other			
	.....	0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
11AM	Buttocks (R)	0 1 2 3 4 5	STRAIGHT LIFT	CM
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
27/2/98 11am	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Straight lift P/R	JS FM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
6pm	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Straight lift P/R	JS FM
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
24/2/98	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Straight lift P/R	Can. MC
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
28/2/98 4am	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Straight lift P/R	CMcK MC
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
10PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Straight lift P/R	CMcK MC

Name WALTER ZALESKI.

Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
8PM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	STRAIGHT LIFT WOUND LEAKING FLUFF IN PLACE	CM JG.
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
26/2/98 11pm	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	SHEETS CHANGED. LOG ROLLING	KMack M.C P.M.C
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
27-2-98 1AM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	up to commode P.U.	PMC M.C K McK
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
27/2/98 7AM	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	Up to Commode	PM.C. MC
Date/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
9p	Buttocks (R) Buttocks (L) Heel (R) Heel (L) Elbow (R) Elbow (L) Sacrum Other	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	OVER OTTO SIDE	FM JS

STOBHILL NHS TRUST

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

DATE 28/2/98

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHE
			1 a.m.					
			2 a.m.					
			3 a.m.	350				
			4 a.m.	300				
			noon					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.	450				
			11 p.m.					
			12 p.m.					
			1 p.m.					
			2 p.m.	300				
			3 p.m.					
			4 p.m.	300				
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.	—				
			12 a.m.					
TOTALS				1700				
TOTAL INTAKE					1700	TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

D 5%

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time	
Serum: Urea		
Sodium		
Potassium		
Chloride		
Bicarbonate		
Creatinine		
Urine: Urea		
Chloride		

FORM 9

STOBHILL NHS TRUST

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTON	

DATE 27/2/98

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid					
			1 am	200				
			2 am					
			3 am					
			4 am					
			5 am	150				
			6 am					
			7 am	500	(commode)			
Coffee + Juice → 250			8 am					
			9 am					
			10 am					
			11 am					
			12 noon					
			1 pm					
			2 pm					
			3 pm					
			4 pm					
			5 pm					
			6 pm					
			7 pm					
			8 pm					
			9 pm					
			10 pm	250!				
			11 pm	400				
TOTALS								
TOTAL INTAKE	250					1500	TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

STOBHILL NHS TRUST

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

DATE 26 2 :98

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
HARTMANS		1000ml	1 p.m.					
			2 p.m.					
HARTMANS		1000ml	3 p.m.	NUP				
			4 p.m.					
			5 p.m.					
			6 p.m.					
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
R/ LACTATE		1000	11 p.m.	NUP				
TOTALS		3000						
TOTAL INTAKE								TOTAL OUTPUT

INSTRUCTIONS

PARENTERAL

ORAL

FORM 9A

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine	
Urine: Urea, Chloride	

STOBHILL NHS TRUST **ANAESTHETIC RECORD**

DATE & TIME	PREMEDICATION	WEIGHT:
26/2/98 12·45pm	Temazepam 20mgs orally	Kg.
TIME GIVEN: 12.50pm	ORDERED BY: Walsh	GIVEN BY: Lynn McAtt.
		AGE:

BAR CODE THIS SIDE
ANC
432099
ZALESKI WALTER M
211 STEVENSON STREET M
GLASGOW
G40 2RW G.P.Prac.46381 26/10/1970

PRE-OPERATIVE ASSESSMENT

CVS

Exercise Tolerance

BP

Pulse

RS. Smokes 10 cigs/day

c.p.d.

airway

Other. R

Previous Operation Previous GAs Uneventful

Allergies. Penicillin

CXR

ECG.

Haematology

Biochemistry.

PROCEDURE DATE.

Dihydrocodein

ANAESTHETIST Walsh

TRAINEE CON ✓ 1 2 3 4 5 6

OPERATOR Bennet

CON SpR ✓ SHO

DURATION 1 2 3 4 10 20 30 40 50 5

PROCEDURE Arthrodesis (R) ankle

CLASSIFICATION	OPERATION ASA	DAY CASE I	ELECTIVE II	SCHEDULE III	URGENT IV	EMERGENCY V
			✓			

CURRENT DRUGS

PREV. ANAESTH. COMPLICATIONS FAMILY HISTORY

PREMEDICATION	Benzo	Antiemetic	NSAID	Opiate	H_2Antag	Antacid	Antichol	Other	Normal Drugs
									✓

INDUCTION	Prop	STP	Etom	Ket	Opiate	Benzo	Inhalation	Other	Rapid Sequence
	✓				✓			✓	

RELAXANT	Sux / Miv	Vec / Atrac	Panc / Roc	Infusion / Other	Glyco / Atropine	Neost / Other
		✓	✓			

MAINTENANCE	N_2O / Air	Ethrane / Isoflu	Sevo / Desflu	Morphine / Fentanyl	Alfent / Pethidine	Haloth / NSAID	Drop / Other
	✓	✓	✓				

TECHNIQUE	Spont / IPPV	Mask / LMA	ETT / A'way	Oral / Nasal	Cuff / Pack	Tracheos / Jet	Circle / Map A	Map D / Map E	Other / TIVA
	✓	✓	✓						

V / A ACCESS Peripheral ✓ 23G Cann 18G Venflon Central Arterial

MONITORING	ECG / SpO_2	NIBP / IABP	FiO_2 / Et CO_2	Vent Alm / Volatile	PNS / CVP	Temp / Other
	✓ ✓			✓	✓	

POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd down.
	✓						

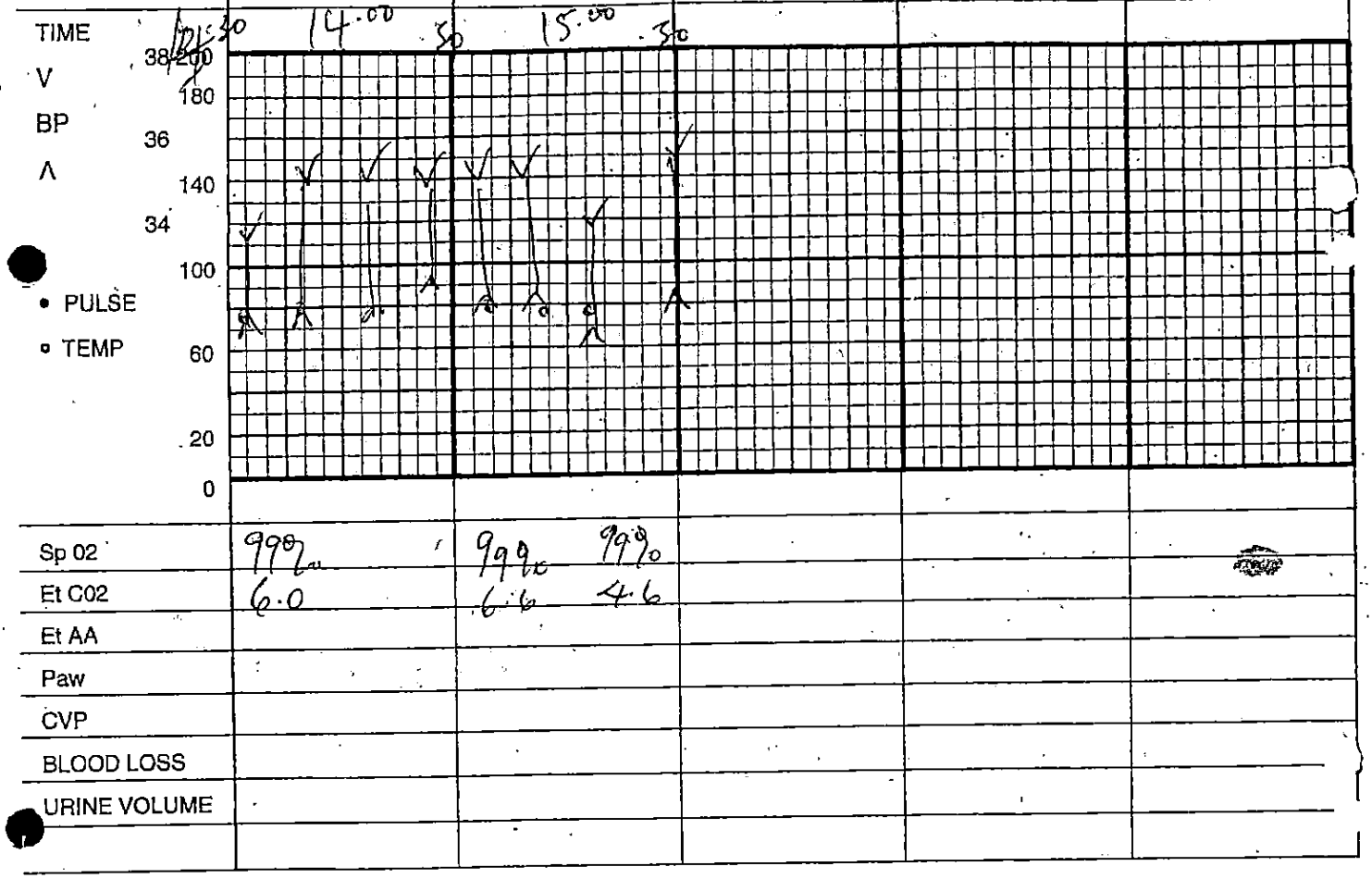
REG. ANALGESIA	Spinal / Priloc	Epidural / Cocaine	Caudal / Bupivac	Brach Plex / Lignoc	Bier / Adren	Voc Cord / Sub-Tenon	Infilt / Other

COMPLICATIONS

SIGNIFICANT BLOOD LOSS Volume (ml) Volume Expander Blood Products (not PPS)

CHARTED DRUGS

Fentanyl	100µgs				
Droperidol	0·5mgs				
Propofol	200mgs + 50mgs				
Morphine	3 + 3mgs + 4mgs + 5mgs				



Sp 02	99%	99%	99%
Et C02	6·0	6·6	4·6
Et AA			
Paw			
CVP			
BLOOD LOSS			
URINE VOLUME			

C.O.T.T. SIZE

INTUBATION - (circle) EASY AWKWARD DIFFICULT

Time	Fluid	Volume
13·55	Hartmans	600mls
15·00	Hartmans	1000mls

Signature :

MEDICAL IN CONFIDENCE

STOBHILL
NHS TRUST

CASE RECORI

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL HOSPITAL	S/H-432099

ISSION TAILS

DATE	TIME	TYPE	SOURCE	INPAT./DAYCASE	DATE ON W.L.	PATIENT CATEGORY
17/04/97	10:00	1 RE-WL	12 PR LR	IP	30/01/97	3 NHS

WARD	SPECIALTY	CONSULTANT
WARD 7A	ORTHOPAEDICS	G BENNET

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MR ZALESKI	WALTER		26	26/10/1970	M	M

ADDRESS
211 STEVENSON STREET
GLASGOW

ALT./PREV. SURNAME

OCCUPATION

POSTCODE	TELEPHONE No.	OCCUPATION (HUSBAND/FATHER)
G40 2RW	5501373	Greater Glasgow

EF. i.P.

NAME
G.P. CODE JAMIESON
2545763
PRACTICE R
46381|1
CONTRACT No. SGC06

ADDRESS
201 ABERCROMBY STREET FH
GLASGOW
TELEPHONE No. 554 1866 POSTCODE G40 2DA

EXT OF IN

NAME WIFE
ADDRESS S/A
DAY PHONE No.
NIGHT PHONE No.

AND / OR

NAME
ADDRESS
DAY PHONE No.
NIGHT PHONE No.
RELATIONSHIP

SC.

RELIGION	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.
Ch. of Scotland		

DISCHARGE SUMMARY

HARGE TAILS

DATE	TIME	DISCH. CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
19/4/97	11-30 am				ORTHO	Bennet	

DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE
	Home		7A	ORTHO	Bennet	

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	M7967	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

CHART COMPLETED

ND OPERATIONS

	CODE	DATE
MAIN OPERATION	Exploration (R) Foot	W084Z942	190497
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

CHI NO = 2610706294

(1)

STOBHILL

NHS TRUST

MULTIDISCIPLINARY CARE PATHWAY

Diagnosis: Osteoarthritis

Rheumatoid Arthritis

Other .....

432099
ZALESKI WALTER M
211 STEVENSON STREET S
GLASGOW
26/10/1970
G40 2RW G.P.Prac.46381

Exploration of (R) foot

Consultant: Mr Bennet.

Named Nurse: ..... / Gladys Cume

Date of Admission: 17.4.97.

Anticipated Length of Stay

Anticipated Discharge Date: .....

Discharge Date: .....

Ward: 7a.

INPATIENT ASSESSMENT RECORD

(This section to be completed by doctors only)

PAST MEDICAL HISTORY INCLUDING OPERATIONS / SURGERY (STATE YEAR)

(IHD - Ischaemic Heart Disease; HBP - High Blood Pressure; TB - Tuberculosis; J - Jaundice; DM - Diabetes Mellitus ; EP - Epilepsy; AS - Asthma)

None IHD HBP TB J DM EP AS Other (state) N/L

Multiple Operation ® foot

Details & Dates

- CLUB FOOT - ®
- Multiple Operations ® foot
- MRI Shows bone between Talus / Tibia
- Arthrogram - Arthrodesis Explanation ® Ankle
- Main problem pain when walking
- Also past history sympathetic dystrophy

FAMILY HISTORY

Lives with wife + Son

Petrol pump attendant

SMOKER. 10 day.

(2)

MEDICATION ON ADMISSION : (Generic name / route / dose / freq)

DILTIAZEM 30mg. BD.

ALLERGIES / ANAESTHETIC REACTIONS (Specify if known)

Penicillin — Rash.

No previous anaesthetic problems.

REVIEW OF SYSTEMS

CVS	Chest Pain	—	RS	Cough	—
	Breathlessness	—		Sputum	—
	Ankle oedema	—		Wheeze	—
	Claudication	—		Other (state)	—
	Other (state)	—			
GI	Weight Loss	—	GU	Voiding Difficulty	—
	Abdominal Pain	—		Frequency	—
	Bowel habits	—			—
	Haematemesis / Melaena	—		Other (state)	
CNS	Orientation to time / place / person				
	Other (state)	—			

SKIN CONDITION

SORES

PHYSICAL EXAMINATION

General Appearance

An Cy Cl J LN (Pale. Cyanosed, Jaundiced, Lymphenopathy)

CVS

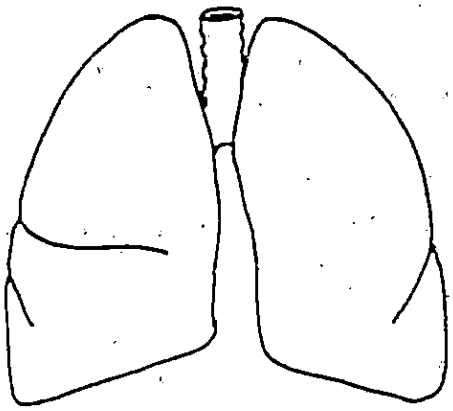
P 72. Reg Gd

JVP

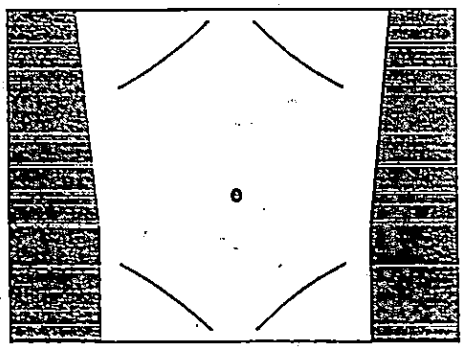
HS I + II + 0

Oedema NIL

Respiration



Abdomen



Trachea Central

Expansion L = R (W)

Percussion L = R Resonant

BS L = R Vesicular Nil added

Skin - Intact

- Sores

NUTRITION RISK SCORE

1. WEIGHT LOSS IN LAST THREE MONTHS (UNINTENTIONAL)

NO WEIGHT LOSS	= 0
0 - 3Kg " "	= 1
> 3 - 6Kg " "	= 2
6Kg OR MORE	= 3

2. BODY MASS INDEX

Ht.....
Wt.....

BM =	
20 or MORE	0
18 - 19	1
15 - 17	2
Less than 15	3

3. APPETITE

Good - manages most/all of three meals/ day	0
Poor appetite, poor intake - leaves ½ meals	2
Appetite NIL or virtually nil, N.B.M (for > 4 meals)	3

4. ABILITY TO EAT/RETAIN FOOD

*) No difficulty, eating or feeding No diarrhoea or vomiting	0
*) Difficulty handling cutlery, eating, chewing Vomiting, frequent regurgitation/mild diarrhoea	1
*) Difficulty in swallowing, slow to eat, Moderate vomiting or diarrhoea, physical handicap	2
*) Unable to take food orally, unable to swallow (complete dysphagia)	3
Severe vomiting and/or diarrhoea (> 2/day for children) Malabsorption	

5. STRESS FACTOR

* No stress factor	0
* Mild - Minor surgery, minor infection	1
* Moderate chronic disease, major surgery, Infections, Fractures, Pressure sores/ Ulcers CVA Inflammatory bowel disease, other GI disease	2
* Severe Multiple # Burns Deep pressure sores/ulcers Severe sepsis Malignant disease/Carcinoma	3

ACTION SCORE > 4 = GIVE SUPPLEMENT

SCORE > 6 = REFER TO DIETITIAN

(4)

SOCIAL HISTORY

1. Occupation / active hobbies

Petrol pump attendant.

2. Does the patient live alone?

Yes ☐

No ☑ → With whom?

Wife + Son (3wks)

3. Will the patient be alone for extended periods day or night?

NO.

4. Does the patient have any dependents who rely solely on them?

NO.

ACCOMMODATION

Ground floor flat -

Flat ☑ Level ..... Lift access Y/N

Bungalow ☐

Two storey ☐

No of stairs a Outside your house N (Y) No 3....

b To your bathroom N Y No .....

c To your bedroom N Y No .....

} on some floor.

Are you the owner occupier Yes ☑ No ☐

High chair required? Yes / (No) / NA

Raised toilet seat required? Yes / (No) / NA

Height required .....

NURSING ASSESSMENT RECORD

(This section to be completed by nurses only)

OBSERVATIONS ON ADMISSION

GENERAL

Temp ..... Pulse 80 ..... BP 140/80

Weight \ kgs 12½ 8st Height 5ft 9½" (as stated by pt.) Body Mass Index .....

Urinalysis (specify) .....

Pressure area Waterlow score .....

MSSU result .....

Smoking (YES) / NO Amount & Frequency 10/day Advice given (YES) / NO / NA

Alcohol (amount units / week) very occassionally
(14 ÷ Female, 21 ÷ Male) Minimal Intervention YES / NO / NA

Nutritional Status : - 1. Nutrition Risk Score ..... at risk see A
not at risk see B

A) i. Dietary Supplement required YES / NO
ii. Requires referral to Dietician YES / NO

B) Healthy Eating Policy Discussed

2. Requires referral to Dietician YES / NO

Reason .....

REASON FOR ADMISSION

(R) foot - exploration.

PHYSICAL AND PSYCHOLOGICAL ASSESSMENT: (to include social interaction, eating, elimination, personal hygiene and dressing, sleeping and understanding of condition)

Normally well. No problems with sleeping, eating etc.

Signature C. Crane **Date** 17/4/97.

(b)

(May be completed by any member if the multidisciplinary team)

NEXT OF KIN ..... Wife 554 8672. .....

WHOM TO CONTACT IN EMERGENCY (If different to Next of Kin)

..... above. .....

.....

PATIENT TRANSFERS

Date: Ward: Consultant

Date: Ward: Consultant

VALUABLES & ACTION TAKEN

.....

.....

DISCHARGE ASSESSMENT & PLAN

SERVICES	SITUATION ON ADMISSION cancelled by / date	ARRANGEMENTS FOR DISCHARGE organised by /
District Nurse		
Social Worker		
Meals on Wheels		
Home Help		
Day Hospital		
Day Centre		
Lunch Club	N/A.	
Carers -specify		
Community O.T		
Out-patient Physio		
Nutritional Support		

DATE OF DISCHARGE .....

HOSPITAL TRANSPORT ..... N/R. ..... DATE ARRANGED.....

OWN TRANSPORT ..... Yes ..... DATE ARRANGED.....

Signature ..... C. Cuné ..... Profession ..... S/N .....

(9)

Patient Name ..... Walter Zaleski .....

DATE/TIME	ADDITIONAL MULTIDISCIPLENARY PLAN AND PROGRESS NOTES	SIGN / PROFESSION
17/4/97	Arranged admission for theatre this afternoon for exploration of (R) foot under G.A. d/A seen by Mr Bonner. For photographs & for a audiovisual ✓. Fasting for am theatre.	C Cleary

WALTER ZALESKI — WARD ROUND — 7A — 17 4 97

Walter is still getting pain round about his ankle joint from his triple. The foot looks in good position.
For exploration of dorso-lateral.

17.4.97 Explored R Ankle

Otherwise normal.
Chest, heart, tone + reflexes normal
V. Satisfactory other Cranial nerves.

Chronic changes from Dystrophy + joint injuries

Prop ① Morphine, BP tip, antiemetic
② Plaster for.

5pm Returned from theatre. Foot dry.
CSM satisfactory. Taking fluids + diet. C Cleary

18.4.97 Well. Voiding PWB.

G.G H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES

Surname Tarski Hospital No
Fornames Walter Sex
Dof B
Address
Ward / Dept 7A

Date		Signature
18.4.97	S/B Mr Bennet to mobilise today with crutches p.w.b., will review tomorrow probably home, discharge prescription in drawer O/A still to be arranged.	J.M.C
19.4.	Well this	
	fit to go	
11am.	S/B mr Benner, happy for discharge. Theatre Dressing to be ↓, dry dressing applied to same Advice given re wound + discharge instr. Crepe + Velband also applied. S/B physios Venflon removed prior to discharge. Cannula intact. O/A to be made for 24/4/97 at clerkesses desk - will phone re time on Monday	S/N LMcC.

JMcC/912353

STOBHILL NHS TRUST **ANAESTHETIC RECORD**

DATE & TIME	PREMEDICATION		AGE:
17/7/97 14:15	Temazepam 20mgs orally		
TIME GIVEN: 2.45pm	ORDERED BY: Walsh	GIVEN BY: Lynn McCaffe	WEIGHT: Kg.

4320991
ZALESKI WALTER M
211 STEVENSON STREET S
GLASGOW
G40 2RW G.P.Prac.46381 26/10/1970

PRE-OPERATIVE ASSESSMENT
Airway Assessment - Teeth ✓

Exercise Tolerance

RS. Smoker 10 cigs/day

CVS. Pulse. BP.

Nutritional State

Other. (R) ankle

Previous Operation
Previous GAS many Uneventful

Allergies. Penicillin

CXR

ECG.

Haematology Dihydrocodeine

Biochemistry. Procedure Date.

ANAESTHETIST Walsh

TRAINEE: CON ✓ 1 2 3 4

OPERATOR Bennet/Kelly

CON SR TRAIN

PROCEDURE Exploration (R) ankle

DURATION: 1 2 3 4 | 10 20 30 40 50 | 5

CLASSIFICATION	OPERATION ASA	DAY CASE I	ELECTIVE II	SCHEDULE III	URGENT IV	EMERGENCY V
			✓			

CURRENT DRUGS

PREV. ANAESTH. FAMILY HISTORY COMPLICATIONS

PREMEDICATION	Opiate	NSAID	Benzo	H_2Antag	Antacid	Antichol	Antimetic	Other	Normal Drugs

INDUCTION	Thio	Etom	Prop	Ket	Opiate	Benzo	Inhalation	Other	Rapid Sequence
			✓		✓				

ELAXANT	Sux / Miv	Panc / Roc	Vec / Atrac	Infusion / Other	Glyco / Atropine	Neost / Other
		✓	✓			

MAINTENANCE	N_2O / Air	Ethrane / Isoflu	Haloth / Desflu	Morphine / Pethidine	Fentanyl / Alfent	Benzo / NSAID	TIVA / Other
	✓		✓				

TECHNIQUE	Spont / IPPV	Mask / LMA	ETT / A'way	Oral / Nasal	Cuff / Pack	Tracheos / Jet	Circle / Map A	Map D / Map E	Other
	✓		✓						

V / A ACCESS Peripheral ✓ 20G venflon Central Arterial

MONITORING	ECG / Pulse	NIBP / IABP	FiO_2 / SpO_2	Vent Alm / Et CO_2	Volatile / CVP	PNS / Temp	Other
	✓	✓		✓	✓	✓	

POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd down
	✓						

REG. ANALGESIA	Spinal / Priloc	Epidural / Cocaine	Caudal / Bupivac	Brach Plex / Lignoc	Bier / Adren	Voc Cord / Other	Infilt

COMPLICATIONS

SIGNIFICANT BLOOD LOSS Volume (ml) Volume Expander Blood Products (not PPS)

CHARTED DRUGS

Fentanyl	100 µgs				
Inderal	0.5 mgs				
Propofol	200 mgs				
morphine	2 mgs				

TIME 15:30 16:00 -30

V 38 200 180

BP 36 140

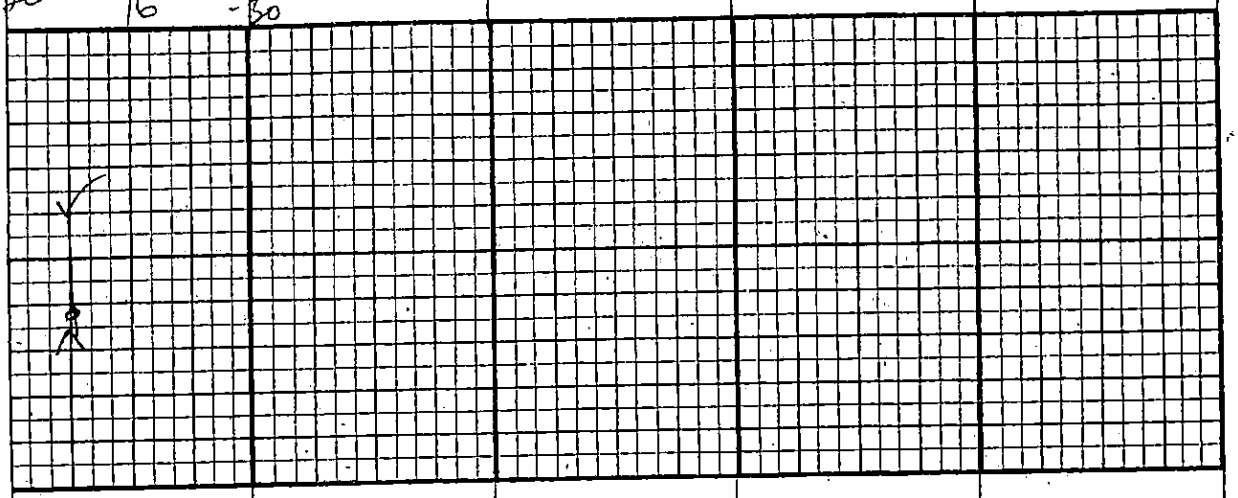
34 100

• PULSE

▫ TEMP 60

20

0



Sp 02	98%				
Et C02					
Et AA					
Paw					
[illegible]					
BLOOD LOSS					
URINE VOLUME					

C.O.T.T. SIZE

INTUBATION - (circle) EASY AWKWARD DIFFICULT

Time	Fluid	Volume

STOBHILL CARE PLAN WARD

NAME
432099
ZALESKI WALTER
211 STEVENSON STREET M
GLASGOW S
UNIT No 26/10/1970
G40 2RW G.P.Prac.46381
AFFIX DATA LABEL

MINOR SURGERY (A)

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluation Date
	1	PRE-OPERATIVE PREPARATION A. PSYCHOLOGICAL B. PHYSICAL	A. TO RELIEVE ANXIETIES AND ENSURE GOOD UNDERSTANDING OF THEIR SURGERY. B. TO PREPARE PATIENT PHYSICALLY FOR THEIR SURGERY.	A. 1. FULL EXPLANATION OF PRE AND POST-OP CARE. 2. TO ALLOW TIME FOR ANY QUESTIONS TO BE ANSWERED. B. 1. SHOWER PATIENT PRIOR TO PRE-MED. 2. CARRY OUT CHECK ON THEATRE / RECOVERY CARE PLAN. C. 1. FAST SIX HOURS PRIOR TO SURGERY. 2. ADMINISTER PRESCRIBED PRE-MED AND INSTRUCT PATIENT TO STAY IN BED.	
	2	POST-OPERATIVE OBSERVATION	TO ENSURE SAFE RECOVERY FROM THEIR SURGERY. TO DETECT COMPLICATIONS THAY MAY ARISE.	TO ENSURE A FULL REPORT OF POST OP RECOVERY IS RELATED TO WARD STAFF FROM RECOVERY ROOM STAFF. TO CARRY OUT POST-OP CHECKS ON THEATRE/ RECOVERY CARE PLAN ON RETURN TO WARD UNTIL STABLE.	
	3	PAIN	TO PROMOTE PATIENT'S COMFORT.	TO ADMINISTER PRESCRIBED ANALGESIA. TO USE PAIN SCORE ON THEATRE/RECOVERY CARE PLAN.	

MacC/833380

All entries must be signed

STOBHILL (B) **CARE P AN** WARD (L)

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluation Date
	4	DISCHARGE PLANNING	TO CARRY OUT A SAFE DISCHARGE FOR PATIENT.	1. TO ENSURE PATIENT IS READY FOR DISCHARGE; A. NOT DROWSY. B. PATIENT HAS HAD DIET & FLUID WITHOUT ILL EFFECT. C. PATIENT HAS PASSED URINE. D. RESPONSIBLE ADULT TO COLLECT. 2. ENSURE PATIENT HAS PRESCRIBED ANALGESIA ON DISCHARGE INDENT OR AT HOME. 3. ARRANGE OUT-PATIENT APPOINTMENT AS PER CONSULTANT'S INSTRUCTIONS. 4. INSTRUCTIONS GIVEN VERBALLY OR WITH INFORMATION SHEETS, IF AVAILABLE, ON POST-OP CARE.	

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORI

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL	S/H|432099

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
01/12/93	13:35 1	WLDB 1	HOME	Inpatient	18/11/93	3 NHS

WARD	SPECIALTY	CONSULTANT
WD 7A	ORTHOPAEDICS	MR GC BENNET

PATIENT

TITLE	SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MR	ZALESKI	WALTER	S	23	26/10/1970		

ADDRESS
0/2 27 GREEN ST
GLASGOW
G40 2HN

POSTCODE: G40 2HN
TELEPHONE No.: 5501373
ALT/PREV SURNAME:
OCCUPATION:
OCCUPATION (HUSBAND/FATHER):

REF. G.P.

NAME:
G.P. CODE: JAMIESON
CONTRACT No.: 2545763
PRACTICE: R 46381|1
ADDRESS: 201 ABERCROMBY STREET GLASGOW
TELEPHONE No.: 554 1866
POSTCODE: G40 2DA

NEXT OF KIN

NAME: [redacted]NA WALKER
RELATIONSHIP:
ADDRESS: 7 WESTERGREENS AVE KIRKINTILLOCH
DAY PHONE No.:
NIGHT PHONE No.:

AND / OR

NAME:
RELATIONSHIP:
ADDRESS:
DAY PHONE No.:
NIGHT PHONE No.:

SOC. SEC. 7778226

RELIGION: Ch.of Scotland

VISIT REQ. BY CHAPLAIN YES/NO: N

PENSION BOOK No.:

DISCHARGE SUMMARY

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE

HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO					

DIAGNOSES

		CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	ingrowing toenail, (R) hallux	7030	
OTHER CONDITIONS (D.G,2)			
(D.G,3)			
(D.G,4)			
(D.G,5)			
(D.G,6)			

AND OPERATIONS

		CODE	DATE
MAIN OPERATION	Zadek's procedure	S641	29 4 2
OTHER OPERATION (O.P,2)			
(O.P,3)			
(O.P,4)			

LOCAL USE			NATIONAL USE	

SMR COMPLETED

GREATER GLASGOW HEALTH BOARD — INPATIENT CHART

SURNAME	NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
432099 ZALESKI WALTER 0/2 27 GREEN ST M GLASGOW S 26/10/70 G40 2HN G.P.Prac.46381			M. S. W.
DATE C	D/DEPT.	RELIGION	MAIDEN NAME
ADDRE		G.P.'S NAME & ADDRESS	
TEL. NO.		TEL. NO.	

DATE	SPECIALTY ORTHO	CONSULTANT'S NAME Mr BENNET.

V12/93 A/A for Zadek's procedure ® foot.

HPC: persistent pain from ingrowing toenail ® hallux for several months

PMH: congenital talipes equino-varus, ® side
triple arthrodesis Oct '91
revision of arthrodesis in March '93
® leg lengthening from March to October 1989.
nil else of note

DH: dihydrocodeine 30 mg p.r.n.
* allergic to penicillin * ("makes me sick")

SE: NAD

SH: lives in Calton, alone
smokes 10 cpd.
alcohol ~ 4 units / week

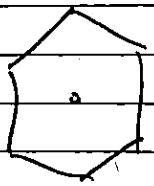
FH: father died age 75 after 4 MIs
~~sister age~~ mother age 61 has "heart trouble"
history of HBP on maternal side

O/E: looks well
pulse 80, SR

CVS: °A/C RS: trachea ↓
JVP ↔ chest clear
HS I + II + 0
°M/B

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	WEIGHT (In Kilogrammes)			

PHYSICAL EXAMINATION

12/93 Abdo:  soft, non-tender
• LKKS / masses
BS ✓

CNS grossly intact

Plan: FBC ✓ results filed
U+E ✓ 139, 4·5, 105, 26, 3·9, 86
glue ✓ 5·7
consent ✓
Kardex ✓

Kevin MacAndie 1006
(THO)

Ward Round 2 12 93 Walter Zaleski 7a

For right Zadek's and Hydrocortisone and Lignocaine injection of the tender area.

G C Bennet/CL

INV

12/93 ECG ✓

Kevin MacAndie 1006
(THO)

3/12/93 Discharge summary
DOA 1/12/93
DOD 3/12/93
Dx: ingrowing toenail, R hallux
Rx: Zadek's procedure
OPA 1/52

Kevin MacAndie 1006
(THO)

STOBHILL NHS TRUST — **THEATRE/RECOVERY CARE PLAN**

UN 432099
NA ZALESKI WALTER
AD 211 STEVENSON STREET M
GLASGOW S
G40 2RW 26/10/1970
G.P.Prac.46381

CONSULTANT Mr Bennet
WARD 7a
THEATRE 5
DATE OF OPERATION 17.4.97
TIME:

A. WARD – PRE-OPERATIVE PREPARATION THEMEDICATION GIVEN WHEN BELOW CHECKED — tick

1. LAST TIME PATIENT ATE OR DRANK 8am	✓
2. CONSENT SIGNED	✓
3. IDENTITY BAND	✓
4. CASE NOTES, X-RAYS, DRUG KARDEX	✓
5. OPERATION SITE PREPARED AND MARKED	✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	✓
9. ALLERGIES X PENICILLIN X	✓
10. VOIDED URINE	✓
11. BASELINE OBSERVATIONS P: 80 BP: 110/80	

PROBLEMS/NEEDS	INTERVENTION	OUTCOME

Signature – WARD: 7a C Cuuud RECEPTION: [illegible]

B. THEATRE

OPERATION PERFORMED EXPLORATION (R) ANKLE

DIATHERMY BIPOLAR/MONOPOLAR	☐		
HEEL RESTS	☐		
FLOWTRON BOOTS	☐		
SHEEPSKIN HEEL PADS/MATS	☐		
HEATED WATER BED	☐		
ARM BOARDS	✓		
PATIENT POSITION			
LATERAL RIGHT	☐	TRENDELENBURG	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	✓	LITHOTOMY	☐
PRONE	☐	LLOYD DAVIS	☐

SPECIMENS:	PATH	BACT	OTHER
DRAINS			
CATHETER			

COUNTS	CORRECT
SWABS – FIRST	✓
– FINAL	✓
INSTRUMENTS	✓
SHARPS – NEEDLES	✓
– BLADES	☐
THROAT PACK OUT	☐
PACK IN SITU	☐
INSTRUCTION FOR REMOVAL	

TOURNIQUET TIME ON 1545 OFF 1615

SPECIAL COMMENTS

Name of Scrub Nurse: S/N LEVSEY

Signature of Circulating Nurse: [signature] ODP

JMcC/983B4

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P. ✓				CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY ✓					
– OXYGEN/WARD					
– CANNULA/REMOVAL – RECOVERY		WARD	✓		
SPECIAL					

INFORMATION/INSTRUCTIONS

Signature: [signature]

D. POST OPERATIVEOBSERVATIONS

TIME	1620	1635	1650	1500														
PULSE	76	74	82	80														
BLOOD PRESSURE	113/54	115/62	127/86	140/90														
SATURATION (SaO_2)	99	99	99															
RESPIRATORY RATE	14	14	16															
AIRWAY	LM	LM	out															
OXYGEN	4l	4l	4l	4L														
PAIN SCORE	0	0	0															
SEDATION SCORE	3	3	0															
TEMPERATURE	36.0	✓	✓															
WOUND	Dry	Dry	Dry	Dry														
C	✓	✓	✓	✓														
S	–	–	✓	✓														
M	–	–	✓	✓														
	BF	BF	BF	(V)														

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature_____

432099
ZALESKI WALTER
211 STEVENSON STREET M
GLASGOW S
26/10/1970
G40 2RW G.P.Prac.46381

OR OPERATION

_____ of _____

_____ to the

operation of EXPLORATION RIGHT ANKLE

the nature and effect of which have been explained to me by:

Dr/Mr RLESLIE.

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 17-4-97 (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 17-4-97 Signed RLeslie.
(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

HOSPITAL

PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use		Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A	7/4/97	Cyclimorph	10mg s	I.m		4 hrly				prn							
	B																	
	C																	
	D																	
	E																	
	F																	
	G																	

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H	7.4.97	DIHYDROCODEINE	30mg	O	6-8 hr		prn		Pain					Rlecle			
	J																	
	K																	
	L																	
	M																	
	N																	
	O																	
	P																	
	R																	
	S																	
	T																	
	V																	

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES: 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
7A	WALTER ZALESKI	26 YRS			432099	BENNET

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

DATE	REGULAR PRESCRIPTIONS										COMMENTS ON DISCREPANCIES
	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	
3/4/97	Initial	H Initial	Initial	Initial	Initial	Initial	H Initial	Initial	Initial	Initial	
4/4/97		H Initial									

NAME	UNIT NUMBER	WARD
WALTER ZALESKI	432099	7A

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MR1 10/90

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS																								COMMENTS ON DISCREPANCIES
DATE	6 a.m.			8 a.m.			10 a.m.			12 m.d.			2 p.m.			4 p.m.			6 p.m.			10 p.m.			12 m.n.			OTHER TIMES			
			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial	

NAME: WALTER ZALESKI

UNIT NUMBER: 32099

WARD: 7A

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MH 4070

GREATER GLASGOW HEALTH BOARD — ANAESTHETIC RECORD No.

Date & Time	Premedication
2/12/93 3.30pm	TEMAZEPAM 20mg

Ordered by	Given by	Time given
[illegible]	J. M'Lean	3.30pm

A [barcode]
432099 RM
ZALESKI WALTER
0/2 27 GREEN ST M
GLASGOW S
26/10/70
G40 2HN G.P.Prac.46381

PRE-OPERATIVE ASSESSMENT

Exercise Tolerance Fair

R.S. Smoker 10/day — Asthma

CXR

C.V.S. Pulse 75 — Health

B.P. 130/70

E.C.G.

Other Varicose veins on lt leg - ortho consult

PATIENT'S WEIGHT Kg. WARD

Previous Operations Prostate GP's - Lamp

Allergies PENICILLIN

Biochemistry

Haematology ECG for theatre

PATIENT Number Hosp Age Sex Date — A (1) 8-26

ANAESTHETIST Beh — Cons SR Reg SHO

OPERATOR Behrend — Cons X SR Reg SHO Other — 27–35

PROCEDURE Tackle — Code — Time Commenced 1730 — Duration E OP SESSION — 36–50

PRE-OP DISEASE — Resp. CVS — Anaemia Endocrine — Renal Hepatic — Neurolog Muscular — Other — B (1) 8–13–16

CURRENT DRUGS X DF118 — 17

PREV. ANAESTH. X Halothane — Complications — 18–20

PREMEDICATION — Morph Atropine Papaveret Hyosc Pethidine Phenergan Fentanyl Drop Diaz Other X — 21–30

DUCTION — Thiopentone Methohexitone Althesin Ketamine Inhalation Other (spec) X Propofol 200 — 31–36

RELAXANT — Sux dtc Panc Alcur Gall Other (spec) Neost Atrop — 37–44

MAINTENANCE — N_2O X — Hal Methox — Ethrane X Trilene — Ether Cyclo — Morphine Pethidine — Papaveret 100 Fentanyl X — Phenop Pentaz — Other — 45–52 / 53–58

TECHNIQUE — Spont X IPPV — Mask X A'way — ETT Cuff — Oral X Nasal — Magill T Pce — Tracheos Hypotens — Circ(cl) Pack — Circ (lk) X Other — 59–66 / 67–74

I. V. SITE — R. Arm L. Arm — R. Hand L. Hand X — R. Leg L. Leg — Neck Other — C (1) 8–12–15

MONITORING — ECG X — Pulse X — Temp. — CVP line — B.P. X — Other X — 16–21

POSITION — Supine X — Lithotomy — Lateral — Prone — Other — Hd Up — Hd Down — 22–28

REG. ANALGESIA — Spinal — Epidural — Bier — Brach Plex — Other — Cath — Site — 29–34 / Amethoc — Priloc — Cinchoc — Bupivac — Lignoc — Adren — Other — 35–41

COMPLICATIONS — 42

BLOOD LOSS — TRANSFUSION — 43–47

FORM 6A.

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials
2/12/93	R Caldera	
	Inj ① Ibs pulse IV, Cimetidine	
	② Nebulizer	
7/12	Well home for OP 1/52	
	Ibs or Flurbiprofen then PC pain JOR.	

FORM 39

JMcC/912436

GREATER GLASGOW HEALTH BOARD

OPERATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	Walter	
Ward 7a	Age 23	432099

Date of operation: 2 12 93

SURGEON'S NOTES

OPERATION PERFORMED Right Zadek's procedure SURGEON Mr Bennet

Procedure:

Tourniquet upper thigh. Tourniquet time - 15 minutes. Nail removed. Two corner incisions and nailbed excised surgically. Phenol inserted into corners. Sutures to nail corners. Sofratulle, cotton wool and crepe.

Also gave Hydrocortisone injection locally into the tender spot around his scar.

Post-op:

1. Observations; pulse, blood pressure, temperature and distal circulation.

SPECIAL INSTRUCTIONS

FORM 7A

GCB/CL/Typed 6 12 93

DATE 6.12.93 SIGNATURE

GGHB – STOBHILL GENERAL HOSPITAL

THEATRE/RECOVERY CARE PLAN

U
N
A

432099
ZALESKI WALTER
0/2 27 GREEN ST M
GLASGOW S
26/10/70
G40 2HN G.P.Prac.46381

CONSULTANT Mr Bennet

WARD 7a

THEATRE

DATE OF OPERATION 2.12.93

TIME: 8.30 am

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED tick

1. LAST TIME PATIENT ATE OR DRANK	7am Tea & Toast	✓
2. CONSENT SIGNED		✓
3. IDENTITY BAND		✓
4. CASE NOTES, X-RAYS, DRUG KARDEX		✓
5. OPERATION SITE PREPARED AND MARKED		✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	NO	✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	NO	✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)		✓
9. ALLERGIES	~~NKA~~ Penicillin.	✓
10. VOIDED URINE	3am	✓
11. BASELINE OBSERVATIONS P: 84 BP: 130/70		

PROBLEMS/NEEDS	INTERVENTION	OUTCOME
Nil of Note		

Signature – WARD: J. McLean S/N RECEPTION:

B. THEATRE

OPERATION PERFORMED Zadek's Procedure (L) great toe

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☑ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ✓
– FINAL ✓
INSTRUMENTS ✓
SHARPS – NEEDLES ✓
– BLADES ✓

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

SPECIAL COMMENTS

Name of Scrub Nurse: E. McLaren

Signature of Circulating Nurse: M Mowat

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P.				CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY					
– OXYGEN/WARD					
– CANNULA/REMOVAL – RECOVERY		WARD			
SPECIAL					

INFORMATION/INSTRUCTIONS

Signature:

D. POST OPERATIVEOBSERVATIONS

TIME	345	00																
		6																
PULSE	70	72																
BLOOD PRESSURE	126/73	140/81																
SATURATION (SaO^2)	97	98																
RESPIRATORY RATE	R	R																
AIRWAY	No	No																
OXYGEN	4L	4L																
PAIN SCORE	0	3																
SEDATION SCORE	3	1																
TEMPERATURE	–	–																
WOUND	✓	✓																
CSM	✓	✓																
	=	✓																

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature_____

CONSENT BY PATIENT/PARENT FOR OPERATION

I WALTER ZALESKI of 27 GREEN STREET
hereby consent to

~~•submission of~~ _____ ~~to the~~

operation of ZADEK'S PROCEDURE, (R) FOOT

the nature and effect of which have been explained to me by:

Dr/~~Mr~~ KERR MAC ANDIE

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 1/12/93 (Signed) X _____

~~•Relationship to Patient~~ _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 1/12/93 Signed _____
(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

PATIENT CARE PLAN:

NAME: Walter Zdeski WARD: 7A. DATE OF ADMISSION: 1-12-93.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
1-12-93.	Self care	
1-12-93.	Pre op shower	
	Post op wash.	
	MOBILISATION	
1-12-93.	Up as able	
2-12-93.	Bed rest post-op until seen by Mr Bennet.	
	DIET	
1-12-93	Normal.	
1-12-93	Fasting for pm theatre.	
	BLADDER & BOWEL CARE	
	No problem	
	SPECIAL NEEDS	
	Explain all procedures.	

DATE COMM.	TECHNICAL CARE		DATE DISC.
	OBSERVATIONS		
1-12-93	Baseline ODS. BP 130/70. T.		
2-12-93.	Post op ODS.		
	WOUND CARE		
2-12-93.	Observe for staining.		
	SPECIMENS	**INVESTIGATIONS**	
1-12-93	RSOU	Ward testing.	

GREATER GLASGOW HEALTH BOARD

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	Walter.	

Date 1-12-93

Post Op Date

TEMPERATURE °C: 42 41 40 39 38 37 36 35 34

PULSE: 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

RESPIRATION

No. of Stools

Form 10B

[redacted] HOSPITAL

RESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

harmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H 1/12/93	DIHYDROCODEINE	30mg	ORAL	4-6 hourly for pain							Max 8/day			Peter Mac Sudice		
	J 2-12-93	TEMAZEPAM	10mg	O								1 Nocte			NPAL		
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

ATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
7A	Walter Zaleski	23			432099	Mr Bennet

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
1.12.	Initial	Initial	Initial	Initial	Initial	Initial	H	Initial	Initial	Initial	
2/12/13							H				
3/12											

NAME	UNIT NUMBER	WARD
Walter Zaleski	432099	7A.

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MR L 10/00

PATIENT PROFILE

432099
ZALESKI WALTER
0/2 27 GREEN ST
GLASGOW
G40 2HN

No. 432099
M

M
S

26/10/70
G.P.Prac.46381

AGE 23
RELIGION: C of S.
Date of admission: 1-12-93. Time:
Type of admission: Arranged.
Accompanied by:
From where:
PATIENTS OCCUPATION: —
MARITAL STATUS: Single.
Children: — Ages:
Other dependants:
Living alone? Yes.
(1) NO—with whom?
(2) YES—any supportive help? —

date
Seen by minister/priest:

NEXT OF KIN: Rhona Walker.
Relationship: Fiancee
Address: 7 Westergreens Ave
Kirkintilloch.
Home phone no: 777 - 8226.
Work phone no:
ALTERNATIVE NEXT OF KIN:
Relationship:
Address:
Phone No:

VISITING PROBLEMS

SPECIAL PROBLEMS AT HOME
(a) With housing?
(b) Social:
(c) Other:

REASON FOR THIS ADMISSION
ZADEK'S PROCEDURE
(R) TOE

PAST MEDICAL HISTORY
Congenital talipes
Triple arthrodesis Oct 91.
Revision of arthrodesis March 93
leg lengthening for
March - Oct. 1987.
Ingrown toenail (R) big toenail
for several months.

PATIENT'S UNDERSTANDING OF ILLNESS
Removal of toe nail

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

INFORMATION GIVEN TO RELATIVES (date and by whom)

CURRENT DRUG THERAPY AT HOME
Dihydrocodeine

ALLERGIES ✱ PENICILLIAN ✱

PATIENT'S PROPERTY
Checked Not Checked
VALUABLES IN HOSPITAL SAFE:
Description:

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS

JMc/C911759

DAILY LIVING

SLEEP
Pattern:
How many pillows?
Sedation?
What else helps?

MOBILITY
Remarks:
Full. foot has pain
Assistance needed?
One stick.

DIET
Appetite:
Special diet:
Dislikes:
Fluid preferences:

URINARY
Any problems? nil.
Special needs:

BOWELS
Frequency:
Any problems? nil
What helps?

MENSTRUATION 'Pill' IUCD
LMP: -
Cycle:
Any problems?

HEARING
Any problems?
Hearing aid? Battery Type?

VISION
Any problems?
Glasses? Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark:

RECREATIONAL INTERESTS

SMOKING (type and amount)

SOCIAL DRINKING (type and amount)

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION

GENERAL OBSERVATIONS
T P 80. R B/P
Height: Weight: Norton Score:
Urine:
SKIN INSPECTION

ORAL INSPECTION
Condition of mouth:
Condition of teeth:
Dentures: Upper Lower Partial
Crown?
Any problems?

ADDITIONAL SIGNIFICANT GENERAL INFORMATION (554 - 1866).
G.P.
Dr Jamieson
201 N Berwick Law St.
Glasgow G40 2DA

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation (a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list			
Sheltered housing ...			
Other: ...			

G.G.H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES

Surname Zadeski Hospital No
Fornames Walter. Sex M.
DoI B 26-10-70
Address
Ward / Dept

Date		Signature
1-12-93.	Arranged admission for theatre tomorrow.	
pm	Settled pm: For theatre tomorrow for RT Zadeks procedure. To have an ECG prior to theatre.	amDell
2.12.	Settled night.	
(A)	resting now for theatre.	
	ECG carried out. Showed.	
	Re ned 3.30pm	
am	Pre-med. temazepam 20mgs @ 5.30pm returned from theatre @ 6pm. following Zadek's procedure to (R) big toe. Observations satisfactory on return. has been eating & drinking, up walking with stick - home tomorrow when physio's happy. Has passed urine.	
3.12	Settled night.	
am.	Independent; up with physio's. - home later with OPA for CT52 & advice.	

JMcC/912353

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL	S/H 432099

ADMISSION DETAILS							
29/09/93	13:22	TYPE WLDB	SOURCE HOME	ADMISSION Inpatient	DATE ON W.L.	PATIENT CATEGORY	
WARD 7A		ORTHOPAEDICS		CONSULTANT GC BENNET			

PATIENT

TITLE	SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MR	ZALESKI	WALTER		22	26/10/1970	M	S

ADDRESS 27 GREEN ST
GLASGOW

POSTCODE G40 3HN

TELEPHONE No.

ALT/PREV SURNAME

OCCUPATION

OCCUPATION (HUSBAND/FATHER)

REF. G.P.

NAME JAMIESON R
G.P. CODE 2545763
PRACTICE 46381|1
CONTRACT No.

ADDRESS 201 ABERCROMBY STREET
GLASGOW
TELEPHONE No. 554 1866
POSTCODE G40 2DA

NEXT OF KIN AND / OR

NAME RHONA WALKER
RELATIONSHIP GIRLFRIEND
ADDRESS 7 WESTERGREENS AVE
DAY PHONE No. 77 8226
NIGHT PHONE No.

NAME MARGARET GRAY
RELATIONSHIP AUNT
ADDRESS 137 RYESIDE RD
GLASGOW
DAY PHONE No.
NIGHT PHONE No.

SOC.

RELIGION Ch. of Scotland
VISIT REQ. BY CHAPLAIN YES/NO N
PENSION BOOK No.

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE		WARD	SPECIALTY	CONSULTANT	CODE

DIAGNOSES

		CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	PAINFUL FOOT		
OTHER CONDITIONS (D.G,2)	PREVIOUS TRIPLE ARTHRODESIS		
(D.G,3)			
(D.G,4)			
(D.G,5)			
(D.G,6)			

AND OPERATIONS

		CODE	DATE
MAIN OPERATION	R.O. STAPLE		
OTHER OPERATION (O.P,2)			
(O.P,3)			
(O.P,4)			

LOCAL USE			NATIONAL USE	

SMR1 COMPLETED

LINDA MCGILL 29/09/93 13:25

GREATER GLASGOW HEALTH BOARD

INPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
				M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME

ADDRESS	G.P.'S NAME & ADDRESS
TEL. NO.	TEL. NO.

DATE	SPECIALTY Orthopaedics	CONSULTANT'S NAME Bennet

29/9/93 A/A for trimming of osteophytes and removal of staple ® foot.

HPC: Congenital ® sided talipes equinovarus. Has always had some pain in ankle but became worse in July 1991. Triple arthrodesis was performed on 9/10/91. Continued to have pain in dorsum of ® foot when weightbearing post-op. Revision & bonegrafting ® triple arthrodesis was performed in March '93. He continues to have pain in the ® ankle & foot, hence the present admission.

PMH: ® leg brightening from March to October 1987. nil else of note.
° D, °A, °E, °TB, °T

DH: dihydrocodeine 30mg p.r.n.
+ allergic to penicillin & "makes me sick"

SE: CVS: NAD
RS: NAD
Abdo: NAD
GUS: NAD.
CNS: NAD

SH: lives in Calton, alone
unemployed
smokes ~ 10 cpd.
alcohol ~ 4 units/week

FH: father died age 75 after 4 MI's
sister, age 61, has "heart trouble"
history of TB on maternal side

JMcC/911628

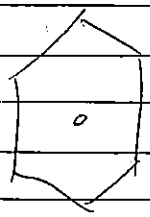
DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	WEIGHT (In Kilogrammes)			

PHYSICAL EXAMINATION

29/9/93 G/E: looks well
pulse 80 bpm

CVS: °A °C
JVP ⇔
HS I+II+0
0 murmurs/thrills

RS: trachea ⊥
chest clear

Abdo:  soft, non-tender
°LKCS/masses
BS✓

CNS: grossly intact

Imp: healthy 27 year old ~~M~~ male for trimming of osteophytes and R/o staple (R) foot.

Plan: FBC ✓ 15.5, 7-8, 348
U+E ✓
glucose ✓
G+S ✓
consent ✓
Kardex ✓

INVESTIGATIONS

Kevin Mac Andrew 1006
(THO)

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials
3/9	FW RO Skype + Hemmy Rjour	
3/9/95	RO. Tape Rjour	
	T.T. Johns.	
	Otten Wor + Crepe	
	mop ① Obs pulse, BP, Temp, Chest clear Allergies Steri	
	② Instorlise WB as empty stom	

FORM 39

JMcC/912436

GGHB – STOBHILL GENERAL HOSPITAL **THEATRE/RECOVERY CARE PLAN**

UNIT No. 432099 DOB 26/10/40
NAME: WALTER ZALESKI
ADDRESS: 152 ABERCROMBY ST, GLASGOW

CONSULTANT BENNET
WARD 7A
THEATRE FIVE.
DATE OF OPERATION 30/9/93
TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED tick

1. LAST TIME PATIENT ATE OR DRANK	6AM. 30/9/93.	✓
2. CONSENT SIGNED		✓
3. IDENTITY BAND		✓
4. CASE NOTES, X-RAYS, DRUG KARDEX		✓
5. OPERATION SITE PREPARED AND MARKED	(R) FOOT.	✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE		✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES		✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (~~TAPED~~/REMOVED)		✓
9. ALLERGIES	PENECILLIN.	✓
10. VOIDED URINE		✓
11. BASELINE OBSERVATIONS P: 74. BP: 140/90		✓

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

* ALLERGY TO PENECILLIN *

Signature – WARD: P Carolan JB RECEPTION:

B. THEATRE

OPERATION PERFORMED Trimming of osteophyte R/O Staple (R) Foot

DIATHERMY BIPOLAR/MONOPOLAR	☐	LATERAL RIGHT	☐
HEEL RESTS	☐	LATERAL LEFT	☐
FLOWTRON BOOTS	☐	SUPINE	☑
SHEEPSKIN HEEL PADS/MATS	☐	PRONE	☐
HEATED WATER BED	☐	TRENDELENBURG	☐
ARM BOARDS	☐	REVERSE	☐
		LITHOTOMY	☐
		LLOYD DAVIS	☐

PATIENT POSITION

TOURNIQUET TIME ON 2.20 pm. OFF 2.50 pm

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST	✓
– FINAL	✓
INSTRUMENTS	✓
SHARPS – NEEDLES	☐
– BLADES	☐
THROAT PACK OUT	☐
PACK IN SITU	☐

INSTRUCTION FOR REMOVAL

S/N McKune

Name of Scrub Nurse: ~~E/N Kelly~~

Signature of Circulating Nurse: L Gray

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P.	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY 4 l via mask		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY | WARD		
SPECIAL		

INFORMATION/INSTRUCTIONS

Signature:

POST OPERATIVE OBSERVATIONS

TIME	2 55	3 10	3 25	10 pm														
PULSE	71	83	80	82														
BLOOD PRESSURE	114/54	143/87	155/80															
SATURATION (SaO_2)	98	98	/															
RESPIRATORY RATE	R	R	R															
AIRWAY	HN	out	/															
OXYGEN	4L	4L	/															
PAIN SCORE	0	1	0															
SEDATION SCORE	3	1	0															
TEMPERATURE			36.0	35.6														
WOUND	Dry	Dry	Dry															
C	✓	✓	✓															
S	✓	✓	✓															
M	Limited	same																

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Uneventful Recovery

Signature L. Roberton

CONSENT BY PATIENT/PARENT FOR OPERATION

I WALTER ZALESKI of ~~152 ABERCROMBY ST,~~ 27 GREEN STREET KM, WZ.
hereby consent to

~~•submission of _____ to the~~

operation of TRIMMING OF OSTEOPHYTES & REMOVAL OF STAPLE (R) FOOT

the nature and effect of which have been explained to me by:

Dr/Mr KERR MAC ANDIE

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 29/9/93 (Signed) X _____

~~•Relationship to Patient _____~~

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 29/9/93 Signed _____
(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

GREATER GLASGOW HEALTH BOARD — ANAESTHETIC RECORD No.

Date & Time	Premedication	Addressographic Label
		WALTER ZALESKI 432099 152 ABERCROMBY ST GLASGOW.

Ordered by	Given by	Time given

PRE-OPERATIVE ASSESSMENT

Exercise Tolerance
R.S. Smoker
CXR
C.V.S. Pulse
B.P.
E.C.G.
Other Orthopaedic

PATIENT'S WEIGHT Kg. WARD 7A

Previous Operations Prev GA's.
Allergies PENICILLIN
Biochemistry Urea ✓ Amylase ✓
Haematology Fasted 7am.

PATIENT	Number	Hosp	Age	Sex	Date	A (1) 8-26
W ZALESKI	432699	SGH	22	M	30 09 93	

ANAESTHETIST	Cons	SR	Reg	SHO	OPERATOR	Cons	SR	Reg	SHO	Other	27–35
SINCLAIR			✓								

PROCEDURE	Code	Time Commenced	Duration	E	OP	SESSION	36–50
Triple osteotomies + lateral staple ⓡ foot		1400					

PRE-OP DISEASE	Resp.	Anaemia	Renal	Neurolog	Other	B (1) 8–1
	CVS	Endocrine	Hepatic	Muscular		13–16

CURRENT DRUGS ✓ — 17

PREV. ANAESTH. ✓ Halothane — Complications 0 — 18–20

PREMEDICATION	Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other	21–30
	✓										

INDUCTION	Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)	31–36
						✓ Propofol 200mgs	

NT	Sux	dtc	Pane	Alcur	Gall	Other (spec)	Neost	Atrop	37–44
		✓							

NCE	N_2O	Hal	Ethrane	Ether	Morphine	Papaveret	Phenop	Other	45–52
		Methox	Trilene	Cyclo	Pethidine	Fentanyl ✓	100µgs Pentaz	Ketorolac	53–58
	Spont ✓	Mask	ETT	Oral	Magill	Tracheos	Circ(cl)	Circ (Ik)	59–66
4	IPPV	A'way	Cuff	Nasal	T Pce	Hypotens	Pack	Other	67–74

	R. Arm	R. Hand	R. Leg	Neck	C (1) 8–1
	L. Arm	L. Hand ✓	Leg GTN	Other	12–15

4 l O2.

	ECG	Pulse	Temp.	CVP line	B.P.	Other	16–21
	✓	✓				✓ Sats Graph	

	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd Down	22–28
	✓							

A	Spinal	Epidural	Bier	Brach Plex	Other	Cath	Site	29–34
	Amethoc	Priloc	Cinchoc	Bupivac 0.5%	Lignoc	Adren	Other	35–41

10mls/ Infiltration — Surgeon

Ketorolac 10mgs — 42

TRANSFUSION — 43–47

CHARTED DRUGS

I.V. FLUIDS 1400 30 1500 30

38 260

V

BP. 36 220

Λ

• PULSE 34 180

o TEMP 140

100

60

20

TIME	0800	97 97			
Blood Loss	0600	89 92			
C.V.P.					
Urine Vol.					

Time	Fluid	Volume

Tourniquet time
1 35 mins

G.G.H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES.

Surname ZALESKI Hospital No 432099
Forenames WALTER Sex M
DoI B 26/10/70
Address
Ward / Dept 7A

Date		Signature
	Arranged admission for theatre tomorrow RSOO. to be obtained	KBrown
20/9	Sleep for short periods. Tea + Toast given at 7a - fasting thereafter	GCurrie
a.	self caring. Up as able.	
	Pain med due @ not prescribed.	KBrown
pm.	Returned from theatre following trimming of osteophytes and removal of staple from (R) foot. Uneventful recovery. Observations and C.S.M. satisfactory	PGordon
21/9/93	Foot very sore. Morphine 10mgs IM @ 12[15]a with good effect.	GCurrie
a.m.	Self-caring. Mobile around ward in wheelchair, encouraged to keep foot elevated. Dressing dry, C.S.M satisfactory.	S. Flood.
pm	for home tomorrow. O.P.A for ? Thursday	PGordon
22-9-93	Settled night	Kemp
a.	Self care. Pain controlled. Mr Bennet for OPA next week. To be seen out when made on Monday. Dressing reduced. Discharged home.	KBrown

JMcC/912353

GREATER GLASGOW HEALTH BOARD

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

Date	29/9	30.9.	1/10											
Post Op Date		TH	1	2	3	4	5							

TEMPERATURE

C

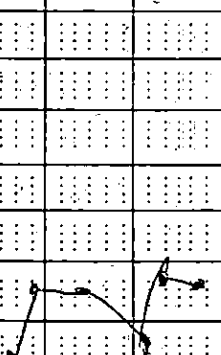
42 41 40 39 38 37 36 35 34

PULSE

180 170 160 150 140 130 120 110 100 90 80 70

RESPIRATION

60 50 40 30 20 10



No. of Stools														

Form 10 B

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS																								COMMENTS ON DISCREPANCIES
DATE	6 a.m.			8 a.m.			10 a.m.			12 m.d.			2 p.m.			4 p.m.			6 p.m.			10 p.m.			12 m.n.			OTHER TIMES			
			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial		
29/9/93																														
30/9				J												A													A @ 3.40pm RE. J @ 8.50pm PA. SB
1/10/93				R						J	SF					J						5	5						A 0 12 10am CR
2/10/93				J.						J.																			

NAME	UNIT NUMBER	WARD	KEY:
WALTER ZALESKI	432099	7A	CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM PS1 10/90

GREATER GLASGOW HEALTH BOARD

HOSPITAL PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A 30/9/93	MORPHINE	10mg	IM	3-4 hourly or required for pain										Kerr Mac Andrew		
	B 30/9/93	METOCLOPRAMIDE	10mg	IM	6-8 hourly as required for vomiting										Kerr Mac Andrew		
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	~~H 29/9/93~~	TYLEX	2 TABS	ORAL	4-6 hourly for pain							Max 8/day			Kerr Mac Andrew	29/9/93	
	J 29/9/93	DIHYDROCODEINE	30mg	ORAL	4-6 hourly for pain										Kerr Mac Andrew		
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
[illegible] A	[illegible]	[illegible]			[illegible]	[illegible]

PATIENT CARE PLAN:

NAME: Walter Zaleski WARD: 7A. DATE OF ADMISSION: 29.9.93.

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
29.9	self caring	
30.9	pre-op shower. post-op wash	
1/10	Self-caring.	
	MOBILISATION	
29.9	as able	
30.9	Bed rest after pre-med.	
1/10	Can mobilise in wheelchair. To remain non-weight bearing meantime.	
	DIET	
29.9	Normal free fluids	
30.9	Fasting	1/10
1/10	Free fluids / normal diet.	
	BLADDER & BOWEL CARE	
29.9	self-caring	
30.9	offer bottles + commode	1/10
1/10	Self-caring.	
	SPECIAL NEEDS	
30.9	Bed cage	

DATE COMM.	TECHNICAL CARE	DATE DISC.
	OBSERVATIONS	
29.9	Baseline T 36.8 P 74 BP 140/90	
30.9	Routine post-op obs.	
1/10	4hrly temp & pulse 10, 2, 6, 10.	
	WOUND CARE	
30.9	observe for excessive leakage + report.	

SPECIMENS	INVESTIGATIONS
RSOU	

GREATER GLASGOW HEALTH BOARD

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use		Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A	4/3/93	Cyclimorph	15 mg	IM		ON REQUIRED											
	B																	
	C																	
	D																	
	E																	
	F																	
	G																	

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H	3/3/93	DIHYDROCODEINE	60mg	oral			4/6 Hrly AS REQUIRED				✓				JBal		
	J	3/3/93	Temazepam	10mg	oral								✓					
	K																	
	L																	
	M																	
	N																	
	O																	
	P																	
	R																	
	S																	
	T																	
	V																	

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
7A	[illegible]	22 yrs				Mr BENNETT

KNOWN MEDICINE SENSITIVITIES 1.

GREATER GLASGOW HEALTH BOARD

HOSPITAL
MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
4/3/93	Initial	H Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	A @ 1600 hrs. A @ 7.30pm
5/3	H 9am						H. PG. KC				AD 7.45am LC JA coproxamol x2 tabs @ 11.10 am JA A @ 1.20pm LC.
6/3/93		H		H PG. LC			H				*A @ 8.20 am *PG AE 11pm AD
7/3/93		H PG. LC		H			H	H AR			AE 11.50pm AD.
8	H+Q	LC	H	LC			H JA	LC			
9/3/93	H	H	H	H			H LC	H J			
10	H	LC	H	JA			H	H J JC			AD 2.05 am JA
11/3	H		H	H			H	H J JC			
12/3/93	H	H	H	JA							

NAME: Walter Zelaski

UNIT NUMBER:

WARD: 7A

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MR1 1090

PATIENT PROFILE

[redacted]
432099
ZALESKI WALTER
152 ABERCROMBY STREET M
GLASGOW N
26/10/70
G40 2SA G.P.Prac.46432

No. .....
C .....
B. .....
.....
.....
7A

AGE 22
RELIGION: cofS

date
Seen by minister/priest:

Date of admission: 3/3/93 Time:
Type of admission: Arranged.
Accompanied by:
From where:
PATIENTS OCCUPATION: unemployed
MARITAL STATUS: Single
Children: Ages:
Other dependants:
Living alone?
(1) NO—with whom?
(2) YES—any supportive help? ✓

NEXT OF KIN: Walker & Fiona
Relationship: Fiance
Address: 7 Westergreen Ave K/Tilloch
Home phone no: 7778226
Work phone no:

ALTERNATIVE NEXT OF KIN: Mat Grav
Relationship: Aunt
Address: 137 Ryeside Rd
Phone No:

VISITING PROBLEMS ✓

SPECIAL PROBLEMS AT HOME
(a) With housing?
(b) Social: ✓
(c) Other:

REASON FOR THIS ADMISSION
Re arthrodesis of (R) Tarsal joints revision

PAST MEDICAL HISTORY
91 Arthrodesis-(R) Triple
87 leg lengthening (R)

PATIENT'S UNDERSTANDING OF ILLNESS
understands

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

CURRENT DRUG THERAPY AT HOME
DF118 for pain

INFORMATION GIVEN TO RELATIVES (date and by whom)

ALLERGIES *Penicillin*

PATIENT'S PROPERTY
Checked Not Checked
VALUABLES IN HOSPITAL SAFE:
Description:

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS ✓

DAILY LIVING

SLEEP
Fine.
Pattern:
How many pillows?
Sedation?
What else helps?

MOBILITY
x1 stick
Remarks: painful difficult at times
Assistance needed?

DIET
Normal
Appetite:
Special diet:
Dislikes:
Fluid preferences:

URINARY
Fine
Any problems?
Special needs:

BOWELS
Regular
Frequency:
Any problems?
What helps?

MENSTRUATION 'Pill' IUCD
LMP:
Cycle:
Any problems?

HEARING
Fine
Any problems?
Hearing aid? Battery Type?

VISION
~~Normal~~ long sight
Any problems?
(Glasses?) Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark: Normal

RECREATIONAL INTERESTS

SMOKING (type and amount)
10 daily

SOCIAL DRINKING (type and amount)
Once a week

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION

GENERAL OBSERVATIONS
T 36°c P 75 R B/P 120/80
Height: Weight: Norton Score:
Urine:

SKIN INSPECTION

ORAL INSPECTION
Condition of mouth: Fine
Condition of teeth:
Dentures: Upper Lower Partial
Crown?
Any problems? No

ADDITIONAL SIGNIFICANT GENERAL INFORMATION

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation (a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list ...			
Sheltered housing ...			
Other: ...			

G.G H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES

Surname Watter ↳ Hospital No
Fornames Zaleski Sex
DoI B
Address
Ward / Dept 7A

Date		Signature
3/8/93	Arranged for admission for re arthrodesis of Tarsal joints, tomorrow	
	Baseline observations BP 120/80 P 75 T 36°-	
	Awaiting R.S.O.U.	
pm	Settled evening. SB Anaesthetist	
	pened due tomorrow ↳ 12.30 pm.	
	Please post after tea (n) Inject ↳ 6am.	
4/8/93	Diazepam at 11.45 for relief of Pain	
am	Self Caring requires SIBMR Bennet -	
	for theatre this pm.	
	Pamedic Diazepam 15mgs given ↳ 1245 pm	
	in preparation	
pm	Returned from theatre where revision	
	triple arthrodesis (r) foot and Grafting	
	(r) iliac crest.	
	leakage from iliac crest +++, due to	
	early evacuation of drain in Theatre.	
	Padding applied	
	Observations stable. Temp 37.8°C, now	
	9pm 37.2°C.	
	Still to void urine	
	CSM to foot intact	
	Back slab in situ.	
	Cyclimorph 15mg IM 4pm	
	Cyclimorph 15mg IM 7.30pm with	
	effect.	
	End of bed elevated.	
5.8.	Good post-op night, CSM to foot	
	intact, staining on back slab, leakage	
	remains +++ from iliac crest, padding	
	re-applied. Observations BP 136/80 T 37.5 P 114	
	Has not PU.	
am	Settled morning, BP 140/80 T 37°C P 110.	
	Passed urine this morning.	
	~~Inj~~ Cyclimorph 15mg IM given at 7.45 am	
	with effect.	
	Coproxamol ×2 tab given at 11.10 am.	
	CSM satisfactory, foot of bed elevated.	
	Cyclimorph 15mg IM @ 1.15 pm	
	End of bed remains elevated.	
	Bed rest continues.	
pm.	Up to toilet with aid of nurse to transfer—	

JMcC/912353

Date	NURSING NOTES	Signature
	patient unable to use urinal in bed. CSM satisfactory. Oral analgesics given. Bed elevated. Up to toilet in wheelchair to pass urine	Pearce Campbell
6.3.	Cyclimorph 15mg at 12 mn. IM with good result.	
	Slept well. Bed elevated overnight.	P McCarthy
am.	Basin wash ⅓ assistance. Mobile in wheelchair around ward. Cyclimorph 15mg @ 8.20 am given with effect.	Pearce
	Settled day. Up in wheelchair for periods	Campbell
7.3.93	Cyclimorph 15mgs IM @ 10.30 pm with good effect	Pearce
	Slept well	
am.	Assisted wash. Oral analgesics given with effect. Mobile in wheelchair.	Pearce Campbell
	Settled day. CSM to toes satisfactory.	
8.3	Cyclimorph 15 mg IM at 11.50 pm. with good effect.	P McCarthy
am	Light weight plaster of paris to be applied on Thursday.	
	Oral analgesia for pain with effect.	
	Up intermittently on wheelchair.	L Cairns
pm	Mobilising around ward in wheelchair. CSM to toes satisfactory.	
	Supervised (1) leg elevated, out up in chair. Patient requests night sedation	Campbell
9/3/93	Slept well. Night sedation given.	G Cullen
4AM	Basin wash independantly. Complaining of pain in (L) hip,	
	Oral analgesia for pain with some effect. Mobile in wheelchair. CSM to toes satisfactory.	S Stormonth
pm	Iliac crest wound cleaned and dry dressing applied. Area clean, some bruising evident.	L Cairns
10/3/93	Settled night	J Glendenning
am	Self caring.	L Cairns
	Analgesia for pain with effect.	
pm	Self caring and mobile around ward. Cyclimorph 15mg at 2.05pm for pain + regular dihydrocodeine 60mgs at 6pm.	E Gold.
	Mildly pyrexial 37.2°C at 5pm - up to 37.5°C p100 at 7.30pm	E Gold.
	Temp ~~36~~ 36.8° at 10pm	
11/3/93	Slept well after oral analgesia + temazepam	
AM.	Self Caring, mobilising well in Wheelchair. Dihydrocodeine given regularly with effect.	S Stormonth
	Had light weight plaster applied this am may be up to mobilise later today.	
pm.	Quiet evening. Mobilising around ward ⅓	P McCarthy

G.G.H.B.
STOBHILL GENERAL HOSPITAL

NURSING NOTES

Surname Zaleski Hospital No
Forenames Walter Sex
D of B
Address
Ward / Dept 7A

Date		Signature
12/8/93.	Settled overnight	
am.	Self caring, Home this afternoon.	
	Discharged O.P.A 1 week + medications.	

JMcC/912353

GREATER GLASGOW HEALTH BOARD

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zakeski	Walter	

Date	3/3/93	5/3	6/3	7/3	8/3	9/3	10/3	11/3	12/3				
Post Op Date		8 pm											

TEMPERATURE

42 41 40 39 38 37 36 35 34

O/B

Daily Temp & Pulse

PULSE

180 170 160 150 140 130 120 110 100 90 80 70 60

O/B

RESPIRATION

50 40 30 20 10

M 10B

MENT CARE PLAN: NAME: Walter Zaleski WARD: 7A DATE OF ADMISSION: 3/3/93

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
3/3/93	Self care	4/3
/3	Post op Wash Offer oral care	
5/3	Assisted wash as desired	
	Oral Care as desired	
/3	2hrly pressure relief and chart	
	MOBILISATION	
3/93	Mobile as able - use of 1 stick	4/3
/3	Bed Rest post op.	
	Encourage deep breathing exercises	
	DIET	
3/93	Normal	4/3
	Light diet and fluids post operative →	
	Normal	
	BLADDER & BOWEL CARE	
3/93	Independent	4/3
4/3	Ensure voided urine post operative	
	SPECIAL NEEDS	

DATE COMM.	TECHNICAL CARE	DATE DISC.
	OBSERVATIONS	
3/3/93	Baseline BP. 120/80 PTS T36°c	
4/3	BP, TPR, CSM 1/2 hrly, hrly, 2hrly →	
	4hrly when stable.	
4/3	24hr fluid balance chart	
	WOUND CARE	
4/3	Observe wound for excessive leakage and report to nurse in charge.	

SPECIMENS	INVESTIGATIONS

...ITAL ... BEFORE IT WILL BE DISPENSED

STOBHILL GENERAL HOSPITAL
GLASGOW G21 3UW
Telephone 041-558 0111

FORM NO 0086

...Dr. JAMIESON

Your patient WALTER 26/05/21

Age 72 Unit No 432099

Address 152 ABERCROMBY ST.
GLASGOW

Under the care of MR SENIOR

was seen as an outpatient/discharged from Ward* 7?? on 12/3/93

with a diagnosis of (1) TRIPLE ARTHRODESIS L/ REVISION

Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment *from date of discharge* is shown in "Recommended Duration of Treatment" column. Pl... check Pharmacy use column to identify the product supplied.
(*A SEVEN DAYS SUPPLY HAS/~~HAS NOT~~* BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable)

Note to hospital prescriber
(a) Use a ballpoint pen.
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark "INDEFINITE"
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy
DIAZEPAM 2mg/5ml		60mg	4-6 hrly as required for pain		7	30x30 Norton

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: E Marks Checked by: _____ Date Dispensed 12/3/93

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

Revision + bonegraft from iliac crest used for triple arthrodesis.

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY

Received on Ward by
Issued by
Date Issued
Signature of Patient or Representative

K CAPITALS GILLIAN WILSON SIGNATURE J Wilson DATE 12/3/93

Medical Records Copy - Blue - Pharmacy

GREATER GLASGOW HEALTH BOARD — INPATIENT CH

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
				M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/~~DEPT~~.	RELIGION	MAIDEN NAME
	20	M	7A		

ADDRESS	G.P.'S NAME & ADDRESS
TEL. NO.	TEL. NO.

DATE | SPECIALTY ORTHOPAEDICS. CONSULTANT'S NAME MR BENNET

2/10/91 A/A. For.

~ 7/12. pain in foot + ankle.
pain on anterolat. of foot now spreading up lat aspect of ankle. now much more gen'l severe.
Present constantly, worse on walking, can walk 100 yards then has to stop c pain. always had trouble c foot.

PMH. equinovarus @ birth. - 7 ops over 2 yrs.
leg lengthening 1987. 7-8 mths
now equal length.
° other ops.
° HBP ° DM ° J ° Epilepsy ° HIV ° Asthma/Bronchitis

DH — no medication.
no allergies

FH/SH. ~~Married~~ → NZR. married
~~Unemployed~~ on "sick"
lives alone.
Smoker 10 cpd.
Alcohol — occas.

SE — nil of note.

Gt. looks well.
° A ° C ° J ° clubbing.

F2

ATE

URINE

Reaction	Albumin	Sugar	Ketones

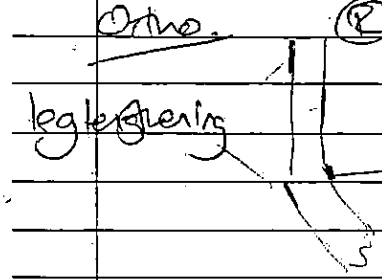
WEIGHT (in Kilogrammes)	

PHYSICAL EXAMINATION

HR 80 reg.
BP 136/80
HS
Chest → crackles

Trachea central
expansion. L = R = good.
percussion.
auscultation.

Ortho.



Inv — 20 yr old ♂ for triple arthrodesis

INVESTIGATIONS

Dr Robinson (MO)

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials

WALTER ZALESKI G C BENNET/JW 10 10 91

Walter's had a leg lengthening. Has a stiff right foot and he is in varus and slight equinus. For right triple arthodesis.

WARD ROUND

10.10.91 R. Triple Arthrodesis

Routine ler wedges.

2 skeffies.

Fruit + beverages.

Preop ① Ins pulse, BP, clinical circ Allergies stable

② Bleed for cross match

③ Remain bedrest ℂ for elective

10.11.91 C/O pain thursday headache relieved + circ better

Tue V. drowsy but responsive.

Encouraging for surgeon. Circ elevate + bedchanges

FORM 39

DATE	CLINICAL NOTES	Initials
11.10	good circulation - [illegible] sensation. Slightly more comfortable Continue Clexane PCA.	
11/10/11	temp ↑ to 39. bp prev. ↑ to diastolic of 105. now settling. tachycardia	
	Ac. Fluided. warm. chest resonant on percussion bilat crepts throughout lungfields	
	B. cultures FBC sent. among per physiotherapy already on Lev.	
12.10	Agitated. Grasp remains up today to go into anaesthetics - has yellow sputum for C&S today. Sensation same as prev.	
	Plan. Keep Clexane limbs and rest wash bed etc Pop Trans. To Intensive NW3.	

GREATER GLASGOW HEALTH BOARD

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

Ward Round 17 10 91 Walter Zaleski 7a

Walter's plaster was removed today and his wound is looking fine although a little fiery at the distal end and consequently should have some antibiotics for 3 or 4 days. Good correction to his deformity. Wound should be cleaned up and into a light weight cast this afternoon.

Can begin mobilising non-weightbearing with crutches. Home probably next Monday.

G TAIT/CT

WARD 7A = ORTHOPAEDIC UNIT
ADMISSION: 8/10/91
DISCHARGE: 18/10/91
RETURN APPOINTMENT: to be arranged
DIAGNOSIS: (R) TIBIA OSTEOMYELITIS

FORM 3 JMcC/911630

150/80. 82.

GREATER GLASGOW HEALTH BOARD

INPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
Zelesti	Wallis			M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
26/10/70	21	M	9.		

ADDRESS	G.P.'S NAME & ADDRESS
152 Abercrombie St TEL. NO.	 TEL. NO.

DATE | SPECIALTY Orthopaedics | CONSULTANT'S NAME Bennett

18/3/92

AA for R/O staples (R) foot & R/O diastasis screw (R) ankle

UPC

Screws pt in 1987
staples pt in Oct 91.
Sinus bath duo foot R Leg.
Many operations sinus bath.

Systemic

CVS
Resp
GI
GU
CNS

NAD

PMHx

Screws (R) foot - 1987
staples (R) 91. Tripe activaders
leg ulcers 87
Correction duo foot at birth
° Asthma, ° ep, ° DM, ° MSA

DrugHx

Cocodamol - pain - not working
Co proxamol - works
? Allergic to penicillin

FHx ? heart disease.

SHx Smoke : 10 day
Alcohol : social
employment status:

ORM 2 JMcC/911628

ATE

URINE

Reaction | Albumin | Sugar | Ketones

WEIGHT (in Kilogrammes)

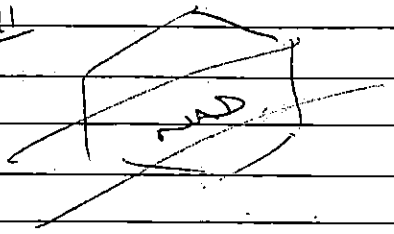
PHYSICAL EXAMINATION

O/E °JACC.

Pulse 84 rcg BP 130/80 mmHg
°Neuro Thrills
MS: L + R + O
°Oedema

Resp hyperch R = L = N
Percussion R = L = N
Auscultation Vesicular + O.

CVS



R ankle: fixed
M. wasting
Tender ++
Scar on lateral border
Tenderness except sole of foot

FBC —
INVESTIGATIONS —
Current —
(Feedback 1/10

Hb 16.1
WBC 11.3
Plate 407

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials

WARD ROUND 19 3 92 WALTER ZALESKI 7A

For removal of a screw from his right diastasis and removal of the staples from his right triple arthrodesis.

G C BENNET/CT

WARD 7A – ORTHOPAEDIC UNIT
ADMISSION:- 18/3/92
DISCHARGE:- 25/3/92
RETURN APPOINTMENT:- 26/3/92
DIAGNOSIS:- O/S staple (R) foot + obstan screw (R) ankle.

FORM 39

JMcC/912436

GREATER GLASGOW HEALTH BOARD

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

4.3.93	Recurrently conjunctivae. Dilated CVR — true optic disc pallor. Cup/disc ratio 0.6
7.3	JMP Thursday
12-3	well home Jan 11.12 reviewed

FORM 3 JMcC 911630

GREATER GLASGOW HEALTH BOAR

SURNAME	FORENAME	UNIT NUMBER	PATIENT
ZALESKI	WALTER	432099.	

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION
26-10-70.	23	M	OPD	

ADDRESS 0/2 27 GREEN ST GLASGOW.

TEL. NO. 550 1373.

G.P.'S NAME & ADDRESS DR JAMIESON 201 ABERCROMBY ST. GLASGOW

TEL. NO.

DATE | SPECIALTY: PAIN CL | CONSULTANT'S NAME: DR PARIKH. AIR MR BENNET

20 DEC 1993 GCB

Pain R foot [illegible]
~~Left Ankle~~ 8 sept 93.
Ankle + = 1/3.
Toe nail - 2/52 ago.

- Care officer for all people home
- not working 4/7 = pain.

walk - 50 yds more if more
- lying on stomach helps other pain this hurt.
- no feeling of heat, always cold before op.

Lives DHC - ~~off~~ helped now off it
on co-proxamol + Homeopathic medication.

O/E Calf. Three ~~challenge~~ lines
no pain on scar but deep bone pain
- leg dismissed - large lengthening of L.
- Thinks R.S.D.
- Phentolamine challenge test
- ? average test + review in clinic.
Left a/part.

30/12/93 Phentolamine challenge test.
Pain VAS down from (10) to (4).
∴ worth trying symp. blockade.
Arrange 25th Feb. @ IVRG.

FORM 1 JMcC 910465

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	WEIGHT (in Kilogrammes)			

PHYSICAL EXAMINATION

25/2/94 (1) IVRG. 20 mg Granathidin 10 ml a.S.J. Marcain and Salin 20 ml

4/3/94 (2) 20 mg Granathin 20 ml 0.25% Marcain

11/3/94 (3) Same dose. (to have 3rd mon)

18/3/94 (4) Same as before.

25/3/94 (5) " "

1/4/94 (6) " "

22/4/94 (7) " "

INVESTIGATIONS

MEDICAL IN CONFIDENCE

CASE

ADMISSION FORM V2

	HOSPITAL CODE: G207H	HOSPITAL NAME: STOBHILL				CASE RECORD NUMBER: 432099	
ISSION TAILS	DATE: 25.2.94	TIME:	TYPE: 1	SOURCE: 7	INPAT/DAYCASE:	DATE ON W.L.:	PATIENT CATEGORY: 3
	WARD: DSU	SPECIALTY: PAIN		CONSULTANT: DR PARIKH.			

PATIENT

TITLE SURNAME: ZELESKI	FORENAME: WALTER	INITIALS:	AGE: 23	DATE OF BIRTH: 26.10.70	SEX: M.	MARITAL STATUS:
ADDRESS: 0/2. 27 GREEN ST. GLASGOW		ALT/PREV SURNAME:				
		OCCUPATION:				
POSTCODE: G40 2HN	TELEPHONE No.:	OCCUPATION (HUSBAND/FATHER):				

EF. .P.

NAME: DR. JAMIESON	ADDRESS: B.H.C.
G.P. CODE: PRACTICE:	
CONTRACT No.:	TELEPHONE No.: POSTCODE:

EX. OF IN

NAME: ~~FATHER~~	RELATIONSHIP:	NAME:	RELATIONSHIP:
ADDRESS: Rosner WALKER 7 WESTER GREENS AVE		AND / OR ADDRESS:	
DAY PHONE No.: 771 8226	NIGHT PHONE No.:	DAY PHONE No.:	NIGHT PHONE No.:

SC.

RELIGION:	VISIT REQ. BY CHAPLAIN YES/NO:	PENSION BOOK No.:

DISCHARGE SUMMARY

HARGE TAILS

DATE:	TIME:	DISCH CODE:	PATIENT CATEGORY:	TYPE FACILITY:	SPECIALTY:	CONSULTANT:	CODE:
DISCHARGED/ TRANSFERRED TO:	HOSPITAL:	CODE:		WARD:	SPECIALTY:	CONSULTANT:	CODE:

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	-7194	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

ND OPERATIONS

	CODE	DATE
MAIN OPERATION	X35878556	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

SMR1 COMPLETED

LOCAL USE:		NATIONAL USE:	

GGHB – STOBHILL GENERAL HOSPITAL — **THEATRE/RECOVERY CARE PLAN**

UN 432099
NA ZALESKI WALTER
AD 0/2 27 GREEN ST M
GLASGOW S
26/10/70
G40 2HN G.P.Prac.46381

CONSULTANT Dr PARIKH
WARD DSU
THEATRE DSU/Main theatre
DATE OF OPERATION 25.2.94
TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED — tick

1. LAST TIME PATIENT ATE OR DRANK	Tea @ 10 AM
2. CONSENT SIGNED	
3. IDENTITY BAND ✓	YES ✓
4. CASE NOTES, X-RAYS, DRUG KARDEX	
5. OPERATION SITE PREPARED AND MARKED	
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	NIL
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	NIL
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9. ALLERGIES	PENICILLIN
10. VOIDED URINE	YES
11. BASELINE OBSERVATIONS P: 73 BP: 138/86	

PROBLEMS/NEEDS — **INTERVENTION** — **OUTCOME**

Signature – WARD: [signature] RECEPTION:

B. THEATRE

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR	☐
HEEL RESTS	☐
FLOWTRON BOOTS	☐
SHEEPSKIN HEEL PADS/MATS	☐
HEATED WATER BED	☐
ARM BOARDS	☐

PATIENT POSITION

LATERAL RIGHT	☐	TRENDELENBURG	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	☑	LITHOTOMY	☐
PRONE	☐	LLOYD DAVIS	☐

TOURNIQUET TIME ON OFF

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST	☐
– FINAL	☐
INSTRUMENTS	☐
SHARPS – NEEDLES	☐
– BLADES	☐
THROAT PACK OUT	☐
PACK IN SITU	☐

INSTRUCTION FOR REMOVAL

SPECIAL COMMENTS

Name of Scrub Nurse:
Signature of Circulating Nurse: [signature]

C. **POST OPERATIVE RECOVERY ROOM INSTRUCTIONS** WALTER ZALESKI

ROUTINE	– PULSE & B.P. 5 mins for 15 mins then			CONTINUE IV FLUIDS	RATE
	– OXYGEN/RECOVERY 15 mins for then				
	– OXYGEN/WARD				
	– CANNULA/REMOVAL – RECOVERY		WARD		
SPECIAL					

INFORMATION/INSTRUCTIONS if no problems to go home
to have 2nd inj next week

Signature:

D. **POST OPERATIVEOBSERVATIONS**

TIME	5 ~~40~~ ~~45~~	5	5 50	5 55	6 00	6 05	6 15	6 30 2nd Staff.
PULSE	70	66	72	70	81	92	76	80
BLOOD PRESSURE	122/67	136/72	144/84	137/80	128/88	134/103	125/76	154/88
SATURATION (SaO_2)	97	~~100~~						
RESPIRATORY RATE								
AIRWAY								
OXYGEN								
PAIN SCORE								
SEDATION SCORE								
TEMPERATURE								
~~WOUND~~ ventkn.								ok. ~~ok~~
C S M								

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

CONSULTANT: Dr FARRICH

THEATRE: MAIN

DATE: 25.2.94

TELEPHONE NO.:

BLOOD GROUP:

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	√		
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?			Chest pain "STRESS"
3.	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?		√	
4.	Have you had hepatitis or been jaundiced?		√	
5.	Do you have arthritis of the spine or neck?		√	
6.	Do you suffer from fits or fainting attacks?		√	
7.	Do you have anaemia, blood problems or bruise or bleed easily?		√	
8.	Do you have diabetes or sugar in the urine?		√	
9.	Do you smoke? How many per day?			10 cigs/day
10.	Do you drink a lot of alcohol? How much?			
11.	Have you had an anaesthetic or operation before?	√		
12.	Have you or your family had any problems after an anaesthetic?		√	
13.	Are you allergic to anything - medicine, food, pollen?			Penicillin
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?			
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?		√	
16.	Do you attend any other hospital or specialist clinic concerning your health?			
17.	Is there any other medical problem you think the doctor should know about?			

PULSE: _____ B.P.: _____ HEART SOUNDS: _____

CHEST: _____

COMMENT: _____

FORM FST 1090

GREATER GLASGOW HEALTH BOARD

HOSPITAL PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H																	
	J																	
	K																	
	L																	
	M																	
	N																	
	O																	
	P																	
	R																	
	S																	
	T																	
	V																	

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN
5/7/94	5.00	Gaviscon Liquid	20ml	I.V.			
"	"	Maxolon 0.5%	10ml	"			

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
[illegible]	WALTER ZALESKI					

GREATER GLASGOW HEALTH BOARD

ANAESTHETIC RECORD No.

Date & Time	Premedication	
Ordered by	Given by	Time given

Addressographic Label

WALTER ZALESKI
0/2 27 Green St.
Glasgow.
G40 2HN

PRE-OPERATIVE ASSESSMENT

Exercise Tolerance
R.S. Smoker
CXR
C.V.S. Pulse
B.P.
E.C.G.
Other

PATIENT'S WEIGHT Kg.
Previous Operations
Allergies
Biochemistry
Haematology

WARD D5U
Dr PARNICH.

PATIENT Number Hosp Age Sex Date

ANAESTHETIST Cons SR Reg SHO OPERATOR Cons SR Reg SHO Other

PROCEDURE Code Time Commenced Duration E OP. SESSION

PRE-OP DISEASE Resp. CVS Anaemia Endocrine Renal Hepatic Neurolog Muscular Other

CURRENT DRUGS

REV. ANAESTH. Halothane Complications

PREMEDICATION Morph Atropine Papaveret Hyosc Pethidine Phenergan Fentanyl Drop Diaz Other

INDUCTION Thiopentone Methohexitone Althesin Ketamine Inhalation Other (spec)

RELAXANT Sux dtc Panc Alcur Gall Other (spec) Neost Atrop

MAINTENANCE N_2O Hal Methox Ethrane Trilene Ether Cyclo Morphine Pethidine Papaveret Fentanyl Phenop Pentaz Other

TECHNIQUE Spont IPPV Mask A'way ETT Cuff Oral Nasal Magill T Pce Tracheos Hypotens Circ(cl) Pack Circ (lk) Other

SITE R. Arm L. Arm R. Hand L. Hand R. Leg L. Leg Neck Other

MONITORING ECG Pulse Temp. CVP line B.P. Other

POSITION Supine Lithotomy Lateral Prone Other Hd Up Hd Down

ANALGESIA Spinal Amethoc Epidural Priloc Bier Cinchoc Brach Plex Bupivac Other Lignoc Cath Adren Site Other

COMPLICATIONS

BLOOD LOSS TRANSFUSION

A (1) 8-26
27-35
36-50
B (1) 8-12
13-16
17
18-20
21-30
31-36
37-44
45-52
53-58
59-66
67-74
C (1) 8-11
12-15
16-21
22-28
29-34
35-41
42

C. **POST OPERATIVE RECOVERY ROOM INSTRUCTIONS** WALTER ZALESKI

ROUTINE – PULSE & B.P. 5 mins for 15 mins then	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY 15 mins for 1 hour		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY [ ] WARD [ ]		
SPECIAL		

INFORMATION/INSTRUCTIONS if no problems to go home
to have 2nd inj next week

Signature:

D. **POST OPERATIVEOBSERVATIONS**

TIME	~~45~~ 5	~~45~~ 5	50 5	55 5	00 6	05 6	15 6	30 6	2a stop.									
PULSE	70	66	72	70	81	92	76	80										
BLOOD PRESSURE	122/67	136/72	144/84	137/80	128/88	134/103	125/76	154/88										
SATURATION (SaO^2)	97	~~60~~																
RESPIRATORY RATE																		
AIRWAY																		
OXYGEN																		
PAIN SCORE																		
SEDATION SCORE																		
TEMPERATURE																		
~~WOUND~~ ventkn.								ovr. ~~ovr~~										
C S M																		

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

CONSENT BY PATIENT/PARENT FOR OPERATION

I Walter Zaleski of U.No. 432099

hereby consent to

•submission of _____ to the

operation of I.V. Regional Bilateral R Leg

the nature and effect of which have been explained to me by:

Dr/Mr R. Paull Series 3

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 25/2/94 (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 25/2/94 Signed _____
(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORI

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G204H	STOBHILL	432099

ISSION TAILS

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
4.3.94	1245	1	1	D/C		3

WARD	SPECIALTY	CONSULTANT
DSU	PAIN	DR PARIKH

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
ZELESKI	WALTER		23	26.10.70	M	S

ADDRESS: 152 ABERCROMBY ST GLASGOW

ALT/PREV SURNAME:

OCCUPATION:

POSTCODE: G40 2SA TELEPHONE No.:

OCCUPATION (HUSBAND/FATHER):

REF. G.P.

NAME: JAMIESON

ADDRESS: BRIDGETON H/C 201 ABERCROMBY ST

G.P. CODE: PRACTICE:

CONTRACT No.:

TELEPHONE No.: POSTCODE: G40

NEXT OF KIN

NAME: Rhona Walker RELATIONSHIP:

ADDRESS: 7 Westergreens Ave.

DAY PHONE No.: 777 8226 NIGHT PHONE No.:

AND / OR

NAME: RELATIONSHIP:

ADDRESS:

DAY PHONE No.: NIGHT PHONE No.:

MISC.

RELIGION	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.
RC		

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT CODE

DISCHARGED/ TRANSFERRED TO	HOSPITAL CODE	WARD	SPECIALTY	CONSULTANT CODE

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	-7194	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

AND OPERATIONS

	CODE	DATE
MAIN OPERATION	X3582856	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

SMR1 COMPLETED

LOCAL USE			NATIONAL USE	

GGHB – STOBHILL GENERAL HOSPITAL **THEATRE/RECOVERY CARE PLAN**

UNIT No. 432099 DOB

NAME: WALTER ZALESKI

ADDRESS: O/L 27 GREEN ST CALTON

CONSULTANT DR PARIKH

WARD DSU

THEATRE

DATE OF OPERATION 4.3.94

TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED tick

1. LAST TIME PATIENT ATE OR DRANK	coffee @ 10 AM.
2. CONSENT SIGNED	
3. IDENTITY BAND	YES.
4. CASE NOTES, X-RAYS, DRUG KARDEX ✓	
5. OPERATION SITE PREPARED AND MARKED	
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	NIL
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	NIL
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9. ALLERGIES	PENICILLIN
10. VOIDED URINE	YES.
11. BASELINE OBSERVATIONS P: 73 BP: 119/74	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature – WARD: [signature] RECEPTION:

B. THEATRE

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

Signature of Circulating Nurse:

C. **POST OPERATIVE RECOVERY ROOM INSTRUCTIONS** WALTER ZALESKI.

ROUTINE – PULSE & B.P. ✓ every 5 for 15	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY / WARD		
SPECIAL		

INFORMATION/INSTRUCTIONS Home when fully recovered & mobile

Signature:

D. **POST OPERATIVEOBSERVATIONS**

TIME			16 40	16 45	16 50	17 09.											
PULSE			60	62	63	72											
BLOOD PRESSURE	106/80	110/80	134/87	120/68	118/68	133/76											
SATURATION (SaO^2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM PROBLEM/NEEDS INTERVENTION OUTCOME

Signature_____

CONSENT BY PATIENT/PARENT FOR OPERATION

I Walter of 4/3/94 done last week

hereby consent to

•submission of _____ to the

operation of _____

the nature and effect of which have been explained to me by:

Dr/Mr _____

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date _____ (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date _____ Signed _____

(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

WALTER ZELESKI
UN 4320999

CONSULTANT: DR PARIKH.

THEATRE: DSU

DATE: 4-3-94

TELEPHONE NO.:

BLOOD GROUP:

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	☑	☐	
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?	☐	☐	
3.	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?	☐	☑	
4.	Have you had hepatitis or been jaundiced?	☐	☑	
5.	Do you have arthritis of the spine or neck?	☐	☑	
6.	Do you suffer from fits or fainting attacks?	☐	☑	
7	Do you have anaemia, blood problems or bruise or bleed easily?	☐	☑	
8.	Do you have diabetes or sugar in the urine?	☐	☑	
9.	Do you smoke? How many per day?	☐	☐	10 day
10.	Do you drink a lot of alcohol? How much?	☐	☐	
11.	Have you had an anaesthetic or operation before?	☑	☐	
12	Have you or your family had any problems after an anaesthetic?	☐	☑	
13.	Are you allergic to anything - medicine, food, pollen?	☐	☐	Paracillen
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?	☐	☑	
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?	☐	☑	
16.	Do you attend any other hospital or specialist clinic concerning your health?	☐	☑	
17.	Is there any other medical problem you think the doctor should know about?	☐	☐	

PULSE: _____ B.P.: _____ HEART SOUNDS: _____

CHEST: _____

COMMENT: _____

Doctor's Signature: _____

4.3.94

NURSING NOTES:

A/A for theatre this pm

Satisfactory on returning. Tea & Toast Taken.

NO SEDATION. OBSERVATIONS SATISFACTORY

Discharged to care of Friend R.C

DISCHARGE OF DAY PATIENTS

OPERATION I.V. GUANETHIDINE.

OPERATOR DR PARIKH

ANAESTHETIST

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	✓	—
2. Alert and orientated	✓	—
3. Able to dress. Sit and walk unaided	✓	—
4. Tolerating food and fluids	—	—
5. Post anaesthetic instructions given regarding:-		
- Driving and operating machinery	—	—
- Alcohol. Sedatives and Pain Killers	—	—
- Responsible adult MUST accompany patient home		

6. Post surgical instructions
   - Follow up appointment To return next week
   - Special instructions

7. Medication

B Campbell

NURSES SIGNATURE

MEDICAL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE: 6207H	HOSPITAL NAME: STOBHILL					CASE RECORD NUMBER: 4320099	
ADMISSION DETAILS — DATE: 18.3.94	TIME: 11.50	TYPE: 1	SOURCE: 1	INPAT/DAYCASE: D/CASE	DATE ON W.L.:	PATIENT CATEGORY: NHS 3	
WARD: D.S.U.	SPECIALTY: PAIN	CONSULTANT: DR PARIKH					

PATIENT

TITLE SURNAME: ZELESKI	FORENAME: WALTER	INITIALS:	AGE: 23	DATE OF BIRTH: 26.10.70	SEX: M	MARITAL STATUS: S
ADDRESS: 152 ~~ABERCROMBY ST~~ FLAT 0/2 GREEN ST GLASGOW	ALT/PREV SURNAME:					
POSTCODE: G40 2SA	TELEPHONE No.:	OCCUPATION:				
		OCCUPATION (HUSBAND/FATHER):				

REF. G.P.

NAME: DR. JAMIESON	ADDRESS: B.H.C. 201 ABERCROMBIE ST.
G.P. CODE:	PRACTICE:
CONTRACT No.:	TELEPHONE No.: POSTCODE:

NEXT OF KIN

NAME: RHONA WALKER	RELATIONSHIP:	NAME:	RELATIONSHIP:
ADDRESS: 7 WESTERGREENS AVE KILLOCH		ADDRESS:	
DAY PHONE No.: 777 8226	NIGHT PHONE No.:	DAY PHONE No.:	NIGHT PHONE No.:

AND / OR

RELIGION: C/S	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE		WARD	SPECIALTY	CONSULTANT	CODE

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	-7194	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

AND OPERATIONS

	CODE	DATE
MAIN OPERATION	X3582856	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		
LOCAL USE		

SMR1 COMPLETED

GGHB – STOBHILL GENERAL HOSPITAL **THEATRE/RECOVERY CARE PLAN**

UNIT No. 432099 DOB 26.10.70.
NAME: WALTER ZALESKI
ADDRESS: 152 ABERCROMBY ST GLASGOW G40

CONSULTANT DR PARIKH
WARD DSU.
THEATRE MAIN.
DATE OF OPERATION 18.3.94
TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED tick

1. LAST TIME PATIENT ATE OR DRANK — Nil since midnight	✓
2. CONSENT SIGNED	✓
3. IDENTITY BAND	✓
4. CASE NOTES, X-~~RAYS~~, DRUG KARDEX	✓
5. OPERATION SITE PREPARED AND MARKED	—
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	✓
9. ALLERGIES — PENICILLIN.	
10. VOIDED URINE	✓
11. BASELINE OBSERVATIONS P: 83 BP: 141/80	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature – WARD: S Ross RECEPTION:

B. THEATRE

OPERATION PERFORMED QUINETHEDINE INJECTION R. LEG.

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ✓
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:
Signature of Circulating Nurse: A McKean

C. **POST OPERATIVE RECOVERY ROOM INSTRUCTIONS** WALTER ZALESKI

ROUTINE – PULSE & B.P. ✓ 4 mins for 15 mins			CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY				
– OXYGEN/WARD				
– CANNULA/REMOVAL – RECOVERY		WARD		
SPECIAL				

INFORMATION/INSTRUCTIONS monitor after 15 mins to home when right

Signature:

D. **POST OPERATIVEOBSERVATIONS** 2ND

TIME	14/40	14/50	15:00	15:05	15:10	15:15	15:30	15:40	16:05	17:00							
PULSE	80	90	69	74	71	75	78	81	88	80							
BLOOD PRESSURE	140/80	120/80	143/77	139/88	141/84	139/76	112/92	141/90	118/58	110/58							
SATURATION (SaO_2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
TEMPERATURE																	
WOUND																	
			JW	JW						BD							

2 paracetamol given for headache

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature_____

CONSENT BY PATIENT/PARENT FOR OPERATION

I Walter Zalenski of (43209)

hereby consent to

•submission of _____ to the

operation of IVRG R leg.

the nature and effect of which have been explained to me by:

Dr/Mr Paul

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 18/3/94 (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 18/3/94 Signed _____ (Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

432099.

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

WALTER ZELESKI
152 ABERCROMBY ST
GLASGOW

CONSULTANT: DR PARIKH

THEATRE: D.S.U.

DATE: 18.3.94.

TELEPHONE NO.:

BLOOD GROUP:

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	✓		
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?		✓	
	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?		✓	
4.	Have you had hepatitis or been jaundiced?		✓	
5.	Do you have arthritis of the spine or neck?		✓	
6.	Do you suffer from fits or fainting attacks?		✓	
7.	Do you have anaemia, blood problems or bruise or bleed easily?		✓	
8.	Do you have diabetes or sugar in the urine?		✓	
9.	Do you smoke? How many per day?	✓		10 P/D.
10.	Do you drink a lot of alcohol? How much?		✓	
	Have you had an anaesthetic or operation before?	✓		
	Have you or your family had any problems after an anaesthetic?		✓	
13.	Are you allergic to anything - medicine, food, pollen?	✓		PENICILLIN.
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?		✓	CO-PROXAMOL ~~[illegible]~~
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?		✓	
16.	Do you attend any other hospital or specialist clinic concerning your health?		✓	
17.	Is there any other medical problem you think the doctor should know about?		✓	

PULSE: _____ B.P.: _____ HEART SOUNDS: _____

CHEST: _____

COMMENT: _____

NURSING NOTES:-

Admitted to DSU for Main theatre. Observations satisfactory on return to ward.

2.00 Staff Tea & toast given. Obs satisfactory

Discharged to care of relative

DISCHARGE OF DAY PATIENTS

OPERATION GUINETHEDINE INJECTION LEG

OPERATOR DR PARKER.

ANAESTHETIST

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	✓	—
2. Alert and orientated	✓	—
3. Able to dress. Sit and walk unaided	✓	—
4. Tolerating food and fluids	✓	—
5. Post anaesthetic instructions given regarding:-		
- Driving and operating machinery	—	—
- Alcohol. Sedatives and Pain Killers	—	—
- Responsible adult MUST accompany patient home		
6. Post surgical instructions		
- Follow up appointment letter to G.P.		
- Special instructions		
7. Medication		

B Campbell

NURSES SIGNATURE

GREATER GLASGOW HEALTH BOARD — **HOSPITAL PRESCRIPTION SHEET No.**

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H 16/3/94	Paracetamol	500mg	O														
	J																	
	K																	
	L																	
	M																	
	N																	
	O																	
	P																	
	R																	
	S																	
	T																	
	V																	

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
DSU.	Walter Zelesko					Dr Parikh

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES	1.

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORI

ADMISSION FORM V2

	HOSPITAL CODE: G207H	HOSPITAL NAME: STOBHILL				CASE RECORD NUMBER: 432099	
ISSION TAILS	DATE: 22.4.94	TIME: 12.05	TYPE: 1	SOURCE: 1	INPAT/DAYCASE: D CASE	DATE ON W.L.	PATIENT CATEGORY: NHS 3
	WARD: D. S. U.	SPECIALTY: PAIN	CONSULTANT: DR. PARIKH				

PATIENT

TITLE SURNAME: ZELESKI	FORENAME: WALTER	INITIALS	AGE: 23	DATE OF BIRTH: 26.10.70	SEX: m	MARITAL STATUS: S
ADDRESS: 0/2 27 GREEN ST CALTON	ALT/PREV SURNAME					
	OCCUPATION					
POSTCODE: G40 2HN	TELEPHONE No.	OCCUPATION (HUSBAND/FATHER)				

EF. .P.	NAME: DR. JAMIESON G.P. CODE / PRACTICE CONTRACT No.	ADDRESS: B. H. C. TELEPHONE No. / POSTCODE

EXT OF IN	NAME: RHONA WALKER ADDRESS: 7 WESTERGLENS AVE KILLOCH DAY PHONE No. / NIGHT PHONE No.	AND / OR	NAME / RELATIONSHIP ADDRESS DAY PHONE No. / NIGHT PHONE No.

SC.	RELIGION: CS	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.

DISCHARGE SUMMARY

HARGE TAILS	DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT / CODE
	HOSPITAL / CODE				WARD	SPECIALTY	CONSULTANT / CODE
	DISCHARGED/ TRANSFERRED TO						

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	-7194	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

SCAN CORRECTED

AND OPERATIONS

	CODE	DATE
MAIN OPERATION	W903 2856	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

GREATER GLASGOW HEALTH BOARD

HOSPITAL PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS			DOSE	ROUTE	TIMES FOR ADMINISTRATION									Prescribers Signature (Full)	DISCONTINUED	
Pharmacy Use	Date Started	MEDICINE (Block Capitals)			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times		Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																
REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED																	
	H																
	J																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
DSU	WOITOR 2010 SKI		1.		432099	NRANIKI

GREATER GLASGOW HEALTH BOARD — ANAESTHETIC RECORD No.

Date & Time	Premedication	
Ordered by	Given by	Time given

Addressographic Label
WALTER ZELESKI
O/L 27 GREEN ST
CALTON
432099 26·10·70

PRE-OPERATIVE ASSESSMENT — PATIENT'S WEIGHT Kg. WARD

Exercise Tolerance — Previous Operations
R.S. Smoker
CXR
C.V.S. Pulse — Allergies
B.P.
E.C.G. — Biochemistry
Other — Haematology

PATIENT — Number | Hosp | Age | Sex | Date — A (1) 8-26

ANAESTHETIST — Cons | SR | Reg | SHO — OPERATOR — Cons | SR | Reg | SHO | Other — 27–35

PROCEDURE — Code | Time Commenced | Duration | E | OP | SESSION — 36–50

PRE-OP DISEASE — Resp. | CVS | Anaemia | Endocrine | Renal | Hepatic | Neurolog | Muscular | Other — B (1) 8–1, 13–16

CURRENT DRUGS — 17

PREV. ANAESTH. — Halothane | Complications — 18–20

PREMEDICATION — Morph | Atropine | Papaveret | Hyosc | Pethidine | Phenergan | Fentanyl | Drop | Diaz | Other — 21–30

INDUCTION — Thiopentone | Methohexitone | Althesin | Ketamine | Inhalation | Other (spec) — 31–36

RELAXANT — Suxt | dtc | Panc | Alcur | Gall | Other (spec) | Neost | Atrop — 37–44

MAINTENANCE — N_2O | Hal | Methox | Ethrane | Trilene | Ether | Cyclo | Morphine | Pethidine | Papaveret | Fentanyl | Phenop | Pentaz | Other — 45–52, 53–58

TECHNIQUE — Spont | IPPV | Mask | A'way | ETT | Cuff | Oral | Nasal | Magill | T Pce | Tracheos | Hypotens | Circ(cl) | Pack | Circ (lk) | Other — 59–66, 67–74

I. V. SITE — R. Arm | L. Arm | R. Hand | L. Hand | R. Leg | L. Leg | Neck | Other — C (1) 8–1, 12–15

MONITORING — ECG | Pulse | Temp. | CVP line | B.P. | Other — 16–21

POSITION — Supine | Lithotomy | Lateral | Prone | Other | Hd Up | Hd Down — 22–28

REG. ANALGESIA — Spinal | Amethoc | Epidural | Priloc | Bier | Cinchoc | Brach Plex | Bupivac | Other | Lignoc | Cath | Adren | Site | Other — 29–34, 35–41

COMPLICATIONS — 42

BLOOD LOSS — TRANSFUSION — 43–47

FORM 6A

(2)

GGHB – STOBHILL GENERAL HOSPITAL — **THEATRE/RECOVERY CARE PLAN**

UNIT No. 432099 DOB 26·10·70.

NAME: WALTER ZELESKI.

ADDRESS: 0/2 27 GREEN ST CALTON

CONSULTANT Dr PARIKH

WARD DSU

THEATRE MAIN

DATE OF OPERATION 22·4·94

TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED — tick

1. LAST TIME PATIENT ATE OR DRANK	11·00 coffee. ✓
2. CONSENT SIGNED	✓
3. IDENTITY BAND	✓
4. CASE NOTES, X-RAYS, DRUG KARDEX	✓
5. OPERATION SITE PREPARED AND MARKED	✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	✓
9. ALLERGIES	PENICILLIN ✓
10. VOIDED URINE	✓
11. BASELINE OBSERVATIONS P: 78 BP: 140/93	

PROBLEMS/NEEDS	INTERVENTION	OUTCOME
Has heavy cold.	Temp.	

Signature – WARD: J Watson RECEPTION:

B. THEATRE R R

OPERATION PERFORMED INTRAVENOUS REGIONAL

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

SPECIAL COMMENTS

Name of Scrub Nurse:

Signature of Circulating Nurse: MC

Walter Zeleski (Th)

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P. 5 min for 20 min	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY ☐ WARD ☐		
SPECIAL		

INFORMATION/INSTRUCTIONS: morphine IV
& may go home
I am to arrange further bloods for him

Signature: [signature]

D. POST OPERATIVEOBSERVATIONS

TIME	17 15	17 20	17 25	17 30														
PULSE	80	58	53	56														
BLOOD PRESSURE	127/90	135/85	157/94	148/84														
SATURATION (SaO^2)																		
RESPIRATORY RATE																		
AIRWAY																		
OXYGEN																		
PAIN SCORE																		
SEDATION SCORE																		
TEMPERATURE																		
WOUND																		
				HPJ														
				AB														

AIRWAY: No sedation
OXYGEN: RA
PAIN SCORE: No sedation
SEDATION SCORE: RA
TEMPERATURE: No sedation

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. **RECOVERY ROOM** **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature _____

CONSENT BY PATIENT/PARENT FOR OPERATION

I WALTER ZELESKI. of 0/2 87 GREENST.
hereby consent to

•submission of _____ to the

operation of IVRG Rleg

the nature and effect of which have been explained to me by:

Dr/Mr Pawlik

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed ~~by a particular surgeon~~.

Date 22/4/94 (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 22/4/94 Signed _____ (Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

WALTER ZELESKI.
0/2. 27 GREEN ST
CALTON
432099. 26.10.70.

CONSULTANT: Dr Parikh
THEATRE: MAIN
DATE: 22.4.94
TELEPHONE NO.:
BLOOD GROUP:

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	✓		
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?		✓	chest pain 'stress'
	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?		✓	
4.	Have you had hepatitis or been jaundiced?		✓	
5.	Do you have arthritis of the spine or neck?		✓	
6.	Do you suffer from fits or fainting attacks?		✓	
7.	Do you have anaemia, blood problems or bruise or bleed easily?		✓	
8.	Do you have diabetes or sugar in the urine?		✓	
9.	Do you smoke? How many per day?	✓		10/day
10.	Do you drink a lot of alcohol? How much?		✓	
11.	Have you had an anaesthetic or operation before?	✓		
	Have you or your family had any problems after an anaesthetic?		✓	
13.	Are you allergic to anything - medicine, food, pollen?	✓		Penicillin
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?			
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?		✓	
16.	Do you attend any other hospital or specialist clinic concerning your health?			
17.	Is there any other medical problem you think the doctor should know about?			

PULSE: _____ B.P.: _____ HEART SOUNDS: _____

CHEST: _____

COMMENT: _____

Doctor's Signature: .....

NURSING NOTES: 22.4.94

A/R for main theatre

observations satisfactory since return.

Tolerated fluids well. Able to dress. Has passed urine

Discharged with escort @ 18[00] BZ

DISCHARGE OF DAY PATIENTS

OPERATION Intravenous Regional Block

OPERATOR Dr Parikh

ANAESTHETIST No Sedation

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	✓	—
2. Alert and orientated	✓	—
3. Able to dress. Sit and walk unaided	✓	—
4. Tolerating food and fluids	✓	—
5. Post anaesthetic instructions given regarding:-		
- Driving and operating machinery	✓	—
- Alcohol. Sedatives and Pain Killers	✓	—
- Responsible adult MUST accompany patient home		

6. Post surgical instructions
   - Follow up appointment Further admission dates
   - Special instructions to be arranged by Dr Parikh

7. Medication

NURSES SIGNATURE

GREATER GLASGOW HEALTH BOARD

INPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
ZELESKI	WALTER	432099		M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
26·10·70		M.	DSU		

ADDRESS
~~152 ABERCOMBIE ST~~
O/R 27 GREEN ST

TEL. NO.

G.P.'S NAME & ADDRESS DR JAMIESON
B. H. C.

TEL. NO.

DATE	SPECIALTY	CONSULTANT'S NAME
	PAIN	DR PARIKH

28.2 Well.
Still some fasciculations returning. Mod pain
Good circulation.
Cap. Clear.

JMcC/911628
1M 2

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL	H320999

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
30.12.93	1240	1	1	D/C		3

WARD	SPECIALTY	CONSULTANT
DSU	PAIN	DR PARIKH

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
ZALESKI	WALTER		23	26.10.70	M	S

ADDRESS: 012 27 GREEN ST, GLASGOW

POSTCODE: G40 2HN TELEPHONE No.:

ALT/PREV SURNAME:

OCCUPATION:

OCCUPATION (HUSBAND/FATHER):

REF. P.

NAME: JAMIESON

G.P. CODE: PRACTICE:

CONTRACT No.:

ADDRESS: ~~BATHGATE~~ BRIDGETON H/C

TELEPHONE No.: POSTCODE: G32

NEXT OF KIN

NAME: Rhona Walker RELATIONSHIP:

ADDRESS: 7 Westergeens Ave Kilsyth

DAY PHONE No.: 777 8226 NIGHT PHONE No.:

AND / OR

NAME: RELATIONSHIP:

ADDRESS:

DAY PHONE No.: NIGHT PHONE No.:

SOC.

RELIGION: ~~RC~~ CIS

VISIT REQ. BY CHAPLAIN YES/NO:

PENSION BOOK No.:

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE

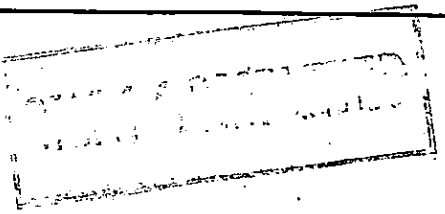
DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	7295	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

OPERATIONS

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

LOCAL USE			NATIONAL USE	



GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

432099
ZALESKI WALTER
0/2 27 GREEN ST M
GLASGOW S
26/10/70
G40 2HN G.P.Prac.46381

CONSULTANT: Dr Panter

THEATRE:

DATE: 20/12/93

TELEPHONE NO.:

BLOOD GROUP:

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	✓		
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?	✓		chest pain - ECG taken
	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?		✓	
4.	Have you had hepatitis or been jaundiced?		✓	
5.	Do you have arthritis of the spine or neck?		✓	
6.	Do you suffer from fits or fainting attacks?		✓	
7	Do you have anaemia, blood problems or bruise or bleed easily?		✓	
8.	Do you have diabetes or sugar in the urine?		✓	
9.	Do you smoke? How many per day?	✓		10 A DAY
10.	Do you drink a lot of alcohol? How much?			
	Have you had an anaesthetic or operation before?	✓		
	Have you or your family had any problems after an anaesthetic?		✓	
13.	Are you allergic to anything - medicine, food, pollen?	✓		PENICILLIN ~~DF118~~.
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?	✓		DF 118.
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?		✓	
16.	Do you attend any other hospital or specialist clinic concerning your health?	✓		ORTHOPAEDIC
17.	Is there any other medical problem you think the doctor should know about?		✓	

PULSE: 77 B.P.: 136/93 HEART SOUNDS:

CHEST:

COMMENT:

Doctor's Signature:

NURSING NOTES:

Admitted to DSU. to Dr Parikh Pain control Clinic

14:30. IV/ commenced normal saline. Phentolamine Challenge Test commenced:-

16.45 challenge completed. no ill effects pain score reduced. Able to dress.

Has passed urine,

Discharged home with escort @ 17^{00}.

DISCHARGE OF DAY PATIENTS

OPERATION Phentolamine Challenge Test

OPERATOR Dr Parikh.

ANAESTHETIST

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	✓	—
2. Alert and orientated	✓	—
3. Able to dress. Sit and walk unaided	✓	—
4. Tolerating food and fluids	✓	—
5. Post anaesthetic instructions given regarding:-		
- Driving and operating machinery	N/A	—
- Alcohol. Sedatives and Pain Killers		—
- Responsible adult MUST accompany patient home	✓	

6. Post surgical instructions
   - Follow up appointment
   - Special instructions Return to DSU at. 25.2.94 for IVRG. and following 2 Endays.

7. Medication

BLOW

NURSES SIGNATURE

GGHB – STOBHILL GENERAL HOSPITAL

THEATRE/RECOVERY CARE PLAN

432099
ZALESKI WALTER
0/2 27 GREEN ST M
GLASGOW S
26/10/70
G40 2HN G.P.Prac.46381

CONSULTANT Dr PARIKH

WARD 30/12/93 (DSU)

THEATRE Rec Room DSU.

DATE OF OPERATION 30/12/93

TIME:

MEDICATION GIVEN WHEN BELOW CHECKED		tick
1. LAST TIME RATE OF INFUSION	10.30 am Coffee	
2. CONSENT SIGNED		
3. IDENTITY BAND		✓
4. CASE NOTES, X RAYS, DRUG CHART		✓
5. OPERATION SITE PREPARED AND MARKED		
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE		NO
7. PROTHESIS REMOVED CONTACT LENS GLASSES		NO
8. REMOVED: MAKE UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)		
9. ALLERGIES	Latex (Green)	
10. VOIDED URINE		
11. BASELINE OBSERVATIONS	P: 77 BP: 136/83	

PROBLEMS/NEEDS	INTERVENTION	OUTCOME
Arm Edema		

Signature – WARD: [signature]

RECEPTION:

THEATRE

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT	☐	FRENCH BREAK	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	☐	LITHOTOMY	☐
PRONE	☐	KNEE RAISE	☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS	CORRECT
SWABS – FIRST	☐
– FINAL	☐
INSTRUMENTS	☐
SHARPS – NEEDLES	☐
– BLADES	☐
THROAT PACK OUT	☐
PACK IN SITU	☐

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: _____

Signature of Circulating Nurse: _____

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P.	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY / WARD		
SPECIAL		

INFORMATION/INSTRUCTIONS

Signature:

D. POST OPERATIVEOBSERVATIONS

TIME	14 30	14 35	14 40	14 45	14 50	14 55	15 00	15 05	15 10	15 15	15 20	15 25	15 30	15 35	15 40	15 45	15 50
PULSE	78	73	80	71	64	64	65	66	63	77	70	72	82	78	100	95	87
BLOOD PRESSURE	133/67	127/74	117/68	124/69	125/71	120/69	128/73	135/72	137/63	125/66	128/59	127/74	139/69	140/66	139/76	141/71	144/65
SATURATION (SaO^2)						3mls	3mls	3mls	NG	2MGS	MGS	6MGS	8MGS	10MGS	10MGS	20MGS	30MGS
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE	10	10	10	9	9	9	8	8	8	8	8	8	4	4	6	4	4
SEDATION SCORE																	
TEMPERATURE																	
WOUND																	
TVI																	

Infusion started

Propofol 1mg

Propofol 1mg

Propofol 1mg

N/SALINE 3mls

N/SALINE 3mls

ROSITINE 2MGS

ROSITINE 4MGS

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME
14·30	N/Saline 0·9%	500.			
15·15	N/Saline 0·9%	500			

15 55	16 10	16 25	17 00																				
102	112																						
145 42	160 42																						
1	1																						
4																							
4.	4.																						

CONSENT BY PATIENT/PARENT FOR OPERATION

I _____ of _____

hereby consent to

•submission of _____ to the

operation of _____

the nature and effect of which have been explained to me by:

Dr/Mr _____

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date _____ (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date _____ Signed _____

(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

MEDICAL IN CONFIDENCE

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G204H	STOBHILL	432099

ISSION TAILS	DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
	11/3/94		1	1	D/C		3

WARD	SPECIALTY	CONSULTANT
DSU	PAIN	DR PARIKH

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
ZELESKI	WALTER		23	26/10/70	M	

ADDRESS: 0/2 27 GREEN ST GLASGOW

ALT/PREV SURNAME:

OCCUPATION:

POSTCODE: TELEPHONE No.: OCCUPATION (HUSBAND/FATHER):

REF. G.P.

NAME: JAMIESON — ADDRESS: B.H.C 201 ABERCROMBY ST

G.P. CODE: PRACTICE:

CONTRACT No.: TELEPHONE No.: POSTCODE: G40

NEXT OF KIN

NAME: RONA WALKER — RELATIONSHIP:

ADDRESS: 7 WESTERLEES AVE KIRKINTILLOCH

DAY PHONE No.: 777 8226 — NIGHT PHONE No.:

AND / OR

NAME: — RELATIONSHIP:

ADDRESS:

DAY PHONE No.: — NIGHT PHONE No.:

SOC.

RELIGION: RC — VISIT REQ. BY CHAPLAIN YES/NO: — PENSION BOOK No.:

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE

DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	-7194	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

AND OPERATIONS

	CODE	DATE
MAIN OPERATION	X35828556	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE: — LOCATION USE:

SMR1 COMPLETED

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECOF

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME				CASE RECORD NUMBER	
G207H	STOBHILL				4320099	
DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
25.3.94		1	1	D/CASE		NHS3
WARD		SPECIALTY		CONSULTANT		
O.S.U.		PAIN		DR. PARIKH		

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITA STATU
ZELESKI	WALTER		23	26.10.70	M	

ADDRESS: 0/2 27 GREEN ST, CALTON

ALT/PREV SURNAME:

OCCUPATION:

POSTCODE: TELEPHONE No.: OCCUPATION (HUSBAND/FATHER):

REF. G.P.

NAME: DR. JAMIESON — G.P. CODE: — PRACTICE: — CONTRACT No.:

ADDRESS: B.H.C, 201 ABERCROMBY ST. — TELEPHONE No.: — POSTCODE:

NEXT OF KIN

NAME: [illegible] — RELATIONSHIP: FIANCEE

ADDRESS:

DAY PHONE No.: — NIGHT PHONE No.:

AND / OR

NAME: — RELATIONSHIP:

ADDRESS:

DAY PHONE No.: — NIGHT PHONE No.:

MISC.

RELIGION: — VISIT REQ. BY CHAPLAIN YES/NO: — PENSION BOOK No.:

DISCHARGE SUMMARY

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
DISCHARGED/TRANSFERRED TO	HOSPITAL	CODE		WARD	SPECIALTY	CONSULTANT	CODE

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS		
OTHER CONDITIONS (D.G,2)	-7194	
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

	CODE	DATE
MAIN OPERATION	X35828556	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

SMR1 COMPLETED

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

WALTER ZELESKI
O/2 27 GREEN ST
GLASGOW

CONSULTANT: DR PARIKH

THEATRE: _____

DATE: _____

TELEPHONE NO.: _____

BLOOD GROUP: _____

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	✓		
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?		✓	
	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?		✓	
4.	Have you had hepatitis or been jaundiced?		✓	
5.	Do you have arthritis of the spine or neck?		✓	
6.	Do you suffer from fits or fainting attacks?		✓	
7	Do you have anaemia, blood problems or bruise or bleed easily?		✓	
8.	Do you have diabetes or sugar in the urine?		✓	
9.	Do you smoke? How many per day?	✓		10/day.
10.	Do you drink a lot of alcohol? How much?		✓	
	Have you had an anaesthetic or operation before?	✓		
	Have you or your family had any problems after an anaesthetic?			
13.	Are you allergic to anything - medicine, food, pollen?	✓		PENICILLIN
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?	✓		CO-PROXAMOL DIHYDROCODEINE
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?		✓	
16.	Do you attend any other hospital or specialist clinic concerning your health?		✓	
17.	Is there any other medical problem you think the doctor should know about?		✓	

PULSE: _____ B.P.: _____ HEART SOUNDS: _____

CHEST: _____

COMMENT: _____

Doctor's Signature: .....

NURSING NOTES:

admitted for. Guanethidine Block.

Obs, satisfactory on return. Tea & Toast taken.

18.00. Discharged home.

DISCHARGE OF DAY PATIENTS

OPERATION R. I.V. Regional Guanethidine Block.

OPERATOR r

ANAESTHETIST

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	✓	—
2. Alert and orientated	✓	—
3. Able to dress. Sit and walk unaided	✓	—
4. Tolerating food and fluids	✓	—
5. Post anaesthetic instructions given regarding:-		
- Driving and operating machinery	✓	—
- Alcohol. Sedatives and Pain Killers	✓	—
- Responsible adult MUST accompany patient home		
6. Post surgical instructions		
- Follow up appointment Fri, 18.3.94. DSH.		
- Special instructions		
7. Medication		

NURSES SIGNATURE J Roy

GREATER GLASGOW HEALTH BOARD — ANAESTHETIC RECORD No.

Date & Time	Premedication	Addressographic Label
		432099 WALTER ZEZESKI 6/2 27 GREEN ST GLASGOW 26/10/70

Ordered by	Given by	Time given

PRE-OPERATIVE ASSESSMENT — PATIENT'S WEIGHT Kg. WARD

Exercise Tolerance — Previous Operations

R.S. Smoker

CXR

C.V.S. Pulse — Allergies

B.P. — Biochemistry

E.C.G.

Other — Haematology

ITIENT	Number ☐☐☐☐☐☐☐ Hosp ☐☐☐ Age ☐☐ Sex ☐ Date ☐☐☐☐☐☐	A (1)	8-26
ANAESTHETIST	Cons ☐ SR ☐ Reg ☐ SHO ☐ OPERATOR Cons ☐ SR ☐ Reg ☐ SHO ☐ Other ☐		27–35
PROCEDURE	Code ☐☐☐☐ Time Commenced ☐☐☐☐ Duration ☐☐☐ E ☐ OP ☐ SESSION ☐☐		36–50
PRE-OP DISEASE	Resp. ☐ Anaemia ☐ Renal ☐ Neurolog ☐ Other ☐	B (1)	8–12
	CVS ☐ Endocrine ☐ Hepatic ☐ Muscular ☐		13–16
CURRENT DRUGS	☐		17
PREV. ANAESTH.	☐ Halothane ☐ Complications ☐		18–20
PREMEDICATION	Morph ☐ Atropine ☐ Papaveret ☐ Hyosc ☐ Pethidine ☐ Phenergan ☐ Fentanyl ☐ Drop ☐ Diaz ☐ Other ☐		21–30
DUCTION	Thiopentone ☐ Methohexitone ☐ Althesin ☐ Ketamine ☐ Inhalation ☐ Other (spec) ☐		31–36
RELAXANT	Sux ☐ dtc ☐ Panc ☐ Alcur ☐ Gall ☐ Other (spec) ☐ Neost ☐ Atrop ☐		37–44
MAINTENANCE	N_2O ☐ Hal ☐ Ethrane ☐ Ether ☐ Morphine ☐ Papaveret ☐ Phenop ☐ Other ☐		45–52
	Methox ☐ Trilene ☐ Cyclo ☐ Pethidine ☐ Fentanyl ☐ Pentaz ☐		53–58
TECHNIQUE	Spont ☐ Mask ☐ ETT ☐ Oral ☐ Magill ☐ Tracheos ☐ Circ(cl) ☐ Circ (lk) ☐		59–66
	IPPV ☐ A'way ☐ Cuff ☐ Nasal ☐ T Pce ☐ Hypotens ☐ Pack ☐ Other ☐		67–74
I. V. SITE	R. Arm ☐ R. Hand ☐ R. Leg ☐ Neck ☐	C (1)	8–11
	L. Arm ☐ L. Hand ☐ L. Leg ☐ Other ☐		12–15
MONITORING	ECG ☐ Pulse ☐ Temp. ☐ CVP line ☐ B.P. ☐ Other ☐		16–21
POSITION	Supine ☐ Lithotomy ☐ Lateral ☐ Prone ☐ Other ☐ Hd Up ☐ Hd Down ☐		22–28
REG. ANALGESIA	Spinal ☐ Epidural ☐ Bier ☐ Brach Plex ☐ Other ☐ Cath ☐ Site ☐		29–34
	Amethoc ☐ Priloc ☐ Cinchoc ☐ Bupivac ☐ Lignoc ☐ Adren ☐ Other ☐		35–41
COMPLICATIONS	☐		42
BLOOD LOSS	☐☐☐☐ TRANSFUSION ☐		43–47

FORM 6A.

GGHB – STOBHILL GENERAL HOSPITAL **THEATRE/RECOVERY CARE PLAN**

UNIT No. 432099 DOB 26/10/70

NAME: WALTER ZELESKI

ADDRESS: ~~152~~ 612 27 GREEN ST GLASGOW

CONSULTANT DC PARIKH

WARD DSU

THEATRE

DATE OF OPERATION 11/3/94

TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED tick

1. LAST TIME PATIENT ATE OR DRANK	drink. 09·10. 11·3·94.	✓
2. CONSENT SIGNED		✓
3. IDENTITY BAND		✓
4. CASE NOTES, X-RAYS, DRUG KARDEX		
5. OPERATION SITE PREPARED AND MARKED	fasted	✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	None.	✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	None.	✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	None.	✓
9. ALLERGIES	PENICILLIN.	✓
10. VOIDED URINE		✓
11. BASELINE OBSERVATIONS P: 84 BP: 138/86		

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature – WARD: J Wilson RECEPTION: Lilley

B. THEATRE

OPERATION PERFORMED Intravenous Regional ~~ANAESTHESIA~~

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: _____

Signature of Circulating Nurse: _____

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

Noctor Releski

ROUTINE – PULSE & B.P. any sig for 15	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY | WARD		
SPECIAL		

INFORMATION/INSTRUCTIONS if BP etc ↓ mobilise & Home & more medely treatment

Signature:

D. POST OPERATIVEOBSERVATIONS

TIME	5/10	5/15	5 20	5 35	5 50												
PULSE	63	60		55	74												
BLOOD PRESSURE	118/67	125/72	122/73	123/73	119/85												
SATURATION (SaO^2)	98	98															
RESPIRATORY RATE	R	R															
AIRWAY	✓																
OXYGEN	✓																
PAIN SCORE																	
SEDATION SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM PROBLEM/NEEDS INTERVENTION OUTCOME

Signature_____

CONSENT BY PATIENT/PARENT FOR OPERATION

I Walter Zaleski of 432099.

hereby consent to

•submission of Intravenous Regional Anaesthesia Block Rt Leg to the

operation of _____

the nature and effect of which have been explained to me by:

Dr/Mr Pain

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 11/3/94 (Signed) _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 11/3/94 Signed _____ (Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

GGHB – STOBHILL GENERAL HOSPITAL — **THEATRE/RECOVERY CARE PLAN**

UNIT No. 432099 DOB 26·10·70.

NAME: WALTER ZELESKI

ADDRESS: 012 27 GREEN ST CALTON

CONSULTANT DR. PARIKH

WARD D.S.U.

THEATRE

DATE OF OPERATION 25/3/94.

TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED — tick

1. LAST TIME PATIENT ATE OR DRANK	12 midnight · 24/3/94.	✓
2. CONSENT SIGNED		✓
3. IDENTITY BAND		✓
4. CASE NOTES, X-RAYS, DRUG KARDEX		✓
5. OPERATION SITE PREPARED AND MARKED		✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	nil	
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	nil	
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	n.f.l	
9. ALLERGIES	Penecillin	
10. VOIDED URINE	Yes	✓
11. BASELINE OBSERVATIONS P: 81 BP: 140/90		

PROBLEMS/NEEDS	INTERVENTION	OUTCOME

Signature – WARD: C Callaghan · RECEPTION:

B. THEATRE

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT	☐	TRENDELENBURG	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	☐	LITHOTOMY	☐
PRONE	☐	LLOYD DAVIS	☐

TOURNIQUET · TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

Signature of Circulating Nurse:

C. **POST OPERATIVE RECOVERY ROOM INSTRUCTIONS** WALTER ZALESKI

ROUTINE – PULSE & B.P.	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY	WARD	
SPECIAL		

INFORMATION/INSTRUCTIONS

BP every 5mins for 15 mins; Home when mobile.

Signature: Gallagher

D. **POST OPERATIVEOBSERVATIONS**

TIME	1540	1545	1550	1555	1600	1625												
PULSE	76	75	78		80	91												
BLOOD PRESSURE	117/77	128/41	130/84	131/71	136/81	142/74		1705										
SATURATION (SaO_2)																		
RESPIRATORY RATE																		
AIRWAY																		
OXYGEN																		
PAIN SCORE	0	0	0															
SEDATION SCORE	0	0	0															
TEMPERATURE																		
WOUND																		
						HP U.												
	✓		BL			BL												

2nd

D/S c/ house o/y

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature _____

CONSENT BY PATIENT/PARENT FOR OPERATION

I Walter Zaleski of (43 2099)

hereby consent to

•submission of I.V. R. G. block R leg to the

operation of _____

the nature and effect of which have been explained to me by:

Dr/Mr R Bowick

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 25/3/94 (Signed) [signature]

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 25/3/94 Signed [signature] (Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

WALTER ZELESKI
0/2 27 GREEN ST
CALTON

4320099 26·10·70

CONSULTANT: mr Parikh
THEATRE: DSU
DATE: 25/3/94
TELEPHONE NO.:
BLOOD GROUP:

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	☐	☑	
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?	☐	☑	
3.	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?	☐	☑	
4.	Have you had hepatitis or been jaundiced?	☐	☑	
5.	Do you have arthritis of the spine or neck?	☐	☑	
6.	Do you suffer from fits or fainting attacks?	☐	☑	
7	Do you have anaemia, blood problems or bruise or bleed easily?	☐	☑	
8.	Do you have diabetes or sugar in the urine?	☐	☑	
9.	Do you smoke? How many per day?	☑	☐	10/day
10.	Do you drink a lot of alcohol? How much?	☑	☐	Socially
11.	Have you had an anaesthetic or operation before?	☑	☑	
12.	Have you or your family had any problems after an anaesthetic?	☐	☑	
13.	Are you allergic to anything - medicine, food, pollen?	☑	☐	Penicillin
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?	☑	☐	co-proxamol
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?	☐	☑	
16.	Do you attend any other hospital or specialist clinic concerning your health?	☐	☑	
17.	Is there any other medical problem you think the doctor should know about?	☐	☑	

PULSE: 81 B.P.: 140/90 HEART SOUNDS:

CHEST:

COMMENT:

Doctor's Signature:.....

NURSING NOTES:

A/A for Guanethidine Block.

Satisfactory on return. Tea & Toast taken.

Discharged home with escort BL

DISCHARGE OF DAY PATIENTS

OPERATION I.V. Regional Guanethidine Block.

OPERATOR Dr Panikh.

ANAESTHETIST —

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	✓	—
2. Alert and orientated	✓	—
3. Able to dress. Sit and walk unaided	✓	—
4. Tolerating food and fluids	✓	—
5. Post anaesthetic instructions given regarding:		
- Driving and operating machinery	—	—
- Alcohol. Sedatives and Pain Killers	—	—
- Responsible adult MUST accompany patient home		

6. Post surgical instructions
   - Follow up appointment —
   - Special instructions —

7. Medication —

NURSES SIGNATURE

GREATER GLASGOW HEALTH BOARD

ANAESTHETIC RECORD No.

Date & Time	Premedication

Ordered by	Given by	Time given

Addressographic Label
WALTER ZELESKI
0/2 27 GREEN ST
CALTON

432099 26/10/70

PRE-OPERATIVE ASSESSMENT

Exercise Tolerance
R.S. Smoker
CXR
C.V.S. Pulse
B.P.
E.C.G.
Other

PATIENT'S WEIGHT Kg.

Previous Operations
Allergies
Biochemistry
Haematology

WARD

TIENT Number Hosp Age Sex Date — A (1) 8-26

	Number	Hosp	Age	Sex	Date
	432099	207	23	M	25/10/44

ANAESTHETIST Cons SR Reg SHO OPERATOR Cons SR Reg SHO Other — 27–35

PROCEDURE Code Time Commenced Duration E OP SESSION — 36–50

PRE-OP DISEASE — B (1) 8–1

Resp.		Anaemia		Renal		Neurolog		Other	
CVS		Endocrine		Hepatic		Muscular			

13–16

CURRENT DRUGS — 17

PREV. ANAESTH. Halothane Complications — 18–20

PREMEDICATION — 21–30

Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other

IDUCTION — 31–36

Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)

RELAXANT — 37–44

Sux	dtc	Panc	Alcur	Gall	Other (spec)	Neost	Atrop

MAINTENANCE — 45–52 / 53–58

N_2O	Hal	Ethrane	Ether	Morphine	Papaveret	Phenop	Other
	Methox	Trilene	Cyclo	Pethidine	Fentanyl	Pentaz	

TECHNIQUE — 59–66 / 67–74

Spont	Mask	ETT	Oral	Magill	Tracheos	Circ(cl)	Circ (lk)
IPPV	A'way	Cuff	Nasal	T Pce	Hypotens	Pack	Other

I. V. SITE — C (1) 8–1 / 12–15

R. Arm	R. Hand	R. Leg	Neck
L. Arm	L. Hand	L. Leg	Other

MONITORING — 16–21

ECG	Pulse	Temp.	CVP line	B.P.	Other

POSITION — 22–28

Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd Down

REG. ANALGESIA — 29–34 / 35–41

Spinal	Epidural	Bier	Brach Plex	Other	Cath	Site
Amethoc	Priloc	Cinchoc	Bupivac	Lignoc	Adren	Other

COMPLICATIONS — 42

BLOOD LOSS TRANSFUSION — 43–47

FORM 6A.

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CONSENT TO OPERATION CHART

SURNAME	CHRISTIAN/FORENAMES	UNIT NUMBER

I Walter Zeleshi of 152 Abercromby St

hereby consent to undergo the operation of R/O staples ® foot, RO Chiasmas screw ® ankle

the nature and effect of which have been explained to me by Dr./Mr. Beardsley

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 18/3/92 (Signed) [signature]

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 18/3/92 Signed (Doctor's Signature) [signature]

FORM 5A

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CONSENT TO OPERATION CHART

SURNAME	CHRISTIAN/FORENAMES	UNIT NUMBER

I WALTER ZAREMSKI of 152 Abercromby St.

hereby consent to undergo the operation of TRIPLE ARTHRODESIS (R)

the nature and effect of which have been explained to me by Dr./~~Mr.~~ ROBINSON

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 8/10/91 (Signed) [signature]

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 8/10/91 Signed (Doctor's Signature) [signature]

FORM 5A

GREATER GLASGOW HEALTH BOARD

RECOVERY ROOM CHART

A

DATE	WARD	SURNAME	FORENAME	AGE	UNIT NO.
19 3 92	7A	Zaleski	Walter	21	432099

IDENTIBAND: checked CONSENT: signed CASE NOTES: Yes

DENTURES: none PREMEDICATION: given X-RAYS: Yes

JEWELLERY: none OPERATION PROPOSED: R/o staples (R) foot R/o Diastasis screw (R) Ankle

SPECIAL NOTES: NBM 7am. Allergy to penicillin SIGNATURE: M. Campbell

B

THEATRE 5 DRAINS

OPERATION PERFORMED: As Planned CATHETER

PACKS

C

RECOVERY ROOM – INSTRUCTIONS

PULSE AND B.P. EVERY 15 : 30 : 60 mins.

OXYGEN 4 litres/min. via T piece mask for until hours awake

MEDICATION: Oral cocodamol 2 tabs 4hrly

OTHER INFORMATION/INSTRUCTIONS: Cannula @ hand

CONTINUE IV FLUIDS	RATE

SIGNATURE:

D

RECOVERY ROOM – OBSERVATIONS – MEDICATIONS

	PRE-OP										
TIME		2/55	3/10	3/35							
PULSE	84	88	88	70							
IRR	R	R	R	R							
BLOOD PRESSURE	130/80	130/D	110/D	140/90	/	/	/	/	/	/	/
RESPIRATIONS		R	R								
TEMPERATURE											
AIRWAY		WM	Out								
OXYGEN		4L	4L								
CONSCIOUS		No	Yes								
COLOUR		Sat	Sat								
OTHER	Wound Dry										

Time	IV FLUIDS IN R/R	AMOUNT

Time	MEDICATION	INITIAL
4pm	Cocodamol x2 tablets	AO

FLUID LOSS	AMOUNT

POST-OP. COMPLICATIONS

E

DISCHARGE WARD TIME

No 7 (1982)

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS ANAESTHETIC RECORD No.

Date & Time	Premedication	Addressographic Label
19/3/92 2pm	Oral temazepam 20mg / maxolon 10ns please	Walter Zaleski 432099 Mr. Bennet

Ordered by	Given by	Time given
S Shaw	Capbell	145 pm

as instructed by W Bryce

PRE-OPERATIVE ASSESSMENT PATIENT'S WEIGHT Kg. WARD

Exercise Tolerance Previous Operations

R.S. Smoker 10/day Numerous GA

CXR

C.V.S. Pulse 84 Allergies

B.P. 130/80 Biochemistry

E.C.G.

Other Haematology : Hb 16.1

ATIENT	Number	Hosp	Age	Sex	Date	A (1)
Walter Zaleska			21	M	19/3/92	8 26

ANAESTHETIST	Cons	SR	Reg	SHO	OPERATOR	Cons	SR	Reg	SHO	Other	
Armstrong				D			B				27–35

PROCEDURE	Code	Time Commenced	Duration	E	OP	SESSION	
R/O Staples ② foot R/O screw ② ankle.		1420					36–50

PRE-OP DISEASE									B (1) 8–
	Resp.		Anaemia		Renal		Neurolog		Other	
	CVS		Endocrine		Hepatic		Muscular			13–16

CURRENT DRUGS 17

PREV. ANAESTH. Halothane Complications 18–20

PREMEDICATION	Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other	
										✓	21–30

NDUCTION	Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)	
						✓	Propofol 150 31–36

RELAXANT	Sux	dtc	Panc	Alcur	Gall	Other (spec)	Neost	Atrop	
		✓		✓					37–44

MAINTENANCE	N_2O	Hal	Ethrane	Ether	Morphine	Papaveret 100	Phenop	Other	45–52
	✓	Methox	Trilene	Cyclo	Pethidine	Fentanyl ✓	Pentaz		53–58

TECHNIQUE	Spont	Mask	ETT	Oral	Magill	Tracheos	Circ(cl)	Circ (lk)	59–66
LM4	IPPV	A'way	Cuff	Nasal	T Pce	Hypotens	Pack	Other ✓ Bain	67–74
	✓								

I. V. SITE	R. Arm	R. Hand	R. Leg	Neck		C (1) 8–
	L. Arm	L. Hand	✓ L. Leg	Other		12–15

MONITORING	ECG	Pulse	Temp.	CVP line	B.P.	Other	16–21
	✓	✓	✓			✓ SpO2	

POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd Down	22–28
		✓						

REG. ANALGESIA	Spinal	Epidural	Bier	Brach Plex	Other	Cath	Site	29–34
	Amethoc	Priloc	Cinchoc	Bupivac	Lignoc	Adren	Other	35–41

COMPLICATIONS 42

BLOOD LOSS TRANSFUSION 43 –47

FORM 6A.

PATIENT PROFILE

Surname Zaleski Hosp. No. 432099
Forenames Walter Sex
D. of B.
Address 152 Abercrombie St
Ward/Dept. 7A

AGE 21 · date
RELIGION PROT Seen by minister/priest:

Date of admission: 18-3-92 Time: 10.30am
Type of admission: A/A
Accompanied by: Friend
From where: Home
PATIENTS OCCUPATION:
MARITAL STATUS: Sngle
Children: Ages:
ther dependants:
Living alone?
(1) NO—with whom?
(2) YES—any supportive help?

NEXT OF KIN: Mgr Gray
Relationship: AUNT
Address: 137 Eyeside Rd
Home phone no: 558 573
Work phone no:

ALTERNATIVE NEXT OF KIN:
Relationship:
Address:
Phone No:

VISITING PROBLEMS

SPECIAL PROBLEMS AT HOME
(a) With housing?
(b) Social:
(c) Other:

REASON FOR THIS ADMISSION
R/o staples (R) foot
& R/o Screw (R) ankle.

PAST MEDICAL HISTORY
Oct '91 Adhrodesis
87 leg lengthening (sp?)

PATIENT'S UNDERSTANDING OF ILLNESS
fully understands

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

INFORMATION GIVEN TO RELATIVES (date and by whom)

CURRENT DRUG THERAPY AT HOME
None
Co-Codamol prescribed but "ineffective"

ALLERGIES
#Penicillin#

PATIENT'S PROPERTY
Checked ✓ Not Checked
VALUABLES IN HOSPITAL SAFE:
Description: none.

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS

DAILY LIVING

SLEEP
Pattern: Good
How many pillows?
Sedation?
What else helps?

MOBILITY
Remarks: 1. Sick
Assistance needed?

DIET
Appetite:
Special diet: Normal
Dislikes:
Fluid preferences:

URINARY
Any problems?
Special needs:

BOWELS
Frequency:
Any problems?
What helps?

MENSTRUATION 'Pill' IUCD
LMP:
Cycle:
Any problems?

HEARING
Any problems?
Hearing aid? Battery Type?

VISION
Any problems?
Glasses? Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark:

RECREATIONAL INTERESTS

SMOKING (type and amount)
10 day

SOCIAL DRINKING (type and amount)
Socially

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION
Slight Cold - Chest not affected

GENERAL OBSERVATIONS
T 36°C P 84 Reg. R B/P 130/80
Height: Weight: Norton Score:
Urine:
SKIN INSPECTION Intact

ORAL INSPECTION
Condition of mouth: Intact
Condition of teeth: None
Dentures: Upper Lower Partial
Crown?
Any problems?

ADDITIONAL SIGNIFICANT GENERAL INFORMATION

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation			
(a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list ...			
Sheltered housing ...			
Other: ...			

GG H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES

Surname ZALESKI Hospital No
Fornames Walter Sex M
DoI B 26/10/70
Address 152 Abercrombie St
Ward / Dept 7A

Date		Signature
18/3/92	A/A of this 21 yr old gentleman for R/O staples + screw from (R) foot.	
	SOU for ward testing please.	J Duffy
	Settled evening	
	Co-paramol tabs taken for pain relief	
*	Please fast after tea (n) toast at 6am *	
	in preparation for pm theatre.	C Peden
19/3/92	Tea and toast at 6am and fasted thereafter.	A Johnston
AM	Fasting in preparation for pm theatre	
	Leg MARKED by Mr Bennet.	
	? Have tomorrow after theatre	C Peden
	Removal of Tenaculum Clamp @ Maxillofacial	
	Drugs given @ 10am.	
pm	Returned from theatre early evening.	
	Observations Stable BP 140/90 Pulse 70	
	Temp 36.5°C Clear Sensation to (R)	
	toes Satisfactory leg remains elevated	
	at all times Taking fluids + Diet in	
	small amounts. No urine passed by	
	8pm. Oral Analgesia of Co-Codamol x 2 tabs	
	given at 6pm with Good effect	A Alder
20/3/92	Oral analgesia changed to Tylex and same given to settle at 11pm	
	with good effect. Observations satisfactory.	A Jack
am	Settling with Hygiene CSM to toes	
	Satisfactory leg remains elevated	
	at all times. SIS Physio to encourage	
	Mobilising Oral Analgesia changed	
	to Co-Codamol given at 9.45am.	A Alder
	?? Discharge.	
pm	Physio continues but patient too	
	tired for stair practice	
	Co-Codamol tabs taken for pain relief	
	CSM to toes satisfactory	
	leg remains elevated.	C Peden
21/3	Analgesia given. Slept well.	P McCabe
	Encouraged to weight bear on foot	
	though very reluctant.	
	Co-Codamol tabs taken for pain relief	C Peden
	CSM to (R) foot satisfactory, up in	
	wheelchair - oral analgesia given	A Duffy
22/3	Slept well. Analgesia as required.	J Scott
	Patient attempted walk x one stick, unable	

JMcC/912353

Date	NURSING NOTES	Signature
	to weight bear. Yc pain in foot.	
	GSM to foot satisfactory. oral analgesia	
	taken.	Shipley
pm	encouraged to weight bear Yc no avail.	
	oral analgesia taken for pain	Campbell
23/3	Settled night.	N. Sidhu
am	Physio this morning. weightbearing	
	on Bandle trough. No alot of pain	
	co-proxamol taken. bed-end	
	elevated. Discharge when physios	
	happy.	Campbell
pm	S/B Physio - happy for Walker to	
	go home Mobilising independantly	
	with Stick OP to be arranged once	
	IV Banner given Pain Analgesia given	
	to Patient Before Discharge	AMcDa
	OPA made 26/3/92	

FORM PST 10/89

GREATER GLASGOW HEALTH BOARD

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS - PARENTERAL MEDICINES			DOSE	ROUTE	TIMES FOR ADMINISTRATION									Prescribers Signature (Full)	DISCONTINUED	
Pharmacy Use	Date Started	MEDICINE (Block Capitals)			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	mn 12	Other Times	Date	Signed
	A															
	B															
	C															
	D															
	E															
	F															
	G															

REGULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

| | | | | | | | | | | | | | | |

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
18/3/92	Initial	Initial	Initial	Initial	Initial	Initial	H CC Initial	Initial	Initial	Initial	
19/3/92				Fosamax CC		AO					
20/3/92	K AJ						L CC	L AJC			Ciprofloxacin 1000mg x 5 AJC
21/3/92			L	CC			5:30pm L ID	L AJ			
22/3/92	K AJ			L ID			L 5pm CC	L AJ			
23/3/92	9am L CC			L CC							

NAME	UNIT NUMBER	WARD
Walter Zaleski.		7A

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORME

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MR1/10

GREATER GLASGOW HEALTH BOARD

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	walter	

Date	18/3	19/3	20/3	21	22	23								
Post Op Date		TH	1	2	3									

TEMPERATURE °C: 42, 41, 40, 39, 38, 37, 36, 35, 34

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

RESPIRATION

O/A

V 10B

PATIENT CARE PLAN:

NAME: Walter Zaleski WARD: 7A DATE OF ADMISSION: 18/3/92

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
18/3	Self Caring with Hygiene	
"	Offer Oral Hygiene	
"	Offer Daily Shave	
	MOBILISATION	
18/3	Independant.	
	Leg to remain on elevation at all Times.	
	DIET	
18/3	Normal - Encourage Fluids + Diet	
19/3	Gradual Increase in Fluids + Diet as Tolerated postop.	
	BLADDER & BOWEL CARE	
18/3	Up to toilet	
19/3	Offer Urinal / Wheel to toilet	
	SPECIAL NEEDS	
18/3	Explanation of procedures	

DATE COMM.	TECHNICAL CARE	DATE DISC.
19/3	Use of bedcage	
	OBSERVATIONS	
18/3	Baseline Observations	
19/3	4 Hourly Temp + Pulse + Colour Consistant Movement to (R) toes	
	WOUND CARE	
19/3	Observe for Staining through Wound Dressing	

DATE COMM.	SPECIMENS	INVESTIGATIONS
18/3	RSOU	Ward Level

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS ANAESTHETIC RECORD No.

Date & Time	Premedication
10/10/91. 1200.	Diazepam 10mg oral

Ordered by	Given by	Time given
[signature]	P. M'Grath	12 NOON

432099
ZALESKI WALTER
152 ABERCROMBY STREET M
GLASGOW N
26/10/1970
G40 2SA G.P.Prac.46432

NW. Bennet

PRE-OPERATIVE ASSESSMENT

Exercise Tolerance
R.S. Smoker 10/5
CXR
C.V.S. Pulse
B.P.
E.C.G. ✓
Other

PATIENT'S WEIGHT Kg. WARD 7A.

Previous Operations (8) leg length

Allergies
Biochemistry ✓
Haematology

PATIENT	Number	Hosp	Age	Sex	Date	A (1) 8 26
			20		09/09/91	

ANAESTHETIST	Cons	SR	Reg	SHO	OPERATOR	Cons	SR	Reg	SHO	Other	27–35
DR PARKER				✓	MR. BEAVITT	✓					

PROCEDURE	Code	Time Commenced	Duration	E	OP	SESSION	36–50
		1425		✓			

PRE-OP DISEASE										B (1) 8–1 13–16
	Resp.		Anaemia		Renal		Neurolog		Other ✓	
	CVS		Endocrine		Hepatic		Muscular			

CURRENT DRUGS ☐ 17

PREV. ANAESTH. ☑ Halothane ☐ Complications ☐ 18–20

PREMEDICATION	Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other	21–30
									✓		

INDUCTION	Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)	31–36
	✓ 375mg					✓ Propofol 75mg	

RELAXANT	Sux	dtc	Panc	Alcur	Gall	Other (spec)	Neost	Atrop	37–44
						✓ Vecuronium 8mg			

MAINTENANCE	N_2O	Hal	Ethrane	Ether	Morphine	Papaveret	Phenop	Other	45–52
	✓			✓					
		Methox	Trilene	Cyclo	Pethidine	Fentanyl	Pentaz		53–58

TECHNIQUE	Spont	Mask	ETT	Oral	Magill	Tracheos	Circ(cl)	Circ (lk)	59–66
	IPPV ✓	A'way	Cuff ✓	Nasal	T Pce	Hypotens	Pack	Other ✓	67–74

I. V. SITE	R. Arm	R. Hand	R. Leg	Neck	16 G	C (1) 8–1 12–15
	L. Arm	L. Hand	✓ L. Leg	Other		

MONITORING	ECG	Pulse	Temp.	CVP line	B.P.	Other	16–21
	✓	✓			✓	✓ Sat O2	

POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd Down	22–28
	✓							

ANAESTHESIA	Spinal	Epidural	Bier	Brach Plex	Other	Cath	Site	29–34
	Amethoc	Priloc	Cinchoc	Bupivac	Lignoc	Adren	Other	35–41

COMPLICATIONS ☐ 42

BLOOD LOSS ☐☐☐☐ TRANSFUSION ☐ 43

IHM 6A.

Mr Bennett

GREATER GLASGOW HEALTH BOARD

RECOVERY ROOM CHART

DATE	WARD	SURNAME	FORENAME	AGE	UNIT NO.
10/10/91	7A	Zaleski	Walter	70	439099

A

IDENTIBAND: ✓ CONSENT: ✓ CASE NOTES: ✓

DENTURES: ✓ PREMEDICATION: ✓ X-RAYS: ✓

JEWELLERY: ✓ OPERATION PROPOSED: (R) Triple Arthrodesis

SPECIAL NOTES: NIL SIGNATURE: K Grant (STN)

B

THEATRE (5)

OPERATION PERFORMED As above

DRAINS

CATHETER

PACKS

C

RECOVERY ROOM – INSTRUCTIONS

PULSE AND B.P. EVERY (15) - 30 - 60 mins

OXYGEN 6 litres/min. via Hudson mask

for 2 hours

MEDICATION PCA 5 See 5

OTHER INFORMATION/INSTRUCTIONS

CONTINUE IV FLUIDS	RATE
~~(1) 5% Dex + 50~~	~~4hly~~
(2) 0.9% NaCl	4hly
(3) 5% ~~Dex~~ Dex 500	4

SIGNATURE: Rashid

D

RECOVERY ROOM – OBSERVATIONS – MEDICATIONS

	PRE-OP										
TIME		3.20	3.35	3.50							
PULSE		65	72	76							
IRR		R	R	R							
BLOOD PRESSURE	136/80	130/D	140/90	140/95							
RESPIRATIONS			R	R							
TEMPERATURE											
AIRWAY		IN	OUT	OUT							
OXYGEN		6LT	6LT	6LT							
CONSCIOUS		NO	Yes	Yes							
COLOUR		SAT	Sat	Sat							
OTHER	Leg	DRY	DRY	DRY							

Time	IV FLUIDS IN R/R	AMOUNT
3.30	Dextrose 5% 91F20BW	500 mls S.C.

Time	MEDICATION	INITIAL

FLUID LOSS	AMOUNT

POST-OP. COMPLICATIONS

E DISCHARGE WARD TIME

No. 7 (1982)

ORM PS1 10/90

GREATER GLASGOW HEALTH BOARD

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION (am 6 / am 8 / am 10 / md 12 / pm 2 / pm 4 / pm 6 / pm 10 / pm 12 / Other Times)	Prescribers Signature (Full)	DISCONTINUED Date	DISCONTINUED Signed
	A 1/10/91.	PCA. PETHIDINE	10000mg.	14mg/hr. background				
	B	DOMPERIDONE	10mg.	+ 4mg boluses as req.				
	C	+ H2O → D 50mls.						
6.25pm	D 9/10/91	PCA D.	10mg/hr. Background.	+10mg boluses as req.				
	E							
	F							
	G							

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H 9/10/91	TYLEX	2 tablets	Oral	4-6hrly as required for pain	M. Oakley		
	J 12/10/91	AUGMENTIN	250mg	Oral	✓	M. Oakley	14/10/91	
	K 12/10/91	CODEINE PHOSPHATE						
	L 12/10/91	CO-Dydramol	2 tablets	Oral	4-6hrly as required for pain	M. Oakley		
	M 14/10/91	GLYCERINE	~~suppos~~	Supps				
	N 14/10/91	LACTULOSE	10mls.	oral				
	O 13/10/91	FLUCLOXACILLIN	500mg.	oral				
	P							
	R							
	S							
	T							
	V							

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN
10/91		CO PROXAMOL	2 tablets	Oral	M. Oakley		
11/10/91		PETHIDINE	20mg	im	Approved		

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE 1.

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

DATE	6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	4 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
9/10/91	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	coproxamol 1x2 @ 7.49p
10/10/91	FASTING										
12/10/91					J	PMG	J JG	J			lactulose 10mls @ 8.35 J
13/10	H J			H J	JG		H JD	H J			H @ 2AM.
14/10	H J			H (M) J	BB		H FD	H x2 J			(M) Refused by pt.
15	H J PR			J H CC			H PR	H x2 R J			
16	H x2 (J) BB			H (J) JG			H x2 CC	H x2 PRe			patient nauseated. patient refused due to nau
17	H x2 PR			H x2 CC BB			HxP JG	H GM			
18	H x2 GM			H x2 (M) PR							(M) refused & informed

NAME: Miroslaw Zaleski

UNIT NUMBER:

WARD: 7A.

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF [illegible]

CODE LETTER SCORED E.G. X = PATIENT

PATIENT PROFILE

432099
ZALESKI WALTER
152 ABERCROMBY STREET M
GLASGOW N
26/10/1970
G40 2SA G.P.Prac.46432

AGE 20yrs | date

RELIGION: R/C. | Seen by minister/priest:

Date of admission: 8/10/91 Time: 10^20.

Type of admission: ELECTIVE.

Accompanied by:

From where:

PATIENTS OCCUPATION: UNEMPLOYED.

MARITAL STATUS: SINGLE.

Children: — Ages: —

Other dependants: —

Living alone? YES.

(1) NO—with whom?

(2) YES—any supportive help?

NEXT OF KIN: MARGARET GREY.

Relationship: AUNT.

Address: 137 RYESIDE ROAD. GLASGOW.

Home phone no: 558 5713.

Work phone no:

ALTERNATIVE NEXT OF KIN:

Relationship:

Address:

Phone No:

VISITING PROBLEMS

NONE.

SPECIAL PROBLEMS AT HOME

(a) With housing? —

(b) Social: INDEPENDENT LIVING PROJECT. (SEC. 27 S.W. ACT).

(c) Other: —

REASON FOR THIS ADMISSION

(R) triple arthrodesis

PAST MEDICAL HISTORY

Leg Lengthening '87. (R).

PATIENT'S UNDERSTANDING OF ILLNESS

POOR UNDERSTANDING.

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

CURRENT DRUG THERAPY AT HOME

/

INFORMATION GIVEN TO RELATIVES (date and by whom)

ALLERGIES

NONE KNOWN.

PATIENT'S PROPERTY

Checked Not Checked

VALUABLES IN HOSPITAL SAFE:

Description:

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS

DAILY LIVING

SLEEP — Pattern: Normal 8 hrs.
How many pillows? One.
Sedation? —
What else helps? —

MOBILITY — Remarks: Difficulty Covering Long Distances.
Assistance needed? Raised Heel.

DIET — Appetite: Good.
Special diet: —.
Dislikes: Veg.
Fluid preferences: Tea.

URINARY — Any problems? None.
Special needs:

BOWELS — Frequency: Twice / Day.
Any problems? None.
What helps?

MENSTRUATION — 'Pill' IUCD
LMP:
Cycle:
Any problems?

HEARING — Any problems? None.
Hearing aid? Battery Type?

VISION — Any problems? Long Sighted
Glasses? Yes. Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark: Normal Speech.

RECREATIONAL INTERESTS
Pool., Music, T.V.

SMOKING (type and amount)
10 / day

SOCIAL DRINKING (type and amount)
2-3 pints / week.

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION

GENERAL OBSERVATIONS
T 36·4°C P 84 Reg. R 16. B/P 130/85
Height: 5'9" Weight: 9 st 12 lbs. Norton Score:
Urine:

SKIN INSPECTION
Normal Integumen.

ORAL INSPECTION Normal Mucosa.
Condition of mouth: Coated Tongue.
Condition of teeth: Fair.
Dentures: No. Upper Lower Partial
Crown? None.
Any problems? None.

ADDITIONAL SIGNIFICANT GENERAL INFORMATION
Dr. Anderson
Surgery
59 Farne Drive G44.

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation (a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list ...			
Sheltered housing ...			
Other: ...			

TH:- 10/10/91

G.G.H.B.
STOBHILL GENERAL HOSPITAL

Surname ZAREKI Hospital No
Forenames HAREK Sex
DoB
Address
Ward / Dept FA

NURSING NOTES

(R) TRIPLE ARTHRODESIS

Date		Signature
8/10/91	Elective admision this am for (R) Triple arthrodesis. SOA please.	
pm	Settled evening. S/B Dr Robinson	
9/10/91	Settled night.	
am	Sat out during morning. Mobilised with crutches. Cough. Sputum specimen collected & sent for C&S. Mr Bennet to be informed. S/B anaesthetist, please ~~to~~ give toast & toast at 10am* and fast thereafter for pm theatre. given co-proxamol x 2 @ 7.40p.m. for pain	
10/10/91	Slept well, toast & toast given @ 6am this am. Listed for pm theatre	
PM.	Prepared for theatre. Premed given 12 NOON. Returned from Theatre ~ 13.30 following Triple Arthrodesis to (R) foot under G.A. (+) PCA in Situ Pethidine 20mg/ml. Background 1.4mg/hr POP (Bivalved) in situ. No Sensation and poor pulsus to toes. POP Shells loosened. Sensation and Circulation improved. S/b Mr Bennett who agreed with this intervention. Pt became over Sedated on PCA s/b Dr Fassenden who reduced background to 1.0mg/hr. Entering staining on POP over lateral aspect of ankle. Pyrexial at 37.2°C	
11.1091	PCA continues: fairly Settled Post operative night intra-Venous infusion running behind schedule hrly observations remain fairly stable. has passed urine - 100ml tolerating small amounts of fluids. C/D/I to foot Satisfactory - Staining through POP Slight BP 130/80 Pulse 96 Temp 37.2. all else	
am	Daily Pressure Area Care encouraged TO be transferred to Repose Mattress when comfortable. S/B Mr Bennet, informed of -Numbness and lack of movement to toes. Foot initially immobile on admission foot warm to touch. No bleeding through plaster. PCA Morphine in Situ running background 1.0mg/hr BP on Rounds:- 190/90; Temp 37.4°C; Pulse 96 Resp:-20	

Date	NURSING NOTES	Signature
	BP reached :- on 1pm :- 150/80, Urinary output good. fluid intact, fair. Temp 38°c on 1pm. Fan applied.	
2.30pm	Patient c/o to doctor of 'chest pain' says there is a family history of heart problems. ECG carried out report : borderline normal, BP 175/75 P 92. Resp 24 c 2p T ↑ 39°c. Dr Robson informed, blood taken for culture, chest moist ++, ? chest injection - to have chest physio over weekend, s/b physio this pm and sputum specimen obtained for bacteriology Cool fan in place, 4pm Temp 39.4°c patient tepid Sponged with same effect T 38.8°c c 6pm. Urinary output good IV Infusion & PCA continues, pain control good. Blood stained area on plaster now dry, movement & sensation to toes present MSSU in am please. Temp 38.3°c	
12.10.91.	Slept well, continues on PCA. Observations have remained stable overnight ? No further episodes of chest pain. MSSU, Pressure area care given. Observations @ 6am BP 120/70 P 80. T 38.	
am	s/b Mr Bennet; if Temp remains elevated, commence on augmentin - 10am Temp ↑ 38°c. Dr Oakley informed & commenced on antibiotics BP 130/80 P 106 c 10am, observe to ~~feet~~ toes satisfactory and warm to touch, no movement and toes remain numb. PCA discontinued at 1200 - to have oral analgesia for pain relief - s/b physio re chest, has productive cough, purulent green spit MSSU obtained, Tylex ~~&~~ 2 c 12.45p	
pm.	Settled evening. Taking Tylex for pain although to be reviewed by Dr. Oakley as still c/o pain. Urinary output satisfactory BP ↓ 105/66 P 90 Temp 36.4° @ 6pm. Colour satisfactory Sensation & movement nil although warm to touch. Bandage renewed to plaster. No further bleeding noticed. Bowels not	

Th - 10/10/91

G.G.H.B.
STOBHILL GENERAL HOSPITAL

NURSING NOTES

(e) TRIPLE ATHRODESIS

Surname ZANESKI. Hospital No.
Fornames WALTER. Sex
D of B
Address
Ward / Dept 7A

Date		Signature
	moved since Thursday - 10mls lactulose given ? effect.	J. Gilmitt
13.10.91	T1 Co.d. paracetamol tablets given 10pm with little effect c/o pain T1 Tylex tablets given with poor effect c 2am. Settled & slept. Cough troublesome at times during night Observations satisfactory	J.C.
am.	Settled morning. Observations stable. Taking Tylex for pain with some effect. Colour satisfactory. Sensation slightly improved but no movement as yet. Remains on bed rest. Please observe output Not PVd since 8pm.	J. Gilmitt
	Passed 500mls @ 10pm. Encourage fluids. Temp 37.° p92 BP 110/55 @ 2pm.	J. Gilmitt
pm	Taking Tylex for pain, Temp 36.5°C c 6pm. Has passed urine this pm. has slight sensation now in toes colour good & toes warm.	Rugby
14.10.91	T1 Tylex tablets given 10pm settled. slept well Observations satisfactory this am	Wilson
am.	Shaved with assistance this am c/o Constipation prescribed Glycerine Suppositories and Lactulose 10ml orale. Apyrexial but c/o feeling "washout" Dr informed - no action necessary. Oral analgesia for pain at 12°°.	Tait
	C/B Mr Tait; for possible change of plaster on Thursday and commence mobilisation: will review in ward. Bowels moved this pm.	Rugby
15/10/91	Settled night. Colour & movement of toes good. Sensation much improved	Sabas
am	Up in wheelchair, ensure leg elevated at all times. Apyrexial still has cough at times	Rugby
	Patient requests social worker ✓	
16/10/91	Comfortable night. Analgesia as charted c/o nausea this am, antibiotics withheld. up in wheelchair with leg elevated, feeling better this forenoon	Sabas
pm	Antibiotic withheld. Settled. Gaviscon 10mls given @ 4pm for heartburn Augmentin antibiotic discontinued	Rugby

Date	NURSING NOTES	Signature
17.10	Slept well uncomplaining	P. McCloskey
am	Self caring am.	
	S/B Mr Tait. Plaster removed.	
	Dry dressing applied to wound.	
	To be left off until this afternoon	
	and light weight ↓ knee plaster to be	
	applied. For ? Home beginning of next	
	week when physio happy.	
	To be NWB.	Cpbell
	Wound Site red. Commenced on Flucloxacillin	
	500mgs QID.	Cpbell
pm.	Settled evening. Up mobilising in wheel-	
	chair. Plaster to be reapplied tomorrow.	
	Taking oral antibiotics. Wound still red. Slight staining.	
	Keeping leg elevated and foot not moving	
	Colour - good. Sensation ~~good~~ gradually increasing	
	Movement - none yet.	J. Cynutts
18.10.	Slept well.	L. Meagher
am.	For discharge home this pm.	Tait
	Plaster applied, please observe circulation, sensation	
	movement. If going home to have POP instruction	
	written and verbal	Fleming
pm.	Discharge drugs given OPA to be made	
	when Mr Bennet contacted. Patient	
	discharged.	
	Circulation, sensation & movement satisfactory	
	to toes	Cpbell

TPR CHART

CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI WALTER.	L132099.

- 91

Date	9/10/21	10/10	11/10	12/10	13	14	15	16	17	18	19	20	21	22
Post Op Date	OA.	TH	1	2	3	4	5	6	7	8	9.	10	11	12

TEMPERATURE °C: 42, 41, 40, 39, 38, 37, 36, 35, 34

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

RESPIRATION

No. of Stools	++	0/0	XX	+/0	0/0	+X	+	++	++	0/				

10B

PATIENT CARE PLAN:

NAME: WALTER Z ALESKI. WARD: 7A. DATE OF ADMISSION: 8/10/91

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
8/10/91	Up to Shower, basin as able.	10/10
10/10	Basin & assistance as required	
"	oral hygiene.	
"	postural changes 2hourly.	
	MOBILISATION	
8/10/91	Independent.	
9/10/91	Pre-Op: Bed rest once Pre-med given.	
9/10/91	Post-Op: Bedrest until able to straight leg raise.	11/10
11/10/91	Bedrest.	
	DIET	
8/10/91	Normal diet.	9/10.
9/10/91	Fasting Pre-Op.	10/10.
12/10.	Normal as able.	
	BLADDER & BOWEL CARE	
8/10/91	Independent. ensure Ayrshoning post-op & chart daily on MR chart	
	SPECIAL NEEDS	
8/10/91	Explain all procedures.	

DATE COMM.	TECHNICAL CARE	DATE DISC.
10/10	P.O.P. hourly	
10/10	I.V. infusion site hourly	12/10
"	PCA hourly	12/10
	OBSERVATIONS	
8/10/91	Obtain baseline Vital Signs	8/10/91
9/10/91	Post-Op: Regular observations until stable.	
10/10/91	circulation sensation movement base limb 4th until stable	18/10
18/10	4hourly cir, sen, mov.	
	WOUND CARE	
8/10/91	Observe dressing for Seepage.	

SPECIMENS	INVESTIGATIONS
8/10/91 RSOU.	

MEDICAL IN CONFIDENCE

GREATER GLASGOW HEALTH BOARD

CASE RECO

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL	S/H 432099

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
03/03/93	10:07	1 WLDB	1 HOME	Inpatient	21.1.93	3 NHS

SSION TAILS

WARD	SPECIALTY	CONSULTANT
WD 7A	ORTHOPAEDICS	MR GC BENNET

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MR ZALESKI	WALTER		22	26/10/1970	M	

ADDRESS: 152 ABERCROMBY STREET, GLASGOW

ALT/PREV SURNAME:

OCCUPATION:

POSTCODE: G40 2SA TELEPHONE No.:

OCCUPATION (HUSBAND/FATHER):

EF. .P.

NAME	ADDRESS
JAMIESON R	201 ABERCROMBY STREET, GLASGOW
G.P. CODE 2545763 PRACTICE 46381 1	TELEPHONE No. 554 1866 POSTCODE G40 2DA
CONTRACT No.	

EXT OF IN

NAME	RELATIONSHIP		NAME	RELATIONSHIP
RHONA WALKER	FIANCE	AND / OR	Gray Mgt	HUNT
ADDRESS: 7 WESTERGREENS AVE, KIRKINTILLOCH			ADDRESS: 137 Ryeside Rd, Bearsden	
DAY PHONE No. 777 8226	NIGHT PHONE No.		DAY PHONE No.	NIGHT PHONE No.

RELIGION	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.
SC. Ch.of Scotland		

DISCHARGE SUMMARY

HARGE TAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE		WARD	SPECIALTY	CONSULTANT	CODE

DIAGNOSES

	CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	-7295	
OTHER CONDITIONS (D.G,2)		
(D.G,3)		
(D.G,4)		
(D.G,5)		
(D.G,6)		

SMR1 CODED

ID

	CODE	DATE
MAIN OPERATION	W639	
OTHER OPERATION (O.P,2)		
(O.P,3)		
(O.P,4)		

LOCAL USE			NATIONAL USE	

ANDA S DONNELLY 03/03/93 10:08

GREATER GLASGOW HEALTH BOARD — INPATIENT CHART

UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE (M. S. W.)

WARD/DEPT.	RELIGION	MAIDEN NAME
7A		

432099
ZALESKI WALTER M
152 ABERCROMBY STREET N
GLASGOW
26/10/70
G40 2SA G.P.Prac.46432
TEL. NO.

G.P.'S NAME & ADDRESS
TEL. NO.

DATE	SPECIALTY	CONSULTANT'S NAME
3/3/93	orthopaedics	Mr Bennett

A/A FOR REVISION OF TRIPLE ARTHRODESIS (R) FOOT

- arthrodesis performed 9/10/91
- c/o pain on dorsum of foot while weightbearing
- Xrays show non-union of talonavicular joint

PMH 1. equinovarus at birth - 7 ops over 2 years
2. leg lengthening 1987 - succesful

°asthma | RF | TB | Epi | DM | J | HBP.

DHx DF118 60mg b.d
ALLERGIC TO PENICILLIN

FHx IHD

SHx - was at college but can't manage due to foot pain
- SMoker - 10cpd
- alcohol 10units/week.

SE
CVS
RESP
GIT
GUS
CNS
} nil

GE Well

CVS P- 80 bts/min, regular
JVP ↑
HS I + II + 0

RESP trachea ↓
expansion R=L= good
PN R=L= resonant
BS R=L= vesicular + exp. rhonci lower (R) zone

JMcC/911628

DATE

URINE

Reaction | Albumin | Sugar | Ketones

WEIGHT (In Kilogrammes)

PHYSICAL EXAMINATION

GIT DL / DS | Abdo. soft non-tender
OK \ / OK | masses
BS ✓

CNS nil focal

Imp. (22) for revision of triple arthrodesis (R) foot ? bone grafting.

FOR CONSENT ✓ JBal (JHO)

WARD ROUND 4 3 93 WALTER ZALESKI 7A

Walter has returned following his triple arthrodesis. He has non-union of the mid-tarsal joints and this is causing him pain. For revision of his triple arthrodesis and bonegraft from his iliac crest.

G C BENNET/CT

INVESTIGATIONS

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials
4.3.93	Revision + bonegrafting R triple arthrodesis	
	Done from R lateral approach.	
	POP backslab.	
	Postop ① obs pulse, BP, temp, circulation	
	② elevate foot in pillows	
	③ remain NWB + elevated for next week then → BK POP CCSV.	
1/7	JMcC	

FORM 39

JMcC/912436

CGHR - STOBHILL GENERAL HOSPITAL

THEATRE/RECOVERY CARE PLAN

432099
ZALESKI WALTER
152 ABERCROMBY STREET M
GLASGOW N
26/10/70
G40 2SA G.P.Prac.46432

CONSULTANT Bennet

WARD 7A (cont'd)

THEATRE 5

DATE OF OPERATION 4/3/93

A. WARD - PRE-OPERATIVE PREPARATION

		tick
1. LAST TIME PATIENT ATE OR DRANK	Time: 6 AM/PM	Campbell
2. CONSENT SIGNED	✓	Campbell
3. IDENTITY BAND	✓	Stewart
4. CASE NOTES, X-RAYS, DRUG KARDEX	✓	Campbell
5. OPERATION SITE PREPARED AND MARKED		Campbell
6. TEETH - DENTURES REMOVED - CROWNS/CAPS/BRIDGE	nil	Campbell
7. PROTHESES REMOVED - HEARING AID, CONTACT LENS, GLASSES		Campbell
8. REMOVED - MAKE UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)		Campbell
9. ALLERGIES	PENICILLIN	Campbell
10. VOIDED URINE		
11. BASELINE OBSERVATIONS	P: 75 BP: 120/80	

PREMEDICATION GIVEN WHEN ABOVE CHECKED TIME:

PROBLEMS	INTERVENTION	OUTCOME
Patient requests PCA Machine.		

Signature - WARD: 7A Campbell RECEPTION:

B. THEATRE

OPERATION PERFORMED Laminectomy & Triple Arthrodesis (L) foot + bone graft from (R) iliac crest

	YES
DIATHERMY - BIPOLAR/MONOPOLAR	✓
HEEL RESTS	
ELOWTRON BOOTS	
SHEEPSKIN HEEL PADS/MATS	
HEATED WATER BED	
ARM BOARDS	

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE	✓	LITHOTOMY	
PRONE			

TOURNIQUET TIME - ON 2.21 OFF 3.16

SPECIAL COMMENTS (sandbag under (R) buttock)

SPECIMENS: PATH BACT OTHER

DRAINS 1x Redivac

CATHETER

COUNTS	CORRECT
SWABS - FIRST	✓
- FINAL	✓
INSTRUMENTS	✓
SHARPS - NEEDLES	✓
- BLADES	
THROAT PACK OUT	
PACK IN SITU	
INSTRUCTION FOR REMOVAL	

Name of Scrub Nurse: C. Kelly

Signature of Circulating Nurse: M. Mannion

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

CONTINUE IV FLUIDS	RATE

ROUTINE - PULSE & B.P. ✓
- OXYGEN/RECOVERY ✓
- OXYGEN/WARD X
- CANNULA REMOVAL - RECOVERY | WARD ✓

SPECIAL -

(patient was given Cyclosmol 15mg/1ml at 14-45)

INFORMATION/INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS 5/3/

TIME	15 15	3 30	3 45	4 PM 4	15	4 20	4 35	5 05	5 35	6 05	7 05	8 05	9	10	12		2am
PULSE	98	108	90	101	96	83	102	92	88	88	100	100	100	118	110		110
BLOOD PRESSURE	135/93	DC/81	156/95	158/90	162/89	136/75	160/80	140/60	135/70	149/90	150/110	159/85	150/85	158/84	140/80	/	134/80
SATURATION (SaO^2)	99	100	100	100%	100%		—	—									
RESPIRATORY RATE	17	16	16	18	16		—	—	Reg	Reg	—	Reg	Reg	Reg			Reg
AIRWAY	out	out	—	—	—		—	—	—	out	—						
OXYGEN	4L	4L	4L	4L	4L		—	—	—	—	—						
PAIN SCORE	0	0	0	3	1		1	0	0	0	—	0			0		2
SEDATION SCORE		1	0	0	0		0	0	0	0	—	0			0		0
TEMPERTATURE		37.4		37.8			37.5		37.2		—	—	36.8	37.8	37.9		38.2
WOUND Toes. Graft Lite	✓	✓ Leaking ++	✓	✓ Same	✓ Same		✓ Started Bleeding	✓	✓	✓	✓ Same	✓ Same	✓ Same	✓ Leaking +	✓ Leaking HP		Same

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

| | | | | |

CONSENT BY PATIENT/PARENT FOR OPERATION

I Walter Zaleski of 152 Abercromby St

hereby consent to

*submission of myself to the

operation of revision of arthrodesis (R) foot with graft

the nature and effect of which have been explained to me by:

Dr/~~Mr~~ Bal

I also consent to such further or alternative operative measures as may be found to be be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 3/3/93 (Signed) [signature]

~~*Relationship to Patient~~ _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 3/3/93 Signed [signature] (Doctor's Signature)

* Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____
Loading Dose _____
Bolus Dose _____
Dose Duration _____
Lockout Duration _____
Background Infusion _____

Monitor: Total dose of analgesia given.
No. of good tries

Inform Anaesthetist if: Respiration 8/min or less
Patient unduly sedated – score 2/3
Patient in undue pain – score 3/4

GREATER GLASGOW HEALTH BOARD

ANAESTHETIC RECORD No.

Date & Time	Premedication	
4/3/92 12-30	Diazepam 15 mg oral	
Ordered by	**Given by**	**Time given**
[illegible] A.P.	C. Campbell S/N	12.30

432099
ZALESKI WALTER M
152 ABERCROMBY STREET N
GLASGOW
G40 2SA
26/10/70
G.P.Prac.46432

Mr. Bennets
WARD 70.

PRE-OPERATIVE ASSESSMENT

PATIENT'S WEIGHT 118 Kg.

Exercise Tolerance

Previous Operations 3/92 ✓

R.S. Smoker 10/5

CXR

C.V.S. Pulse

B.P.

E.C.G.

Other

Allergies Penicillin (Sev)

Biochemistry

Haematology

PATIENT	Number	Hosp	Age	Sex	Date	
					04/03/92	A (1) 8-26

ANAESTHETIST	Cons	SR	Reg	SHO	OPERATOR	Cons	SR	Reg	SHO	Other	
[illegible]	✓				GCB	✓		✓			27–35

PROCEDURE	Code	Time Commenced	Duration	E	OP	SESSION	
arthroderis Rankle (Graft R1 Cr)		1415					36–50

PRE-OP DISEASE											
	Resp.		Anaemia		Renal		Neurolog		Other		B (1) 8–1
	CVS		Endocrine		Hepatic		Muscular				13–16

CURRENT DRUGS		17
PREV. ANAESTH.	✓ Halothane ☐ Complications ☐	18–20

PREMEDICATION	Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other	
									✓		21–30

IDUCTION	Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)	
						✓ Propofol	31–36

RELAXANT	Sux	dtc	Panc	Alcur	Gall	Other (spec)	Neost	Atrop	
						Dioh 2-5			37–44

MAINTENANCE													
	N_2O ✓	Hal		Ethrane ✓	Ether		Morphine		Papaveret		Phenop		Other		45–52
		Methox		Trilene	Cyclo		Pethidine		Fentanyl ✓		Pentaz				53–58

TECHNIQUE															
	Spont ✓	Mask ✓		ETT 4.0		Oral		Magill ✓		Tracheos		Circ(cl)		Circ (lk)	59–66
	IPPV	A'way		Cuff		Nasal		T Pce		Hypotens		Pack		Other	67–74

I. V. SITE									
	R. Arm		R. Hand		R. Leg		Neck		C (1) 8–1
	L. Arm		L. Hand ✓		L. Leg		Other		12–15

Daily

MONITORING	ECG		Pulse		Temp.		CVP line		B.P.		Other		16–21
	✓								✓		✓		

POSITION	Supine		Lithotomy		Lateral		Prone		Other		Hd Up		Hd Down		22–28
	✓														

REG. ANALGESIA															
	Spinal		Epidural		Bier		Brach Plex		Other		Cath		Site		29–34
	Amethoc		Priloc		Cinchoc		Bupivac		Lignoc		Adren		Other		35–41

COMPLICATIONS		42
BLOOD LOSS		43–47
TRANSFUSION		

FORM 6A

CHARTED DRUGS

Pro Jejl	✓				
Pent	100				
~~Chem~~	2, 1,				
I.V. FLUIDS					
V 38 260					
BP. 36 220					
^					
•PULSE 34 180					
o TEMP 140					
100					
60					
20					
TIME	14	15			
Blood Loss					
C.V.P.					
Urine Vol.					
Lact		97 98			
~~Chol~~		53			

Time	Fluid	Volume

14-50 Cyclimorph 15mg IM
R deltoid

GREATER GLASGOW HEALTH BOARD

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

DATE 5·3·93

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHI
			12 mid.					
			1 a.m.					
Water	5/05		2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
& Tea	150		7 a.m.	200				
			8 a.m.					
Juice	180		9 a.m.					
			10 a.m.					
			11 a.m.					
Soup (Lat) & milk (150)	250.		12 noon					
			1 p.m.	500				
Hot choc.	180		2 p.m.					
			3 p.m.					
			4 p.m.					
Hot choc	180		5 p.m.					
			6 p.m.	U·T·I				
			7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS								
TOTAL INTAKE						TOTAL OUTPUT		

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea	
Sodium	
Potassium	
Chloride	
Bicarbonate	
Creatinine	
Urine: Urea	
Chloride	

FORM 9A

GREATER GLASGOW HEALTH BOARD

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	Walter	

DATE 4.3.93

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHI
			12 mid.					
			1 a.m.					
			2 a.m.					
			3 a.m.					
			4 a.m.					
			5 a.m.					
			6 a.m.					
			7 a.m.					
			8 a.m.					
			9 a.m.					
			10 a.m.					
			11 a.m.					
			12 noon					
			1 p.m.					
			2 p.m.					
			3 p.m.	NUP.				
			4 p.m.	NUP				
			5 p.m.					
			6 p.m.					
WATER	SIPS.		7 p.m.					
			8 p.m.					
			9 p.m.					
			10 p.m.					
			11 p.m.					
TOTALS	SIPS			NIL.				

TOTAL INTAKE	SIPS		NIL	TOTAL OUTPUT

Recommenced

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs. Balance =

Biochemistry Results	Time
Serum: Urea Sodium Potassium Chloride Bicarbonate Creatinine	
Urine: Urea Chloride	

FORM 9A

1 Normal
2 Shallow
3 Deep

1 fully awake
2 awake on verbal commands
3 ... painful stimuli
4 Deep sedation
5 Unconscious

2 mild Pain
3 Pain on Reactive movements
4 Resting Pain
5 intolerable Pain

1 Orientated
2 Confused

432099
ZALESKI WALTER
152 ABERCROMBY STREET M
GLASGOW N
26/10/1970
G40 2SA G.P.Prac.46432

TIME	Pulse rate	BP	RESP RATE	RESP SCORE	Temperature	SEDATION SCORE	PAIN SCORE	WOUND	Circulation Limb (Normal)	Oxygen Therapy 4l/m or %	Orientation Score	ORAL FLUIDS	IV	VOLUME	TOTAL	OUTPUT DRAIN	URINE	OTHER	Total output
3-35	72	140/90		1		2	2	✓	✓	4l/m	1								
3-50	76	140/95		1		2	4	✓	✓	6l/m	1	500 mls	Ringers Lactate	500	500	-	-	-	
4-15	68	165/105	22	2	36·2	2	4	✓	✓	6l/m	1	500	Glucose 5%	500		-	-		
4-45	70	165/100	20	2	36°C	2	4	✓ STAINING AT HEEL.	✓	6l/m	1					-	-		
5-15	70	160/100	20	2	36°C	2	4	11	✓	6l/m	1					-	-		
5-45	78	160/100	20	2	37°C	2	4	11	no sens.	TISC	1		11			-	-		
6-15	74	140/100	20	1	37°C	2	4	one side circumference reduced	No sens.	—	1					-	-		
6-45	82	160/105	18	1	37°	2	4	both sides curl open at Tips time + staining	circ	—	1					-	-		
7-00	80	165/100	16	1	37·2°C	2	4	STAINING LATERAL SIDE OF ANKLE.	11	—	1					-	-		
7-15	80	160/100	18	1	37·2°C	2	2	11	11		1		Glucose 5%	500	1000.	NOT APPLICABLE	-	-	

GREATER GLASGOW HEALTH BOARD - NORTHERN DISTRICT

OPERATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	Walter	432099

PCA - Wilmchairs

10/10/91

~~SURGEON'S NOTES~~

OPERATION PERFORMED

SURGEON

(1) To prepare Syringe

50mls Syringe:- Add 1000mg Pethidine + 10mg Droperidol
+ Water to make 50mls
∴ 1ml = 20mg Pethidine

(2) Settings

Loading dose – 60mg given at 2-30 before Reset
Bolus – 15mg
Dose Duration – Start (100ml/hour)
Lockout Duration – 10min
Concentration – 20mg/ml
Background – 14mg/hour
Total time Reset – 0 at 2-30
Tries time Reset – 0 at 2-30

(3) Fill in your normal chart + PCA temporary chart

(4) Inform anaesthetist if Respiration less than 8/min or pain relief unsatisfactory.

SPECIAL INSTRUCTIONS

DATE SIGNATURE

JMcC/3518 FORM 7A

432099
ZALESKI WALTER M
152 ABERCROMBY STREET N
GLASGOW 26/10/1970
G40 2SA G.P.Prac.46432

PCA Total since Review	Fentanyl Dose Buccal	Total Dose	REMARKS NOTE DRUGS GIVEN e.g. Pethidine 100 Temazepam 10
0	14mg/hr	70mg	
12	14mg/hr	46mg	
17 (4 Good)	14mg/hr		
18 [6 Good]	14mg/hr	104mg	
18 [5 Good]	14mg/hr	108mg	
19 (6 Good)	14mg	132mg	
20 [7 Good]	10mg/hr	156mg	Background ↓ 10mg/hr / Bolus ↓ 10mg
21 (8 Good)	10mg	168mg	
23 [9 Good]	10mg/hr	182mg	
23 [9 Good]	10mg/hr	184mg	

1 Normal
2 Shallow
3 Disp

1 Fully Awake
2 Drowsy - open on verbal command
3 Painful Stimuli
4 Deep Sedation
5 Unconscious

1. No pain
2. Mild pain & resting pain
3 Severe pain
4 Intolerable pain
5 Pain on movement

1 Orientated
2 Confused

Time	Pulse Rate	B.P.	Resp Rate	Resp/Effort Score	Temperature	Sedation Score	Pain	Wound Dressing	Drains	Orientation Score	Oral	Fluids	Urine Volume	Total Drain	Other	Total Output	Other
7am	98	130/80	18	1	37	1	1	✓	✓	1		IV			300		
0900	80	140/80	21	1		2	4	STAINING AT HEEL.	✓	1	200	IV.	150				
1000	84	145/80	20	1	39°C	2	4	✓	✓	1							
1100	84	195/100	24	1	37.4°C	2	~~4~~ 1	STAINING AT HEEL	✓	1	150	IV					
12	96	150/90	20	1	37°C	2	1	—	✓	1							
1300	60	150/80	20	1	38°C	1	4	✓	✓	1							
1400	86	185/105	22	1	38°C	1	4	✓	✓	1	160	IV					
1500	92	175/75	24	1	39°C	1	4		✓	1	—	IV.	~~200~~		300.		
~~1600~~						~~1~~ ~~2~~						~~IV~~					
1600	100	150/90	26	1	39.4	1	2	Staining heel dry	✓		—	IV.					
1800	100	160/100	27	1	38.8	1	2				150				500		
2000	96.	140/80	26	1.	38.3	1	1	Staining heel dry	✓						600		
~~2100~~	90.	150/90	26.	1		2	1	11			150		600				
2.	88	140/90	24	1		2	1	11									
2	100.	120/70	28	1		1	2	11									
0900	106	130/90	26	1	38	1	2										

PCA Hrs since reset	Background	Total	Remarks. eg. Note Drugs Given
25 [10 Good]	10mg/hr	208mg.	
26 (11 Good)	10mg/hr	220.0 mg	
26 10 Good	10mg/hr	236mg	
25 10 good	10mg/hr	246mg	
26 11 Good	10mg/hr.	256mg	
27 12 Good	10mg/hr	276	
33 15 Good	10/hrs	310	
33 16 Good	10mg/hr	320	
36 17 good	10mg	350	
36 17 good	10mg/	358	
39			

1. Normal 2. Shallow 3. Deep

2. arousal on verbal command 3. awake on painful stimuli 4. Deep sedation 5. Unrousable

2. mild Pain 3. Pain on Mvt 4. Resting Pain 5. Intolerable Pain

1. One-step 2. Long

Time	TIME	Pulse	BP	Resp Rate	Resp Score	Temp	Sedation Score	Pain	Wound	Circulation of limb	O_2	Orientation Score	Oral	Fluids IV	IVT (IV)	Total IVT	output: Urine	output: Other	Total output
7am																			
0900	9:30 pm	80	165/100	16	1	37°C	2	2	STAINING	✓	—	1							—
1000																			
1100	9pm	100	160/90	20	1	37.2°	2-3	3	11	✓	—	1							—
12																			
1300	10:30 Pm	100	165/90	22	1	37.8	2-3	1	11	✓	—	1	20mls			20mls			
1400																			
1500	11:30	100	150/90	20	1	37.8	2-3	1	11	✓	—	1							
~~1600~~																			
1600	12:30	110	160/90	18	1	37.8	2-3	1	11	✓	✓	1							
1800	1:30	100	160/90	20	1	37.6	2-3	1	11	✓	✓	1	20mls	500		520			
2000	~~2am~~	96	150/90	22	1	37.6	2-3	1		✓	✓	1							
~~2200~~	2AM	96	150/90	22	1	37.6	2-3	1	11	✓	✓	1							
~~2~~																			
2	3 AM	88	140/80	20	1	37.6	2-3	1	11	✓	✓	1					100		100
900 ml	4 AM	90	140/80	20	1	37.6	1-	11	11	✓	✓	1							
	5 AM	84	140/80	22	1	37.2			^				90mls	500		590	400		400
	6 am	80	135/80	20	1	37.2	1	1		✓	✓	1							

PCB TRIALS	Forced Dose. Background	TOTAL
43 21 good	10mg/hr	418.
45 [28 Good]	10mg/hr.	454 mg
49 [26 Good]	10mg/hr	604 mg.
50 (40 good)	10 mg/hr	522 mg
55 [28 Good]	10mg/hr	554 mg.
56 [29 Good]	10mg/hr.	560 mg.
55 29 Good 30 good	10 mg/hr 10mg/hr.	568.0 mg 593 mg.
32 good.	10mg/hr	619 mg.
34 good.	10 mg/hr.	659 mg
37 good.	10mg/hr	711 mg.
37 good.	10mg/hr	726mg.
38 good.	10mg/hr.	757mg.
38 good	10mg/hr	776mg.
39 good.	10mg/hr.	829.9mg

40mg

2ml/hr.

40mg/hr.

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS INPATIENT CHAR

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
Zaleskie	Walter			M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
26/10/70	16	M	7A		

ADDRESS c/o Cuffe Children's Home
Bridge of Weir.

TEL. NO.

G.P.'S NAME & ADDRESS

TEL. NO.

DATE	SPECIALTY	CONSULTANT'S NAME
8/7/87	A/A for lengthening of (R) leg	Mr Bennett.

HPC (R) talipes equino-varus
- has leg-length discrepancy of 5cms on (R)
No pain.
Otherwise very healthy.

DH - nil
No allergies.

PMH - previous op^n to (R) foot as child ?what.
°TB °RF °DM ° asthma.

Social - stays in children's home
No brothers / sisters. Unemployed.
Aunt in Barmulloch.
Smoke - 10 / day.
Alcohol - nil.

SE Resp - cough ± some catarrh.
- nil of note
CVS - nil of note
GI - nil of note
GU - nil of note
CNS - nil of note.

F2

JMcC/9574

ATE

URINE

Reaction | Albumin | Sugar | Ketones

WEIGHT (in Kilogrammes)

PHYSICAL EXAMINATION

G/e. Looks well.
No clubbing / pallor / jaundice / cyanosis / dyspnoea.

Malformⁿ of little + ring finger (L) hand + index finger (R).

CVS - Pulse 66/min, reg
BP -
JVP ⊖
Ausⁿ - I+II+0 , nil added.
No oedema.

Resp - trachea central
percussⁿ / movement } R=L=N
Auscultⁿ - good air entry, R=L
nil added.

GI - soft, non-tender
°LKKS
BS = (N)

CNS - grossly intact.

(L) leg - F.R of M, all joints NAD

INVESTIGATIONS

(R) leg - talipes equino-varus. - scars med aspect of foot from previous ops.
- thin (R) calf.
- no movement in (R) ankle.
Knee & hips joint - ✓

Imp. 11a yr old boy c (R) TEV + limb shortening on (R)
For leg lengthening.

C Wadehill

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No.

DATE	CLINICAL NOTES	Initials
9/7/87	Scanner R. mainly bone by tape.	
	R 91 4 9 80.2 82	L. 93.2 B 7 80.2 86.2.
	4.2 cm. diff a scanogram.	

WALTER ŻALESKIE WARD 7A WARD ROUND 9.7.87.

Walter is for lengthening of his right leg. He should have a tibial lengthening by Calacassi. The measured discrepancy is 5 cm by tape and 4.2 on the scanner-gram. The shortening is almost all in the tibia. He has practically no movement at the right ankle or in the subtalar joints of the right foot and has a slight equinus at the right foot. He has a full range of movement at the knee. I think we should aim at about 4 cm here and then allow 1 cm to be lost when he starts dynamic axial fixation.

For scanner-gram, bone age, photographs with a 4 cm block, FBC.

MR. G.C. BENNET/LG.

10/7/87

R Tibia — Application of ortho fix leg lengthening device + osteotomy

Prep & anaesth. Bl. transf. assistant

② theatre sister

③ Mr McCaey - skeletal trace & scrub.

FORM 39

JMcC/490322

DATE	CLINICAL NOTES	Initials
14/7.	Cystitis. Cbc —, Has NAD ca. leg lengthening. IVI ↓ ceruptology. ↓ Cast, hanger ↓ for catheter ↓ shoulder strap ↓ carried ↓ dressings	
17.7	ESR/CLR. Jones fracture. LH complete. Mobilise WWK	
23/7/87	For further Xray of (R) leg - no longer c/o pain	A Underhill

WALTER ZALESKIE WARD 7A WARD ROUND 23.7.87.

Walter has been lengthening 0.25 mm three times a day for the last 3 days. There was satisfactory distraction on the x-ray. He may go home. See in one week.

30 JUL 1987

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No

DATE	CLINICAL NOTES	Initials
	Symptoms to Dr. XR thyroid	
	for thyroscan - been referred also XR.	

FORM 39

JMcC/490322

GREATER GLASGOW HEALTH BOARD — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
ZELESKI	WALTER	493198		M. (S.) W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
26-10-70	20	M	ORTHO	R.C	

ADDRESS: 152 ABERCROMBY STREET GLASGOW G40 2SA
TEL. NO.: —

G.P.'S NAME & ADDRESS: DR SEITZER BRIDGETON H+C. GLASGOW G40 2DA
TEL. NO.:

DATE | SPECIALTY: ORTHOPAEDIC | CONSULTANT'S NAME: MR KINNINMONTH

JW to

WALTER ZELESKI A W KINNINMONTH/JW 31-7-91

This man is an old friend of Mr Bennet who did a leg lengthening. He has come back with because of pain around his ankle which I gather has been an intermittent but longstanding problem.

On examination he has almost no movement at the ankle subtalar joint or even the midfoot but I think there is a jog of movement at his ankle which causes his discomfort. He has a supinated foot with a varus break and I think this is part of the problem in that as he weight bears he tends to twist his ankle and presumably causes it to be uncomfortable. I am not sure what could be offered to this man but I think, as he is an old patient of Mr Bennet's, I think he should be reviewed by him.

LETTER 19-9-91

FORM 1. JMcC 910465

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	WEIGHT (in Kilogrammes)			

PHYSICAL EXAMINATION

INVESTIGATIONS

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

FLUID/URINE SUMMARY CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NO.

Date	Total Fluid Intake	Total Fluid Output	Colour	S.G.	Reaction	Sugar	Blood	Protein	Esbach g/l	Bile	Others

GREATER GLASGOW HEALTH BOARD — NORTHERN UNITS

CONSENT TO OPERATION CHART

SURNAME	CHRISTIAN/FORENAMES	UNIT NUMBER

I Walter Zaleski of c/o Cluffe House Children's Home.

hereby consent to undergo the operation of (R) tibial lengthening

the nature and effect of which have been explained to me by Dr./Mr. Underhill

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 10/7/87 (Signed) W Zaleski

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 10/7/87 Signed (Doctor's Signature) G Underhill

JMcC/4506 FORM 5A

GREATER GLASGOW HEALTH BOARD – NORTHERN DISTRICT

CONSENT BY PARENT/GUARDIAN CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

I..... of.....

hereby consent ot the submission of.....

to the operation of.....the nature and effect of which have been explained to me by Dr./Mr.....

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date..... (Signed).....

Relationship to Patient.....

I confirm that I have explained the nature and effect of this operation to the patient's parent/guardian or relative.

Date..... Signed (Doctor's Signature) .....

GREATER GLASGOW HEALTH BOARD — NORTHERN UNITS ANAESTHETIC RECORD No.

Date & Time	Premedication	Addressographic Label
10/7/87 19-30	Diazepam 10mg oral	LAURA ZALESKIE 40 GRUFFE HOME BRIDGE OF WEIR MR BENNETT 4N432099

Ordered by	Given by	Time given
	S. Thomson	12-30

PRE-OPERATIVE ASSESSMENT

Exercise Tolerance 10/8

R.S. Smoker

CXR

C.V.S. Pulse

B.P.

E.C.G.

Other

PATIENT'S WEIGHT Kg. WARD 7A

Previous Operations foot- yrs ago.

Allergies —

Biochemistry

Haematology

PATIENT	Number	Hosp	Age	Sex	Date	A (1) 8-26
	4N432099	207	16	M	10/7/87	

ANAESTHETIST	Cons	SR	Reg	SHO	OPERATOR	Cons	SR	Reg	SHO	Other	27–35
	F					B		B			

PROCEDURE	Code	Time Commenced	Duration	E	OP.	SESSION	36–50
R leg lengthening		1410	095			94	

PRE-OP DISEASE: Resp. ☐ Anaemia ☐ Renal ☐ Neurolog ☐ Other ☐ | CVS ☐ Endocrine ☐ Hepatic ☐ Muscular ☐ — B (1) 8–1, 13–16

CURRENT DRUGS ☐ — 17

PREV. ANAESTH. ☐ Halothane ☐ Complications ☐ — 18–20

PREMEDICATION: Morph ☐ Atropine ☐ Papaveret ☐ Hyosc ☐ Pethidine ☐ Phenergan ☐ Fentanyl ☐ Drop ☐ Diaz ✓ Other ☐ — 21–30

INDUCTION: Thiopentone ☐ Methohexitone ☐ Althesin ☐ Ketamine ☐ Inhalation ☐ Other (spec) ✓ Propofol 200 15 — 31–36

RELAXANT: Sux ☐ dtc ☐ Panc ☐ Alcur ✓ 17.5 Gall ☐ Other (spec) ☐ Neost ✓ Atrop ✓ — 37–44

MAINTENANCE: N_2O ✓ Hal ☐ Ethrane ☐ Ether ☐ Morphine ☐ Papaveret ☐ Phenop ☐ Other ✓ — 45–52
Methox ☐ Trilene ☐ Cyclo ☐ Pethidine ☐ Fentanyl ☐ Pentaz ☐ 180 Ephm — 53–58

TECHNIQUE: Spont ☐ Mask ☐ ETT ✓ Oral ✓ Magill ☐ Tracheos ☐ Circ(cl) ☐ Circ (lk) ☐ — 59–66
IPPV ✓ A'way ☐ Cuff ☐ Nasal ✓ 8.5 T Pce ☐ Hypotens ☐ Pack ☐ Other ☐ — 67–74

I. V. SITE: R. Arm ☐ R. Hand ☐ R. Leg ☐ Neck ☐ — C (1) 8–1
L. Arm ✓ inj L. Hand ✓ inf L. Leg ☐ Other ☐ 120±15/— — 12–15

MONITORING: ECG ✓ Pulse ✓ Temp. ☐ CVP line ☐ B.P. ✓ Other ☐ — 16–21

POSITION: Supine ✓ Lithotomy ☐ Lateral ☐ Prone ☐ Other ☐ Hd Up ☐ Hd Down ☐ — 22–28

REG. ANALGESIA: Spinal ☐ Epidural ☐ Bier ☐ Brach Plex ☐ Other ☐ Cath ☐ Site ☐ — 29–34
Amethoc ☐ Priloc ☐ Cinchoc ☐ Bupivac ☐ Lignoc ✓ Adren ☐ Other ☐ — 35–41

COMPLICATIONS ☐ — 42

BLOOD LOSS ☐☐☐☐ TRANSFUSION ☐ — 43–47

JMcC/481905 FORM 6A

HARTED DRUGS

I.V. FLUIDS

38 260

V

BP.

36 220

Λ

•PULSE

34 180

IP

140

100

60

20

TIME					
Blood Loss					
C.V.P.					
Urine Vol.					

Time	Fluid	Volume

Mr Bonnet

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

RECOVERY ROOM CHART

A

DATE	WARD	SURNAME	FORENAME	AGE	UNIT NO.
10/7/87	7A	Zaleskis	Walter	16	432099

IDENTIBAND: ✓ CONSENT: ✓ CASE NOTES: ✓

DENTURES: NO PREMEDICATION: ✓ X-RAYS: ✓

JEWELLERY: NO OPERATION PROPOSED: (R) leg lengthening

SPECIAL NOTES: No (Abstainers) SIGNATURE: TKennedy

B

THEATRE DRAINS

OPERATION PERFORMED R leg lengthening CATHETER

PACKS

C

RECOVERY ROOM – INSTRUCTIONS

PULSE AND B.P. EVERY 15 : 30 : 60 mins

OXYGEN.....litres/min. via.....35%.....mask ☞ PR

for.....hours

MEDICATION OMNOPON 15 mg. } oral
+ Stemetil 12.5 mg. }

OTHER INFORMATION/INSTRUCTIONS

Or 2 tab Temegesic Sublingual if preferred by patient.

SIGNATURE:

CONTINUE IV FLUIDS	RATE
Dextrose 5% } Dextrose 5% Saline }	4 hourly

D

RECOVERY ROOM – OBSERVATIONS – MEDICATIONS

TIME	PRE-OP	3.45	4	4.15	4.30	5.00					
PULSE		96	96	96	84						
IRR		12	12	R	R						
BLOOD PRESSURE	/	110/D	130/D	130/D	140/75	/	/	/	/	/	/
RESPIRATIONS											
TEMPERATURE											
AIRWAY		✓	✓	✓	✓						
OXYGEN		35%	35%	35%	✓						
CONSCIOUS		yes	yes	Yes	Yes						
COLOUR		Sat	Sat	Sat	Sat						
OTHER											

Time	IV FLUIDS IN R/R	AMOUN

Time	MEDICATION	INITIAL

FLUID LOSS	AMOUN

POST-OP. COMPLICATIONS

E

DISCHARGE WARD TIME

JMcC/484314 No. 7 (1982)

GREATER GLASGOW HEALTH BOARD - NORTHERN DISTRICT

OPERATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKIE	WALTER.	
WARD 7A	16 Years.	

Operation On:- 10.7.87.

SURGEON'S NOTES

Anaesthetist:- Dr. Parikh.

OPERATION PERFORMED

SURGEON MR. G.C. BENNET.
MR. M. WALSH.

APPLICATION OF ORTHOFIX TIBIAL LENGTHENING DEVICE RIGHT TIBIA.

First incision over the distal end of the tendon of biceps. The common peroneal nerve was exposed and followed to where it crossed the neck of the fibula. It was decompressed at this point. The wound was closed in layers with subcuticular Dexon to skin.

A second incision was made over the ankle. Two cm of distal fibula was excised. A 2½ inch diastasis screw was then inserted. The position was checked on x-ray.

Stab cuts were then made along the medial border of the tibia and in a routine manner 4 screws were inserted into the tibia, there positions being checked on x-ray. Just distal to the 2nd screw the tibia was exposed extraperiosteally. A corticotomy was performed and completed by rotating the tibia using the screws. Wound was closed in layers with subcuticular Dexon to skin. Check x-rays showed a satisfactory position. Betadine soaks were applied to the pin holes. Cotton wool and crepe bandage applied.

Post-operative Instructions.

1. Observations - pulse, blood pressure, temperature and distal circulation.
2. Elevate foot.
3. For x-ray of whole right tibia on one film with scale on film on Monday.
4. To commence straight leg raising and knee bend with physiotherapists.

SPECIAL INSTRUCTIONS

GCB/LG/TYPED:- 13.7.87.

DATE 13.7.87 SIGNATURE

AeC/3518 FORM 7A

GREATER GLASGOW HEALTH BOARD

OPERATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski Ward 7a	Walter Age 22	432099

~~Date of operation: 30 9 93~~

SURGEON'S NOTES

OPERATION PERFORMED Removal of staple right foot

SURGEON Mr Bennet

Procedure:

Previous incision reopened. Staple removed. Joint appeared quite solid. Closed with interrupted Dexon. Cotton wool and crepe.

Post-op:

1. Observations; pulse, blood pressure, temperature and distal circulation.
2. Mobilise as comfort allows.

SPECIAL INSTRUCTIONS

FORM 7A

GCB/CL/Typed 1 10 93

DATE 7/10/93 SIGNATURE

THIS DOCUMENT MUST BE RETAINED

GREATER GLASGOW HEALTH BOARD-NORTHERN DISTRICT

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
ZALESKIE	WALTER	

DATE 10/7/87.

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No / BATCH No	Given by
5% Dextrose	500ml	6.40 pm	4hr	11pm	G Underhill	87E08 BD	JK
5% Dextrose	500ml	11pm	4hr	3.05 AM	G. Underhill	87E0 8BB	MD
N. Saline	500ml	3.05 AM	4hr	7AM	G. Underhill	87E 26BB	MD
5% Dextrose	500ml	7am	4hr	1.15	G. Underhill	87E0 8BB	MD
N. SALINE	500ML	1.15	4HR			87E26 BD 5/89	JP

Form 75a JMcC/9964

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

FLUID/URINE SUMMARY CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NO.
ZALESKIE	WALTER	

Date	Total Fluid Intake	Total Fluid Output	Colour	S.G.	Reaction	Sugar	Blood	Protein	Esbach g/l	Bile	Others
10/7/87	2000	200									
11/7/87	1740	3400									
	DISCONTINUED 12/7/87										

JMcC/493423 F8

GREATER GLASGOW HEALTH BOARD.– NORTHERN UNITS

BLOOD PRESSURE CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKIE	WANDA.	

10th 10th 11th.

Date	4.30		5.30		9		12		6		2		10	Dat
300		5		0		10		2				6		300
290														290
280														280
270														270
260														260
250														250
240														240
230														230
220														220
210														210
200														200
190														190
180														180
170														170
160														160
150														150
140														140
130														130
120														120
110														110
100														100
90														90
80														80
70														70
60														60
50														50
40	84	84	92	89	80	86	80	80	80	110	100	102	108	40

Temp 27°C
Temp 37.6°C
Temp 37.6°C
Temp 37.4°C
Temp 37.0°C
Temp 37.2°C
Temp 37.3°C
Temp 38.2°C

took 7.28?

circulation ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

sensation ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

movement ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

Staining? No. NO NO ✓ ✓ ✓ No ✓ NO NO. NO

JMcC/490323

PATIENT PROFILE

Surname ZALESKI Hosp. No.
Forenames WALTER Sex
D. of B.
Address
Ward/Dept 7A

AGE 16
RELIGION: RC.
Date of admission: 8/7/87 Time: 10.05
Type of admission: ARRANGED
Accompanied by: OFFICER FROM HOME
From where: GRIFFE HOUSE.
PATIENTS OCCUPATION:
MARITAL STATUS: SINGLE
Children: Ages:
Other dependants:
Living alone?
(1) NO—with whom?
(2) YES—any supportive help?

date
Seen by minister/priest:

NEXT OF KIN: RALPH ANDERSON
Relationship: OFFICER IN C. HOME
Address: CHILDREN'S HOME BRIDGE OF WEIR
Home phone no: B.O.W.
Work phone no: 6/2014

ALTERNATIVE NEXT OF KIN: MR GRAY
Relationship: AUNT
Address: 137. RASCHE ROAD BARMULLOCH
Phone No: 041-558-5713

VISITING PROBLEMS NONE

SPECIAL PROBLEMS AT HOME
(a) With housing? LIVES IN CHILDREN HOME.
(b) Social:
(c) Other: * BOTH WALTERS PARENTS ARE DEAD. *

REASON FOR THIS ADMISSION
RIGHT. LEG. LENGTHENING.
CONGENITAL (R) TALIPES EQUINO VARUS

PAST MEDICAL HISTORY
1) OPERATION ON FOOT IN EARLY CHILDHOOD

PATIENT'S UNDERSTANDING OF ILLNESS
GOOD

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

CURRENT DRUG THERAPY AT HOME

INFORMATION GIVEN TO RELATIVES (date and by whom)

ALLERGIES NONE KNOWN.

PATIENT'S PROPERTY
Checked Not Checked
VALUABLES IN HOSPITAL SAFE:
Description:

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS
NONE KNOWN.

DAILY LIVING

SLEEP Pattern: O.K.
How many pillows?
Sedation?
What else helps?

MOBILITY Remarks: SLIGHT LIMP
Assistance needed? NONE

DIET Appetite: GOOD
Special diet:
Dislikes:
Fluid preferences:

URINARY Any problems? NONE
Special needs:

BOWELS Frequency: NORMAL
Any problems?
What helps?

MENSTRUATION 'Pill' IUCD
LMP:
Cycle:
Any problems?

HEARING Any problems? NONE
Hearing aid? Battery Type?

VISION Any problems? NONE
Glasses? Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark: CONVERSES WELL

RECREATIONAL INTERESTS
T.V.
POOL/SNOOKER

SMOKING (type and amount)
CIGARETTES 10 A DAY

SOCIAL DRINKING (type and amount)

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION
GOOD

GENERAL OBSERVATIONS
T 36.5°C P 68 R B/P 100/65
Height: 5'8" Weight: 98 Norton Score:
Urine:
SKIN INSPECTION GOOD

ORAL INSPECTION GOOD
Condition of mouth: GOOD
Condition of teeth: GOOD
Dentures: Upper Lower Partial
Crown?
Any problems? NONE

ADDITIONAL SIGNIFICANT GENERAL INFORMATION
DR BEVAN
MAIN STREET
BRIDGE OF WEIR

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation			
(a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list ...			
Sheltered housing ...			
Other: ...			

THEATRE: 10.7.87

G.G.H.B.
STOBHILL GENERAL HOSPITAL

Surname ZALASKI Hospital No. _____
Fornames WALTER Sex _____
_____ D of B _____
Address _____
_____
Ward / Dept 7A

NURSING NOTES.

(R) LEG LENGTHENING

Date	CONGENITAL TALIPES EQUINO VARUS	Signature
8/7/87	Arranged admission for theatre for Right - Leg Lengthening Operation. Settled on admission. for full blood count. X-Matched ? 2 units	J Doyle
9/7/87	Settled night	M Duncan
	Self - care this a.m. Patient satisfactory c/o Mr Bennet to have photographs this afternoon., + scan & gram + bone age for theatre tomorrow pm for lengthening of (R) leg. Will remain here post op. Pre post op procedure explained	L Thompson L Doan T Kennedy
10/7/87	Settled night. Temazepam 10mgs given orally as night sedation. Tea & toast given at 8am and fasted thereafter	M Duncan
	Premedication of Diazepam 10mgs given @ 11.30am. 12.30pm	L Doan
	Prior to Right leg lengthening procedure. Circulation, sensation + movement of toes satisfactory (movement limited due to deformity)	T Kenny
	Observations stable. I.V infusion as prescribed Has passed urine. Temp elevated to 38.5°C @ 6pm Tepid sponged - down to 37.5°C.	
	Temgesic 0.4mg s/c @ 8.15pm for pain relief Temp 36.6°C @ 8.45p.m.	T Kennedy
11/7/87	Fairly settled post-op night. Slept for long periods Patient distressed at 12.15am with pain Omnopon 15mgs & stemetil 12.5mgs given IM at 12.25am with a good effect. Observations of BP & Pulse stable but continues to have a low grade pyrexia BP 150/80 P. 80 T 37.4 at 6am. I.V Infusion continues as charted. Has not passed urine patient beginning to feel uncomfortable at time of report.	
	Has now passed urine (post to toilet N.N.B) Slept most of morning. Fluids encouraged + light diet when awake. I.V. may be discontinued if urine tolerated. Circulation, sensation + movement satisfactory I.V discontinued. Fluids encouraged. Purulent sputum please obtain specimen Microbiology cons. ? bronchial cause	T Kennedy
12/7/87	Commenced on Ampicillin 500mgs TID. Slept well. Fluids taken well. Temp 37.3°C at 7am.	M Bilsland
	Temp 37.2°C P92 Tolerating fluids well, F.S.C discontinued. 2 days	

Date	NURSING NOTES	Signature
	Please obtain sputum specimen in the morning.	Kennedy
13/7/87	Settled late last night. T 37°C Sputum for X-ray today card away. Sputum specimen to be obtained.	E. Rose
	Repeat X-Ray done 9 days after fracture. May be up to 10 days before callus visible.	Kennedy
14/7/87	Settled night. Encouraged mobilisation NWB on leg using elbow crutches.	E. Rose
15/7/87	Slept well. Please encourage mobility on "legen" leg with crutches.	E. Rose
pm	ADL Care continues. Mobilising well.	
16/7/87	Settled & slept well	
am	Analgesia given. Now mobilising with elbow crutches. No leakage from pin sites. For Repeat x-Ray tomorrow and review on Monday Seen By Mr Bennet.	
17/7/87	Slept well	
	X-ray carried out - % pain under bandage reduced - nothing to see. Obs to pin sites	Kennedy
	Continues to progress. Mobilising safely with elbow crutches	
/7/87	Settled night.	
	Complaining of pain in Right leg. Analgesia given with good effect. Remains Apyrexial.	
7/87	Settled and slept well, analgesia as required	
	Care as planned.	
	Quiet this evening. No Analgesia required, no further complaints of pain in Right leg.	
7/87	Settled and slept well, bed elevated overnight. Drugs as charted.	
	Up and about with elbow crutches. Anxious to get home. Refused analgesia. Waiting to be seen by Surgeon.	
	Seen by Mr. Bennet, patient to have check X-Ray on Thursday. Allain Key given to patient, Ft Sum sando 900 three times daily, patient shown the procedure, to carry out same himself.	
1/87	Settled night.	
	Physiotherapy Affected leg lengthening exercises.	
7/87	Slept well	
	Continue as before. An repeat X-Ray tomorrow Dr informed.	

G.G.H.B.
STOBHILL GENERAL HOSPITAL

NURSING NOTES

Surname Zaleskie Hospital No. _____
Fornames Walter Sex _____
_____ D of B _____
Address _____
_____
Ward / Dept 7A

Date		Signature
2/3/87	Settled + slept well.	
	May go home. Suture ends to be snipped and dressing applied. OPD 1/52 please.	

Date	NURSING NOTES	Signature

THIS DOCUMENT MUST BE RETAINED

GREATER GLASGOW HEALTH BOARD

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME	FORENAME	Unit Number
ZALESKI	Walter	

DATE 10/10/91

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No. / BATCH No.	Given by
Dextrose 5%	500	7.30 pm	4 hrly	1.30		91H06 BK.	TK.
N. Saline	500	1.30	4 hrly	5.30		911 06BD	
Dextrose 5%	500	5.30	4 hrly.	2.15 pm		911 106BK	
DEXTROSE 5%	500	2.15	4.	11pm.		91H 06 BK exp: 8/93	CB
N.SALINE	500	11pm.	4.	3am		91I 06BD.	GM.
DEXTROSE 5%	500	3AM.	4.	7.50a		9140 6BK 08/93	J.M
Dextrose 5%	500	7.50a	4	11am		91H06 BK	
N Saline KCl 20mmol	500		4.				
Dextrose 5%	500		4				

Form 75a

GREATER GLASGOW HEALTH BOARD

FLUID/URINE
SUMMARY CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NO.
Zaleski	Walter	

Date	Total Fluid Intake	Total Fluid Output	Colour	S.G.	Reaction	Sugar	Blood	Protein	Esbach g/l	Bile	Others
10/10/91	1610	~~700~~ ~~800~~									
11/10/91	2360	2700s			PH-8	—	—	—			
12.10.91	1770	1700									
13.10.91	1510	800									
14/10/91	1430	900		30x1							
15/10/91	1460	1300									

F8

PROBLEM SOLVING

Patient's Name Walter Zaleski Unit No:

PROBLEM / NEEDS	DESIRED OBJECTIVE	PROPOSED ACTIONS	Date Reviewed	Date Resolved
9/7/87 Anxiety	to alleviate	Orientate to ward, introduce to patients and staff. Explain surgery and theatre procedure. Encourage questions. REASSURE PT	9/7/87	
10/7/87 THEATRE	PREOPARE	OK TEM TOAST @ 6.00AM + THEN NBM 10/7/87 OK by SHOWER PRE-OP 4 TOE EXERCISES + DEEP BREATHING PRE-OP	10/7/87	10/7/87
10/7/87 POST-OP OBSERVATIONS	~~ASSESS~~ PREVENT SHOCK/ HAEMORRHAGE / RETENTION OF URINE	½ HOURLY → 4 HRLY OBS. OF BP, PULSE + TEMP + COLOUR 4 HOURLY TEMP, PULSE. OFFER URINALS.	10/7/87	11/7/87 14/7/87
10/7/87 KNEE SURGERY.	MAINTAIN CIRCULATION, SENSATION + MOVEMENT.	½ hly → 4 hly OBS OF C.S.M.	10/7/87	11/7/87
10/7/87 PAIN	ALLEVIATE	ENSURE ADEQUATE ANALGESIA + ASSESS AS GIVEN.		13/7/87
11/7/87 Nausea	Prevent + ensure hydration	1) I.V infusion until tolerating fluids orally. 2) Encourage fluids + chart intake + output accurately	12.7.87.	13/7/87
RAISED TEMPERATURE	REDUCE	TEPID SPONGE, FAN. INFORM MEDICAL STAFF WHEN TEMP ↑.		12.7.87. 12.7.87.

Patient's Name _____ NO: _____

PROBLEM / NEEDS	DESIRED OBJECTIVE	PROPOSED ACTIONS	Date Reviewed	Date Resolved

DRUG SENSITIVITIES | 1. | 2.

G ER GLASGOW H TH BOARD – NORTHERN UNITS

FORM 11A

JMcC/492546 PRESCRIPTION SI HOSPITAL SHEET No.

PARENTERAL DRUGS–REGULAR PRESCRIPTIONS

Pharmacy Use		Date Started	DRUG (Block Capitals)	DOSE Metric	TIMES FOR ADMINISTRATION am 6	am 8	am 10	md 12	pm 2	pm 6	pm 10	mn 12	Other Times	Method of Administration	Prescribers Signature (Full)	DISCONTINUED Date	Initials
	A	10/7/87	Omnopon	15mg		4-6hrly as req'd for pain								IM	C Underhill		
	B	10/7/87	Prochlorperazine	12.5mg		8hrly as req'd for nausea								IM	C Underhill		
	C	11/7/87	AMPICILLIN	500mg		✓								~~IM~~ O			
	D																
	E																

OTHER DRUGS–REGULAR PRESCRIPTIONS

	F	9/7/87	TEMAZEPAM	10mg							✓			ORAL O'Parts			
	G	10/7/87	Temgesic	0.4mg 2 tabs		8hrly		as req'd		for pain				~~ORAL~~ SL C Underhill			
	H	11/7/87	AMPICILLIN	500mg		✓			✓		✓			ORAL O'Parts		22/7	CU
	I																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																

OTHER DRUGS–ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	DRUG (Block Capitals)	DOSE	ROUTE	SIGNATURE	GIVEN BY

Date **DIET**

Date **OTHER THERAPY**

DISCONTINUED Date | Initials

NAME (Block Capitals) WALTER ZALESKI WARD

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

DRUG RECORDING SHEET

DATE	REGULAR PRESCRIPTIONS: 6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
18/7/87	H	Initial	Initial	G	H	Initial	(D)H	Initial	qd 1200 Initial	(D) withheld BG. Temgesic @ 1.20am 19/7/87
19	GH				H		GH			
20	H				H		GH			
21	H				H TK		H			
22	H			@11.20 G	H TK.		H			G @ 1230Am.
23	H									
24										
25										
26										

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

(C) DRUG REFUSED
A PATIENT ABSENT

WARD YA

NAME

UNIT NO.

ICC480785

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

DRUG RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

DATE	REGULAR PRESCRIPTIONS 6 a.m.	8 a.m.	10 a.m.	12 m.d.	2 p.m.	6 p.m.	10 p.m.	12 m.n.	OTHER TIMES	COMMENTS ON DISCREPANCIES
9/10/87	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	
10										G @ 8-15pm TK.
11	G MD DW						F G H. MS JS			A + B @ 12.25am
12/1/87	G MD JS	H MD JS		G JD CS	A TK JM		H			G + F @ 11.15pm.
13	H				A IN JT	~~F G H~~	F G H.			
14	H				H TK.		F G H			
15	H				A		G H MD MJ			PHARACE-TAMOL AT 10-25pm.
16	H MD MJ				H TK.		4 MD MJ			
17	H				H		4 MD MJ			

WARD: 4A

NAME: WALTER ZALESKI

UNIT NO.

KEY (A) DRUG REFUSED
-A- PATIENT ABSENT

McC480785

GREATER GLASGOW HEALTH BOARD.– NORTHERN UNITS

BLOOD PRESSURE CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

July 87

11th. 12th. 13th. 14th, 15th 17th 18th 19th 20th

Date	10AM		10AM		10AM		10		10		17 10AM		10		10		10		Date
300																			300
290																			290
280																			280
270																			270
260																			260
250																			250
240																			240
230																			230
220																			220
210																			210
200																			200
190																			190
180																			180
170																			170
160																			160
150																			150
140																			140
130																			130
120																			120
110																			110
100																			100
90																			90
80																			80
70																			70
60																			60
50																			50
40							98		84	86			85		88		84 188	86	40

THERAPY

DAILY BLOOD PRESSURE.

JMcC/490323 F44

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS

TPR CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKIE	WALTER	

June '87

Date	10/7/87	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7
Post Op Date	TH	1	2	3	4	5	6	7	8	9	10	11	12	13

TEMPERATURE °C: 42, 41, 40, 39, 38, 37, 36, 35, 34

8pm Tepid Sponged

4 HOURLY PULSE

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

RESPIRATION

No. of Stools

Form 10 B JMcC/11170

GREATER GLASGOW HEALTH BOARD

BLOOD PRESSURE CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI.	WALTER.	432099.

OCT '91.

17TH. 18TH

Date	10		/	10		/																					Dat
300		6	/		6	/																					300
290			/																								290
280																											280
270																											270
260																											260
250																											250
240																											240
230																											230
220																											220
210																											210
200																											200
190																											190
180																											180
170																											170
160																											160
150	↑																										150
140	|																										140
130	|																										130
120	|																										120
110	|	↑																									110
100	|	|																									100
90	|	|																									90
80	↓	|																									80
70		|																									70
60		↓																									60
50																											50
40	20.	78																									40

THERAPY

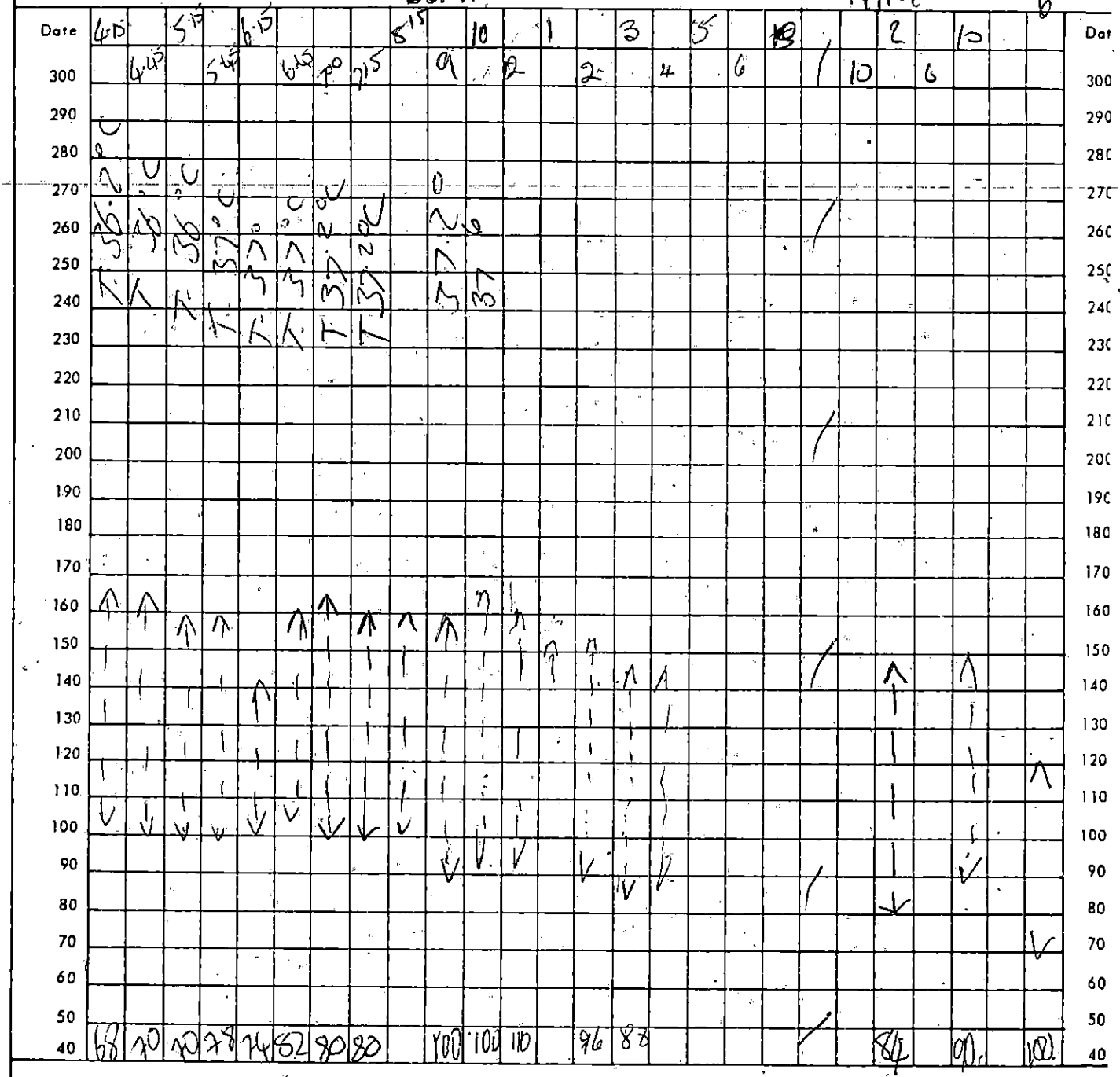
Form 44

GREATER GLASGOW HEALTH BOARD

BLOOD PRESSURE CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleska	Walter	

Oct '91 Oct. 1991. 10/15/91



THERAPY

REGULATION ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

SUSATION ✓ ✓ ✓ — — — slight Slight Slight Slig Slig Slight Slight

MOVEMENT ✓ ✓ ✓ — — — slight Slight Slight Slig Slight Slig

SOUND ✓ Straining at head ↑ Straining Straining Straining Straining Straining Straining Straining

DISCONTINUC @ 5:15 pm ✓

Form 44

GREATER GLASGOW HEALTH BOARD

BLOOD PRESSURE CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaleski	walter.	

OCT. 91

12th 13.10.91 14/10/91 15TH 16TH

Date 10 6 6 2 10 6 2 10 6 12 10

Temp - 37.2°C Temp 36.4°C Temp 36.8°C Temp - 37°. mark temp on TPR chart

RESPS 26 24 28 28 24 23 24

THERAPY

COLOUR ✓ ✓

SENSATION ↓ ↓

MOVEMENT ↓ ↓

BP BP + pulse.

Form 44

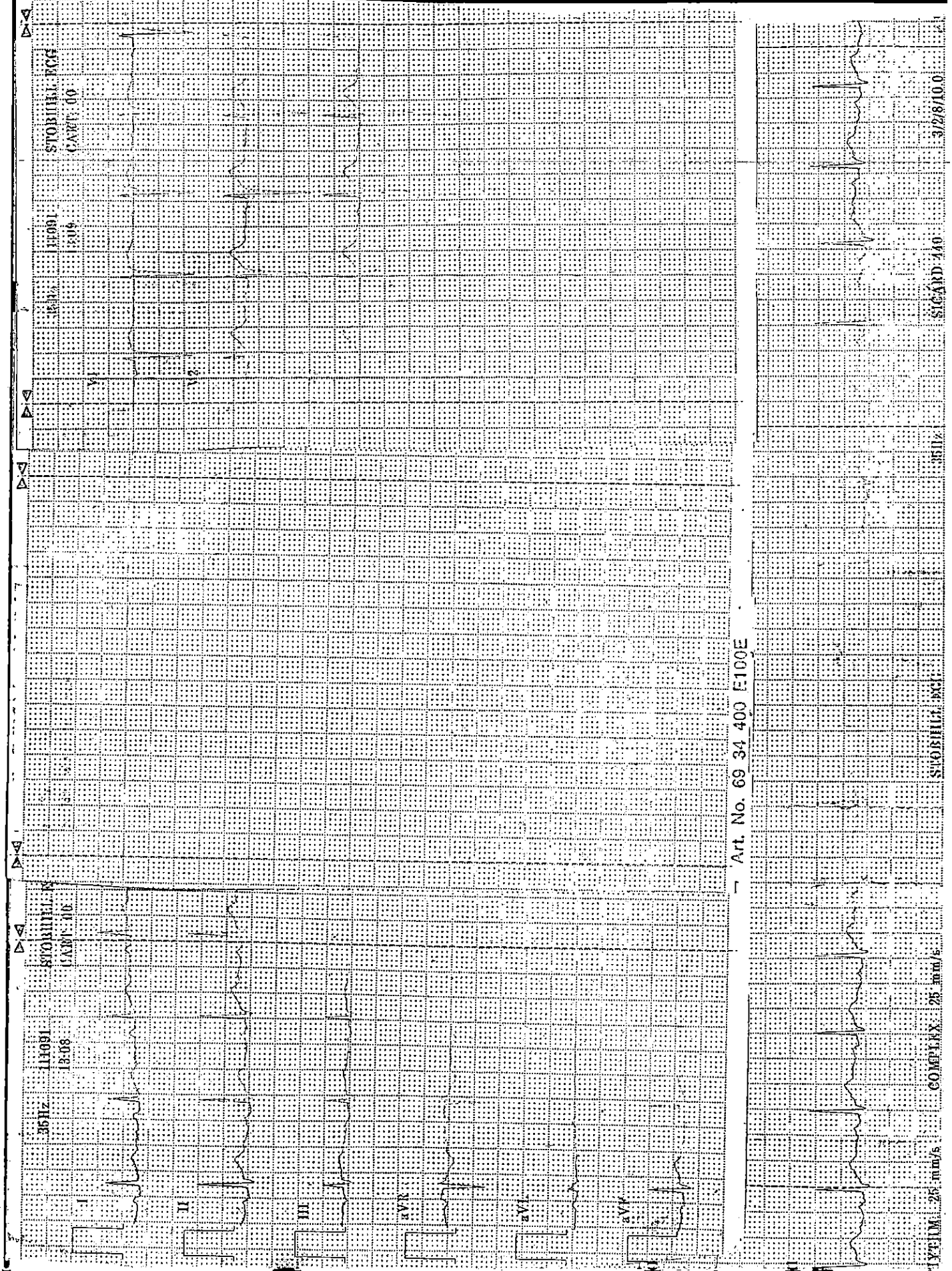
G.G.H.B. -

E.C.G. CHART

SURNAME CHRISTIAN/FORENAME	UNIT No.
Zadeski Walter	432099

REPORT ON REVERSE SIDE

DATE	WARD	E.C.G. REF. No.	DOCTOR
11/10/91	7A	385387	Illingworth.



JMC/910928

RATE

RHYTHM

P. WAVE

P.R. INTERVAL

Q.R.S.T. COMPLEX

COMMENT

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
Zeleski Walter	432099

DATE	CLINICAL NOTES	Initials

FORM 39

0181063

NHS TRUST

MULTIDISCIPLINARY CARE PATHWAY

SMALL PATHWAY

432099 M/M
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
46381
G40 2RW 26/10/1970

Diagnosis: Osteoarthritis

Rheumatoid Arthritis

Other .....

Consultant: Mr. Benner

Named Nurse: Lisa Downie

Date of Admission: 10/2/00

Anticipated Length of Stay

Anticipated Discharge Date:

Discharge Date:

Ward: 7A

INPATIENT ASSESSMENT RECORD

(This section to be completed by doctors only)

PAST MEDICAL HISTORY INCLUDING OPERATIONS / SURGERY (STATE YEAR)

(IHD - Ischaemic Heart Disease; HBP - High Blood Pressure; TB - Tuberculosis; J - Jaundice; DM - Diabetes Mellitus; EP - Epilepsy; AS - Asthma)

None ☐ IHD ☐ HBP ☐ TB ☐ J ☐ DM ☐ EP ☐ AS ☐ Other (state)

Details & Dates

Born c (R) club foot :-

1987 - leg lengthening

1991 - arthrodesis

1993 - arthrodesis

1995 - ? arthrodesis

1997 - arthrodesis

1998 - arthrodesis

Smoker - 10-15 cpd 17 yrs

Alcohol - ~1 unit/wk

FAMILY HISTORY

MI/IHD - Father

- Mother

- Uncles/Aunts

- Grandparents

MEDICATION ON ADMISSION : (Generic name / route / dose / freq)

Dihydrocodeine	60mg TID
Paracetamol	1g TID
Brufen	400mg BD

ALLERGIES / ANAESTHETIC REACTIONS (Specify if known)

* Penicillin - rash *

° anaesth probs

REVIEW OF SYSTEMS

CVS
- Chest Pain °
- Breathlessness °
- Ankle oedema °
- Claudication °
- Other (state) —

RS
- Cough } 2/7 Hx - clear sputum
- Sputum } (+ cigarette consumption)
- Wheeze °
- Other (state) —

GI
- Weight Loss °
- Abdominal Pain °
- Bowel habits °
- Haematemesis / Melaena °

GU
- Voiding Difficulty °
- Frequency °
- Other (state)

CNS
- Orientation to time / place / person °
- Other (state) —

SKIN CONDITION NL

SCARS —

PHYSICAL EXAMINATION

General Appearance

An° Cy° Cl° J° LN° (Pale. Cyanosed. Jaundiced, Lymphenopathy)

CVS

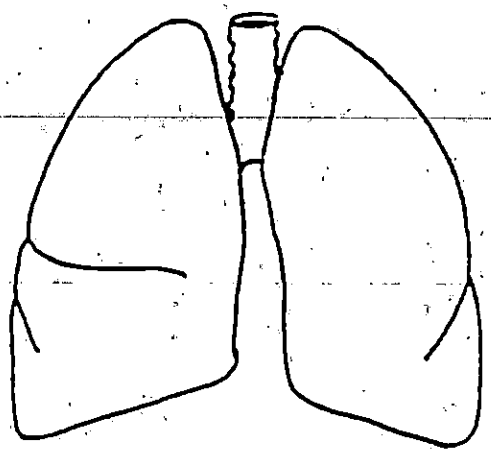
P 76 bpm reg

JVP ⟺

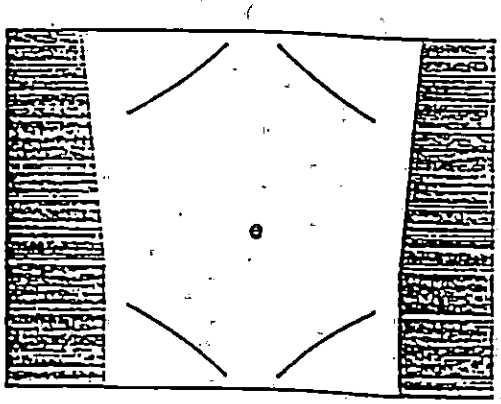
HS I+II + ?S_3 at LLSE

Oedema°

Respiration



Abdomen



ABDO
Soft, non-tender
°masses
°organomegaly
BSL

Trachea ⊥

Expansion L=R= norm

Percussion L=R= resonant

BS L=R= good AE

Skin - Intact ✓

- Sores Nil

Imp- A/A for below knee amputation (R)

Plan - consent ✓
- Kardex ✓
- bld x-m G+S ✓
- IV access ✓

CDarby (JMO)

NUTRITION RISK SCORE

1. WEIGHT LOSS IN LAST THREE MONTHS (UNINTENTIONAL)

NO WEIGHT LOSS	= 0 ✓
0 - 3Kg " "	= 1
> 3 - 6Kg " "	= 2
6Kg OR MORE	= 3

2. BODY MASS INDEX

Ht. 5'10"
Wt 12.12

BM =	20 or MORE	0 ✓
	18 - 19	1
	15 - 17	2
	Less than 15	3

3. APPETITE

Good - manages most/all of three meals/ day	0 ✓
Poor appetite, poor intake - leaves ½ meals	2
Appetite NIL or virtually nil, N.B.M (for > 4 meals)	3

4. ABILITY TO EAT/RETAIN FOOD

*) No difficulty, eating or feeding No diarrhoea or vomiting	0 ✓
*) Difficulty handling cutlery, eating, chewing Vomiting, frequent regurgitation/mild diarrhoea	1
*) Difficulty in swallowing, slow to eat, Moderate vomiting or diarrhoea, physical handicap	2
*) Unable to take food orally, unable to swallow (complete dysphagia)	3
Severe vomiting and/or diarrhoea (> 2/day for children) Malabsorption	

5. STRESS FACTOR

* No stress factor	0
* Mild - Minor surgery, minor infection	1
* Moderate chronic disease, major surgery, Infections, Fractures, Pressure sores/ Ulcers C.V.A Inflammatory bowel disease, other GI disease	2 ✓
* Severe Multiple # Burns Deep pressure sores/ulcers Severe sepsis Malignant disease/Carcinoma	3

ACTION SCORE > 4 = GIVE SUPPLEMENT

SCORE > 5 = REFER TO DIETITIAN

(4)

1. Occupation / active hobbies

Incapacity

2. Does the patient live alone?

Yes ☐

No ☑ → With whom?

Wife + Son (almost 3yrs)

3. Will the patient be alone for extended periods day or night?

No.

4. Does the patient have any dependents who rely solely on them?

No.

ACCOMMODATION

Flat ☑ Level Ground Lift access Y/N

Bungalow ☐

Two storey ☐

No of stairs a Outside your house N (Y) No 3

b To your bathroom (N) Y No .....

c To your bedroom (N) Y No .....

Are you the owner occupier Yes ☐ No ☐

High chair required? Yes / No / NA

Raised toilet seat required? Yes / No / NA

Height required .....

(This section to be completed by nurses only)

OBSERVATIONS ON ADMISSION

GENERAL

98.

Temp Self Reg: Pulse 73 BP .....

Weight kgs 12\12 Height 5'10" (as stated by pt.) Body Mass Index .....

Urinalysis (specify) .....

Pressure area Waterlow score .....

MSSU result .....

Smoking (YES) / NO Amount & Frequency 15 daily Advice given YES / NO / NA
wishes to give up.

Alcohol (amount units / week) < 14 units
(14 – Female, 21 – Male) Minimal Intervention YES / NO / NA

Nutritional Status :- 1. Nutrition Risk Score ..... at risk see A
not at risk see B

A) i. Dietary Supplement required YES / NO
ii. Requires referral to Dietician YES / NO
B) Healthy Eating Policy Discussed

2. Requires referral to Dietician YES / NO

Reason no.

REASON FOR ADMISSION

.....

PHYSICAL AND PSYCHOLOGICAL ASSESSMENT: (to include social interaction, eating, elimination, personal hygiene and dressing, sleeping and understanding of condition)

No stability in foot and ↑ pain - tends to be housebound. Walks c one stick. Sleep sometimes disturbed. No bladder or bowel dysfunction. Independent c activities of living. Wishes to stop smoking. Procedure explained by Mr. Bennet.

Signature ..... Date 10/2/00

(5)

(May be completed by any member if the multidisciplinary team)

NEXT OF KIN Wife: Rhona Mum (in law) 578-7550 Home 574-8719.

WHOM TO CONTACT IN EMERGENCY (If different to Next of Kin)

PATIENT TRANSFERS

Date: Ward: Consultant:

Date: Ward: Consultant:

VALUABLES & ACTION TAKEN

DISCHARGE ASSESSMENT & PLAN

SERVICES	SITUATION ON ADMISSION cancelled by / date	ARRANGEMENTS FOR DISCHARGE organised by /
District Nurse		
Social Worker		
Meals on Wheels		
Home Help		
Day Hospital		
Day Centre		
Lunch Club		
Carers -specify		family will help out.
Community O.T		
Out-patient Physio		
Nutritional Support		

DATE OF DISCHARGE Inder reqd.

HOSPITAL TRANSPORT DATE ARRANGED

OWN TRANSPORT ✓ DATE ARRANGED on 10/2/00 for discharge

Signature Profession S/N

Walter Zaleski

DATE / TIME	ADDITIONAL MULTIDISCIPLINARY PLAN AND PROGRESS NOTES

10/2/00. 9am. Arranged admission for theatre today S/B

WARD ROUND 10 2 00 WALTER ZALESKI 7A

Walter has a long history of problems with his right ankle. He has a failed ankle arthrodesis. He is for below knee amputation on the right side. The skin looks good. He has got some rubbing over the lateral side of his foot from his splint and I think he should be covered by Flucloxacillin starting with his pre-med for this.

GCB/CL

10/2/00 Hb 15.1 Na 141 BGT 6G
NC 8.16 K 4.2
Plts 347 Cl 106
CO_2 25
Urea 4.0
Cr 89
Gluc 4.8

10.2.00 BK Amputation R leg Darby (THS)
BELOW KNEE AMPUTATION

TT 50mm Joshua.

Skin flaps marked.
Skin flaps raised & deep fascia & perforating vessels ligated.
Anterior tibial vessels & nerve identified - ligated & tied.
Tibia divided 2cm proximal to tibial tubercle & fibula divided at same level.
Post tibial & deep vessels identified & divided & ligated.
Flaps closed layers apposed with vicryl & staples.
Subcut drain. Sterile dressing, crepe & stump bandage.

Plan of ① Analgesia, BP, temp, observations fully as before
② IVI crystalloid
③ Elevate limb post op

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER.	

10·2·00	16^{30} Returned from theatre. Epidural block in situ PCA & IV fluids in situ. Observations satisfactory Offers No complaints of pain.	LDownie
	18^{30} Eating & drinking. Complaining of headache, temp ↑ -37.2°C - Paracetamol 1g given ✓ c effect	
	Shll to PU. ✓	LDownie
	To have TED stocking applied to (R) leg tomorrow	LD.
11/02/00	Slept for short periods only, phantom pains in foot, unable to get comfortable p.c.a used for pain, paracetamol given x2 overnight.	
	fluid + diet taken. passing urine freely. obs satisfactory.	M. Hunt.
11.2	Well. Not too much pain	
	Active Rom - Nursing	
11·2·00	Observations satisfactory. IV fluids discontinues PCA continues. Oral analgesia prescribed. Passing urine spontaneously. Experiencing phantom pains & cramp behind knee. - Exercises encouraged	LDownie
11.2.00	Feeling better. Bldr (N)	
	Using PCA.	
	Eating well.	
	Good output	
	Continue	

F3

CDaly (THO)

8pm.	PCA continues. Still complaining of phantom pain. Persevering with exercises. IV antibiotics give over 1hr @ 6.30pm.	GL
9pm.	PCA total not adding up. Discussed with night staff. Will monitor	GL
12/2/00	07.00. Use of PCA now tailing off. - tally appears correct overnight. Passing urine spontaneously. Fluids / diet taken well. Observations satisfactory IV flucloxacillin as prescribed. Temp - Normal. No staining from Stump.	Practitioner
12pm	Taking oral analgesia. No further morphine required. S/B Mr Bennet can mobilise using wheelchair Observations satisfactory apyrexial wound dry intact No further complaints of phantom pain	M²Cullen
4pm	Continues on IV antibiotics	M²Cullen
12-02-00	I/v antibiotics given as prescribed. Temazepam 10mg given for sedation as Walter felt exhausted and could not sleep.	M. Grant
5pm	Staining noted on stump dressing remains intact. Apyrexial IV antibiotics given as prescribed. Up mobilising in wheelchair	MBurke
14.2.	[illegible] Stump bandaging Today Analgesia [illegible]	
am	S/B Mr Bennet theatre dressing to be removed for stump bandaging IV antibiotics discontinued oral antibiotics prescribed To mobilise W.C. crutches	MBurke

COMMUNICATION SHEET

Ward 7A

432099 M/M
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
46381
G40 2RW 26/10/1970

Affix data label

Date	Progress / Evaluation	Signature/ Profession
14/2/00	Theatre dressing reduced. 3 large blisters on stump - dressed with melolin and stump bandage applied. Analgesia as charted.	G. Galletly S/N
15/2/00 11.25pm	Morphine 10mgs given i/m for pain	M. Lank.
15/2/00	Comfortable night no further c/o pain this am.	M. Lank
15/2/00	S/R O.T. Bath + WC transfers. Will require for bath - mask + WC frame, plus shower. Stump board in place on chair. Drawer lock. Pt advised of this, so can use safely.	M. Hannah SOT.
6pm	Pt mobile round ward using wheelchair, continues on oral antibiotics, taking oral analgesia for pain. Continues exercises with physios	McCulloch
16/2/00	Pt. c/o some phantom pain. Referred to Pain Team? commence on carbamazepine and amitriptyline but want to discuss this first with Mr Bennet tomorrow Wound still has evident blisters round stump. Wound remains dry/intact	McCulloch

COMMUNICATION SHEET (CONT.)

Ward 7A

Date	Progress / Evaluation	Signature/ Profession
2pm 17/2/10	S/B Mr. Bennett. Will arrange for pt to be seen at Southern General as an outpatient. for home Sat 26/2/00. S/B Pain team commenced on Amitriptyline and Carbamazapine as charted. Stump redressed by physio. Staff. Small leak haemeserous fluid at skin line. Blisters ↓ in size. Melolite applied as before.	
18/2/10	Apyrexial. Tegaderm applied to blistered areas - Stump re-dressed by physios Patient referred to SWD at his request for benefits enquiry. Up mobilising around in wheelchair	
19/2	Apyrexial, Tegaderm remains insitu. Redressed stump by physio. Mobilising around ward in wheelchair	
20/2	Pt independent using wheelchair Taking oral analgesia for pain Stump bandage applied by physios Pt wishes to speak to pain team with regard to his phantom pain	
21/2	am. Stump redressed by physios Independent w/c wheelchair	

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

21/2/00	pm S/B pain team ? ↑ Carbamazapine dose to 200mg. Transport booked for home Saturday. Tried on parallel bars to day, for try on crutches ? tomorrow Stocking applied to stump. One blister leaking Dressing	
22.2.00 am	S/B pain team. Carbamazapine dose increased to 300mg per day (100mg in morning & 200mg @ night) - this dose will be increased daily until a max. dose 600mg per day is achieved. To try a TENS machine for phantom pain.	
22.2.00	WR JHO Still experiencing phantom pain. Note above - carbamazepine to be Ted Obs stable (A) Sat	
5pm	Contacted Mr Bennet secretary Derby @ at Yorkhill with regard to date for limb fitting - Mr Bennet out of the country till Thursday Tegaderm and steristrips removed wound area cleaned melolite applied to suture line and stump stocking reapplied Continues to mobilise round ward in wheelchair, Continues with exercises	

F2

23.2.00 D/W COT. Re aids required for d/c. WC Frame + Bathboard will be delivered prior to d/c. Any further requirements will then be assessed. M Harrison SOT.

am Wound satisfactory. Apyrexial. Up mobilising around in wheelchair. Drug indent still to be ordered awaiting to be seen by SWD MBurke

pm. Apyrexial this pm. S/B SW Keeble this am. MBurke

24/2/00. S/B MR Bennet. He has arranged prosthesis. Oral antibiotics discontinued. Apyrexial. Carbamazepine ↑ to 400mg daily KGarden. To phone prosthetic dept in Southern General to check if OPA made for Monday. GCB

WARD ROUND 24 2 00 WALTER ZALESKI 7A

Walter's stump looks very satisfactory. We will contact the Southern regarding his physio and limb fitting.

GCB/CL

25/2/00 Given 2"RTS for home. Equipment required now in place at home. M Harrison SOT.

am Apyrexial. Stump wound minimal leakage. District Nurse referral made for wound check. On Tuesday 29/2/00 OPA has been arranged for Monday 28/2/00 @2pm @ Southern General. Transport has been

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
Zaloski	Walter	

	arranged. Patient has been informed MBurke	
26/2/00 am	Wound slight staining noted on dressing Apyrexical. Discharge indent and dressings given to patient. Claim form stamped as requested. Discharged home by ambulance as arranged MBurke	

F3

North Glasgow Hospitals University NHS Trust

Patient Discharge Information Summary

432099 M/M ZALESKI WALTER 211 STEVENSON STREET GLASGOW 46381 G40 2RW 26/10/1970	Stobhill Hospital 0141 201 3000 Ward: 7A Ward Telephone Number: 201 3505 Consultant: MR. BENNET Named Nurse: LISA DOWNIE

Admission Details

Date of Admission: 10/2/00	Admission Ward: 7A.
Reason for Admission/Diagnosis THEATRE	
In-Hospital Procedure/Treatment: BELOW KNEE AMPUTATION (R) LEG	

Medication (Do not duplicate prescription)

As discharge prescription *(delete if inappropriate)*	

Discharge Details:

Follow-up arrangements (to include details of planned visits, name and contact number):	
General Practitioner:	✓
District Nurse:	Wound check of stump on Tuesday 29/2/00
Home Help:	✓
Other:	✓
Next Hospital Visit:	Prosthetic Dept in Southern General 28/2/00

Special Instructions

Wounds:
Diet:
Exercise:
Driving:
Return to Work:
Other:
Details of Additional Information Given (to include other leaflets, factsheets,etc)

Signature of Staff Member.....

Signature of Patient or Relative/Carer.....

STOBHILL HOSPITAL

STOBHILL HOSPITAL CONSENT FORM

432099
ZALESKI WALTER M/M
211 STEVENSON STREET
GLASGOW
G40 2RW 46381
Unit No. 26/10/1970
Affix data label

I Walter Zaleski of 211 Stevenson St, Glasgow

hereby consent to

* ~~submission of~~ _____ to the operation of Below knee amputation ® leg

the nature and effect of which have been explained to me by

Dr. / ~~Mr.~~ C. Darby

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of local or other anaesthetic for any of these purposes. No assurance has been given to me that the operation will be performed by any particular Surgeon.

Date: 10.2.00 Signed: _____

* ~~Relationship to patient~~: _____

I confirm that I have explained the proposed nature and effect of this operation to the patient, parent, relative or guardian.

Date: 10.2.00 Signed: C Darby
(Doctor's Signature)

* Delete as applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

STOBHILL NHS TRUST **ANAESTHETIC RECORD**

DATE & TIME	PREMEDICATION	WEIGHT:
10/2/00 12.00 pm	Temazepam 20mgs orally	Kg.
TIME GIVEN: 1205	ORDERED BY: GWalsh	GIVEN BY: LDowne
		AGE:

BAR CODE THIS SIDE
M/M
432099
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
G40 2RW
46381
26/10/1970

PRE-OPERATIVE ASSESSMENT

CVS
Exercise Tolerance
BP
Pulse
RS.
c.p.d. Smokes 10-15cigs/day.
airway
Other. * Epidural explained, PCA

Previous Operation: Previous GAS Uneventful.
Allergies: Penicillin
CXR
ECG.
Haematology
Biochemistry.
Dihydrocodeine

ANAESTHETIST: Walsh/Mbb
TRAINEE: CON 1 2 3 4 5 6
OPERATOR: Bennett
CON SpR SHO
DURATION: 1 2 3 4 10 20 30 40 50 5
PROCEDURE: Amputate BK (R)

CLASSIFICATION	OPERATION ASA	DAY CASE I	ELECTIVE II	SCHEDULE III	URGENT IV	EMERGENCY V

CURRENT DRUGS
PREV. ANAESTH.
COMPLICATIONS
FAMILY HISTORY

PREMEDICATION	Benzo ✓	Antiemetic	NSAID	Opiate	H_2Antag	Antacid	Antichol	Other	Normal Drugs
INDUCTION	Prop ✓	STP	Etom	Ket	Opiate ✓	Benzo	Inhalation	Other	Rapid Sequence
RELAXANT	Sux / Miv	Vec / Atrac	Panc / Roc	Infusion / Other	Glyco / Atropine	Neost / Other			
MAINTENANCE	N_2O / Air ✓	Ethrane / Isoflu	Sevo / Desflu ✓	Morphine / Fentanyl	Alfent / Pethidine	Haloth / NSAID	Drop / Other		
TECHNIQUE	Spont / IPPV	Mask ✓ / LMA	ETT / A'way ✓	Oral / Nasal	Cuff / Pack	Tracheos / Jet	Circle / Map A	Map D ✓ / Map E	Other / TIVA
V / A ACCESS	Peripheral ✓ 18 → 16G.	Central	Arterial						
MONITORING	ECG ✓ / SpO_2 ✓	NIBP ✓ / IABP	FiO_2 ✓ / Et CO_2 ✓	Vent Alm ✓ / Volatile ✓	PNS / CVP ✓	Temp / Other			
POSITION	Supine ✓	Lithotomy	Lateral	Prone	Other	Hd Up	Hd down		
REG. ANALGESIA	Spinal / Priloc	Epidural / Cocaine	Caudal / Bupivac	Brach Plex / Lignoc	Bier / Adren	Voc Cord / Sub-Tenon	Infilt / Other		

COMPLICATIONS

SIGNIFICANT BLOOD LOSS | Volume (ml) | Volume Expander | Blood Products (not PPS)

CHARTED DRUGS

Fent	4mg				
Propofol (10g)	200mg				
Morphine	5mg				
Marcain 0.5% Epidural	2ml 5mg/5		epidural removed intact recovery (5.5hrs)		
Fentanyl	50µg		opiate / Bach T9		Intralocally

TIME 1230 1430

V 38 200

BP 180

36

A

140

34

100

• PULSE

• TEMP

60

20

0

Sp 02	98 98	98	97	97	98	95
Et C02		64	65	67	68	67
Et AA		0.52	0.47	0.46	0.42	0.41
Paw						
CVP						
BLOOD LOSS						
URINE VOLUME						

C.O.T.T. SIZE

INTUBATION - (circle) EASY AWKWARD DIFFICULT

Time	Fluid	Volume
0	N/C	1000
②	N/C	1000

Asleep
epidural Aespan 18 G Tuohy
L3/4
multiple attempts
catheter failed ingress > 3cm x 1
LOR at 6.5cm Catheter 10-3cm
Test dose 2ml 0.1%
-ve bld CSF.
epi topped

Signature :

ACUTE PAIN SERVICE

432099 M/M
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
G40 2RW 26/10/1970
46381
Unit No.
Affix data label

INTRAVENOUS ANALGESIA

P.C.A. (PATIENT CONTROLLED ANALGESIA)

Follow Guidelines for Management of patient with P.C.A.

Seek advice when indicated from

- Sr. Sioban Calwell - 8.30 am - 4.30 pm
- Other times: Duty Anaesthetist.

nform if:-

- Pain score greater than 6.
- Sedation score 3 with saturation less than 94%.
- Respiration rate of 8 or less / minute.

DRUG

1. MORPHINE ..... 30 ..... mg in 50 / ~~60~~mls.

2 ..... Ondansetron ..... 4 ..... mg in 50 / ~~60~~mls.

Add sterile saline to make 50/ 60 ml volume. _____

DRUG SETTINGS

Drug Concentration mg/ml : 1 Dose Duration (mins.) 1

Loading Dose (mg) : 4 Lockout Period (mins): 3

Bolus Dose (mg) : 1 Continuous Infusion (mg/ml): /

RE-PRESCRIPTION

Drug Concentration mg/ml: _____ Dose Durtation(mins): _____

Loading Dose (mg): _____ Lockout period (mins): _____

Bolus Dose (mg): _____ Continuous Infusion (mg/ml): _____

Anaesthetists Signature: _____

/ARD PRE - OPERATIVE PREPARATION

)ATE OF OPERATION 10/2/00 WARD 7A

Waterlow Score: 3.

BASELINE OBSERVATIONS

BP 154/94 P 79. SP O_2 98%.

432099 M/M
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
46381
G40 2RW 26/10/1970
Unit No.

Affix data label

	YES
Consent signed	✓
Pre-medication given @ 12.	✓
Fasted Time last ate 12mn. Time last drank 10a.	✓
Identity band	✓
Case Notes ✓ X-rays ✓ Drug Kardex ✓ Obs. Chart ✓	✓
Operation site confirmed (R) Leg.	✓
Caps / Crowns / loose teeth N/A.	✓
Prosthesis removed N/A	✓
Dentures removed / not removed	✓
Underwear removed	✓
Paper pants on patient	✓
Make up, nail varnish removed N/A	✓
Jewellery taped / removed N/A	—
Inhalers / GTN Spray	✓
Allergies PENICILLIN.	✓.
Voided urine N/A	✓
Subcut heparin N/A	✓
Ted stockings	—
Pre-op visit	

Other relevant information : IV Flucloxacillin gwe 1/c Pre med.

Ward Signature: KDownie Reception Signature: J. McGurk

THEATRE

OPERATION PERFORMED (R) Below knee Amputation

	YES	NO
DIATHERMY ~~BIPOLAR~~ / MONOPOLAR	✓	
HEEL RESTS		✓
FLOWTRON BOOTS		✓
~~SHEEP~~SKIN HEEL PADS / MATS		✓
HEATED BED		✓
ARM BOARDS		✓
PATIENT WARMING BLANKET		✓

PATIENT POSITION

LATERAL RIGHT		TRENDELENBURG	
LATERAL LEFT		REVERSE	
SUPINE	✓	LITHOTOMY	
PRONE		LLOYD DAVIS	

TOURNIQUET TIME 1420 ON 1440 OFF

SPECIAL COMMENTS

SPECIMENS : PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS - FIRST	✓
- FINAL	✓
INSTRUMENTS	✓
SHARPS - NEEDLES	✓
- BLADES	
THROAT PACK OUT	
PACK IN SITU	

INSTRUCTIONS FOR REMOVAL:

Name of Scrub Nurse : S/N E. Simpson Signature of Circulating Nurse :

Hospital Name: .....

PRESCRIPTION FORM

PATIENT DETAILS

132099 M/M
2.HOSKI WALTER
211 STEVENSON STREET
GLASGOW

46381
G40 2RW 26/10/1970

Date of Admission: 10/2/10

Ward:

Height:

Weight:

Surface area:

Date of writing discharge prescription: ___/___/___

DRUG SENSITIVITIES

* PENICILLIN *

Consultant Name: MR BENNET

DVT Risk on Admission (SIGN Guideline)
High ☐ Moderate ☐ Low ☐
Assessed by: Date: ___/___/___

Prescription sheet number: (2)

OTHER CHARTS IN USE

Insulin ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐ Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Other:

Date and time form re-written: ___/___/___ Time: _____

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
24/2	Carbamazepine	100mg	O	1050	C Darby	KG	1135

Note: To discontinue a prescription, ...tial and date appropriate boxes and ·aw a diagonal line through section

PATIENT'S NAME:

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE ▼ MONTH ▼

A DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

B DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

C DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

D DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

E DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

F DRUG
DOSE | ROUTE | DATE
STOPPED DATE: INITIALS:
SIGNATURE OF DOCTOR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 24 25 26
MONTH: 2 2 2

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

G DRUG: Dihydrocodeine
DOSE: 60mg | ROUTE: O | DATE: 24/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: GM/MB
1600-1800: GM LD
2200-2400: GM MC

H DRUG: Paracetamol
DOSE: 1g | ROUTE: O | DATE: 24/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: GM/MB
1200-1400: LD GM
1600-1800: GM LD
2200-2400: GM MC

J DRUG: Ibuprofen
DOSE: 400mg | ROUTE: O | DATE: 24/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: GM/MB
1200-1400: LD GM
2200-2400: GM MC

K DRUG: Amitriptyline
DOSE: 10mg | ROUTE: O | DATE: 24/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
2200-2400: GM MC

L DRUG: Carbamazepine
DOSE: 100mg | ROUTE: O | DATE: 24/2 | STOPPED DATE: 24/2
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS: CD
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

M DRUG: Carbamazepine
DOSE: 200mg | ROUTE: O | DATE: 24/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: GM/MB
2200-2400: GM MC

Note: To discontinue a prescriptio[illegible] nitial and date appropriate boxes and draw a diagonal line through secti

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →

MONTH →

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

N DRUG Cards

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →
MONTH →

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

W

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

X

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Y

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

AA

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BB

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

CC

DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

DD

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF DOCTOR | MAX.FREQUENCY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS: DATE:

DATE | TIME | DOSE | GIVEN BY

EE

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF DOCTOR | MAX.FREQUENCY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS: DATE:

DATE | TIME | DOSE | GIVEN BY

FF

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF DOCTOR | MAX.FREQUENCY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS: DATE:

DATE | TIME | DOSE | GIVEN BY

GG

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF DOCTOR | MAX.FREQUENCY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS: DATE:

DATE | TIME | DOSE | GIVEN BY

HH

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF DOCTOR | MAX.FREQUENCY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS: DATE:

DATE | TIME | DOSE | GIVEN BY

JJ

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF DOCTOR | MAX.FREQUENCY

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS: DATE:

DATE | TIME | DOSE | GIVEN BY

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

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

ADMINISTRATION

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

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

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

Milligram	= **mg**	Gram	= **g**
Millilitre	= **ml**	Microgram:	**to be written in full.**

Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.

5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Sublingual	= **SL**	Oral	= **O**	Nasogastric	= **NG**
Subcutaneous	= **SC**	Intramuscular	= **IM**	Per rectum	= **PR**	Vaginal	= **PV**
Inhalations	= **INH**	Intradermal	= **ID**	Topical	= **TOP**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

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

Hospital Name: .....

PRESCRIPTION FORM

PATIENT DETAILS

M/M

432099
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
46381
G40 2RW 26/10/1970

DRUG SENSITIVITIES

* PENICILLIN *

OTHER CHARTS IN USE

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

Date of Admission: 10/2/00
Consultant Name: MR. BENNET
Ward: 7A
Height:
Weight:
Surface area:
DVT Risk on Admission (SIGN Guideline)
High ☐ Moderate ☐ Low ☐
Assessed by: Date: / /
Date of writing discharge prescription: / /
Prescription sheet number: 1
Date and time form re-written: 24/2/00 Time: 1000

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
12/2/00	TEMAZEPAM	10MG	PO	2300		M. Lau	23.15
~~12/2~~	~~TEMAZEPAM~~	~~10mg~~	~~PO~~				
13/2	MORPHINE	~~10mg~~ 5mg	IV	23.30			
13/2	Metoclopramide	10mg	IV	23.30			
13/2	MORPHINE	10MG	I.M.	23.40		PMcL	23.40

PATIENT'S NAME:

Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE →	10	11	12	13	14										
MONTH →	2	2	2	2	2										
Other time															
0700-0900															
1200-1400															
1600-1800															
2200-2400															
Other time															

A DRUG: Flucloxacillin

DOSE: 500mg | ROUTE: IV | DATE: 10/2 | STOPPED DATE: 14/2 | INITIALS: CD

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

B DRUG: Morphine PCA

DOSE: IV as directed | ROUTE | DATE: 14/2 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

C DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

D DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE → 10 11 12 13 14 15 16 17 18 19 20 21 22 23 (21)
MONTH → 2 2 2 2 2 2 2 2 2 2 2 1 1 2 (2)

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

G DRUG: Dihydrocodeine
DOSE: 60mg | ROUTE: O | DATE: 10/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

H DRUG: Paracetamol
DOSE: 1g | ROUTE: O | DATE: 10/2 | STOPPED DATE: 10
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

J DRUG: Brufen IBUPROFEN
DOSE: 400mg | ROUTE: PO | DATE: 10/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: AO | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: AFTER FOOD

K DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: O | DATE: 17/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

L DRUG: Flucloxacillin
DOSE: 500mg | ROUTE: O | DATE: 14/2 | STOPPED DATE: 24/2
SIGNATURE OF DOCTOR: C Darby | STOPPED INITIALS: CD
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: BEFORE FOOD

M DRUG: Amitriptyline
DOSE: 10mg | ROUTE: O | DATE: 17/2 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →	18	19	20	21	22	23	24							
MONTH →	2	2	2	2	2	2	2							
Other time														
0700-0900 ✓	LM	LD	KLD	LD	GM	K								
1200-1400														
1600-1800														
2200-2400														
Other time														

N DRUG: Carbamazepine

DOSE: 400mg | ROUTE: O | DATE: 17/2 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: MATTON

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

P DRUG: CARBAMAZEPINE

DOSE: 200mg nocte | ROUTE: PO | DATE: 22-2-2008 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: AJ Slater

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: NOCTE -

Other time														
0700-0900														
1200-1400														
1600-1800														
2200-2400 →	✓				Capm									
Other time														

R DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

S DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

T DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

V DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

DD
DRUG: Ibuprofen
DOSE: 400mg. ROUTE: O INDICATION: Pain
SIGNATURE OF DOCTOR: C Darby
MAX.FREQUENCY: 1600mg/24hrs
STOPPED DATE: 10/2 INITIALS:
DATE: 10/2
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE									
TIME									
DOSE									
GIVEN BY									

EE
DRUG: Prochlorperazine
DOSE: 12.5mg IM ROUTE: INDICATION: ~~Pain~~ Nausea
SIGNATURE OF DOCTOR:
MAX.FREQUENCY: 8h
STOPPED DATE: INITIALS:
DATE: 10/2
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE									
TIME									
DOSE									
GIVEN BY									

FF
DRUG: MORPHINE
DOSE: 10MG ROUTE: IM INDICATION: PAIN
SIGNATURE OF DOCTOR:
MAX.FREQUENCY: 6-8°
STOPPED DATE: INITIALS:
DATE: 13/2
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	14/2/00	15/2/00							
TIME	1025	1135							
DOSE	10mg	10mg							
GIVEN BY	EAR	EAR							

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

DATE									
TIME									
DOSE									
GIVEN BY									

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

DATE									
TIME									
DOSE									
GIVEN BY									

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

DATE									
TIME									
DOSE									
GIVEN BY									

Note: To discontinue a prescription, initial and date appropriately above and write 'stopped' over entry.

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

ADMINISTRATION

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

DATE																
TIME																
DOSE																
GIVEN BY																

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

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

Intravenous	= **IV**	Sublingual	= **SL**	Oral	= **O**	Nasogastric	= **NG**
Subcutaneous	= **SC**	Intramuscular	= **IM**	Per rectum	= **PR**	Vaginal	= **PV**
Inhalations	= **INH**	Intradermal	= **ID**	Topical	= **TOP**		

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

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

Pilot 3, 09/98

432099 M/M
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
46381
G40 2RW 26/10/1970

Affix data label

Ward :

Observation Chart

STOBHILL

HOSPITAL

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS / OBSERVATIONS

ROUTINE:

PULSE & B.P. ✓

OXYGEN / RECOVERY NASAL ☐ HUDSON ☑ OTHER ☐

OXYGEN / WARD _____ via Hudson

2L ☐ 3L ☐ 4L ☑ 5L ☐ OTHER ☐

CANNULA / REMOVAL - RECOVERY ☐ WARD _____ RCA

INSTRUCTION / INFORMATION

TED off leg

Anaesthetist Signature BNO

TIME:	15 13	15 30	15 45	16 00	16 30	17 00	17 30	18 36	20 00	10.15 PM	12	1	2	3	4	5	6
PULSE	111	86	84	85	65	78	75	90	86	80			84				89
BLOOD PRESSURE	155/92	144/92	125/85	155/89	120/76	141/78	146/92	146/88	156/74	125/72	/	/	136/70	/	/	/	149/81
SATURATION (SaO^2)	99	99	100	98	98	99	99	98	98	98			99				97 R
RESPIRATORY RATE		14	14	14	14	R	R	R	18	R	R	13	14	14			
AIRWAY	✓	—	—	—	—	—	—	—	—	—		—	—	—			
OXYGEN	4L	4L	4L	4	—	—	—	—	—	—		4L	4L	4L	4L		4 L/D
PAIN SCORE	0	0	0	0	0	0	1	1	6	5/10	5/10	4/10	3/10	3/10	3/10		4/10
SEDATION SCORE	1	1	1	1	1	1	1	1	1	1	1		1		1		1
PONV SCORE	0	0	0	0	0	0	0	0	0	0	0		0		0		0
TEMPERATURE					35↑	36.9		37.2	—				37°C				37.3
WOUND	dry	dry	dry	dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry	Dry		Dry
															syringe		
VOLUME SYRINGE (mls)	50	50	50	50	50	50		46.5	41	24	8	5	3	1			
VOLUME INFUSED (mls)	0	0	0	0	0	0		5	10	28	44	47	49	51			
TOTAL MG INFUSED	0	0	0	0	0	0		5	10	28	44	47	49	51	nil		
COMMENTS																	
INITIALS					LD	LD		LD.	LD	MC	MC	JM	JM	JM			

PAIN SCORE - Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

NO PAIN — WORST PAIN EVER

SEDATION SCORE

S = Normal Sleep
1 = Alert
2 = Responds to verbal command
3 = Responds to painful stimuli
4 = Unresponsive and unrousable

CONTINUE IV FLUIDS		RATE
5% dext 0.9% saline }	2:1 q4h until drinking normally	

12/2/00

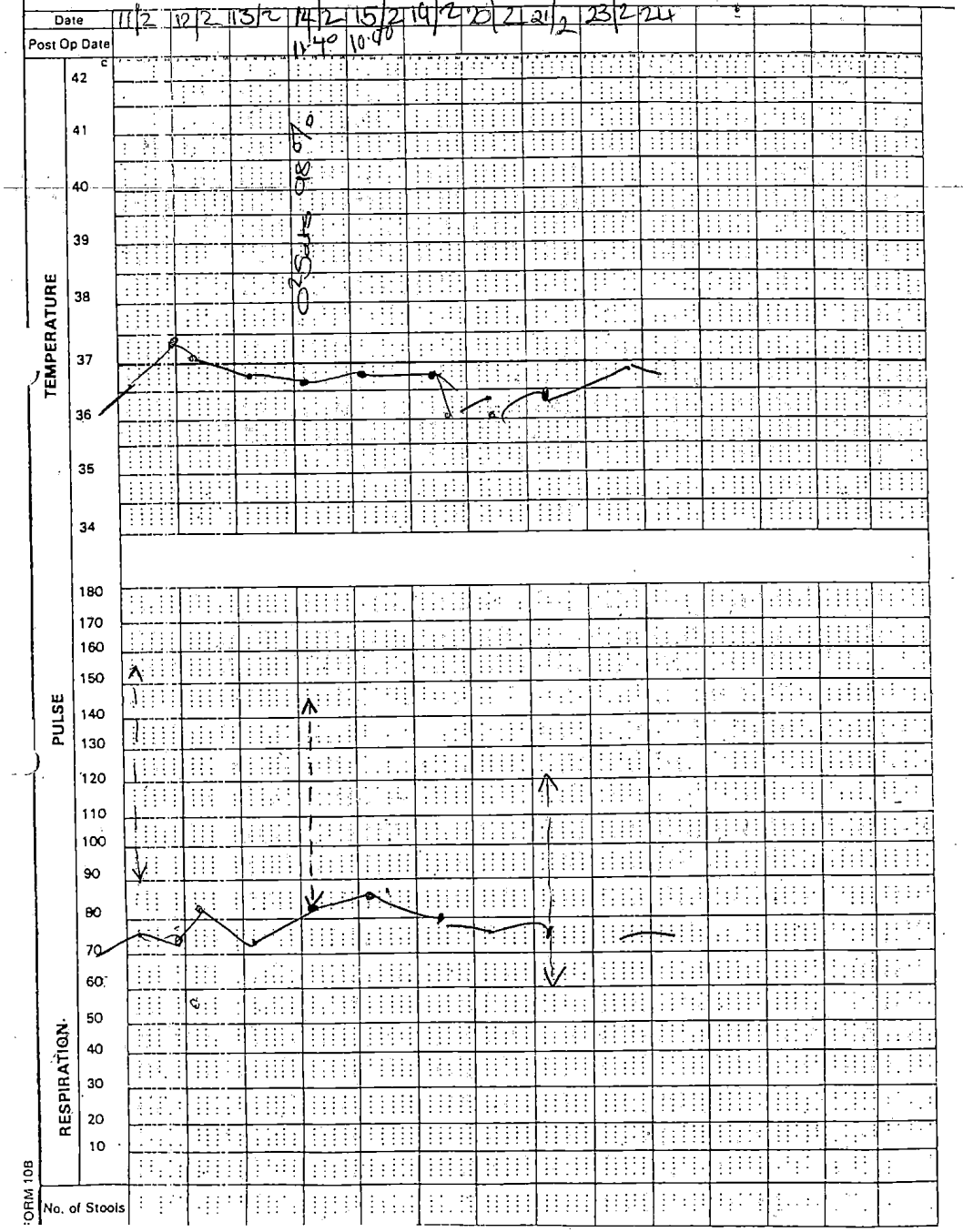
Anaesthetist Signature BM

	Y	11a																
	Am																	
	86	79																
	140/85	138/85																
	95.	96																
	37?C	37																
	Dvt	Rg																
		lwl																
		49wl																
		49kg																
		-																
	Ca	uc.																

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

No problems encountered

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	Walter	



WATERLOW PRESSURE SORE PREVENTION / TREATMENT POLICY

RING SCORES IN TABLE, ADD TOTAL. SEVERAL SCORES PER CATEGORY CAN BE USED

BUILD / WEIGHT FOR HEIGHT

Average	(0)
Above Average	1
Obese	2
Below Average	3

CONTINENCE

Complete / Catheterised	(0)
Occasion Incont.	1
Cath. / Incontinent of Faeces	2
Doubly Incontinent	3

SKIN TYPE VISUAL RISK AREAS

Healthy	0
Tissue Paper	1
Dry	1
Oedematous	1
Clammy (temp up)	1
Discoloured	2
Broken / Spot	3

If Patient Has Discoloured or broken skin on pressure area. Mark site + grade of sore in pressure sore 1 or 2 core care plan.

MOBILITY

Fully	(0)
Restless / Fidgety	1
Apathetic	2
Restricted	3
Inert / Traction	4
Chairbound	5

SEX / AGE

Male	(1)
Female	2
14 - 49	(1)
50 - 64	2
65 - 74	3
75 - 80	4
81+	5

APPETITE

Average	(0)
Poor	1
NG Tube / Fluids Only	2
NBM / Anorexic	3

SPECIAL RISKS

Tissue Malnutrition eg Terminal Cachexia	8
Cardiac Failure	5
Peripheral Vascular Disease	5
Anaemia	2
Smoking	(1)

NEUROLOGICAL DEFICIT

eg Diabetes MS C.V. Motor / Sensory Paraplegia	4 - 6

MAJOR SURGERY / TRAUMA

Orthopaedic- below Waist spinal	5
On Table > 2 Hours	5

MEDICATION

Steroids Cytotoxics High Dose Anti-inflammatory	4

Score : 10+ At Risk 15+ High Risk 20+ Very High Risk

Date	Score	Mattress	Cushion	Date Next Due	Initials
10/2/00	3	SOFTFOAM		11/2/00	LD

432099
ZALESKI WALTER M/M
211 STEVENSON STREET
GLASGOW
G40 2RW
26/10/1970
46381

McM/C/004

Table Adapted by J. Bell c/o Ward 10B

432099 M/M
ZALESKI WALTER
211 STEVENSON STREET
GLASGOW
G40 2RW 46381
26/10/1970

MINOR SURGERY

Theatre 10/2/00 Amputation (R) Leg Below Knee.

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluation Date
10/2	1	PRE-OPERATIVE PREPARATION A. PSYCHOLOGICAL B. PHYSICAL	A. TO RELIEVE ANXIETIES AND ENSURE GOOD UNDERSTANDING OF THEIR SURGERY. B. TO PREPARE PATIENT PHYSICALLY FOR THEIR SURGERY.	A. 1. FULL EXPLANATION OF PRE AND POST-OP CARE. 2. TO ALLOW TIME FOR ANY QUESTIONS TO BE ANSWERED. B. 1. SHOWER PATIENT PRIOR TO PRE-MED. 2. CARRY OUT CHECK ON THEATRE / RECOVERY CARE PLAN. C. 1. FAST SIX HOURS PRIOR TO SURGERY. 2. ADMINISTER PRESCRIBED PRE-MED AND INSTRUCT PATIENT TO STAY IN BED.	10/2
10/2	2	POST-OPERATIVE OBSERVATION	TO ENSURE SAFE RECOVERY FROM THEIR SURGERY. TO DETECT COMPLICATIONS THAY MAY ARISE.	TO ENSURE A FULL REPORT OF POST OP RECOVERY IS RELATED TO WARD STAFF FROM RECOVERY ROOM STAFF. TO CARRY OUT POST-OP CHECKS ON THEATRE/ RECOVERY CARE PLAN ON RETURN TO WARD UNTIL STABLE.	10/2
10/2	3	PAIN	TO PROMOTE PATIENT'S COMFORT.	TO ADMINISTER PRESCRIBED ANALGESIA. TO USE PAIN SCORE ON THEATRE/RECOVERY CARE PLAN.	12/2

All entries must be signed

CARE PLAN WARD

Date	No.	Problem/Need	Patient Goal/ Nursing Outcome	Intervention	Evaluation Date
10/2	4	DISCHARGE PLANNING	TO CARRY OUT A SAFE DISCHARGE FOR PATIENT.	1. TO ENSURE PATIENT IS READY FOR DISCHARGE; A. NOT DROWSY. B. PATIENT HAS HAD DIET & FLUID WITHOUT ILL EFFECT. C. PATIENT HAS PASSED URINE. D. RESPONSIBLE ADULT TO COLLECT. 2. ENSURE PATIENT HAS PRESCRIBED ANALGESIA ON DISCHARGE INDENT OR AT HOME. 3. ARRANGE OUT-PATIENT APPOINTMENT AS PER CONSULTANT'S INSTRUCTIONS. 4. INSTRUCTIONS GIVEN VERBALLY OR WITH INFORMATION SHEETS, IF AVAILABLE, ON POST-OP CARE. VB	
10/2	5.	Amputation ↓ level @ leg.	To ensure patient has psychological support	Allow patient to voice fears Ensure adequate answers for question	ongoing VB
10/2	6	Patient wishes to stop smoking	To give support reqd. for patient to achieve their goal.	Give advice + support to assist stopping. VB	ongoing VB

VcC/933380

All entries must be signed

STOBHILL HOSPITAL

24 HOUR FLUID CHAR

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

DATE 12-2-00

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid	450				
			1 am					
			2 am					
			3 am					
			4 am					
			5 am					
COFFEE	250		6 am					
BREAST	250		7 am	800				
			8 am					
			9 am					
COFFEE			10 am	300				
			11 am					
lunch	250		12 noon	350				
			1 pm					
Tea	150		2 pm					
			3 pm	P.U				
			4 pm					
Dinner	350		5 pm					
			6 pm					
			7 pm					
			8 pm					
			9 pm					
			10 pm					
			11 pm					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

D (5) C

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

STOBHILL HOSPITAL

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER.	

DATE 10·2·00

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid					
			1 am					
			2 am					
			3 am					
			4 am					
			5 am					
			6 am					
THEATRE			7 am					
			8 am					
			9 am					
			10 am					
			11 am					
			12 noon					
RINGERS LACTATE		1000	1 pm					
RINGERS LACTATE		1000.	2 pm					
			3 pm					
			4 pm					
			5 pm					
Coffee	150		6 pm					
Coffee	150		7 pm					
Coffee	150		8 pm					
Cofee	150.		9 pm	200				
Coffee	150		10 pm	250				
			11 pm					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

PRESCRIPTION SHEET NUMBER 1 — THIS DOCUMENT MUST BE RETAINED

PATIENT'S NAME WALTER ZALESKI

HOSPITAL STORHILL N.H.S. UNIT NUMBER

WARD 7A D.O.B.

Prescriptions and Administration sheet for medicines given by Syringe / Infusion Pump
Each prescription must be completed fully and unambiguously. FULL SIGNATURES TO BE USED

1 PRESCRIPTION DETAILS (to be completed by DOCTOR before start of therapy)

MEDICINE(S)	TOTAL DOSE in syringe / bag	DILUENT	TOTAL VOLUME in syringe / bag	ROUTE	TYPE SYRINGE DRIVER OR INFUSION PUMP MODEL:	PRESCRIBERS SIGNATURE
MORPHINE						

2 FLOW RATE DETAILS (to be completed by DOCTOR and NURSING STAFF)

	Date	Start Time	Rate Setting	Prescribed by	Set by	Checked by
Initial rate						
Change 1						
Change 2						
Change 3						
Change 4						

3 PREPARATION DETAILS (to be completed by DOCTOR or NURSING STAFF)

	Date	Time	Prepared by	Checked by	Set by	Checked by
Initial Prep.	11/12/00	3.15am		M. Lount		
Rpt. 1						
Rpt. 2						
Rpt. 3						
Rpt. 4						

4 ADMINISTRATION CHECK (to be completed HOURLY by NURSING STAFF)

Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments	Date	Time	Volume Remaining	Total Volume Infused	Rate Setting	Checked by	Comments
11/12	4AM		55	PCA	M Lount	check	12/2	7AM	17	142.	PCA	Cmackenzie	Check
	5AM	45	58	PCA	M. Lount	check							
	6AM	43	60	PCA	M. Lount	check							
11/12/00	1610	51	0 (10)	PCA	GGrubb	new syringe							
11/12/00	2100	41	10 118	PCA	GGrubb	check							
"	11pm	~~127~~ 32	127	P.C.A	M. Lount	check							
11/12	12AM	27	132	PCA	Cmackenzie	Check							
12/12	1AM	26	133	PCA	FBlyth	Check							
12/12	2a15	26	133	PCA	F Blyth	Cmackenzie							
"	3AM	25	134	PCA	FBlyth	Check.							
	4AM	23	136	"	M Lount	check							
	6	20.	139.	PCA	Cmackenzie	Check.							

5 DISCONTINUATION

(Sign): DATE : TIME :

NOTE : IF THE 'BOOST' FACILITY OF A SYRINGE DRIV [illegible]SED, RECORD THIS IN THE 'COMMENTS' SECT

PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/ INFUSION PUMP – GUIDELINES ON USE

ONLY APPROPRIATELY PREPARED REGISTERED NURSES MAY PARTICIPATE IN THE PREPARATION AND ADMINISTRATION OF MEDICINES GIVEN VIA A SYRINGE DRIVER

THIS FORM IS NOT APPROPRIATE FOR USE IN CERTAIN HIGH DEPENDENCY AREAS:

The medicine should be prescribed in the patient's main prescription sheet, cross referenced by annotating the "other prescription sheets in use". This sheet should be kept in close proximity to the device in use.

Each prescription sheet should be used to record the prescription, preparation and administration details of syringes or infusion bags which are prepared in accordance with the prescription in Section I of the form. IF THE DETAILS IN SECTION I REQUIRE TO BE CHANGED A NEW PRESCRIPTION FORM MUST BE USED.

Signatures must be written out in full in the appropriate spaces.

The form should be completed as follows :

SECTION 1 : PRESCRIPTION DETAILS:

(i) The prescription must be completed in full by a qualified medical practitioner

(ii) "Total Dose" refers to the total quantity of medicine in micrograms, milligrams or units, placed into the container.

(iii) If the medicine is further diluted, the diluent must be noted in the "Diluent" space and total volume recorded, ie, medicine + diluent.

(iv) The Route of Administration, Intravenous or Subcutaneous, must be recorded.

(v) The type of infusion device, syringe driver or infusion pump, and the model when selected must be recorded by the doctor or nurse as appropriate.

(vi) The prescriber must sign the space provided.

SECTION 2 : FLOW RATE DETAILS:

(i) The initial flow rate (in ml/hour or mg/hour or mm/hour depending on the device in use) should be prescribed by the Doctor on the "initial rate" line.

(ii) If the infusion rate is set and started by the prescriber, the "set by" section should also be signed. If this is done by two registered nurses/midwives, both "set by" and "checked by" sections should be signed.

(iii) Any subsequent alterations in flow rate must be prescribed by the Doctor on the "Change" lines except for prescribed variable dose/sliding scale regimes [see (iv)].

(iv) When a "VARIABLE DOSE REGIME" (eg sliding scale insulin) has been prescribed, this should be recorded on the "initial rate" line and all changes recorded in the "Comments" section as appropriate.

SECTION 3 : PREPARATION DETAILS:

If the final product (syringe or infusion attached to pump) is prepared by :

(i) a Qualified Medical Practitioner, then he/she must sign the "prepared by" space, or,

(ii) a Registered Nurse or Midwife, if calculation or dilution is involved, the preparation of the infusion should be witnessed by another Registered Nurse or Midwife. The "Prepared by/Checked by" and "Set by/Checked by" sections must be signed. Preparation of fresh infusions of the same prescription should be recorded on subsequent lines

SECTION 4 : ADMINISTRATION CHECK:

(i) The infusion must be checked at regular intervals, as indicated on the sheet, during the period that the pump is in use. Each section must be completed in full.

(ii) The "Comments" section should be used to record observations, including site checks. All unexpected events must be brought to the attention of the Nurse or Doctor in charge.

SECTION 5 : DISCONTINUATION:

When the administration is to be discontinued, the prescriber should complete the appropriate sections on the sheet and on the main Kardex prescription sheet. A line should be drawn through each prescription to prevent continued use. Local guidelines for the "Duration of Use" should be followed prior to renewing the syringe/bag.

THIS DOCUMENT MUST BE RETAINED

STOBHILL NHS TRUST

INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.
1 hr = 120 Drops/min. 6 hr = 22 Drops/min.
4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME: ZALESK FORENAME: WALTER. Unit Number:

DATE 10-2-00

No. 0181327

FLUID / ADDITIVE DRUG	VOL. / DOSE	Commence	Duration	Finish	SIGNATURE	SERIAL No / BATCH No.	Given
5% DEXTROSE	500	17.40	4°	1.30 AM		00405 BD 12/2001	LD.
0.9% NaCl	500	1.30 AM	4°			99L 10BM 11/01	MC
5% DEXTROSE	500		4°				
0.9% NaCl	500		4°				
5% DEXTROSE	500		4°				

Form 76a

STOBHILL HOSPITAL

24 HOUR FLUID CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

DATE 11 / 2 / 00

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid					
			1 am					
			2 am					
			3 am	250				
			4 am	250				
			5 am					
			6 am	250				
Coffee	150		7 am					
			8 am					
Coffee	150		9 am					
Coffee	150		10 am	200				
			11 am					
Lunch	300		12 noon	1000				
JUICE	400		1 pm					
COFFEE	250		2 pm	approx 200				
JUICE	200		3 pm					
COFFEE	250		4 pm					
DINNER ~ Soup, JUICE	250		6 pm					
NSAIDS + ABX's		100	6 pm	700				
COFFEE	250		7 pm					
			8 pm					
			9 pm					
Coffee	150		10 pm	200				
			11 pm					
TOTALS	2500	100		3050				
TOTAL INTAKE		2600				3050	TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

STOBHILL HOSPITAL

24 HOUR FLUID CHAR

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
ZALESKI	WALTER	

DATE 13/2/00

FLUID AND SUPPLEMENT	ORAL	I.V. OR OTHER	TIME	URINE	VOMIT	GASTRIC ASPIRATE	BOWEL	OTHER
			12 mid					
			1 am					
			2 am					
			3 am					
			4 am					
			5 am					
			6 am					
B/FAST - COFFEE	150		7 am					
			8 am					
			9 am	750				
COFFEE	350		10 am					
COFFEE	350		11 am					
LUNCH - MILK	150		12 noon					
COFFEE	350		1 pm	U.T.T.				
			2 pm					
			3 pm					
			4 pm					
SOUP	250		5 pm	UTT				
COFFEE	150		6 pm					
			7 pm					
			8 pm					
			9 pm					
			10 pm					
			11 pm					
TOTALS								
TOTAL INTAKE							TOTAL OUTPUT	

INSTRUCTIONS

PARENTERAL

ORAL

Previous 24 hrs Balance =

Biochemistry Results	Time	
Serum: Urea, Sodium, Potassium, Chloride, Bicarbonate, Creatinine		
Urine: Urea, Chloride		

ime	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
pm	Elbow (R)	0 1 2 3 4 5	up to SIT	
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5	onto side	MC
	Heel (L)	0 1 2 3 4 5		MC
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
11PM	Other			
	.....	0 1 2 3 4 5		

	Pressure Areas	Grades	Comments/Action Taken	Signed
8.)	Buttocks (R)	0 1 2 3 4 5	washed	GC
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
30	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

e/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5	up to SIT	
1 pm	Buttocks (L)	0 1 2 3 4 5		GC
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
)	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

te/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
9/11/00	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
3pm	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
4/12	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5	rolled over	Ca
30	Heel (L)	0 1 2 3 4 5		
1.	Elbow (R)	0 1 2 3 4 5	onto side	
	Elbow (L)	0 1 2 3 4 5		
2.	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
12/2	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5	rolled over	Ca
	Heel (L)	0 1 2 3 4 5	onto side	
02 00	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

e/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5	straight left	Ca
4	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

e/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5	ROLLED ONTO SIDE	GC
10.30	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

WALTER ZALESKI

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
12.00	Buttocks (R)	0 1 2 3 4 5	onto side	PO
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
4am	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5	onto side	PO
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
4am	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

e/...e	Pressure Areas	Grades	Comments/Action Taken	Signed
)	Buttocks (R)	0 1 2 3 4 5		
PM	Buttocks (L)	0 1 2 3 4 5		PO
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		ES
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

te/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
6pm	Buttocks (R)	0 1 2 3 4 5	ONTO SIDE	GC
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
)	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

ate/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
8.30pm	Buttocks (R)	0 1 2 3 4 5	ROLLED ONTO SIDE	GC
	Buttocks (L)	0 1 2 3 4 5		GC
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
6A	Buttocks (R)	0 1 2 3 4 5	Straight Lift	FM LD
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
8A	Buttocks (R)	0 1 2 3 4 5	Straight Lift	FM LD
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

T	Pressure Areas	Grades	Comments/Action Taken	Signed
1.30 pm	Buttocks (R)	0 1 2 3 4 5	Rolled onto side	MC JMcg
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5	Straight lift	MC
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

e/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
6.50 pm	Buttocks (R)	0 1 2 3 4 5	Lifting to release pressure	MC
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5	up TO TOILET	Ge
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5	Blisters on Achilles Knee	
1PM.	Elbow (L)	0 1 2 3 4 5		HC/AM.
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

T :	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
5/2/10	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5	Blisters on Achilles knee	
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
9-30	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

:/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5	up ~~the~~ wheelchair	
	Heel (L)	0 1 2 3 4 5		
11-30	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
)	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

:e/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5	in Bed	
	Heel (R)	0 1 2 3 4 5		
1.30 -	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
3200	Buttocks (R)	0 1 2 3 4 5	over onto Side	FM
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 (1) 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
1PM	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		JS
4	Heel (L)	0 (1) 2 3 4 5	on to side	
	Elbow (R)	0 1 2 3 4 5		
PM	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

...ne	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
6	Heel (L)	0 (1) 2 3 4 5	on to side	JS
	Elbow (R)	0 1 2 3 4 5		
PM	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

te/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
5 PM	Heel (R)	0 1 2 3 4 5		JS
	Heel (L)	0 (1) 2 3 4 5	on to side	
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

ite/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
7/12/00	Buttocks (R)	(0) 1 2 3 4 5	up for shower	GC
	Buttocks (L)	(0) 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
8-30	Heel (L)	(0) 1 2 3 4 5		
AM	Elbow (R)	(0) 1 2 3 4 5		
	Elbow (L)	(0) 1 2 3 4 5		
	Sacrum	(0) 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

ime	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

T	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
)	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
)	Other			
	.....	0 1 2 3 4 5		

e/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
4.30	Buttocks (R)	0 1 2 3 4 5	on to side	
	Buttocks (L)	0 1 2 3 4 5	BL	
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

Time	Pressure Areas	Grades	Comments/Action Taken	Signed
-30	Buttocks (R)	0 1 2 3 4 5	up in wheelchair	
	Buttocks (L)	0 1 2 3 4 5	Blisters on Amputee Knee	
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

e/ ie	Pressure Areas	Grades	Comments/Action Taken	Signed
pm	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

te/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

ate/Time	Pressure Areas	Grades	Comments/Action Taken	Signed
	Buttocks (R)	0 1 2 3 4 5		
	Buttocks (L)	0 1 2 3 4 5		
	Heel (R)	0 1 2 3 4 5		
	Heel (L)	0 1 2 3 4 5		
	Elbow (R)	0 1 2 3 4 5		
	Elbow (L)	0 1 2 3 4 5		
	Sacrum	0 1 2 3 4 5		
	Other			
	.....	0 1 2 3 4 5		

GREATER GLASGOW JOINT PLANNING AGREEMENT
GLASGOW CITY COUNCIL SOCIAL WORK REFERRAL FORM

Name: Walter Zaleski
Address: 211 Stevenston Street
Glasgow
Postcode: G40 2RW
Telephone No: 550 1373
Date of Birth: 26/10/1926
Ethnic Origin:
Religion:
Marital Status: married

Hospital: Stobhill
Hospital Unit No.: L220964
Ward: 31A
Consultant: Mr Stewart
G.P. Name: Jarvis
G.P. Address: 501 Shettleston Rd
Next of Kin Name: Rhona Zaleski
Next of Kin Address: SAME

SPECIALITY: Elective Orthopaedic
ACUTE/CONTINUING CARE *(Delete)* (R) Amputation
NATIONAL INSURANCE NO:
REFERRER NURSE/CLINICIAN/PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST/OTHER 26-02-00
HAS PATIENT BEEN ADVISED OF REFERRAL? (YES) NO
IF NOT, WHY NOT? NO SERVICE REQUIRED

DATE OF ADMISSION: 10/2/00
PLANNED DATE OF DISCHARGE: ~~ASAP~~
OR WHEN WILL PATIENT BE READY FOR DISCHARGE:

REASON FOR REFERRAL

1. GENERAL ADVICE AND INFORMATION	✓
2. HOME CARE ASSESSMENT	
3. COMMUNITY CARE ASSESSMENT	
4. M.H.O. SERVICES	
5. BENEFITS ENQUIRY	
6. OTHERS—PLEASE SPECIFY	

ASSESSMENTS/REPORTS REQUESTED

	Date Requested
1. OCCUPATIONAL THERAPY REPORT	
2. PHYSIOTHERAPY REPORT	
3. GERIATRICIAN	
4. PSYCHO-GERIATRIC REPORT	
5. OTHER	

DOES PATIENT REQUIRE SERVICE PRIOR TO DISCHARGE? (YES/NO)
DOES PATIENT ALREADY RECEIVE HOME CARE SERVICE? YES/(NO)
DOES PATIENT ALREADY HAVE A SOCIAL WORKER? YES/(NO)

IF YES, NAME OF SOCIAL WORKER
AREA TEAM

MEDICAL HISTORY

DIAGNOSIS/PROGNOSIS:
LEVEL OF FUNCTIONING—*IF YES PLEASE SPECIFY*

COGNITIVE DEFICITS	YES/NO
MENTAL HEALTH ISSUES	YES/NO
SENSORY IMPAIRMENT	YES/NO

MOBILITY—*PLEASE SPECIFY*

WALKS UNAIDED	YES/NO
WALKS WITH SUPPORT—1 OR 2	YES/NO
WHEELCHAIR USER	(YES)/NO
REQUIRES ASSISTANCE TO TRANSFER—1 OR 2	YES/NO
ARTIFICIAL LIMB Still to be fitted	(YES)/NO
OTHER—PLEASE SPECIFY	YES/NO

SOCIAL CIRCUMSTANCES

LIVES ALONE
LIVES WITH FAMILY
INFIRM ELDERLY PARTNER
HOMELESS
OTHER

SOCIAL WORK DEPT
STC
21 FEB
R

ADDITIONAL INFORMATION

REFERRED BY: Ward 31
NAME: Mame Burke
PROFESSION: Nursing
SIGNATURE: Mame Burke
DATE: 18/2/00

ACKNOWLEDGED BY: 21/02/00
ACTIONED BY: H. Records
NAME:
PROFESSION: Soc Work Dept
SIGNATURE: 21/2/00
DATE:

W5128/0698

CONFIDENTIAL

NUMBER PH 16225

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR
NAME Dr JAMIESON
ADDRESS 7 Mackenny St
GLASGOW

YOUR PATIENT
NAME WALKER PAUL
ADDRESS 211 STEVENSON ST
GLASGOW
Date of Birth 25/10/70 Unit No. 432091

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 19.2.00
DATE OF DISCHARGE 24.2.00
WARD 7A
CONSULTANT M. Brown

DIAGNOSIS
1.
2.
3.
4.

OPERATION / PROCEDURES
1 (R) BKA
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS'

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

			DATE GIVEN	INITIALS

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP — DAY CARE — PHYSIO
MEALS ON WHEELS — DN OR HV — OT

SPECIAL DISPENSING INSTRUCTIONS
☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

DISCHARGE MEDICATION

Medicine	Form	Dose	Times of Administration					Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
Dihydrocodeine	O	60mg	✓		✓		✓	cont	7	42×30mg Generic
Paracetamol	O	1g	✓	✓	✓		✓	cont	7	56×500mg Generic
Ibuprofen	O	400mg	✓		✓		✓	cont	7	21×400mg Generic
Amitryptiline	O	10mg					✓	cont	7	7×10mg Mylan
Carbamazepine	O	200mg	✓				✓	cont	7	14×200mg Generic

PHARMACY USE ONLY

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

1° rehab at SGH Glasgow
(referral made).

DISPENSED BY
CHECKED BY
DATE 24/2/00 CP CHECK

MEDICINES COLLECTED BY (MESSENGER)

WARD USE ONLY

RECEIVED ON WARD BY
ISSUED BY
DATE ISSUED
SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS ORBY **DATE** 24 2.00

SIGNATURE Darby **PAGER No.** 1601

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

GREATER GLASGOW JOINT PLANNING AGREEMENT
GLASGOW CITY COUNCIL SOCIAL WORK REFERRAL FORM

Name: Walter Zaleski
Address: 211 Stevenson Stre
Glasgow
Postcode: G40 2RW
Telephone No: 550 1373
Date of Birth: 26/10/1976
Ethnic Origin:
Religion:
Marital Status: married

Hospital: Stobhill
Hospital Unit No.: L432099
Ward: 7G
Consultant: Mr Bennet
G.P. Name: Jamieson
G.P. Address: 201 Aberdeen Ave
Next of Kin Name: Rhona Zaleski
Next of Kin Address: SAT

SPECIALITY: Elective Orthopaedic

ACUTE/CONTINUING CARE *(Delete)* - (B) Amputation BKA

NATIONAL INSURANCE NO:

REFERRER: NURSE/CLINICIAN/PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST/OTHER

HAS PATIENT BEEN ADVISED OF REFERRAL? (YES) / NO

IF NOT, WHY NOT?

DATE OF ADMISSION: 10/2/00

PLANNED DATE OF DISCHARGE: 5/3/00
OR WHEN WILL PATIENT BE READY FOR DISCHARGE:

REASON FOR REFERRAL

1. GENERAL ADVICE AND INFORMATION	✓
2. HOME CARE ASSESSMENT	
3. COMMUNITY CARE ASSESSMENT	
4. M.H.O. SERVICES	
5. BENEFITS ENQUIRY	✓
6. OTHERS—PLEASE SPECIFY	

ASSESSMENTS/REPORTS REQUESTED

	Date Requested
1. OCCUPATIONAL THERAPY REPORT	
2. PHYSIOTHERAPY REPORT	
3. GERIATRICIAN	
4. PSYCHO-GERIATRIC REPORT	
5. OTHER	

DOES PATIENT REQUIRE SERVICE PRIOR TO DISCHARGE? (YES)/NO
DOES PATIENT ALREADY RECEIVE HOME CARE SERVICE? YES/(NO)
DOES PATIENT ALREADY HAVE A SOCIAL WORKER? YES/(NO)

IF YES, NAME OF SOCIAL WORKER
AREA TEAM

MEDICAL HISTORY

DIAGNOSIS/PROGNOSIS:
LEVEL OF FUNCTIONING—*IF YES PLEASE SPECIFY*

COGNITIVE DEFICITS YES/NO
MENTAL HEALTH ISSUES YES/NO
SENSORY IMPAIRMENT YES/NO

MOBILITY—*PLEASE SPECIFY*

WALKS UNAIDED YES/NO
WALKS WITH SUPPORT—1 OR 2 YES/NO
WHEELCHAIR USER (YES)/NO
REQUIRES ASSISTANCE TO TRANSFER—1 OR 2 YES/NO
ARTIFICIAL LIMB still to be fitted (YES)/NO
OTHER—PLEASE SPECIFY YES/NO

SOCIAL CIRCUMSTANCES

LIVES ALONE	
LIVES WITH FAMILY	✓ 1 Sadie 3
INFIRM ELDERLY PARTNER	
HOMELESS	
OTHER	

ADDITIONAL INFORMATION

REFERRED BY: Ward 7G
NAME: Maire Burke
PROFESSION: Nursing
SIGNATURE: Maire Burke
DATE: 18/2/00

ACKNOWLEDGED BY:
ACTIONED BY:
NAME:
PROFESSION:
SIGNATURE:
DATE:

STOBHILL HOSPITAL

RADIOLOGY

APPTS. .....

.....

.....

Rm	Part	Exposure	Films	Rad.

Inst.

Comment

Radiologist

PREGNANCY RULE

Not pregnant ☐

Pregnant ☐

Patient to complete form over page at examination

SURNAME .....

PRENAME(S) .....

Date of Birth or Age

Unit No.

Address:

10432099L
ZALESKI M
WALTER 26/10/1970
28 SCARAWAY ST

GLASGOW G22 7JS
CHI-2610706294

Consultant/GP

DC Burns

Walk ☐ Chair ☐ Trolley ☐ Bed ☐ Ward ☐ Theatre ☐ Ambulance ☐

Examination(s) Requested:

Prev. X-Ray Yes/No

Indication(s) for request with Brief History

Previous Operation:

Referring Doctor's Signature:-

Date: / /

00232

00404

STOBHILL HOSPITAL | RADIOLOGY

APPTS. .....

.....

.....

Rm.	Part	Exposure	Films	Rad.

Inst.

Comment

Radiologist

PREGNANCY RULE

Not pregnant ☐

Pregnant ☐

Patient to complete form over page at examination

SURNAME .....

PRENAME(S) .....

Date of Birth or Age

Unit No.

Address:

10432099L
ZALESKI M
WALTER 26/10/1970
28 SCARAWAY ST

GLASGOW G22 7JS
CHI:2610706294

Consultant/GP

DC Dunn

Walk ☐ Chair ☐ Trolley ☐ Bed ☐ Ward ☐ Theatre ☐ Ambulance ☐

Examination(s) Requested: Prev. X-Ray Yes/No

Indication(s) for request with Brief History

Previous Operation:

Referring Doctor's Signature:- Date: / /

00232

00404

RACP - CHEST PAIN PROFORMA

NHS
Greater Glasgow and Clyde

Date: 6th Dec '06

Time: 0935

Nurse: KJ Orr

10432099L
ZALESKI M
WALTER 26/10/1970
28 SCARAWAY ST

GLASGOW G22 7JS
CHI-2610706294

Age: 36 yrs

Phone No: 578-9352

Dr. R JAMIESON McLAUGHLIN
BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW

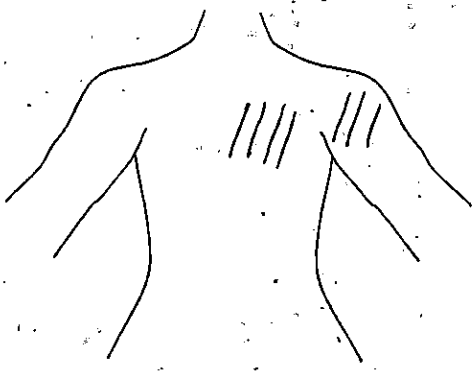
G40 2DA

GP Phone No: :

AUDIT INFORMATION

Length of history of symptoms prior to attending GP 1/12

CHEST PAIN ASSESSMENT – new onset / worsening angina



Location: (L) Chest pain - sharp, however can be dull.
Description: Worse on inspiration.
Radiation: Radiation to (L) upper arm.
Associated features: No obvious trigger, lasts secs ? 2-3 mins.
Precipitated by: Occurs approx 2-3 times a week. No new
Relieved by: medication given. Some relief ± postural change
Duration: Last episode Sun. Can be aware of
Frequency: dull ache on exertion
Last episode
Recent changes
Previous angina
REST PAIN

Cinical impression: Probability of IHD: (Low) Intermediate High Unstable (inform Dr)

PAST MEDICAL HISTORY

TB ○ RF ○ Epilepsy ○ Thyroid ↑/↓ ○

Condition/procedure	Y	N	Date	Notes
Angina		✓		
MI		✓		
PCI		✓		
CABG		✓		
Valve disease		✓		
Heart failure		✓		
Diabetes – type I		✓		
Diabetes – type II		✓		
Hypertension		✓		
Hypercholesterolaemia		✓		
CVA/TIA		✓		
		✓		
COPD/Asthma		✓		
Other				Amputation 7 yrs ago @ leg.

CURRENT MEDICATION (and recent changes)

Class	Y	N	Drug	Dose	Frequency	Notes
Aspirin						
Clopidogrel						
Statin						
GTN						
Oral nitrate						
Beta blocker						
Ca-blocker						
Nicorandil						
ACE I/AIIRB						
Diuretic						
Other medication						
PPI						
			Cordarone			
			Carbamazepine		OD	

Over the counter medication nil

ALLERGIES Penicillin → Rash

Was Aspirin ☑ GTN ☒ commenced?

RISK FACTORS

Prev 20cpd. Smoker for 20yrs

Smoking: Current (how many? 10cpd) Ex (when? ___) Never ___ Pack years ___

Alcohol: Units per week normally nil Normal limit M ≤ 21 F ≤ 14

Exercise: Type Nil. Duration Frequency

Family history of premature coronary disease: father MI in 40s. ?Sister.

SOCIAL HISTORY Lives ± wife + children

Works as team manager - stay

CLINICAL EXAMINATION

GENERAL

Height 6' Weight 76kg BMI ___

Normal Pre-obese Obese Class I Class II Class III

Pale	Y/N	Corneal arcus	Y/N
Jaundiced	Y/N	Xanthomata	Y/N
Cyanosed	Y/N	Oedema	Y/N
Finger clubbing	Y/N		

CARDIOVASCULAR

HR 88 REG/IRR BP 135/80 POSTURAL DROP

JVP APEX BEAT

Heart Sounds I + II + 0 Murmurs nil Chest clear Carotid bruit (N)

If any murmurs are audible the SHO in department must confirm/clarify

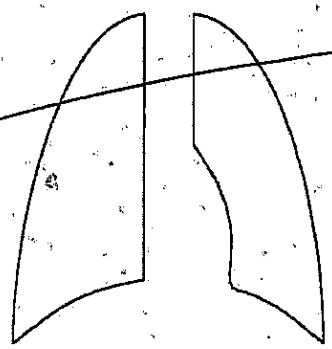
RESPIRATORY

RR ___

Air entry ___

Wheeze ___

Crackles ___



OTHER

CLINICAL INVESTIGATIONS:

ECG: SR, nil acute

ETT results: (NEGATIVE) INCONCLUSIVE POSITIVE STRONGLY POSTIVE
See ETT for full result 06/1708

ETT not undertaken (reason) _____

Echo: Y/(N) Results summary:

Bloods: Y/(N) U's and E's, LFT's, TFT's, Gluc, Chol, Troponin, FBC, ESR, CRP,
Other _____

Chest x-ray Y/(N)

MANAGEMENT PLAN

Impression: Atypical chest pain ? dyspepsia. ? musculoskeletal.

Discharge	Yes	☑	No	☐	
Admit	Yes	☐	No	☑	
Review at Cardio Clinic	Yes	☐	No	☑	If "Yes" how many months

Coronary angio — Routine ☐ Soon ☐ Urgent ☐ — PFTs ☐ — 24 hour tape/r test ☐

Pulses ☐ — ~~Allergy test~~ Allers test ☐ — Echo ☐ — Bloods ☐

Thallium Stobhill ☐
Thallium GRI ☐

Other investigation ☐ State: _____

Referral to other speciality ☐

State: _____

Referral to Cardiac Rehab ☐

Lifestyle advice	☑	GTN	☐
Lifestyle leaflets	☐	B/blocker	☐
Letter to GP	☑	Cal chan blocker	☐
		Nicorandil	☐
		Nitrate	☐
		Aspirin	☐
		Clopidogrel	☐
		Statin	☐
		ACE inhibitor	☐
		Inhalers	☐
		PPI	☐
		Other	☐

STOBHILL HOSPITAL

OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
10432099L ZALESKI M WALTER 26/10/1970 28 SCARAWAY ST GLASGOW G22 7JS CHI-2610706294	EX	WARD/DEPT	RELIGION	S M W D
TEL. NO.			G.P.'S NAME & ADD	Dr. R JAMIESON BRIDGETON HEALTH CENTRE 201 ABERCROMBY STREET GLASGOW G40 2DA
			TEL. NO.	

DATE	SPECIALITY	CONSULTANT
6 - DEC 2006	Cardio	R Dunn

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			
	PHYSICAL EXAMINATION			

STOBHILL HOSPITAL — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
				M S W

DATE OF BIRTH	AGE		RELIGION
		10432099L ZALESKI M WALTER 26/10/1970 28 SCARAWAY ST GLASGOW G22 7JS CHI-2610706294	Dr. R JAMIESON BRIDGETON HEALTH CENTRE 201 ABERCROMBY STREET GLASGOW G40 2DA
ADDRESS			G.P.'S NAME
TEL. NO.			TEL. NO.

DATE	SPECIALITY	CONSULTANT
29/01/08	TIA	DR FRASER

BP 138/69 P 77 bpm

ECG ✓

Bloods. FBC ESR U+E's LFT's
Glucose. Lipids Cholesterol
Autoantibodies
Thrombophilia screen. ✓

37 07

20/6 - R-facial weakness — lasted 48hrs

PC/ 3 R-sided facial weakness + headache
+ intermittent R-facial numbness, tingling every day for a few hours.

1/52 - 10/7 earlier started getting sharp R-sided headache — severe, throbbing pain. Persistent until the day before developed facial weakness — intermittent. No tongue/jaw claudication
Since then has been intermittent & in assoc with the facial tingling. Wife has noted excessive blinking of eye
No assoc n/vom.
No visual symptoms.
No hx of headaches
No FHx migraine
Unsure if facial weakness involved mouth but seemed to involve eye + mouth (eyelid drooped).
No PHx Bells palsy.
No assoc hearing probs/rash
FHx/ Father IHDs — 42yrs Lt MI
Sister IHDs — 53 " "
Nil CVDs

DM/TIA

PMHx/ BKA — Congenital deformity 3rd ray Amputee 2000
Resistant pain

DATE

URINE

Reaction | Albumin | Sugar | Ketones

Weight (in kilogrammes)

PHYSICAL EXAMINATION

SHx/ Works as team manager in call centre
Lives with wife + 2 boys (11 + 3).
Smoker — Planning to stop Thurs. 20/dy Started aged 13yrs.
Alcohol — Occ ~ 2u/wk.

S/E Nil of note
Work can be stressful.

DHx/ Cardyovasc
DF118 at night
Carbamazepine 200mg am
Champix

O/E Well.
R-hand terminal phalanx lost. middle + ring finger
L-hand partial amputation fingers — middle finger
R-KA amputation

Cr nv's intact
N T, P. Reflexes R+L L-KJ ++
L-AJ ++
L+PL: ↓.

PP., L ↓+

+ve 1+11+0 °bruits

INVESTIGATIONS

Imp - Atypical symptoms ? variant of migraine.

Pl — MRI brain
— Carotid doppler
— Aspirin + Statin mentioned

P Khan
(Cas)

25.11.08 BP 178/98
P129

STOBHILL HOSPITAL

SURNAME

10432099L
ZALESKI
WALTER
CHI-2610706294

ART
BER

25/11/08 - BP 178/98 → 130/80 -

Had not smoking until 2/52 ago.
However previous at work + sister had CVA in Poland recently
Now 3/day.

Cholesterol 7.4 (previously 8)
Carotid doppler mild stenosis
DH Simvastatin 40mg
Aspirin 75mg
Codydramol
Cabaserine (for phantom limb pain)

Aneurysm ++
Lethgic last week.
2/52 - every few wks → nausea, shrs in eyes, occ facial weakness
No further headaches today but some
No limb weakness.

Plan - BP Chart
- ? LP on 5/12 - 930
- ↓ Recheck BP on 5/12
If BP up add perindopril
- R/v at clinic post-LP results.
* ? dipyridamole *

Chris Sharp (GM 49042)

00262

5/12/08. Lumbar Punctrue.

Explained pros + cons and alternatives to patient.
Adverse effects explained.
— bleed, infection, Post LP headache, pain.
Lie on (L) side
Aseptic technique, betahistine. scrub.
4mls of 2% lignocaine, aspirate prior to injection.
~~Black~~ Grey LP needle advanced — unsuccessful.
Black LP needle advanced — clear CSF.
Some pain experienced down buttock / (L) leg.
but pain is transient and settled
completely. likely Irritated nerve root.
No immediate complications.
~~Plan~~ Lie flat 2-3 hours.

Samples sent to SGH for Oligoclonal bands +
serum, Sample uncurrently.
Also Protein + Glucose → biochem.

R/V in clinic 2/~~12~~. months. Book (Staff Gr)
#1223.

1-09 - BP 179/90
P. 114
Persistent intermittent throbbing, frontal, + at times
nausea. No visual problems No vomiting.
Every few days.
Relieved by paracetamol / dihydrocod for a few hours.
Exac by stress.
Not working at present
Echo 30/ Jan

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

10432099L
ZALESKI
WALTER
CHI-2610706294

	BP = 150/96
	DHx/ Cadydramol Carbamazepine – pharm hx pm Aspirin SMST
	Diet good Cigarettes ↓ – 5/dy. Regular walking.
	Add perindopril + BFZ (4/52) Nurse led clinic in 6/52.
2/3/09	BP 135/80 P87
	Perindopril 2mg; BFZ 2.5mg; Aspirin 75 Simvastat 40
	Returned to work – under some stress mood low at times. Still smoking ~5cpd – difficulty stopping – "not much support at home – wife smokes." U&E's checked ↑ perindopril to 4mgs Given My Stroke Book + contact no Discharged

F3
00262

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde

Patient Label

10432099L
ZALESKI M
WALTER 26/10/1970
28 SCARAWAY ST
GLASGOW G22 7JS
CHI-2610706294

The patient attended TIA Clinic at Stobhill

Hospital on 13/01/09 and I would advise a change to drug therapy from

to

or additional therapy of perindopril 2mg. Please check U+E in 1/52. In 4 weeks time please add bendrofluazide 2.5mg.
as detailed below. Full letter to follow. ✓

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE

Yours Sincerely

Signature:

Name (print) Grade: Ext. No:

White copy to - *G.P.* Pink copy - *File this copy in Case Records*

00545

Preliminary

Study ID: 4356

NHS
Greater Glasgow and Clyde

Echocardiography Report

Cardiology,
Stobhill Hospital,
Balornoch Road,
Glasgow.

Name: ZALESKI, WALTER	**Study Date:** 30/01/2009 09:59
MRN: 2610706294	
DOB: 26/10/1970 (dd/MM/yyyy)	**Gender:** Male
Age: 38 yrs	
Reason For Study: TIA ? PFO	

Interpretation Summary

Sinus rhythm
The left ventricle has normal dimensions with good function.Normal regional wall motion.
The right ventricle appears normal and contracts well.
The aortic,mitral,tricuspid and pulmonary valves are structurally normal.No regurgitation.Unable to estimate pulmonary artery pressure.
The left atrium is not dilated and no clot or myxoma seen.No flow seen crossing inter-atrial septum.
Negative bubble test.

CONCLUSION:Good left and right ventricular function.
Normal valve function.
No evidence of cardiac source of embolus.
Eunice Kennedy[Sen Cardiac Physiologist]

MMode/2D Measurements & Calculations

IVSd: 0.80 cm	**LVIDd:** 4.1 cm	**FS:** 41 %	**Ao root diam:** 2.8 cm
IVSs: 1.5 cm	**LVIDs:** 2.4 cm	**EDV(Teich):** 74 ml	**Ao root area:** 6.2 cm^2
	LVPWd: 1.2 cm	**ESV(Teich):** 20 ml	**ACS:** 1.9 cm
	LVPWs: 1.6 cm	**EF(Teich):** 73 %	**LA dimension:** 3.2 cm

Doppler Measurements & Calculations

MV E max vel: 91 cm/sec	**MV P1/2t max vel:** 91 cm/sec	**Ao V2 max:** 147 cm/sec	**LV max PG:** 8.0 mmHg
MV A max vel: 72 cm/sec	**MV P1/2t:** 58 msec	**Ao max PG:** 9.0 mmHg	**LV mean PG:** 3.0 mmHg
MV E/A: 1.3	**MVA(P1/2t):** 3.8 cm^2		**LV V1 max:** 139 cm/sec
	MV dec slope: 460 cm/sec^2		**LV V1 mean:** 82 cm/sec
	MV dec time: 0.19 sec		**LV V1 VTI:** 30 cm

PA V2 max: 143 cm/sec
PA max PG: 8.0 mmHg

Reading Physician: _____

Referring Physician: Fraser, Pamela /TIA Cl
Performed By: Kennedy, Eunice

NEUROIMMUNOLOGY LABORATORY REPORT

CSF Isoelectric Focusing for Oligoclonal Bands

Institute of Neurological Sciences
Southern General Hospital (NHS Trust)
1345 Govan Rd.
GLASGOW G51 4TF
SCOTLAND

Contact: Neuroimmunology Laboratory
Tel: Direct Line 0141-201-2491
Fax: 0141-201-2993
E-mail:NeuroImmunology.Labs@ggc.scot.nhs.uk

Patient Name:	ZALESKI	Date of Receipt:	05.12.08
Forename:	WALTER		
Date of Birth:	26.10.70	Date of Sample:	05.12.08
Unit Number:	2610706294		
Lab. Number:	086098	Date of Report:	08.12.08
Source:	STOBHILL TIA OPD		
Consultant:	FRASER		

RESULT 7

Interpretation:

1. Oligoclonal bands detected in CSF only, and not in serum, indicative of local synthesis of immunoglobulin within the CNS compartment.
2. Paired oligoclonal bands detected in serum and CSF indicative of recent antigenic stimulation outside the CNS.
3. Monoclonal paraprotein detected in serum also present in CSF.
4. Polyclonal increase in CSF gamma globulin.
5. Equivocal result: Please repeat in 6 months if clinically indicated.
6. A serum sample is required before results can be interpreted.
7. Normal examination.
8. Other.

This investigation requires 1 ml of serum and 1 ml of CSF. Oligoclonal bands in the CSF are found in many inflammatory diseases of the CNS.

CHECKED 09 DEC 2008

Signed

Professor H.J. Willison

PERMISSION TO RETAIN DIAGNOSTIC SAMPLE

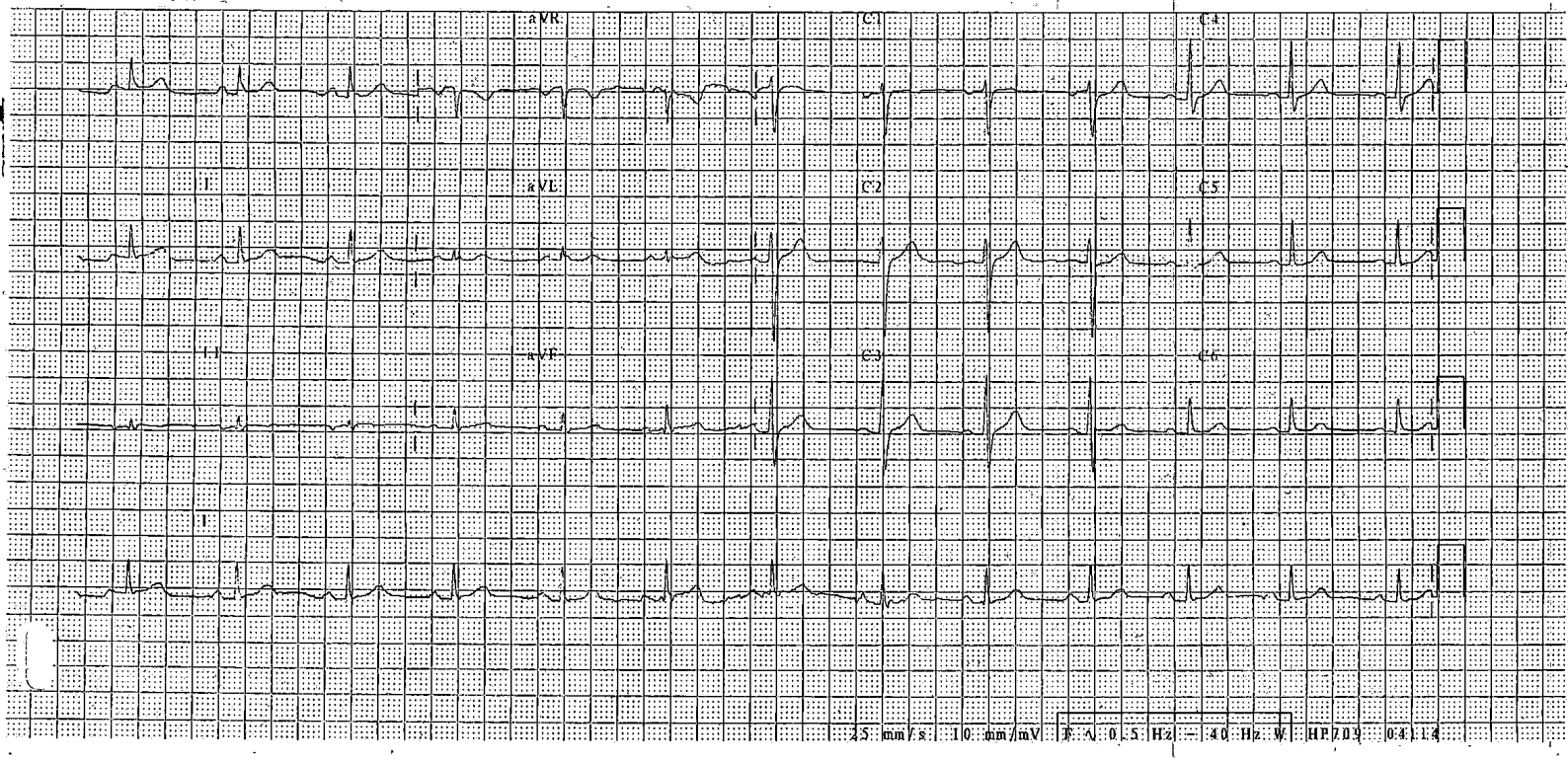
Any surplus sample may be retained for future diagnostic, quality control, teaching or research purposes (under the control of the SGH NHS Trust Ethics Committee) unless we are instructed to destroy it.

Rate	76
PR	166
QRSD	86
QT	322
QTc	362

--Axis--

P	19
QRS	28
T	34

10432099L
ZALESKI
WALTER M
26/10/1970
28 SCARAWAY ST
GLASGOW G22 7JS
CHI-2610706294



F/T 06/1708

EXERCISE SUMMARY REPORT

NHS GREATER GLASGOW

Patient Info

Patient	: WALTER ZELSKI	Date	: 06/12/2006
ID	: 28,SCARAWAY ST	Time	: 10:27:01
Address	: GLASGOW G22 7JS		
Referred by	: DR DUNN OP		
Indications	: ATYPICAL CHEST PAIN		
Date of Birth	: 26/10/1970 Age : 36	Medications	:
Height	: cm. Sex : M		:
Weight	: kg.		:
Physician	: DR GEDDES		:
Technician	: AMCN		:
Comments	:		

Test Result Detail

Stage	Stage Time	Exer. Time	Speed (MPH)	Grade (%)	METS	HR	BP	RPP	ST Level aVL (mm)	Comments
Sitting	01:40		0.5	0.0	1.0	94	121/ 86	114	-0.4	
Stage 1	03:00	03:00	1.7	10.0	4.6	122	124/ 79	151	0.1	
Stage 2	03:00	06:00	2.5	12.0	7.0	150	150/ 83	225	0.2	
Stage 3	01:06	07:06	3.4	14.0	8.8	159			0.3	
Recov	00:10	07:06	0.0	0.0	8.2	159			0.1	
Recov	02:10	07:06	0.0	0.0	1.0	109	165/ 59	180	-0.2	
Recov	04:10	07:06	0.0	0.0	1.0	99	130/ 65	129	0.1	

Test Result Summary

Protocol	: Bruce	Test Type	: Treadmill
Exercise Time	: 07:06	Stopping Reason	: Fatigue
Max HR	: 160 (Stage 3 00:55)	Max. BP	: 165 / 59
% of Predicted	: 87 % of 184	Max. Exercise	: 8.8 METS
Peak RPP	: 264	Max. ST Depression	: 0.2 mm in aVL (Recov 00:34)
Impressions	:		

NHS GREATER GLASGOW

Patient Info

Patient	: WALTER ZELSKI	Date	: 06/12/2006
ID	: 28,SCARAWAY ST	Time	: 10:27:01
Date of Birth	: 26/10/1970		
Physician	: DR GEDDES		
Technician	: AMCN		

Test Result Summary

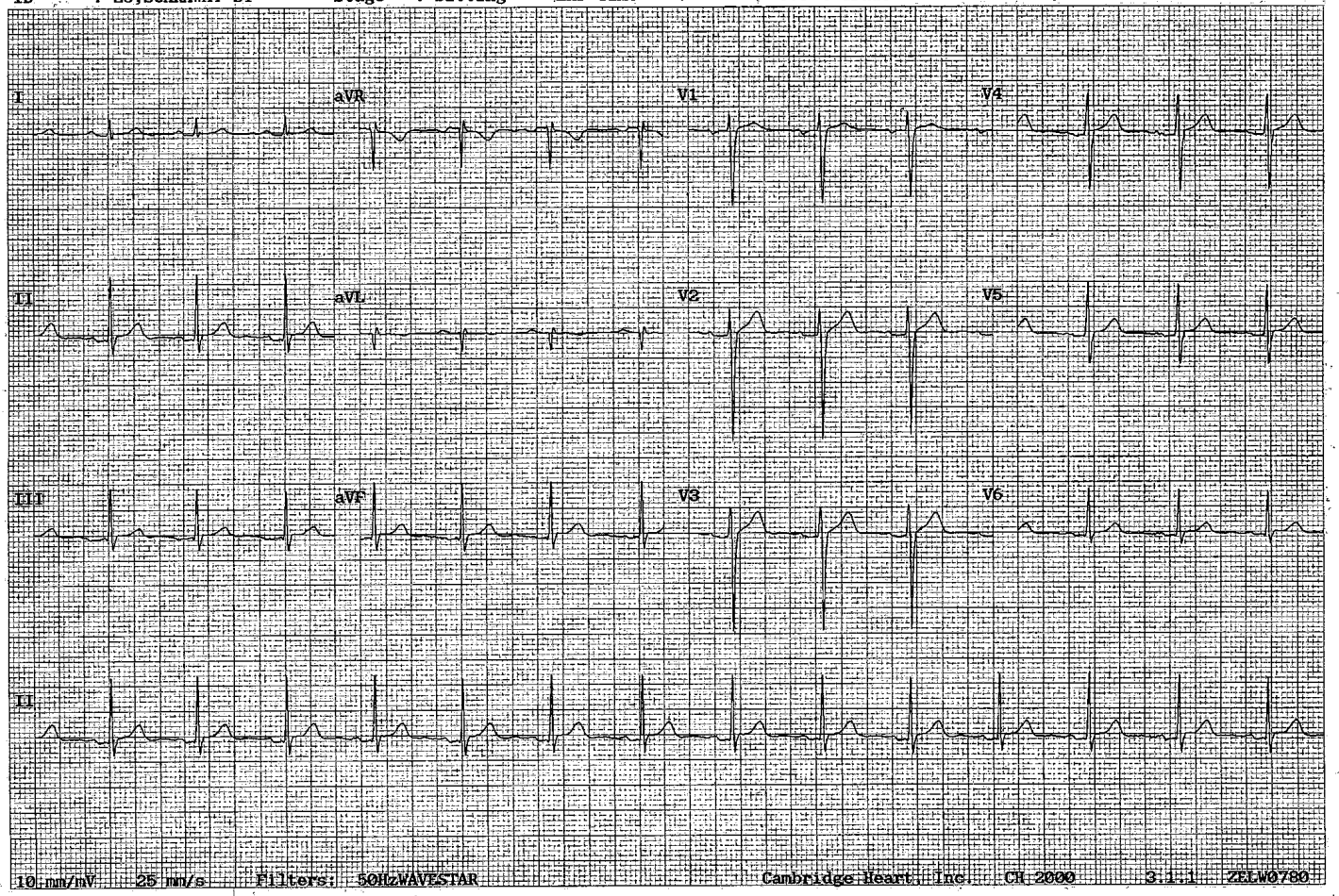
Results

7.06 ON FULL BRUCE
NO CHEST PAIN
MILD DYSPNOEA
NORMAL HR AND BP RESPONSE
SINUS RHYTHM
NO ST CHANGES
NEGATIVE TEST AT LOW WORKLOAD - MOBILITY PROBLEM DUE TO PROSTHETIC FOOT

Signed: Date:

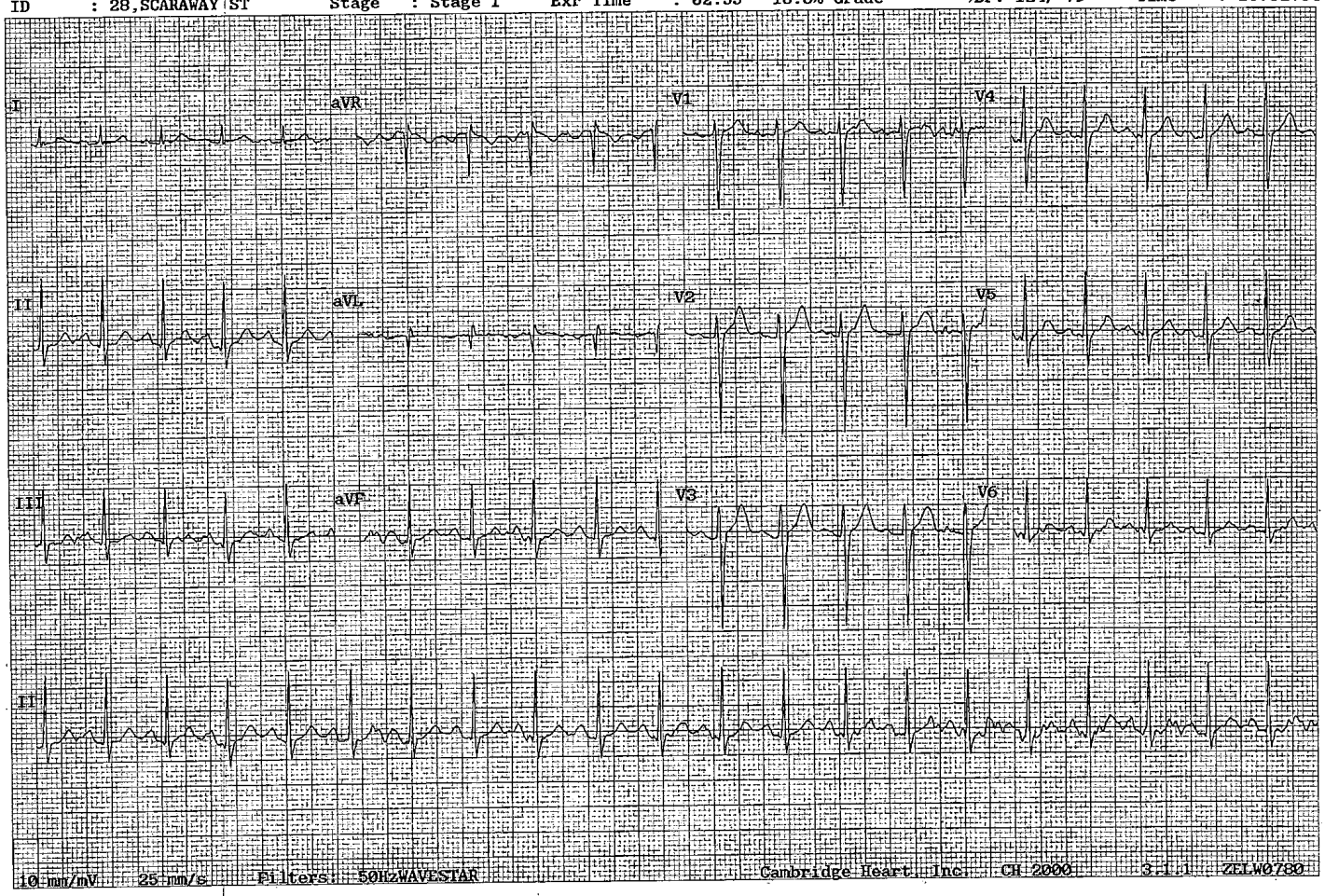
12 LEAD REPORT

Patient : WALTER ZELSKI	Protocol: Bruce	Stg Time	: 01:00	0.0 MPH	HR: 86	Date	: 06/12/2006
ID : 28,SCARAWAY ST	Stage : Sitting	Exr Time	:	0.0 % Grade	BP: 121/ 86	Time	: 10:28:00



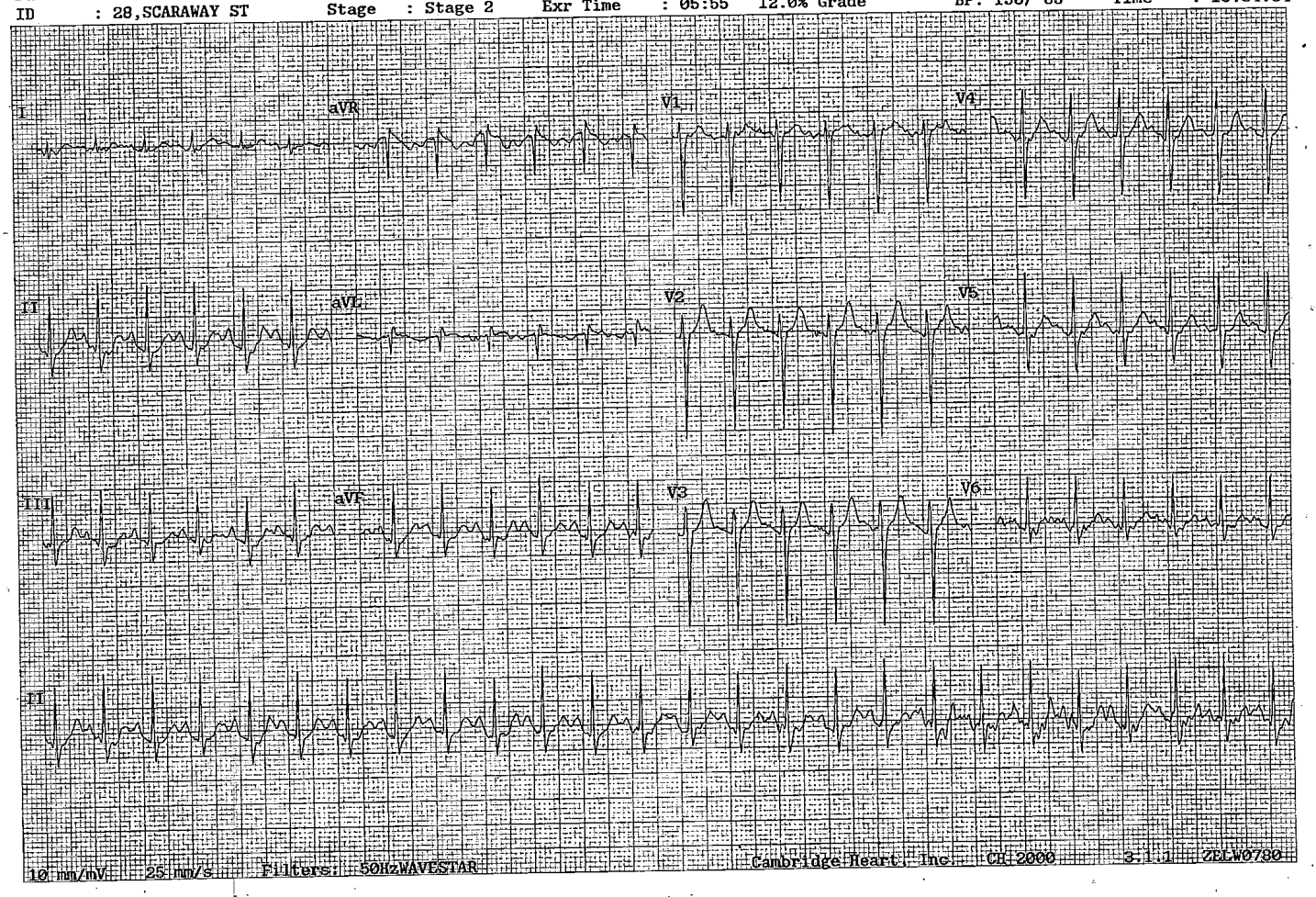
TIMED 12 LEAD REPORT

Patient : WALTER ZELSKI	Protocol: Bruce	Stg Time : 02:55	1.7 MPH	HR: 123	Date : 06/12/200
ID : 28,SCARAWAY ST	Stage : Stage 1	Exr Time : 02:55	10.0% Grade	BP: 124/ 79	Time : 10:31:34



TIMED 12 LEAD REPORT

Patient : WALTER ZELSKI	Protocol: Bruce	Stg Time	: 02:55	2.5 MPH	HR: 150	Date	: 06/12/2006
ID : 28,SCARAWAY ST	Stage : Stage 2	Exr Time	: 05:55	12.0% Grade	BP: 150/ 83	Time	: 10:34:34



MAX EXERCISE 12 LEAD REPORT

Patient : WALTER ZELSKI
ID : 28,SCARAWAY ST

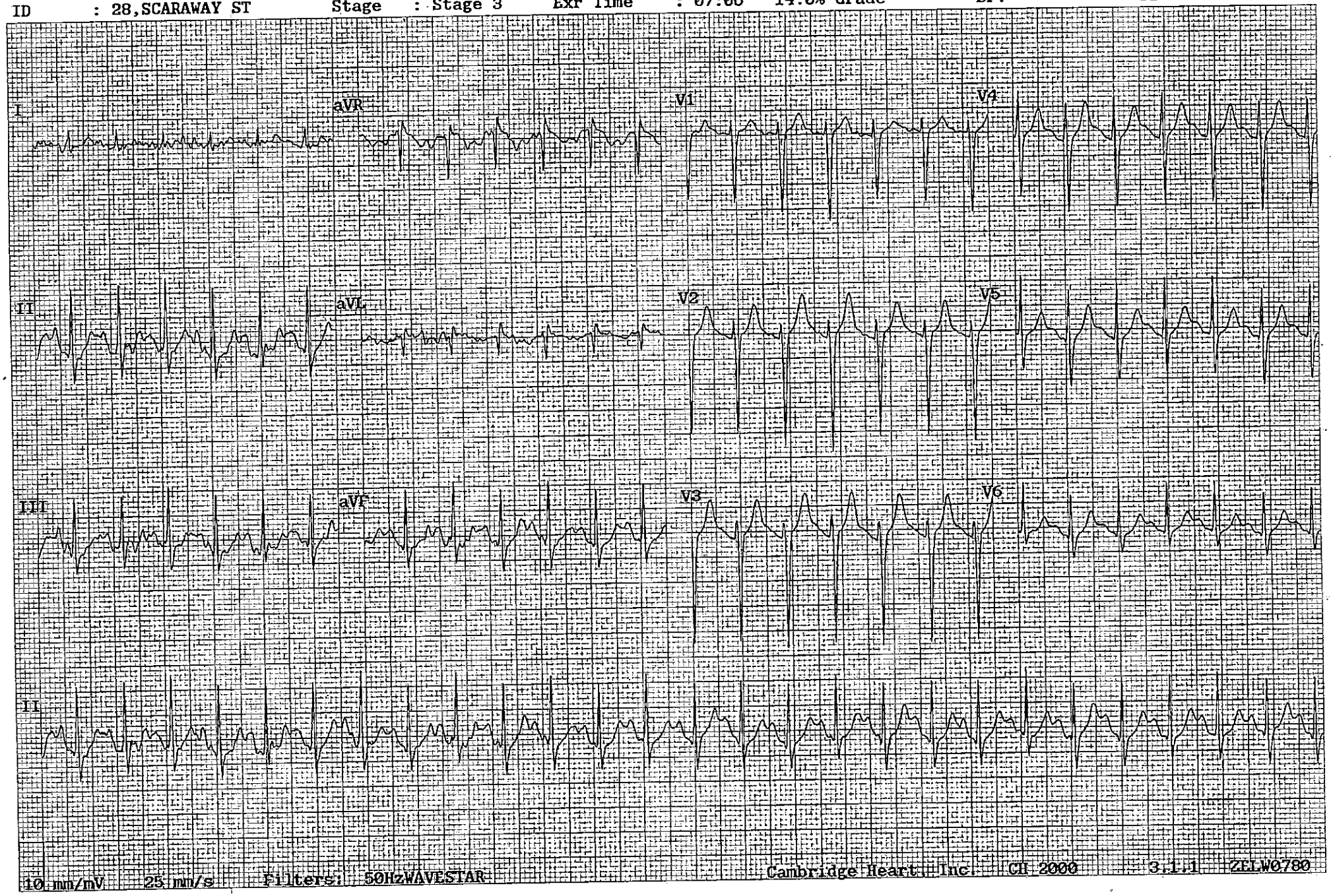
Protocol: Bruce
Stage : Stage 3

Stg Time : 01:06
Exr Time : 07:06

3.4 MPH
14.0% Grade

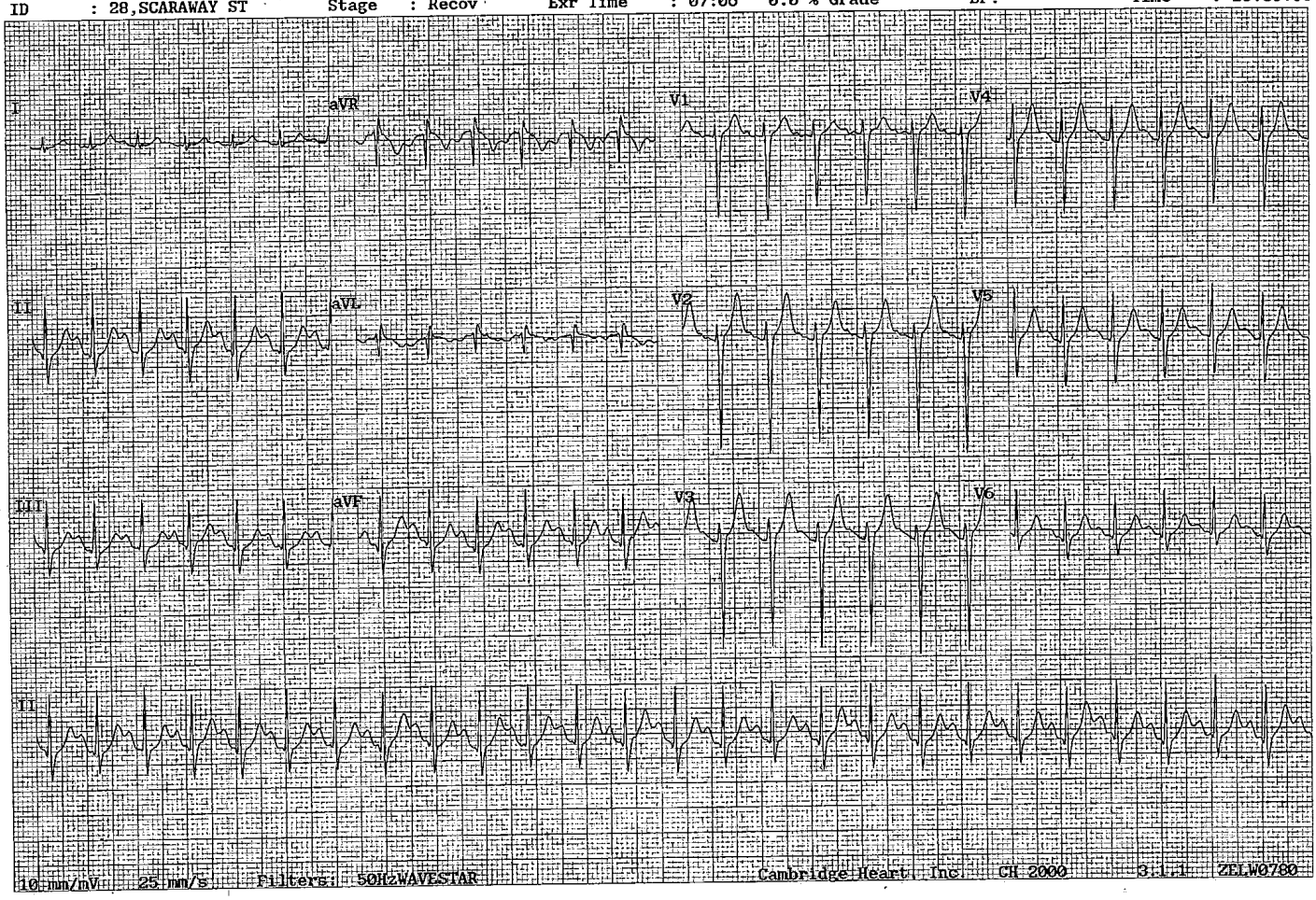
HR: 159
BP:

Date : 06/12/200
Time : 10:35:47



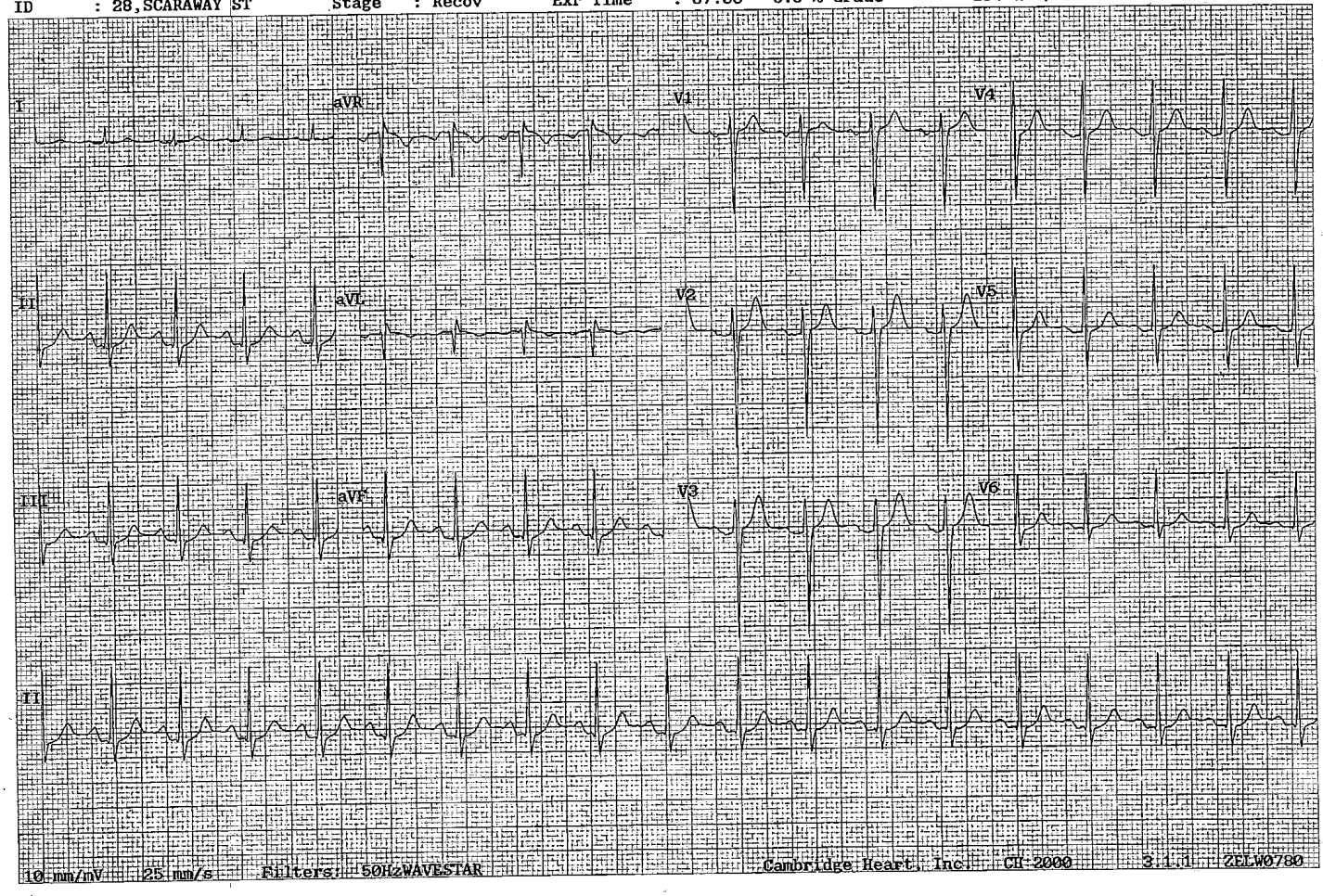
TIMED 12 LEAD REPORT

Patient : WALTER ZELSKI	Protocol: Bruce	Stg Time	: 00:10	0.0 MPH	HR: 159	Date	: 06/12/2006
ID : 28,SCARAWAY ST	Stage : Recov	Exr Time	: 07:06	0.0 % Grade	BP:	Time	: 10:35:55



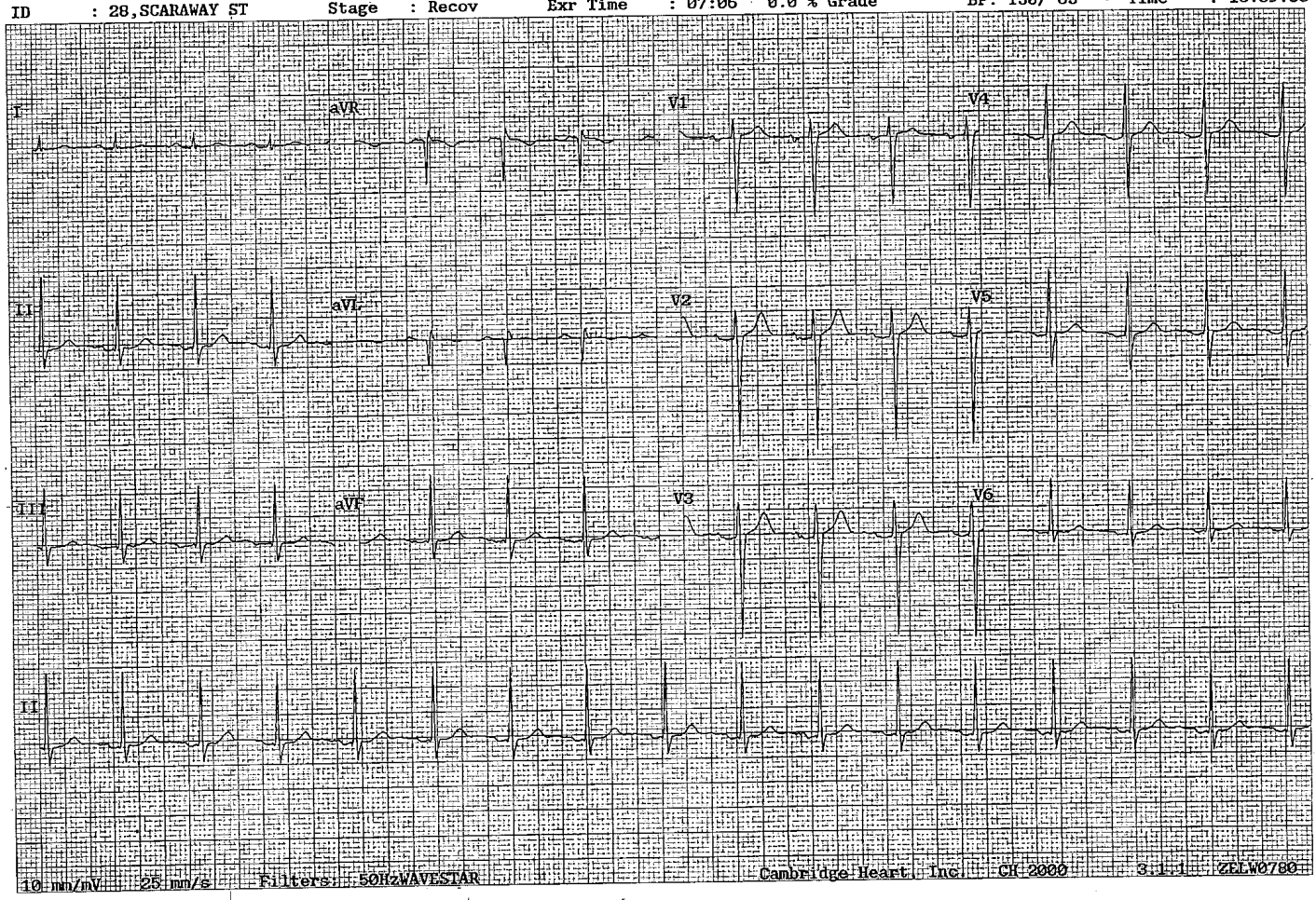
TIMED 12 LEAD REPORT

Patient : WALTER ZELSKI	Protocol: Bruce	Stg Time	: 02:10	0.0 MPH	HR: 109	Date	: 06/12/200
ID : 28,SCARAWAY ST	Stage : Recov	Exr Time	: 07:06	0.0 % Grade	BP: 165/ 59	Time	: 10:37:55



TIMED 12 LEAD REPORT

Patient : WALTER ZELSKI	Protocol: Bruce	Stg Time	: 04:10	0.0 MPH	HR: 99	Date	: 06/12/2006
ID : 28,SCARAWAY ST	Stage : Recov	Exr Time	: 07:06	0.0 % Grade	BP: 130/ 65	Time	: 10:39:55



WORST CASE 12 LEAD REPORT

Patient : WALTER ZELSKI
ID : 28,SCARAWAY ST

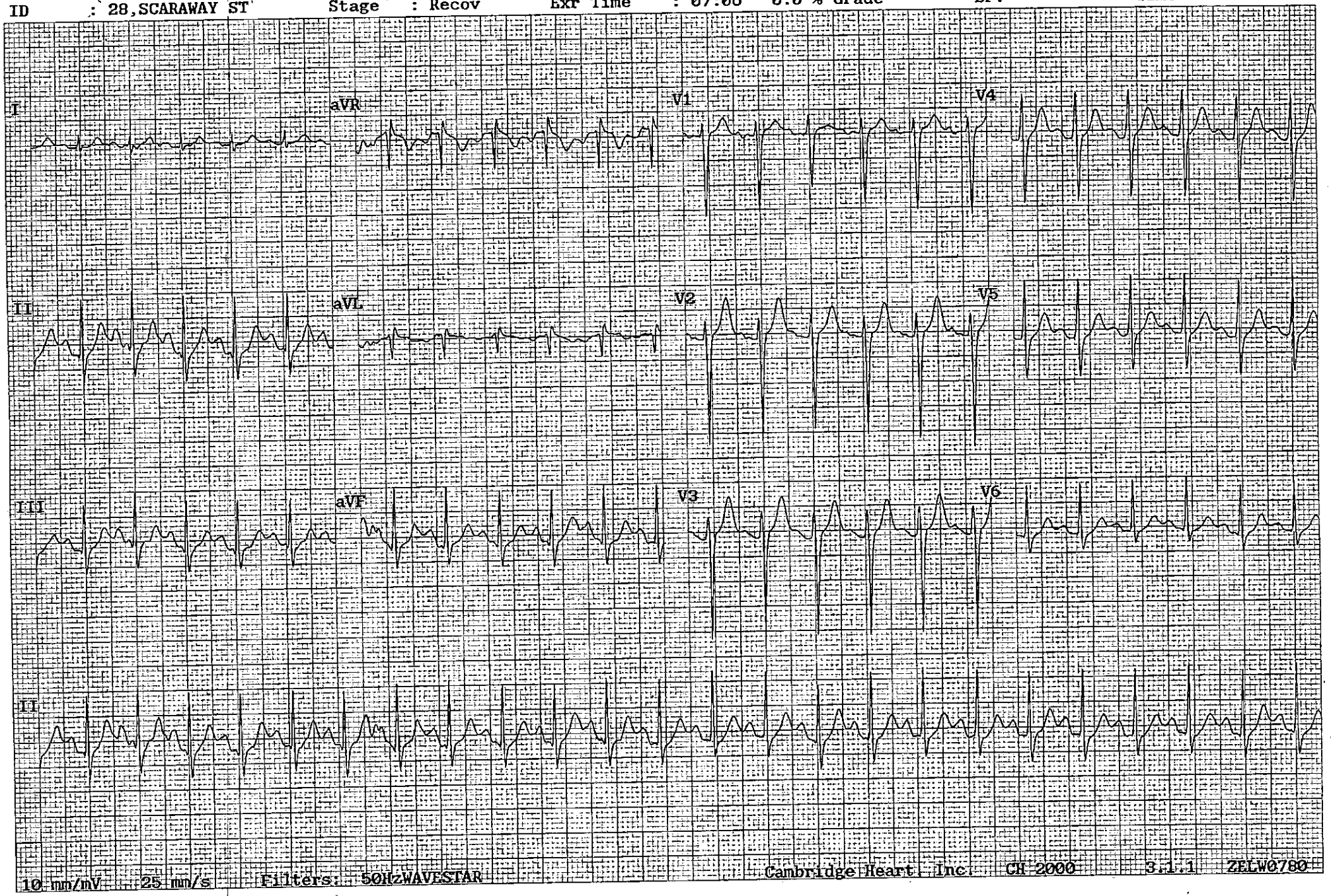
Protocol: Bruce
Stage : Recov

Stg Time : 00:34
Exr Time : 07:06

0.0 MPH
0.0 % Grade

HR: 145
BP:

Date : 06/12/200
Time : 10:36:21



EXERCISE SUMMARY REPORT

NHS GREATER GLASGOW

Patient Info

Patient	: WALTER ZELSKI			Date	: 06/12/2006
ID	: 28,SCARAWAY ST			Time	: 10:27:01
Address	: GLASGOW G22 7JS				
Referred by	: DR DUNN OP				
Indications	: ATYPICAL CHEST PAIN				
Date of Birth	: 26/10/1970	Age	: 36	Medications	:
Height	: cm.	Sex	: M		:
Weight	: kg.				:
Physician	: DR GEDDES				:
Technician	: AMCN				:
Comments	:				

Test Result Detail

Stage	Stage Time	Exer Time	Speed (MPH)	Grade (%)	METS	HR	BP	RPP	ST Level aVL (mm)	Comments
Sitting	01:40		0.5	0.0	1.0	94	121/ 86	114	-0.4	
Stage 1	03:00	03:00	1.7	10.0	4.6	122	124/ 79	151	0.1	
Stage 2	03:00	06:00	2.5	12.0	7.0	150	150/ 83	225	0.2	
Stage 3	01:06	07:06	3.4	14.0	8.8	159			0.3	
Recov	00:10	07:06	0.0	0.0	8.2	159			0.1	
Recov	02:10	07:06	0.0	0.0	1.0	109	165/ 59	180	-0.2	
Recov	04:10	07:06	0.0	0.0	1.0	99	130/ 65	129	0.1	

Test Result Summary

Protocol	: Bruce	Test Type	: Treadmill
Exercise Time	: 07:06	Stopping Reason	: Fatigue
Max HR	: 160 (Stage 3 00:55)	Max. BP	: 165 / 59
% of Predicted	: 87 % of 184	Max. Exercise	: 8.8 METS
Peak RPP	: 264	Max. ST Depression	: 0.2 mm in aVL (Recov 00:34)
Impressions	:		

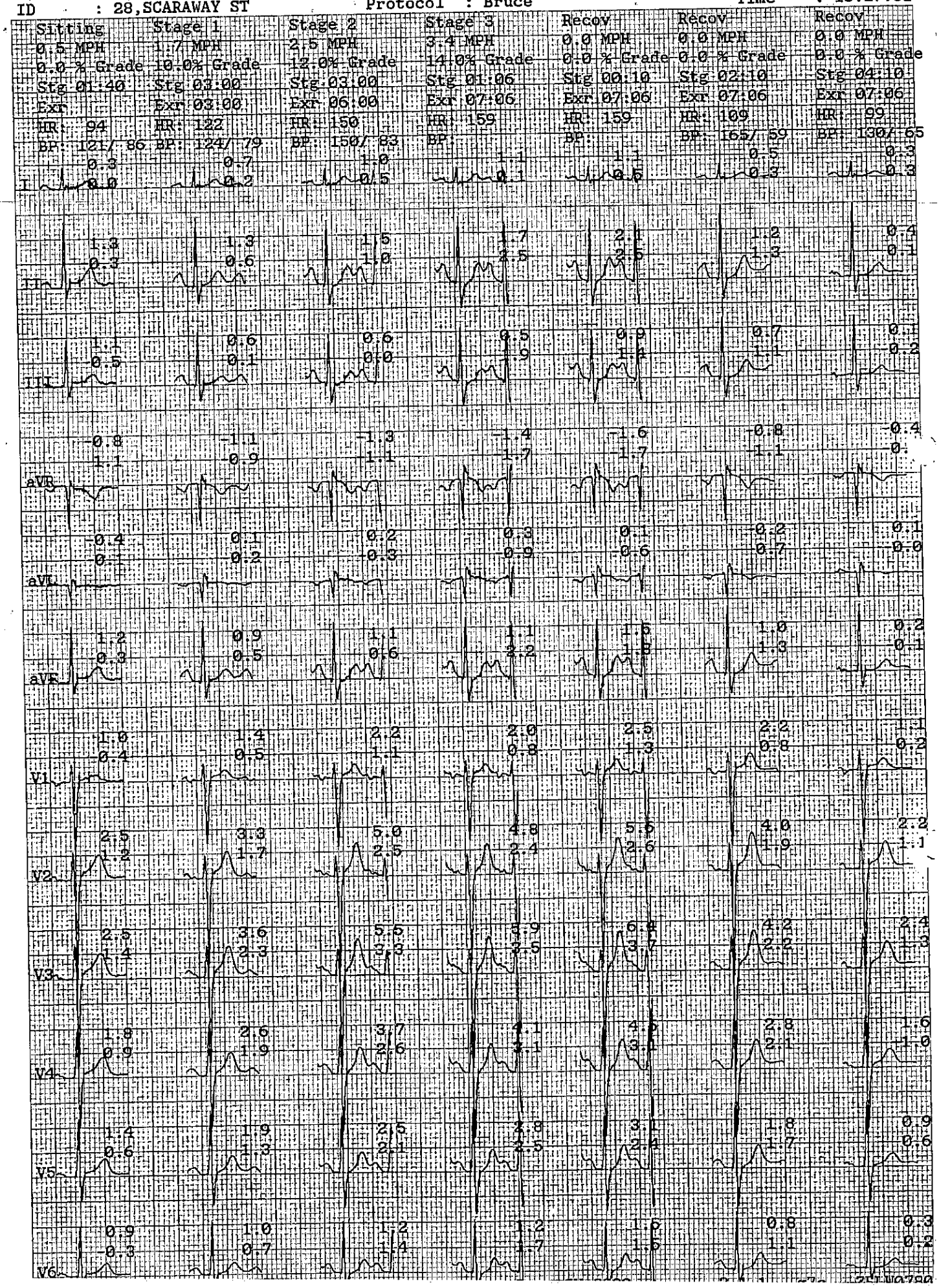
Results

Signed: Date:

Patient : WALTER ZELSKI
ID : 28,SCARAWAY ST

MEDIANS SUMMARY REPORT
Protocol : Bruce

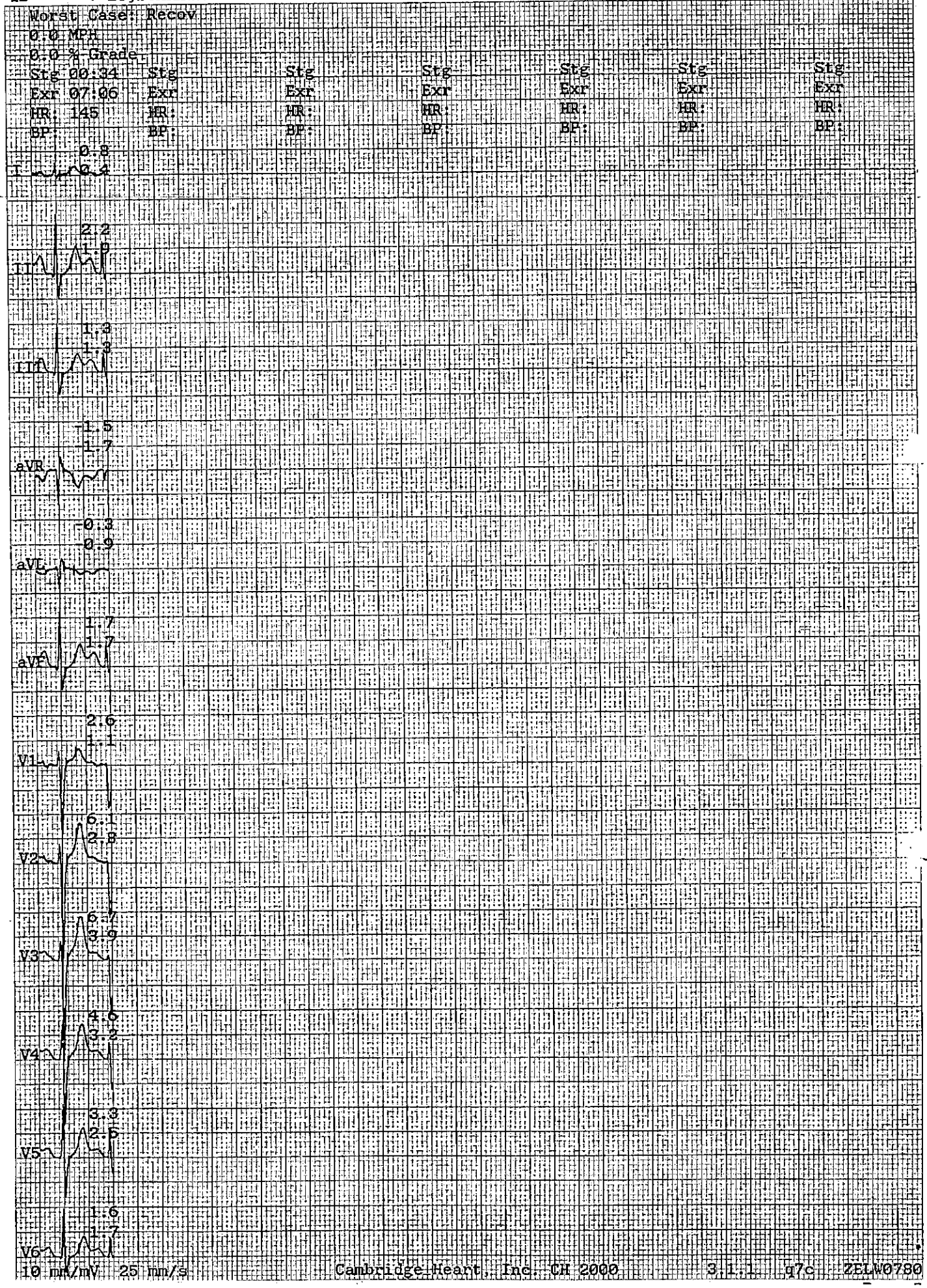
Date : 06/12/2006
Time : 10:27:01



Patient : WALTER ZELSKI
ID : 28,SCARAWAY ST

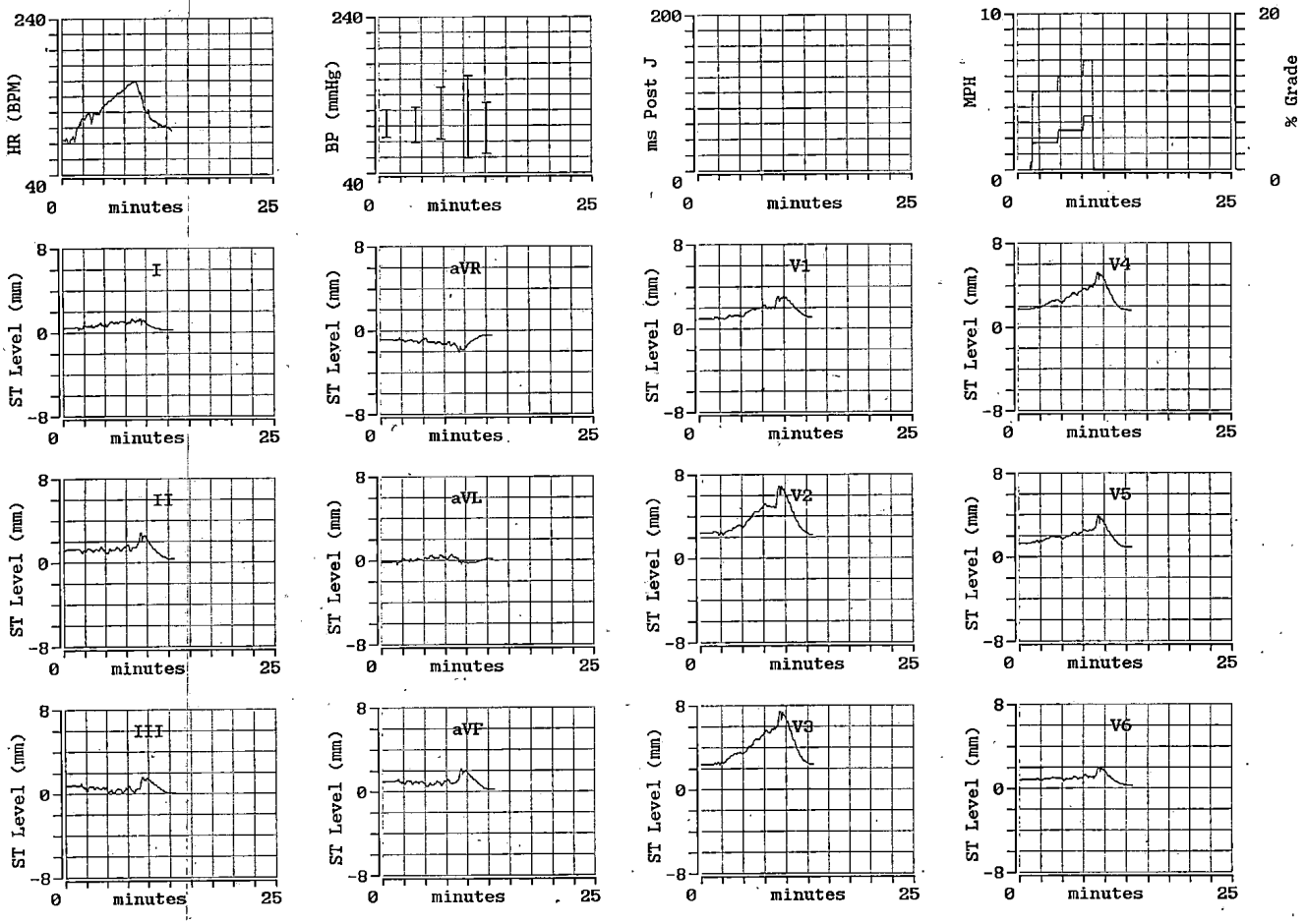
MEDIANS SUMMARY REPORT
Protocol : Bruce

Date : 06/12/2006
Time : 10:27:01



ST LEVEL TREND REPORT

Patient	WALTER ZELSKI	Protocol : Bruce	Date: 06/12/2006
ID	28,SCARAWAY ST		Time: 10:27:01



10 mm/mV

( )ridge Heart, Inc. CH 2000

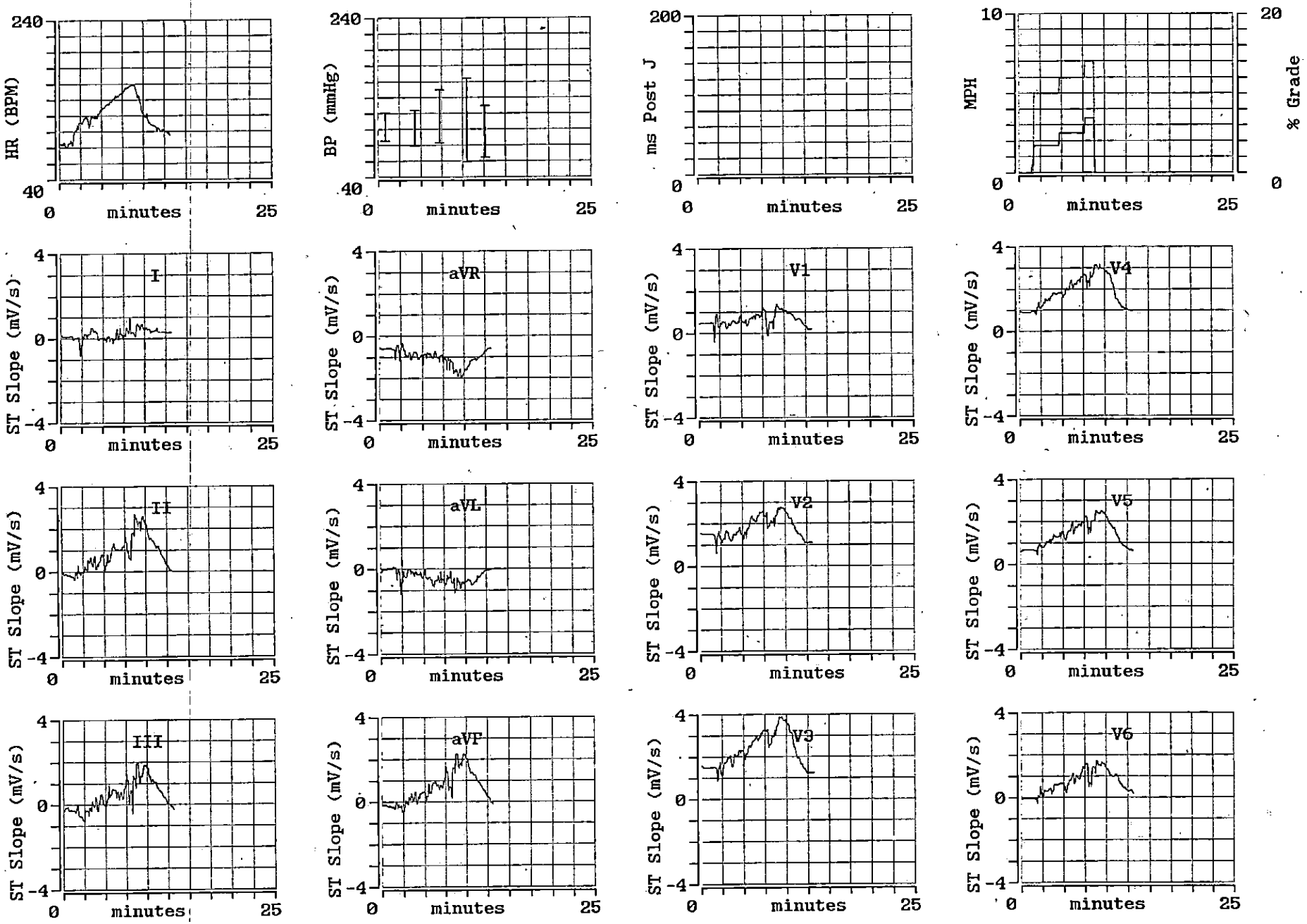
3.1.1 q7c ZELW0780

ST SLOPE TREND REPORT

Patient WALTER ZELSKI
ID 28,SCARAWAY ST

Protocol : Bruce

Date: 06/12/2006
Time: 10:27:01



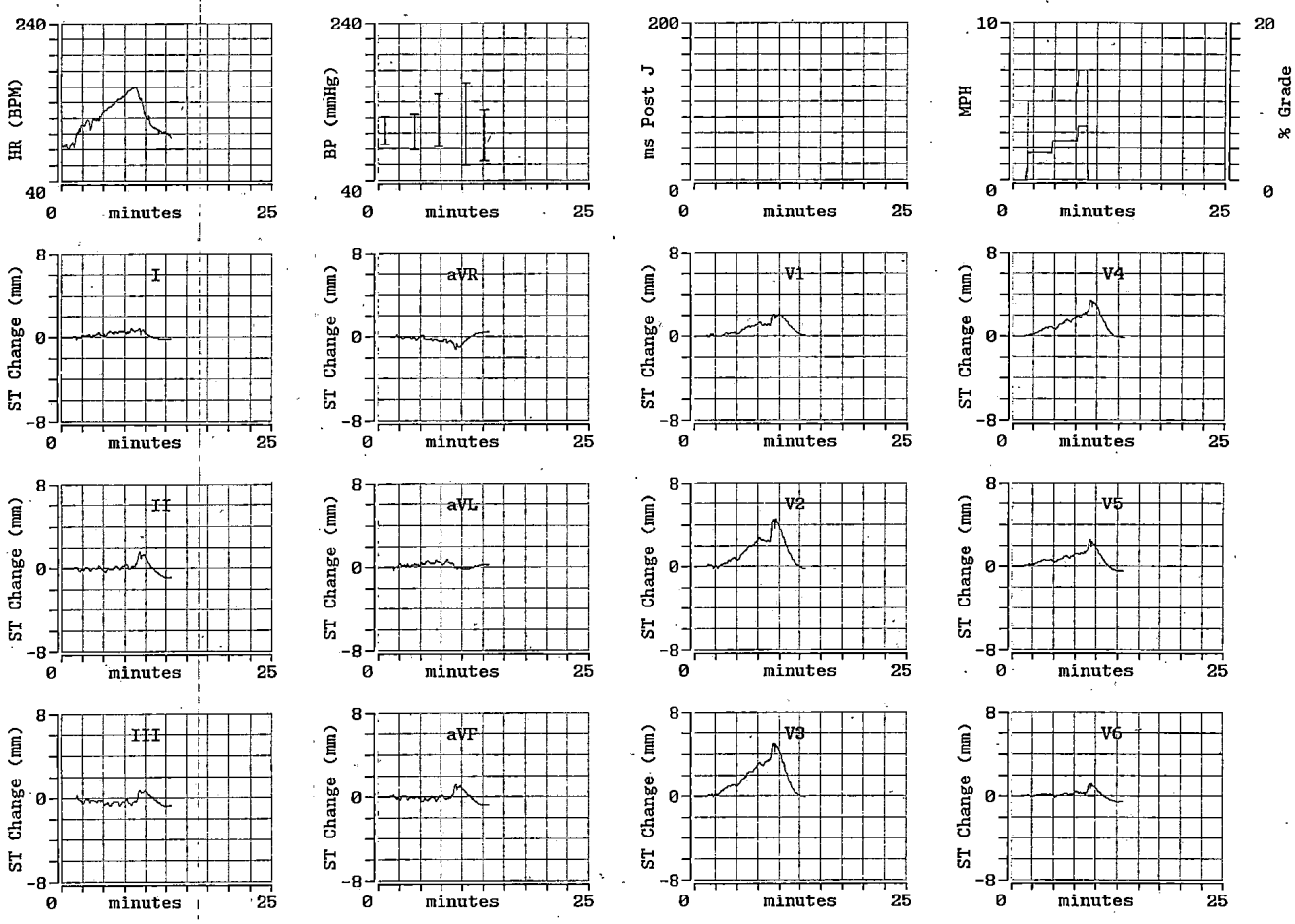
C ridge Heart, Inc. CH 2000

3.1.1

q7c ZELW0780

ST CHANGE TREND REPORT

Patient	WALTER ZELSKI	Protocol : Bruce	Date: 06/12/2006
ID	28,SCARAWAY ST		Time: 10:27:01



10 mm/mV

Cardiac Heart, Inc. CH 2000 1.1 q7c ZELW0780

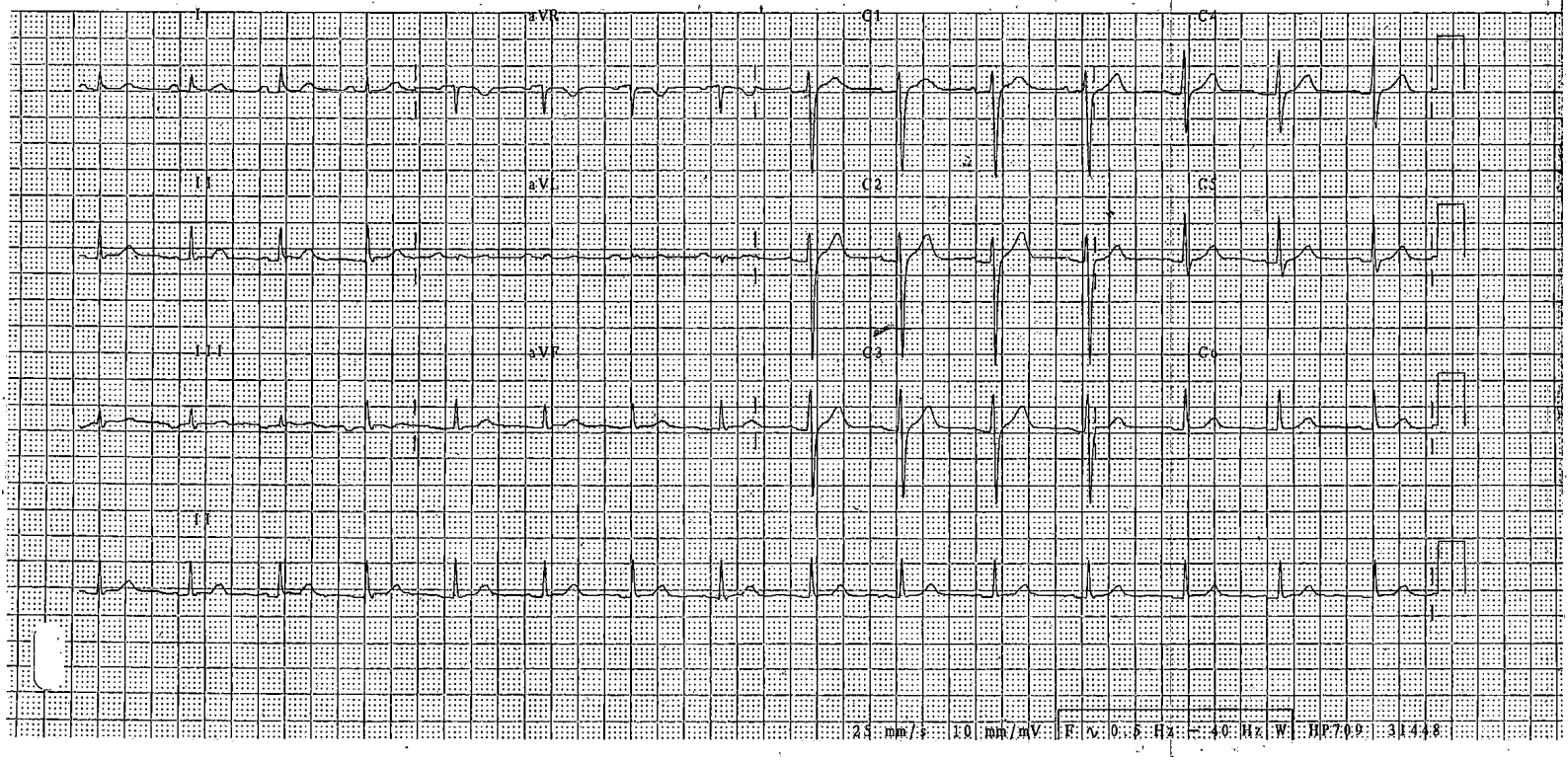
10432099 06-Dec-2006 09:25:42 LTER ZALESKI
36 Years Male

STOBHILL HOSPITAL CARDIAC DEPT
Department: OP

Operator: ER

Rate	88
PR	165
QRSD	80
QT	300
QTc	363
--Axis--	
P	-14
QRS	44
T	50

Requested by:
DR DUNN



ISOTOPE

GREATER GLASGOW HEALTH BOARD

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

99014463 R 02/03/99 MN [illegible]

NUCLEAR MEDICINE
43209 REPORT

ZALESKI, Walter 28Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Previous arthrodesis of ankle. ? infection.

BONE SCAN (ISOTOPE)
(600 MBq Tc99m MDP)

Once again the ankle and hind foot are hot on all three phases o bone scan consistent with ongoing infection. If anything this ha increased in activity when compared to the previous scan of September 1998.

*DR J SHAND/FES 04/03/99

04/03/99 - BONE SCAN

[illegible] NHS Trust Glasgow
NUCLEAR MEDICINE

JMcC/912956 FORM 20

Stick Slips on in Order Received Commencing at the Bottom

ISOTOPE

GREATER GLASGOW HEALTH BOARD

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

STOBHILL NHS TRUST GLASGOW
N.M. DEPARTMENT

98055699 W 02/09/98 MN 00268[illegible] NUCLEAR MEDICINE
432099

ZALESKI, Walter 27Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
? osteomyelitis left foot. Previous arthrodesis.

BONE SCAN (ISOTOPE)
(600 MBq Tc99m MDP)

A three phase bone scan was performed. The right ankle and ta
are hot on all three phases consistent with ongoing inflammat
and probably infection. Please note the side differs from tha
stated on the request card.

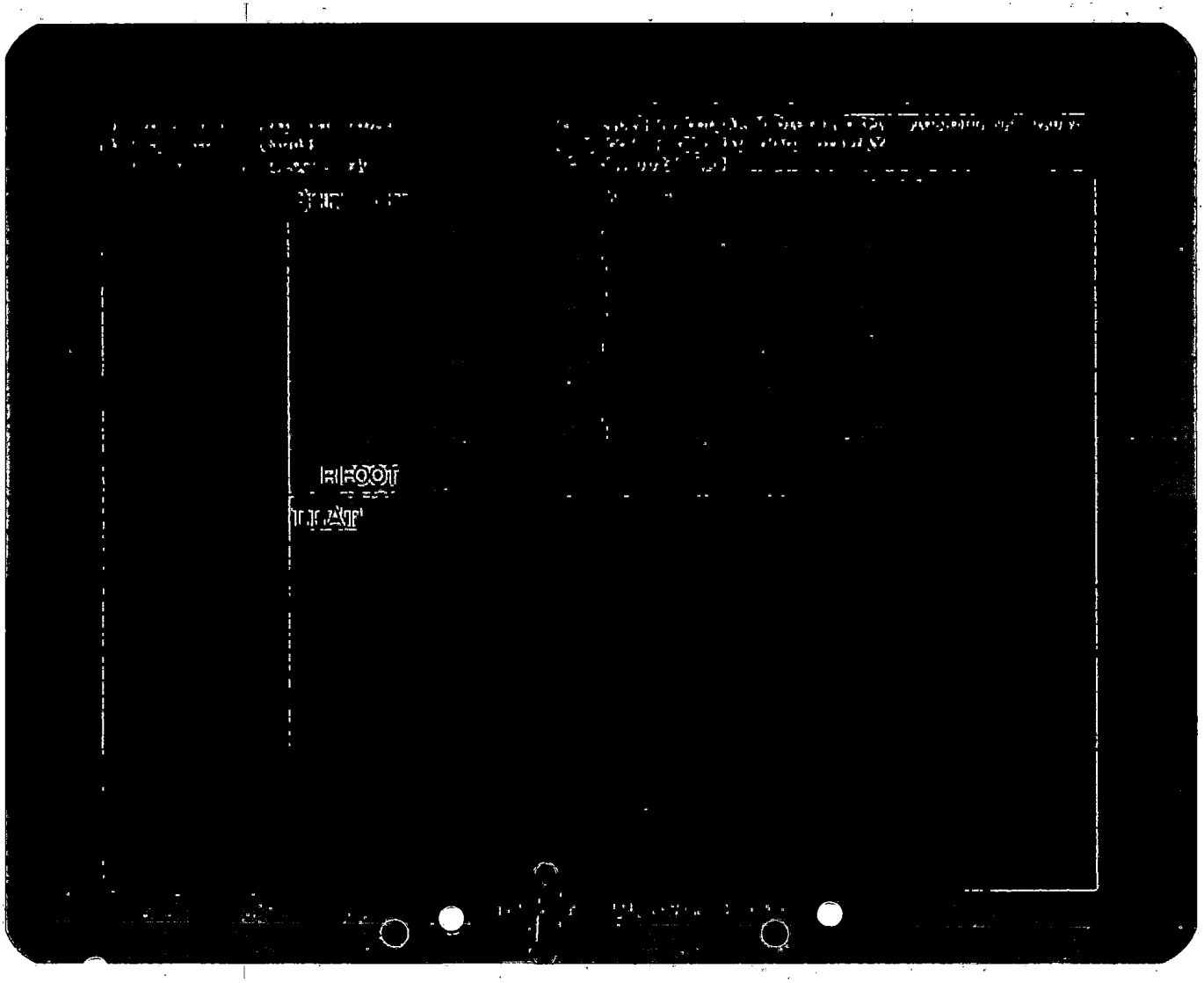
*DR J SHAND/FES 03/09/9

03/09/98 - BONE SCAN

C/912956 FORM 20

Stick Slips on in Order Received Commencing at the Bottom

TRAINING
A FOOT MAN



NECK DOPPLER REPORT

Cerebrovascular Investigations Ward - Acute Stroke Unit

North Glasgow Hospitals University NHS Trust

PATIENT

First Name: WALTER Last Name: ZALESKI

Address: 28 SCARAWAY STREET, GLASGOW

Postcode	Hospital Number	Age	Date of Birth
G22 7JS	10432099	38	26/10/1970

HAEMODYNAMICS

Right INTERNAL Carotid Artery: Normal

Left INTERNAL Carotid Artery: Mild Stenosis

Right COMMON Carotid Artery: Normal

Left COMMON Carotid Artery: Normal

Right EXTERNAL Carotid Artery: Normal

Left EXTERNAL Carotid Artery: Normal

Right Cervical VERTEBRAL Artery: Normal

Left Cervical VERTEBRAL Artery: Normal

Right SUBCLAVIAN Artery: Not Done

Left SUBCLAVIAN Artery: Not Done

INNOMINATE Artery (Brachiocephalic Trunk): Not Done

PLAQUES

Right INTERNAL Carotid Artery Wall

Left INTERNAL Carotid Artery Wall

Right Carotid BULB Wall

Left Carotid BULB Wall

ADDITIONAL COMMENT

MILD STENOSIS OF LEFT ICA.

ALL OTHER VESSELS NORMAL.

PF

SCAN

Parent Unit	Sonographer	Date of Scan	Authorised Signature
Stroke Clinic	Susannah Brown	04/08/2008	

IMAGING

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

NHS Greater Glasgow and Clyde

Gartnavel General Hospital

ZALESKI, Walter
28 Scaraway Street, Glasgow, , , G22 7JS
Referrer: DR PA FRASER - STOB WARD 11A OUTPATIENT

Diagnostic Imaging Report

DoB: **26/10/1970**
Chi No: **2610706294**
CRIS No: **5537362**
Hosp No: **10432099L**

VERIFIED by: DR A MCCAFFERTY 26/09/08 1222 Report By: DR RL STEVENS 24/09/08 and: DR A MCCAFFERTY.

Clinical History : Intermittent right sided headache. Right facial weakness and dysarthria. Smoker. Strong family history of ischemia heart disease (Father MI at 41, Sister at 50). Neuro examination normal.

MRI Head :
Sagittal T1, Axial T2, Sagittal T2 FLAIR and diffusion weighted images obtained.

There are multiple non specific white matter lesions of increased signal intensity on T2 weighted images.These are seen throughout both cerebral hemispheres but not within the brain stem or cerebellum. In view of the clinical detains given, appearances are felt most likely to represent chronic ischemic change. There is no evidence of an acute infarct. In view of his age, demyelination and vasculitis should be considered although felt less likely.

Ref. Src: Stobhill Hospital, 133 Balornock Road, Glasgow, , G21 3UW
Exams: MRI Head
Exam Date: 22/09/08 Event: E-11219767

08963

North Glasgow Hospitals

Kalamazoo S-10579851-12x8.25 © Copyright 01/2002 Tel: 0121 258 2000

X-RAY

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

99013185 A 25/02/99 MN 0026094 432099 **X-RAY REPORT**

ZALESKI, Walter 28Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT

Clinical Information :
Post arthrodesis.

RIGHT ANKLE
Review films showing present position following fusion of ankle joint.

DR J SHAND/HW 25/02/99

25/02/99 - R/ANKLE

X-RAY REPORT

28/08/98 - R/FOOT

17/07/98 - R/ANKLE

22/05/98 - R/ANKLE

27/03/98 - R/ANKLE

05/03/98 - R/ANKLE

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT

98054374 W 27/08/98 MN 0026094
432099

ZALESKI, Walter 27Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Follow-up.

RIGHT FOOT
Films requested demosntrating position and state of union after internal fixation.

DR IA MACLEOD/SAM 28/08/98

X-RAY REPORT

28/08/98 - R/FOOT

17/07/98 - R/ANKLE

22/05/98 - R/ANKLE

27/03/98 - R/ANKLE

05/03/98 - R/ANKLE

STOBHILL | S TRUST GL
RADIOLOGY DEPARTMEN

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT

98045119 M 16/07/98 MN 0026094 **X-RAY REPORT**
432099

ZALESKI, Walter 27Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Arthrodesis.

RIGHT ANKLE
Film as requested demonstrating state of arthrodesis.

DR IA MACLEOD/FES 17/07/98

17/07/98 - R/ANKLE

22/05/98 - R/ANKLE

27/03/98 - R/ANKLE

05/03/98 - R/ANKLE

98025486

ZALESKI, W[illia]m

211 STEVENSON STREET, GLASGOW, G40 2RW

23/04/98 MN 0026094 432099 27Y M G C, BENNETT ORTHO

X-RAY REPORT

elf 30/x

Clinical Information :
Post arthrodesis.

RIGHT ANKLE
Review films showing present position following fusion tibia, fibula, talus calcaneous.

DR J SHAND/FES 22/05/98

Sh 11

22/05/98 - R/ANKLE

27/03/98 - R/ANKLE

05/03/98 - R/ANKLE

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT

98019158 H | 26/03/98 | MN 0026094 | **X-RAY REPORT**

ZALESKI, Walter | 27Y | M | G C, BENNETT | ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Arthrodesis.

RIGHT ANKLE
There has been extensive screw fixation and arthrodesis of the ankle and subtalar joint. The film has been taken through P.O.P.

DR J SHAND/FES 27/03/98

27/03/98 - R/ANKLE

05/03/98 - R/ANKLE

STOP'S TRUST GLASGOW

98012751 V 26/02/98 MN 0026094 **X-RAY REPORT**

ZALESKI, Walter 27Y M G C, BENNETT 7A

211 STEVENSON STREET, GLASGOW, G40 2RW

Unreported film not returned from referring location.

*DR IA MACLEOD/FES 05/03/98

05/03/98 - R/ANKLE

96097361 A 10/12/96 STOB

ZALESKI, Walter 26Y M ., BENNET

211 STEVENSON STREET, GLASGOW, G40 2RW

Copy Report provided on 16 DEC 1996

MRI ANKLE/FOOT
(RIGHT): Sequences: Sagittal T1, Axial T1 T2* FLASH: There appears to be satisfactory fusion of the talus with the calcaneum with obliteration of the subtalar space. The ankle joint itself, however, is preserved although markedly abnormal, particularly anteriorly where there are multiple cortical defects in the talar remnant and material of high signal is interposed

97003418 B 16/01/97 MN 0026094 X-RAY REPORT

ZALESKI, Walter 26Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

98012751 V 26/02/98 MN 0026094 X-RAY REPORT

ZALESKI, Walter 27Y M G C, BENNETT 7A

211 STEVENSON STREET, GLASGOW, G40 2RW

98025486 L 23/04/98 MN 0026094 X-RAY REPORT

ZALESKI, Walter 27Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :

98032284 B 21/05/98 MN 0026094 X-RAY REPORT
432099

LESKI, Walter 27Y M G C, BENNETT ORTHO

11 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Arthrodesis right ankle.

RIGHT ANKLE
Review films showing the current appearances of the right ankle arthrodesis. There has been no dramatic change since the previous film of 23 4 98.

Dr. S JENKINS/FES 22/05/98

SJ

22/05/98 - R/ANKLE

96097361 A

ZALESKI, Walter 26Y M ., BENNET

211 STEVENSON STREET, GLASGOW, G40 2RW

Copy Report provided on 16 DEC 1996

MRI ANKLE/FOOT
(RIGHT): Sequences: Sagittal T1, Axial T1 T2* FLASH: There appears to be satisfactory fusion of the talus with the calcaneum with obliteration of the subtalar space. The ankle joint itself, however, is preserved although markedly abnormal, particularly anteriorly where there are multiple cortical defects in the talar remnant and material of high signal is interposed

97003418 B 16/01/97 MN 0026094 X-RAY REPORT

ZALESKI, Walter 26Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

98012751 V 26/02/98 MN 0026094 X-RAY REPORT

ZALESKI, Walter 27Y M G C, BENNETT 7A

211 STEVENSON STREET, GLASGOW, G40 2RW

98025486 L 23/04/98 MN 0026094 X-RAY REPORT

ZALESKI, Walter 27Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Post arthrodesis.

RIGHT ANKLE
Review films showing present position following FUSION OF tibia, fibula, talus and calcaneous.

DR J SHAND/JH 24/04/98

24/04/98 - R/ANKLE

96097361 A 10/12/96 XR 0295[illegible]

ZALESKI, Walter 26Y M , BENNET STOB

211 STEVENSON STREET, GLASGOW, G40 2RW

Copy Report provided on 16 DEC 1996

MRI ANKLE/FOOT

(RIGHT): Sequences: Sagittal T1, Axial T1 T2* FLASH: There appears to be satisfactory fusion of the talus with the calcaneum with obliteration of the subtalar space. The ankle joint itself, however, is preserved although markedly abnormal, particularly anteriorly where there are multiple cortical defects in the talar remnant and material of high signal is interposed

97003418 B 16/01/97 MN 0026094 X-RAY REPORT

ZALESKI, Walter 26Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

98012751 V 26/02/98 MN 0026094 X-RAY REPORT

ZALESKI, Walter 27Y M G C, BENNETT 7A

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information: For arthrodesis.

RIGHT ANKLE

There is flattening of the talus and fusion of the talus to the calcaneous and navicular consistent with previous trauma. There is quite marked osteo-arthritis in the ankle joint with loss of joint space, osteophytes and loose bodies.

DR J SHAND/SL 13/03/98

13/03/98 - R/ANKLE

96097361 A 10/12/96

ZALESKI, Walter 26Y M , BENNET STOB

211 STEVENSON STREET, GLASGOW, G40 2RW

Copy Report provided on 16 DEC 1996

MRI ANKLE/FOOT

(RIGHT): Sequences: Sagittal T1, Axial T1 T2* FLASH: There appears to be satisfactory fusion of the talus with the calcaneum with obliteration of the subtalar space. The ankle joint itself, however, is preserved although markedly abnormal, particularly anteriorly where there are multiple cortical defects in the talar remnant and material of high signal is interposed

97003418 B 16/01/97 MN 0026094 X-RAY REPORT

ZALESKI, Walter 26Y M G C, BENNETT ORTHO

211 STEVENSON STREET, GLASGOW, G40 2RW

Clinical Information :
Triple arthrodesis. Pain.

RIGHT ANKLE

Only one view has been taken. This is in the A.P. projection showing position of the fused ankle joint.

*DR F BRYDEN/FED 16/01/9

16/01/97 - R/ANKLE

8/09/92 - R/FOOT

S UNIVERSITY NHS TRUST
RADIOLOGY DEPARTMENT

96097361 A 10/12/96 XR 0299340 X-RAY W.I.G.

ZALESKI, Walter 26Y M ., BENNET STOB

211 STEVENSON STREET, GLASGOW, G40 2RW

Copy Report provided on 16 DEC 1996

MRI ANKLE/FOOT

(RIGHT): Sequences: Sagittal T1, Axial T1 T2* FLASH: There appears to be satisfactory fusion of the talus with the calcaneum with obliteration of the subtalar space. The ankle joint itself, however, is preserved although markedly abnormal, particularly anteriorly where there are multiple cortical defects in the talar remnant and material of high signal is interposed between the distal tibia and talus. Is it possible the patient's symptoms relate to this site? As regards the peroneal tendons, there are extremely difficult to visualise. The ankle configuration is markedly abnormal with the fibula lying almost posterior to the tibia and talus. The peroneal tendons are represented by extremely small tendinous structures, as are the tendons of the medial aspect of the ankle. I have not seen this appearance before, I presume it relates to the previous surgery

(cont'd)

10/12/96 - MRI ANKLE/FOOT

1/06/96 - R/FOOT

/93 - R/FOOT

/91 - TFR

8/09/92 - R/FOOT

GREATER GLASGOW HEALTH BOARD—NORTHERN UNITS

96097361 A (Cont'd) 10/12/96 XR 0299340 **X-RAY W.I.G.**

ZALESKI, Walter 26Y M ., BENNET STOB

211 STEVENSON STREET, GLASGOW, G40 2RW

in some way. There is no clear evidence of a tendon rupture and there is no high signal surrounding any of the tendon sheaths which mitigates against an inflammatory process at this site.

*DR N RABY/JR 10/12/96

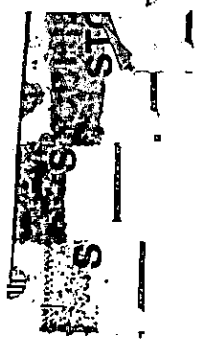
10/12/96 - MRI ANKLE/FOOT

1/06/96 - R/FOOT

/93 - R/FOOT

/91 - TFR

8/09/92 - R/FOOT



BENNET

X-RAY

GREATER GLASGOW HEALTH BOARD—NORTHERN UNITS

INSTRUCTIONS FOR USE: ① STICK REPORT FROM No. 1 UP. ② AFFIX REPORTS TOP EDGE TO LINE ABOVE

X-RAY REPORT

6038592 W 20/06/96 MN 0026094

ALESKI, Walter 25Y M G C, BENNETT ORTHO

11 STEVENSON STREET, GLASGOW, G40 2RW

linical Information :
ost-ankle arthrodesis. ? Impingement.

IGHT FOOT
hkle arthrodesis noted. No other significant abnormality is emonstrated.

DR DJ ALCORN/HJC 21/06/96

1/06/96 - R/FOOT

/93 - R/FOOT

/91 - TFR

8/09/92 - R/FOOT

M16

BENNET

X-RAY

GREATER GLASGOW HEALTH BOARD—NORTHERN UNITS

INSTRUCTIONS FOR USE: ① STICK REPORT FROM No. 1 UP. ② AFFIX REPORTS TOP EDGE TO LINE ABOVE

11)

10)

84 L 03/03/93 MN 0026094 **X-RAY REPORT**

I, Walter 22Y M G C, BENNETT 7A

ERCROMBY STREET, GLASGOW, G40 2SA 432099 U/N

al Information :
view of triple arthrodesis.

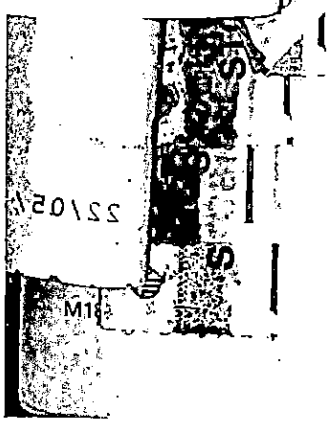
FOOT
films showing present position

*DR J SHAND/FED 11/03/93

/93 - R/FOOT

/91 - TFR

3/09/92 - R/FOOT



10/12/96 ... BENNET

X-RA

GREATER GLASGOW HEALTH BOARD—NORTHERN UNITS

INSTRUCTIONS FOR USE: ① STICK REPORT FROM No. 1 UP. ② AFFIX REPORTS TOP EDGE TO LINE ABO

11)

10)

1584 L

91044549 K 19/09/91 MN 0026094 **X-RAY REPORT**

ZALESKI, Walter 20Y M G C, BENNETT ORTHO

152 ABERCROMBY STREET, GLASGOW, G40 2SA 432099 U/N

RIGHT LOWER LEG.

Follow up films showing position of right tibia and fibula following previous leg lengthening procedure.
The right fibula is very slender and there is a deficiency of approx. 2mms. in the lower third of the fibula.
A screw fixation has been performed through the distal tibia and fibula.

DR F AITCHISON/BG 20/09/91

20/09/91 - TFR

18/09/92 - R/FOOT

M18

RECEIVED
12 MAY 1993

92048074 E 17/09/92 MN 0026094 **X-RAY REPORT**

ZALESKI, Walter 21Y M ----G C, BENNETT ORTHO

152 ABERCROMBY STREET, GLASGOW, G40 2SA

RIGHT FOOT

Review films showing present position following triple arthrodesis.

*DR J SHAND/HJC 18/09/92

18/09/92 - R/FOOT

GLASGOW GENERAL HOSPITAL
RADIOLOGY DEPARTMENT

STOBHILL GENERAL HOSPITAL, GLASGOW
RADIOLOGY DEPARTMENT

X-RAY REPORT

23/ 1/86 432099

ZALESKIE WALTER 15 M BENNET ORTHO

137 RYESIDE ROAD GLASGOW

ZALESKIE WALTER
RIGHT ANKLE:

137 RYESIDE ROAD GLASGOW

FLATTENING OF THE TALUS AND DEFORMITY OF THE OSCALCIS IS
AGAIN NOTED. THE FOOT AND ANKLE SHOW A VARUS DEFORMITY.
THERE HAS BEEN NO CHANGE SINCE THE EXAMINATION OF 21/2/85.

FOR LEG LENG.
RIGHT FOOT:
N BOTH LEGS
EST DUE TO
SEE ABOVE.

D. HILL/HB 23/ 1/86

X-RAY REPORT

50935 M 23/ 1/86 432099

ZALESKIE WALTER 25/ 7/[illegible] 15 M BENNET ORTHO

137 RYESIDE ROAD GLASGOW

BOTH LEGS:

(FOR LEG LENGTH)
COMPARED WITH THE PREVIOUS FILM, THERE HAS BEEN EQUAL GROWTH IN BOTH LEGS BUT THE RIGHT LEG REMAINS 5 CM SHORTER THAN THE LEFT DUE TO INEQUALITY IN LENGTH OF THE TIBIA AND FIBULA.

LEFT WRIST:

(AND HAND FOR BONE AGE)
THERE IS EITHER CONGENITAL ABNORMALITY OR PREVIOUS AMPUTATION OF THE DISTAL PHALANX OF THE MIDDLE FINGER AND THE MIDDLE AND DISTAL PHALANGES OF THE RING AND LITTLE FINGERS.
OBVIOUSLY ASSESSMENT IS DIFFICULT BUT THE BONE AGE IS APPROXIMATEL 14 YEARS BY COMPARISON WITH STANDARD RADIOGRAPHS.

D. HILL/HB 23/ 1/86

STOBHILL GENERAL HOSPITAL GLASGOW
RADIOLOGY DEPARTMENT

59859 W 25/ 7/85 **X-RAY**

ZALESKIE WALTER 14 M BENNET

137 RYESIDE ROAD GLASGOW G21

PELVIS:

THE FILM OF THE PELVIS HAS NOT BEEN OBTAINED.

BOTH_HIPS:

SEE ABOVE.

BOTH_LEGS:

(LEG LENGTH FILMS)
THE RIGHT LEG IS SOME 5CM SHORTER THAN THE LEFT.

G. URQUHART/SC 25/ 7/85

(R) M32099.

Mr. G. BENNET

13/6.6.85
@ 9.30.

ROYAL HOSPITAL FOR SICK CHILDREN

YORKHILL, GLASGOW G3 8SJ.

TELEPHONE:
041-339 8888

Our Ref.: GM/143773

Your Ref.:

Enquiries to: Orthopaedic Department

6th June 1984

The Secretary to
Mr G.C.Bennet,
Stobhill Hospital,
Glasgow. G21

Dear Madam,

Walter Zaleskie, d.o.b. 26.10.70
137 Ryeside Road, Glasgow. G21 3LG

Could you please arrange the transfer of the above patient to Stobhill Hospital under the care of Mr G.C.Bennet.

He has right talipes equino-varus controlled in surgical boots.

Please arrange a follow-up appointment for Mr Bennet's clinic in one year.

Thank you for your help.

Yours sincerely,

G. Morrison
Secretary.

GREATER GLASGOW HEALTH BOARD – NORTHERN UNITS CORRESPONDENCE SHEET

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER

Hospital use Only | Clinic | Day Date 19/3/87 | Time 930 | Hospital No. 432094 | GP112

✓ Send m/c Address

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital STOBHILL Date 20/2/87

Please arrange for this patient to attend the ORTHOPAEDIC clinic of ~~Dr~~/Mr BENNETT

Patient's Surname ZALESKI Maiden Surname

First Names WALTER Single/~~Married~~/~~Widowed~~/~~Other~~

Address C/O GRYFFE CHILDREN'S HOME Date of Birth 26.10.70

BRIDGE OF WEIR Patient's Occupation

Postal Code Telephone Number

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital STOBHILL

Year of Attendance 1985 Hospital No NOT KNOWN

If the patient's name and/or address has/have changed since then please give details:

PREVIOUS ADDRESS NOT KNOWN

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. A. M. BENNIE
THE SURGERY
BRIDGE OF WEIR
TEL: 612555

Please use rubber stamp

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This boy has apparently attended you before with his congenital right talipes equinovarus. Recently he has had some pain in the right foot and I think he must have injured it. Although it is settling down he is quite keen to see you for review in any case.

He is tender laterally and posteriorly, but by now, over a very small area. There is virtually no movement in his foot anyway.

He is quite likely to be in Gryffe Home until some independent existance can be found for him elsewhere. His growth will probably be complete soon, so perhaps a last review is worthwhile before he enters the adult world.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

I would appreciate your opinion. Thank you for seeing him.

Relevant X-rays available from: No. (if known)

Signature William Bennie

Dd 8691272 26M Pads 11/82 Barr Printers

GCB/SMN
23rd March 1987

Dr. Bennie,
The Surgery,
Bridge of Weir,
Renfrewshire.

Dear Dr. Bennie,

Walter Zaleskie, d.o.b. 26.10.70. Unit No. 432099
c/o Gryffe Childrens Home, Bridge of Weir.

I saw Walter for review today. I know him well of old. Basically he had a right talipes equino-varus treated by my predecessor at Yorkhill. Basically he has compalined intermittently of pain around the lateral aspect of his right foot.

On examination he has a very stiff foot with practically no subtalar or mid tarsal movement. He has forefoot equinus and slight inversion of the heels. He also has radiological leg length discrepancy of some 5 cms.

I think it is not surprising that he is getting some pain in his foot, but I am not sure how much better we could make it by doing anything further to it at present. I discussed with him the question of lengthening his leg to equalise the length. He will think about this once he has decided. 25.3.87. Phoned to say he wishes to go on waiting list for this to be performed.

Kind regards.

Yours sincerely,

G. C. Bennet.,
Consultant Orthopaedic Surgeon.

GCB/LG.

27th July, 1987.

Dr. A.M. Bennie,
The Surgery,
Bridge of Weir.

Dear Dr. Bennie,

Walter Zaleskie, 16 years, Unit No. 432099,
c/o Gryffe Childrens' Home, Bridge of Weir.
Admitted: 8.7.87. Discharged: 23.7.87.

Diagnosis:- Short right leg.

Walter has a right talipes-equino-varus. He has a short right leg, this mainly being below the knee. Clinically there was 5 cm difference the right being shorter. This was 4.2 cm as measured on scanner-grams. The shortening was almost all in the tibia.

He has practically no movement in his foot in either the ankle or subtalar joint. There was slight equinus at the right foot.

Operation:- 10.7.87. Application of orthofix leg lengthening device and osteotomy of right tibia.

His post-operative course was smooth and he regained his movement very satisfactorily. At 10 days lengthening commenced and check x-rays showed satisfactory distraction.

He was discharged home on 23.7.87. He will remain lengthening at 0.25 mm three times a day. He should have x-rays at weekly intervals during this time to assess that there is adequate callus formation. We are aiming to get 4 cm lengthening. He will then commence dynamic axial weightbearing and we would anticipate him losing 1 cm during this time. This would be a total lengthening of 3 cm. This will allow adequate swing through of his fixed stiff foot.

Yours sincerely,

G.C. Bennet,
CONSULTANT ORTHOPAEDIC SURGEON.

GCB/JT 20.8.87.
Typed 24.8.87.

Dr. A.M. Bennie,
The Surgery,
Bridge of Weir,
Renfrewshire.

Dear Dr. Bennie,

Re: Walter Zaleskie (DOB 26.10.70),
c/o Gryffe Children's Home, Bridge of Weir.
Unit No. 432099

I saw Walter for review today. He is progressing well following the application of his leg lengthening device on 10.7.87. He has now gained some 2.5 cms length in his right tibia. This means we have only another 1.5 cms to go. We will continue to see him twice weekly.

Kind regards.

Yours sincerely,

G.C. Bennet,
Consultant Orthopaedic Surgeon.

m

GCB/JT 7.9.87.
Typed 15.9.87.

Dr. A.M. Bennie,
The Surgery,
Bridge of Weir,
Renfrewshire.

Dear Dr. Bennie,

Re: Walter Zaleskie (DOB 26.10.70),
C/o Gryffe Children's Home, Bridge of Weir.
Unit No. 432099

I saw Walter for review today. We have now completed his leg lengthening and he is 4.2 cms. longer. It will take a little time before this is strong enough to weightbear on it, and we will continue to follow him up.

Kind regards.

Yours sincerely,

G.C. Bennet,
Consultant Orthopaedic Surgeon.

GCB/LI. 23.11.87.
Typed. 26.11.87.

Dr. A.M. Bennie,
The Surgery,
Bridge of Weir,
Renfrewshire.

Dear Dr. Bennie,

Walter Zaleskie, d.o.b. 26.10.70, Unit No. 432099.
c/o Gryffe Children's Home, Bridge of Weir.

I saw Walter for review today. His leg lengthening is pretty well complete and I have removed his leg lengthening device today. We will leave his pins in for a further week and if there is no evidence of angulation we will remove them also at that stage.

Kind regards,

Yours sincerely,

G.C. BENNET.
Consultant Orthopaedic Surgeon.

GCB/SMN
21st March 1988

Dr. A. M. Bennie,
The Surgery,
Bridge of Weir,
Renfrewshire.

Dear Dr. Bennie,

Mr. Walter Zaleskie, d.o.b. 26.10.70. Unit No. 432099
c/o Gryffe Children's Home, Bridge of Weir.

I saw Walter for review today following his right leg lengthening. I am glad to say that this has been very successful. He has a full range of movement at his knee and his ankle is as before.

We will see him again for review in two months' time.

Kind regards.

Yours sincerely,

G. C. Bennet,
Consultant Orthopaedic Surgeon.

GCB/RW
23rd August, 1988 Clinic: 22.08.88.

Dr A.M. Bennie,
The Surgery,
Bridge of Weir,
RENFREWSHIRE

Dear Dr Bennie,.

Walter Zaleskie, d.o.b, 26.10.70., Unit No.432099
c/o Gryffe Childrens' Home, Bridge of Weir

I saw Walter for review today. He has had an excellent result from his leg lengthening and his legs are equal. He now walks without any trace of a limp at all. I will see him for final review in one year's time.

Yours sincerely

G.C. Bennet
Consultant Orthopaedic Surgeon

use Only | Clinic | Day Date 31-7-91 | Time 3.15 | Hospital No. [illegible] | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital STABHILL HOSPITAL Date 08.05.91
Orthopaedic

Please arrange for this patient to attend the ..... clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ZELESKI Maiden Surname .....
First Names Walter Single/Married/Widowed/Other
Address 152 Abercromby St Date of Birth 26.10.70
G40 Patient's Occupation .....
Postal Code ..... Contact telephone number .....
Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital .....
Year of Attendance ..... Hospital No .....
If the patient's name and/or address has/have changed since then please give details:
.....
.....

Can patient attend at short notice? YES/NO
If YES, minimum notice required.....days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

[illegible]

Please use rubber stamp

[illegible] M. S. SELTZER
MB.ChB., DRCOG, FPA, Cert.
BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW G40 2DA
Telephone: 041-554 1866

MSS/KM

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

This young man is a patient of mine. He tells me 4 years ago he had an operation to his right leg in Stobhill, this is now causing him severe pain and I would be most grateful if you would see him and advise.

Many thanks.

Yours sincerely

Dr M S Seltzer

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

Signature .....

HMSO Dd8301754MD 12/90 M14,5 13161

AWK/JW

CLINIC 31ST JULY 1991
TYPED 2ND AUGUST 1991

Mr G S Bennet
Consultant Orthopaedic Surgeon
Stobhill General Hospital
Glasgow G21 3UW

Dear George

WALTER ZELESKI DOB 26 10 70 UNIT NO 432099
152 ABERCROMBY STREET GLASGOW G40 2SA

This chap, I think, was mistakenly sent up to my clinic. He is an old pal of yours for whom you did a leg lengthening and he is now complaining of pain around his ankle which I think has been a longstanding but intermittent problem over the years. I am not sure anything could be done to alleviate this particularly as he has very little movement of his mid or hindfoot other than a jog at his ankle. I would be grateful for your advice.

Yours sincerely

A W KINNINMONTH
Consultant Orthopaedic Surgeon

14.9.91 10.30

GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital
Glasgow G21 3UW

Telephone: 041-558 0111

ORTHOPAEDIC CLINIC
Mr G. Illingworth
Mr G.C. Bennet
Mr L. Rymaszewski
Mr A.W.G. Kinninmonth

AWK/JW

CLINIC 31ST JULY 1991
TYPED 2ND AUGUST 1991

Mr G S Bennet
Consultant Orthopaedic Surgeon
Stobhill General Hospital
Glasgow G21 3UW

Dear George

WALTER ZELESKI DOB 26 10 70 UNIT NO 432099
152 ABERCROMBY STREET GLASGOW G40 2SA

This chap, I think, was mistakenly sent up to my clinic. He is an old pal of yours for whom you did a leg lengthening and he is now complaining of pain around his ankle which I think has been a longstanding but intermittent problem over the years. I am not sure anything could be done to alleviate this particularly as he has very little movement of his mid or hindfoot other than a jog at his ankle. I would be grateful for your advice.

Yours sincerely

A W KINNINMONTH
Consultant Orthopaedic Surgeon

PS He has been given an appointment for September.

GCB/FS

Clinic: 19 September 1991
Typed: 24 September 1991

Dr M Seltzer
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40

Dear Dr Seltzer

Walter Zaleski DBO 26 10 70 Unit no 432099
152 Abercromby Street Glasgow G40

Thank you for sending Walter back to my clinic where I saw him today. I recall well lengthening his leg in 1987. He had ahyperplastic right tibia secondary to an old talipes equinovarus. We gained 4 cms and he seemed quite pleased at that time. About 6 months ago he began to get discomfort around the foot and ankle and this has persisted since. The pain is worse on walking and is felt on the anterolateral aspect.

Examination: he had a jog of movement at his ankle which was the same as previously. He had practically no movement in the subtalar/midtarsal joint. He was markedly tender over the subtalar/midtarsal joint. He still has a diastasis screw across his tibia/fibula joint but there is no tenderness around this.

His foot is in a pretty awful position, still in equinus and varus, and I think we really ought to correct this and get it flat as I feel fairly sure this is where his pain is coming from. I have therefore put his name down to come in for a triple arthrodesis.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

c c Mr A W G Kinnimmonth

GCB/CT

28 October 1991

Dr M Seltzer
Bridgeton Health Centre
201 Abercrombie Street
GLASGOW
G40

Dear Dr Seltzer

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
152 Abercrombie Street Glasgow G40 2SA

Further to my recent letter, Walter was admitted on 8 10 91 and the next day, had a triple arthrodesis of his right foot performed.

He was maintained on bed rest for a week's elevation post-operatively to allow the swelling to go down, after which a plaster was applied and he mobilised nonweight-bearing.

He was discharged home on 18 10 91 and will be seen for review in out-patients in two weeks' time. He should be able to start weight-bearing at that stage.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ASB/JW

Clinic 26 3 92
Typed 27 3 92

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
Glasgow G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
152 ABERCROMBY STREET GLASGOW G40 2SA

This gentleman was admitted on 19th March for removal of his staples and Diastasis screw from his right foot. This was carried out under general anaesthetic.

On review at the clinic today his wounds are well healed. He continues to complain of tenderness of the skin along the wounds and I believe this is due to a mild degree of reflex sympathetic dystrophy. I would expect this to improve over the coming months. I have encouraged him to actively weightbear as much as possible and return to the clinic in six weeks.

Yours sincerely

A S BRYAN
SENIOR REGISTRAR TO MR BENNET

GCB .18/6/92.

PHYSIOTHERAPY PROGRESS REPORT

Patient's Name: Walter Zaleski
Address: 152, Abercromby St. Glasgow. G40 2SA

D.o.B.: 26.10.70
Hospital No: 432099

From: Nicola Trench - Sen. II Physio.
Physio Dept.
Glasgow Royal Infirmary
041 552 3535 X 5570
Date: 27.05.92.

Dr./Consultant: MR. Bennett.

CONDITION: Reflex sympathetic dystrophy ® foot (following triple arthrodesis Oct. '92 - staples out March).

TREATMENT:

RESPONSE TO TREATMENT: /DISCHARGE SUMMARY: This patient failed to attend on any given appointment day.
He has been discharged from our treatment list.

Nicola Trench

DR'S REPLY:
Patient's name:
Address:

Fax: 041 557 0468 ORTHOPAEDIC CLINIC

GCB/FS

Clinic: 17 September 1992
Typed: 22 September 1992

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
152 ABERCROMBY STREET GLASGOW G40

I saw Walter for review today in my clinic. He is still getting pain around the dorsum of his foot when he is weightbearing. On examination, although his joints feel quite stable radiographically there is evidence of non-union at the talonavicular joint. I think this might be the basis of his continuing discomfort. He is pretty fed up and wants something done. I have arranged for him to come in for revision and grafting with triple arthrodesis.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

Fax: 041 557 0468 ORTHOPAEDIC CLINIC

GCB/FS

Clinic: 21 January 1993
Typed: 24 January 1993

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
152 ABERCROMBY STREET GLASGOW G40 2SA

Walter's foot is still giving him trouble. He was not able to make in it for revision of his arthrodesis in December and I have therefore given him a fresh date at the beginning of March to come in for re-arthrodesis of his tarsal joints.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

Orthopaedic Unit

Fax: 041 557 0468

GCB/CT

31 March 1993

Dr R Jamieson
Bridgeton Health Centre
201 Abercrombie Street
GLASGOW
G40 2DA

Dear Dr Jamieson

Walter Zaleski dob 26 10 70 unit no 432099
152 Abercrombie Street Glasgow G40 2SA

Admitted: 3 3 93 Discharged: 8 3 93
Diagnosis: Revision and bonegrafting right triple arthrodesis.

Walter has previous Lambrinudi arthrodesis with failure of one part of the fusion of the arthrodesis.

Operation: 4 3 93 Revision and bonegrafting right triple arthrodesis.

His post-operative course was smooth. At five days, he was placed in a new plaster and mobilised nonweightbearing satisfactorily. He was discharged home and will be seen for review in out-patients for a change of plaster at four weeks when he will be able to start weight-bearing.

Yours sincerely

G C Bennet F R C S
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDIC CLINIC

Fax: 041 557 0468

GCB/FS

Clinic: 23 September 1993
Typed: 28 September 1993

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
152 ABERCROMBY STREET GLASGOW G40 2SA

I saw Walter for review today. He is still getting pain around his right foot and I have put his name down to come in for trimming of osteophytes and removal of the staple that is still there following his triple arthrodesis.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

Orthopaedic Unit

Mr L A Rymaszewski
Mr A W G Kinninmonth
Mr E F Wheelwright
Mr G C Bennet

Fax: 041 557 0468

GCB/CL

Dict.: 30 9 93
Typed: 1 10 93

Dr Jamieson
Bridgeton Health Centre
201 Abercrombie Street
GLASGOW
G40 2DA

Dear Dr Jamieson

Walter Zaleski dob 26 10 70 unit no 432099
0/2, 27 Green Street Glasgow G40 2HN

Further to my recent letter I admitted Walter to Stobhill Hospital on 29 9 93 and the next day removed the staple from his right foot.

His post-operative course was smooth and he was discharged home on 1 10 93. He will be seen again for review in one week's time.

Yours sincerely

G C Bennet F R C S
CONSULTANT ORTHOPAEDIC SURGEON

Fax: 041 557 0468

ORTHOPAEDIC CLINIC

GCB/FS

Clinic: 7 October 1993
Typed: 11 October 1993

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
01 27 GREEN STREET GLASGOW G40 2HN

I saw Walter for review today. We had him in last week when we removed the staple from his right foot. This had been inserted at the time of his triple arthrodesis but we removed it because of discomfort. His wound is well healed today and I have removed the suture. I will see him again for review in 4 weeks' time.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

Fax: 041 557 0468

ORTHOPAEDIC CLINIC

GCB/JW

Clinic 18 11 93
Typed 23 11 93

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
Glasgow G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
01 27 GREEN STREET GLASGOW G40 2HN

I saw Walter for review today. He is still getting a lot of trouble with his right big toenail and I think it would be better off with a Zadek's here.

He is still getting a lot of trouble with his right foot with pain over the dorsal lateral aspect following his triple arthrodesis. I cannot see any cause for this and I have tried all the things I can think of to control it. He is shortly coming in to hospital to have his toenail off and I will ask my colleague Dr Parikh, who runs a Pain Clinic, to see him whilst he is in then to see whether he has anything to offer.

Yours sincerely

G C BENNET
CONSULTANT ORTHOPAEDIC SURGEON

Fax: 041 557 0468 ORTHOPAEDIC CLINIC

GCB/FS

Clinic: 9 December 1993
Typed: 13 December 1993

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
0/2 27 GREEN STREET CALTON GLASGOW G40

Further to my recent letter, I admitted Walter one week ago and performed a nail bed ablation on the right big toe. He is still getting a lot of trouble with pain around his whole foot and I will ask my colleague, Dr Parikh, to see him in the Pain Clinic.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

Division of Anaesthesia

Dr R K Parikh
Dr S D Macdonald
Dr J B McKellar
Dr D K Sewnauth
Dr T C McLintock
Dr M A Dougan (Locum)
Dr P J Slater
Dr R L Hughes
Dr A H McKee
Dr C D Miller
Dr K S R Lamb

Fax: 041 557 0468

RKP/MMS
21st December, 1993.

Mr. G. C. Bennet,
Consultant Orthopaedic Surgeon,
Stobhill General Hospital.

c.c. Dr. R. Jamieson,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40 2DA.

Dear Mr. Bennet,

Walter Zaleski, d.o.b. 26.10.70, Unit No. 432099
152 Abercromby Street, Glasgow, G40 2SA.

Thank you for asking me to see Walter who has been complaining of pain in the right foot following a triple arthrodesis operation in 1991 and early 1993. He can walk only about 50 yards and he finds that the foot is always cold. He has tried Dihydrocodeine which helped him for some time but he is now off it and is on Co-proxamol and homoeopathic medicine.

I found that the foot is cold, toes are blue, there is no definite tender area on the scar but the bone underneath is quite tender and his leg looks somewhat unused. Clinically I think his main problem seems to be a sympathetic dystrophy and have therefore, in the first instance, arranged a Phentolamine challenge test for him on 30th December, 1993, as a Day Patient. The test will give me an idea of the extent of the sympathetic component of his pain.

I shall let you know how I get along in due course.

Kind regards.

Yours sincerely,

R. K. PARIKH,
Consultant Anaesthetist

Division of Anaesthesia

Dr R K Parikh
Dr S D Macdonald
Dr J B McKellar
Dr D K Sewnauth
Dr T C McLintock
Dr M A Dougan (Locum)

Dr P J Slater
Dr R L Hughes
Dr A H McKee
Dr C D Miller
Dr K S R Lamb

Fax: 041 557 0468

RKP/MMS
7th January, 1994.

Mr. G. C. Bennet,
Consultant Orthopaedic Surgeon,
Stobhill General Hospital.

c.c. Dr. R. Jamieson,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40 2DA.

Dear Mr. Bennet,

Walter Zaleski, d.o.b. 26.10.70, Unit No. 432099
152 Abercromby Street, Glasgow, G40 2SA.

I carried out a Phentolamine Challenge test for Walter on 30th December, 1993. It indicated that approximately 60% of his pain may be sympathetically mediated and I have therefore arranged a series of intravenous regional guanethidine blocks at weekly intervals for him starting on 25th February, 1994.

I shall let you know how I get along in due course.

Kind regards.

Yours sincerely,

R. K. PARIKH,
Consultant Anaesthetist

Division of Anaesthesia

Dr R K Parikh
Dr S D Macdonald
Dr J B McKellar
Dr D K Sewnauth
Dr T C McLintock
Dr M A Dougan (Locum)
Dr P J Slater
Dr R L Hughes
Dr A H McKee
Dr C D Miller
Dr K S R Lamb

Fax: 041 557 0468

RKP/MMS
Dict. 1.3.94
Typed 3.3.94

Dr. R. Jamieson,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40 2DA.

c.c. Mr. G. Bennet,
Consultant Orthopaedic Surgeon,
Stobhill General Hospital.

Dear Dr. Jamieson,

Walter Zaleski, d.o.b. 26.10.70, Unit No. 432099
152 Abercromby Street, Glasgow, G40 2SA.

I carried out an intravenous regional guanethidine block for Walter for his right ankle pain, on 25th February, 1994, and I shall repeat this treatment for him on a Day Care basis at weekly intervals for a few weeks.

I shall review him in due course and will let you know how he is progressing.

Kind regards.

Yours sincerely,

R. K. PARIKH,
Consultant Anaesthetist.

Division of Anaesthesia

Dr R K Parikh
Dr S D Macdonald
Dr J B McKellar
Dr D K Sewnauth
Dr T C McLintock
Dr M A Dougan (Locum)
Dr P J Slater
Dr R L Hughes
Dr A H McKee
Dr C D Miller
Dr K S R Lamb

Fax: 041 557 0468

RKP/MMS
Dict. 1.3.94
Typed 3.3.94

Dr. R. Jamieson,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40 2DA.

c.c. Mr. G. Bennet,
Consultant Orthopaedic Surgeon,
Stobhill General Hospital.

Dear Dr. Jamieson,

Walter Zaleski, d.o.b. 26.10.70, Unit No. 432099
152 Abercromby Street, Glasgow, G40 2SA.

I carried out an intravenous regional guanethidine block for Walter for his right ankle pain, on 25th February, 1994, and I shall repeat this treatment for him on a Day Care basis at weekly intervals for a few weeks.

I shall review him in due course and will let you know how he is progressing.

Kind regards.

Yours sincerely,

R. K. PARIKH,
Consultant Anaesthetist.

Division of Anaesthesia

Dr R K Parikh
Dr S D Macdonald
Dr J B McKellar
Dr D K Sewnauth
Dr T C McLintock
Dr M A Dougan (Locum)
Dr P J Slater
Dr R L Hughes
Dr A H McKee
Dr C D Miller
Dr K S R Lamb

Fax: 041 557 0468

RKP/MMS
5th July, 1994.

Dr. R. Jamieson,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40 2DA.

Dear Dr. Jamieson,

Walter Zaleski, d.o.b. 26.10.70, Unit No. 432099
27 Green Street, Calton, Glasgow. (formerly: 152 Abercromby Street.)

I regret that I have not written to you regarding Walter's treatment on 22nd April, 1994. A seventh injection of intravenous regional guanethidine block was given on that day.

Walter did not keep his further appointment on 6th May, 1994, according to our records.

Kind regards.

Yours sincerely,

R. K. PARIKH,
Consultant Anaesthetist.

Division of Anaesthesia

Dr R K Parikh
Dr S D Macdonald
Dr J B McKellar
Dr D K Sewnauth
Dr T C McLintock
Dr M A Dougan (Locum)
Dr P J Slater
Dr R L Hughes
Dr A H McKee
Dr C D Miller
Dr K S R Lamb

Fax: 041 557 0468

RKP/MMS
5th July, 1994.

Dr. R. Jamieson,
Bridgeton Health Centre,
201 Abercromby Street,
GLASGOW, G40 2DA.

c.c. Mr. G. C. Bennet,
Consultant Orthopaedic Surgeon,
Stobhill NHS Trust.

Dear Dr. Jamieson,

Walter Zaleski, d.o.b. 26.10.70, Unit No. 432099
27 Green Street, Calton, Glasgow. (formerly: 152 Abercromby Street.)

Walter did not keep his last appointment at the Pain Clinic. However, I feel that in view of his positive Phentolamine challenge test it may be worth pursuing with the sympatholytic therapy for him to improve his problem of pain in the right leg. He is obviously not very keen on further sympathetic blocks but he may possibly benefit from prescribing Prazosin (Hypovase) in a dose of 500 micrograms twice a day initially for two weeks and 1 mg. daily for a trial period of three months. He may have some side effects from Prazosin and it is usually advised that the first two or three doses are taken only at night so that if he develops fainting attacks because of vasodilatation in the lower part of his body he would not be bothered by fainting attacks as he would be lying down at that time.

I have not made any further appointments to see him but I felt that this letter may be of help to you.

Kind regards.

Yours sincerely,

R. K. PARIKH,
Consultant Anaesthetist.

Hospital use Only | Clinic | Day Date THUR 20/6/96 | Time 10.30 | Hospital No. 432099 | AM | GPFH112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

CHI No. 2 6 1 0 7 0 6 2 9 4

Hospital STOBHILL HOSPITAL Date 10.05.96

Please arrange for this patient to attend the ORTHOPAEDICS clinic of Dr/Mr BENNET

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ZALESKI Maiden Surname

First Names WALTER Single/Married/Widowed/Other

Address 211 STEVENSON STREET, GLASGOW Date of Birth 26.10.70

G40 2RW Patient's Occupation

Postal Code Contact telephone number HB of Residence

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital STOBHILL HOSPITAL

Year of Attendance 1994 Hospital No. 432099

If the patient's name and/or address has/have changed since then please give details:
27 GREEN STREET, GLASGOW

Can patient attend at short notice? YES/NO

If YES, minimum notice required 1 days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. ROBERT R JAMIESON,
BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET,
GLASGOW G40 2DA
TEL. 0141-531 6610
FAX: 0141-531 6616

Please use rubber stamp

G.P. FUNDHOLDER

GP's Code G0854 Practice Code 46381

Contract Number

I would be grateful for your (1) diagnosis and advice on ☐ (2) diagnosis and treatment of ☐ the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Mr Bennet

You probably remember Walter and his right club foot, upon which you have operated on a number of occasions with a very good looking result.

He came to see us today, after an absence of two years, describing gradually worsening pain which he feels he must see you about. He said that he didn't really benefit from the programme of sympatholytic treatment through injection that Dr R K Parikh embarked upon in 1994. However, he was never started on Prazosin which Dr Parikh had felt might help him, so I have today commenced Prazosin 500mcg bd for two weeks, followed by 1mg daily for the trial period of three months that Dr Parikh recommended two years ago. Hopefully at some point during this period you will be able to see him and discuss whether there is any other treatment on offer for this pleasant young man. You probably don't remember me, but I enjoyed being on your ward at Yorkhill in 1991, and am now doing a registrar year in Bridgeton with Dr Jamieson.

Yours sincerely

Jane Wilford

Dr Jane Wilford
Registrar in General Practice

Diagnosis/provisional diagnosis

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Notes please

DATE RECEIVED	17 MAY 1996
URGENT	
SOON	
ROUTINE	
REMARKS	
SIGNATURE	

27/6/96

355-219

Produced on behalf of The Scottish Office by HMSO Scotland, 8391979, 12/95

319

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3496
Secretary: 0141 201 3495

Fax no: 0141 201 3889

GCB/FS

Clinic: 20 June 1996
Typed: 27 June 1996

Dr Jane Wilford
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Jane

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
211 STEVENSON STREET GLASGOW G04 2RW

How nice to hear from you. I hope you are enjoying life in Bridgeton! Thank you for sending Walter back up to my clinic where I saw him today: it was nice to see him again.

He has been a great problem in the past with pain around the scar of his triple arthrodesis. He was seen by Dr Parikh on several occasions and treated for reflex sympathetic dystrophy with Guanethidine injections and I think this has made quite a difference. He now has no pain around his scar although he does have pain just distal to the lateral malleolus. He is markedly tender over this region and I think he has probably got peroneal tendinitis . This is probably secondary to compression between the calcaneus and the lateral malleolus.

It may be that we will have to do something about this but obviously Walter, and I think quite rightly by this stage, wants to know exactly what is going on before agreeing to any further treatment. In view of this I have arranged for him to have an MRI scan and will see him again once this has been done.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax no: 0141 201 3889

GCB/FS

Clinic: 24 April 1997
Typed: 28 April 1997

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
211 STEVENSON STREET GLASGOW G40 2RW

Admitted: 10 04 97 Discharged: 12 04 97
Diagnosis: pain following triple arthrodesis
Operation: exploration right ankle and removal of bony fragments

He was discharged home on crutches.

He was seen for review in the clinic on 24 04 97 when the wound was healing satisfactorily. He have left the stitches in for a further week.

At operation marked degenerative changes were seen in the ankle joint. I have been over this with him and have told him that should his symptoms continue after his present wound has settled down then we would consider an ankle arthrodesis.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDIC UNIT
Mr L A Rymaszewski
Mr A W G Kinninmonth
Mr E F Wheelwright
Mr G C Bennet

Direct Line: 0141 201 3494
Fax No: 0141 201 3889

GCB/CL

19th March 1998

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT 432099
211 STEVENSON STREET GLASGOW G40 2RW

Admitted: 26 2 98 Discharged: 12 3 98
Diagnosis: Painful osteoarthritic right ankle. Previous limb lengthening. Triple arthrodesis right foot.
Operation: 26 2 98 Arthrodesis right ankle.

Walter was admitted for the above procedure. This was by bilateral bonegrafts. For the first week, he was maintained on elevation and front and back slabs. At one week, a plaster was applied. He gradually mobilised in this non-weightbearing. Check x-rays showed satisfactory position. He was discharged home on 12/3/98 and will be seen again for review in out-patients in two weeks' time.

With kind regards.

Yours sincerely

G C Bennet FRCS
Consultant Orthopaedic Surgeon

ORTHOPAEDICS RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 3889

AS/FS

27 May 1998

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	21/05/1998
Diagnoses:	Previous limb lengthening and triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up one week

I reviewed Mr Zaleski in the clinic today. It is now 3 months since he had arthrodesis of his right ankle. He has returned to the clinic today, one week early, as he is having problems with the plaster. On removal of the plaster he had a 1 x 1 cm sore over the head of the 1st metatarsal. This is only superficial and looks nice and clean today.

X-rays taken today show some further healing of the arthrodesis but it is not yet ready to come out of plaster. The sore has been dressed and well padded and a plaster re-applied. We will see him again in one week's time to reassess the sore.

Yours sincerely

ANDREW STARK
SPECIALIST REGISTRAR TO MR BENNET

ORTHOPAEDICS RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 3889

GCB/FS

21 July 1998

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	16/07/1998
Diagnoses:	Previous limb lengthening and triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up O/P 3 months

I saw Walter for review today. His ankle arthrodesis seems quite solid and he is quite comfortable. He has left his crutches and is now getting back to work. I will see him for review in 3 months' time.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 3889

GCB/FS

09 September 1998

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	03/09/1998
Diagnoses:	Previous limb lengthening and, triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up O/P one week

I saw Walter for review today. For the last couple of weeks his right ankle has been painful and swollen. When I saw him last week it looked like infection and I started him on Flucloxacillin 500 mgs QID. Reviewing his results of last week shows an ESR of 65, WBC 11,000, negative blood culture. X-rays were normal and bone scan showed only minimal increased uptake compatible with his previous operations.

He certainly looks a lot better today although the medial and lateral sides are somewhat red and warm. I think he should continue with his antibiotics and I will see him for review in one week's time.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS • RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY • PODIATRY

ORTHOPAEDIC CLINIC
APPOINTMENTS: 0141 201 3495
SECRETARY: 0141 201 3496
FAX NO: 0141 201 4150

GCB/RW

04 March 1999

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	**25/02/1999**
Diagnoses:	**Previous limb lengthening and triple arthrodesis right foot**
Surgery:	**Arthrodesis (Right) 26/02/1998**
Outcome:	**Follow Up O/P 1 WEEK**

I saw Walter for review today. He has been pretty unwell of late and his ankle, which has previously been arthrodesed, has obviously loosened up a lot. It is quite painful and moves considerably. I think this lies between as being merely loosening off because of his increased activity or infection. I have arranged for a bone scan and some bloods to be performed and we will see him back next week to reassess him.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS • RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY • PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 4150

GCB/JW

10 March 1999

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	04/03/1999
Diagnoses:	Previous limb lengthening and, triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up O/P

I saw Walter for review today. There is no evidence of infection in his ankle but he certainly has got a marked pseudo-arthrosis. I think our options are very limited. I have given him some additional support in his splint today. I have also discussed a below knee amputation with him. I think this would probably be the best treatment.

I have referred him to a colleague at the Southern, Mr McCreath, so that he can meet some people who have had this done so that he can get some idea and be able to form his own opinion.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS · RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY · PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 4150

GCB/JW

10 March 1999

Mr Stuart McCreath
Consultant Orthopaedic Surgeon
Southern General Hospital NHS Trust
1345 Govan Road
Glasgow G51 4TF

Dear Stuart

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	04/03/1999
Diagnoses:	Previous limb lengthening and, triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up O/P

I wonder if I could ask you to see this old friend of mine. I have known him for years. I inherited him from Duncan McPherson. He had a talipes and a very short right leg. I did a leg lengthening of some 5 cm. I corrected the deformity of the Lambrinudi triple arthrodesis but by that time he had an osteoarthritic ankle and thus I did an ankle fusion. Unfortunately it has not fused (not surprisingly) and he has now got a painful pseudo-arthrosis. I think he would be helped by a below knee amputation.

Naturally, after all he has been through, he does not view this with any great enthusiasm but I think he might be pleasantly surprised.
I wonder if you could arrange for him to be seen, not necessarily by yourself, and be counselled about this as well as see some people with amputations. I think he would find it very helpful.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

UNIVERSITY OF STRATHCLYDE
NATIONAL CENTRE FOR TRAINING AND EDUCATION IN PROSTHETICS AND ORTHOTICS

SGH
Southern General Hospital
NHS Trust
Prosthetic/Orthotic Clinic
1345 Govan Road, Glasgow, G51 47P
Tel: 0141-201-1131 Fax: 0141-201-1199

SWMcC/MC/4335

22nd March 1999

Mr G Bennet
Consultant Orthopaedic Surgeon
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW

for Notes
Appt 3 weeks please

Dear

WALTER ZALESKI DOB 26.10.70
211 STEVENSON STREET, GLASGOW G40 2RW (STOBHILL 432099)

Many thanks for your letter about this young man with his problem right foot. I agree entirely with you that he badly needs a trans-tibial amputation. I explained the reasons for this to him and tried to describe what life would be like as an amputee. Fortunately, one of our young below knee patients was in the clinic this afternoon and as he is an active final year medial student, he was able to give him the real truth.

I hope this will have been helpful in guiding him towards a decision which I believe in any case is inevitable. I have not arranged to see him again but as in the past I remain happy to assist in whatever way I can, either for the amputation itself or for his immediate rehabilitation thereafter.

Kind regards

Yours sincerely

S W McCreath FRCS
Consultant Orthopaedic Surgeon

ORTHOPAEDICS • RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY • PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 4150

GCB/JW

16 April 1999

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	08/04/1999
Diagnoses:	Previous limb lengthening and triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up O/P

I saw Walter for review today. Since last seeing him he has been down to the Southern General Hospital and seen Mr McCreath. I enclose a copy of Mr McCreath's letter.

Walter is still thinking about proceeding with an amputation and is going to get in touch with me once he has mulled it over.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 4150

GCB/JW

14 December 1999

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	02/12/1999
Diagnoses:	Previous limb lengthening and triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up I/P W/List

I saw Walter for review today. He has decided to go ahead with an amputation and I have put his name down to come in on 10th February for a right below knee amputation.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY PODIATRY

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax No: 0141 201 4150

GCB/JW

14 December 1999

Mr S W McCreath
Consultant Orthopaedic Surgeon
Southern General Hospital
Prosthetic/Orthotic Clinic
1345 Govan Road
Glasgow
G51 47P

Dear Stuart

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Clinic:	02/12/1999
Diagnoses:	Previous limb lengthening and, triple arthrodesis right foot
Surgery:	Arthrodesis (Right) 26/02/1998
Outcome:	Follow Up I/P W/List

You may recall some time ago seeing this old friend of mine, Walter, who was a prospective candidate for a right below knee amputation. He has now decided to go ahead. I thought he would probably be done quicker here and I have arranged to admit him on 10th February for this which fits in with our plans. I wonder if you could pencil him in for some rehab and limb fitting shortly after that.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDICS • RHEUMATOLOGY
MUSCULO-SKELETAL UNIT
SPECIALIST NURSING & PHYSIOTHERAPY • PODIATRY

Secretary: 0141 201 3494
Fax no: 0141 201 4152

ORTHOPAEDIC UNIT

GCB/CL

13 April 2000

Dr Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW
G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB: 26/10/1970 UNIT NO: 432099
211 STEVENSON STREET GLASGOW G40 2RW

Admitted:	10/02/2000
Discharged:	26/02/2000
Diagnoses:	Multiple operations right leg. Failed ankle arthrodesis. Congenital abnormality.
Surgery:	Arthrodesis (Right)26/02/1998, **Below knee amputation (Right) 10/02/2000**
Outcome:	Follow Up O/P

Post-operatively, Walter did very well. His wound healed primarily. Stump managing began to shape the stump. He had some early phantom pain but this gradually settled. He was seen by the physiotherapists and mobilised very satisfactorily following this. He was discharged home on 26/2/00. Arrangements have been made for him to be seen at the Southern General Hospital on 28/2/00 for limb fitting and continued physiotherapy.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

GGNHS FAST TRACK CHEST PAIN ASSESSMENT - REFERRAL FORM

PATIENT DETAILS	GP DETAILS (or stamp)
Name: WALTER ZAROBICZ DOB 26/10/70	Name: Dr Alison Cron
Address 28 Scawmarm Dr	Address Barony Medical Centre 30 Auchinloch Street Springburn G21 4AH Tel 0141 557 8161
Post code G22 7SF Telephone No 6645530	Telephone No.
Hospital No. A32099	Fax No.
Chi No. 261070 6294	Practice Code G 43133

NHS Greater Glasgow

PLEASE COMPLETE ALL INFORMATION BOXES

INDICATION FOR REFERRAL - CHEST PAIN/TIGHTNESS/OTHER SYMPTOM THOUGHT TO BE ANGINA

NEW ONSET OF SYMPTOMS

Symptoms been present for ≤ 4 weeks? Y ☑ N ☐

Must be "Y" for rapid access
Otherwise please refer to cardiology clinic

WORSENING ANGINA

- Existing treated angina that is more frequent or related to less exertion? Y ☐ N ☐
- Have the changed symptoms been present ≤ 4 weeks Y ☐ N ☐

Both must be "Y" for rapid access.
Otherwise please refer to cardiology clinic

Is patient physically able to / capable of undertaking an ETT? Yes ☑ No ☐ I think so has artificial leg

If "No" please still refer using this form – alternative investigation will be arranged

Suspected unstable angina
e.g.marked increase in frequency or severity of symptoms, or pain at rest - IMMEDIATE HOSPITAL ADMISSION ADVISED
Suspected MI <5 days - IMMEDIATE HOSPITAL ADMISSION ADVISED

PAST MEDICAL HISTORY Previously seen by cardiologist? - Dr .....

Peptic Ulcer	☐	Diabetes (Type 2)	☐	MI	☐
Oesophageal disease	☐	Diabetes (Type 1)	☐	CABG	☐
Hiatus Hernia	☐	Hypertension	☐	PTCA	☐
COPD/Asthma	☐		☐	Angina	☐

RISK FACTORS
Cholesterol (if available).....mmmol/L Smoker Y ☑ N ☐ ex ☐ (If ex, how long stopped.....) Current BP 160/80

CURRENT DRUGS (Tick all that apply)

Non-steroidal e.g. ibuprofen	☐	Digoxin	☐	ACE Inhibitor	☐
Antacid/H2 receptor antagonist/PPI	☐	Long acting nitrate	☐	A2 blocker	☐
Loop diuretic (or in combination)	☐	GTN	☐	Warfarin	☐
Thiazide diuretic (or in combination)	☐	ß-Blocker	☐	Aspirin	☐
Bronchodilator	☐	Ca channel blocker	☐	Dipyridamole	☐
		Alpha Blocker	☐	Clopidogrel	☐

PLEASE ASK PATIENT TO BRING ALL MEDICATIONS ALONG TO CLINIC 6/12/06

1. Please complete all patient/GP information
2. Telephone hospital for appointment (WIG only)
3. Fax completed form to the appropriate hospital.
4. Give patient the appropriate information sheet

9.35 F1

Rapid Access Chest Pain

GRI	tel:0141-211(2)-5453	Fax:0141-211(2)-5482	**SGH**	tel:0141-201(6)-1590	Fax:0141-201(6)-2449
Stobhill	tel:0141-201(1)-3062	Fax:0141-201(1)-3817	**VI**	tel:0141-201(6)-5133/5160	Fax:0141-201(6)-5096
WIG	tel:0141-211(5)-6242	Fax:0141-211(5)-1843			

Referring doctor's signature ..... Please print name CRON

Re-order from your local ECG Department

NHS Greater Glasgow

Stobhill Hospital - Fast Track Chest Pain Assessment - GP Services

Walter Zaleski	
Hospital no. :	**10432099L**
CHI number :	2610706294
Date of Birth :	26 October 1970
28 Scaraway St Glasgow G22 7JS	

GP :	Dr ROBERT Jamieson
Post code :	G40 2DA
Practice code :	463811
Consultant :	Dr FG Dunn
Referred for :	Chest pain assessment
Date :	6 December 2006

Presenting : Complaint Patient presents with a one month history of atypical chest pain. He describes left sided chest pain which is worse on inspiration and can radiate to his left arm. The pain lasts secs to mins and there is no obvious trigger.

Other History : & Risk Factors No relevant medical history. Current smoker. Family history of premature coronary disease.

Medication : Co-dydramol; Carbemazepine; PENICILLIN

Examination : Normal heart sounds. No murmurs. Lung auscultation normal. Not obese.
Heart Rate: 88 bpm. Blood Pressure: 135/80 mmHg.

ECG : Normal sinus rhythm.

Exercise Tolerance Test

exercise time : 7:06 **supervised by :**
predicted time : 13:02 **test termination :** fatigue
maximum ST change : **test result :** negative (low risk)

Exercised for 7.06 mins with no chest pain and no significant ECG changes

Advice on Further Management & Treatment Recommendations

Following assessment today, he gives an atypical history for cardiac chest pain and his treadmill was negative at a reasonable workload. Our impression is that there is no evidence of myocardial ischaemia and on balance the symptoms may be dyspeptic or musculoskeletal in origin.

He has been given advice regarding addressing his risk factors and we have discharged him back to your care for further investigation and management.

Regards

Katy Joss
Nurse Practitioner

reported by : Sr K Joss (Nurse Practitioner) 7 December 2006

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax no: 0141 201 3889

GCB/FS

Clinic: 16 January 1997
Typed: 29 January 1997

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
211 STEVENSON STREET GLASGOW G40 2RW

I saw Walter for review today. He is having localised pain around the ankle joint and an MRI scan has shown a fragment of bone between the talus and the tibia. This does not really correspond to his painful area but that said, he does have localised pain and he is so fed up with it that I thought it worthwhile exploring it.

I have put his name down to come in on 10 April 1997, after his wife has had her baby, for exploration.

Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

ORTHOPAEDIC CLINIC
Appointments: 0141 201 3495
Secretary: 0141 201 3496

Fax no: 0141 201 3889

GCB/FS

Clinic: 16 January 1997
Typed: 29 January 1997

Dr R Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

WALTER ZALESKI DOB 26 10 70 UNIT NO 432099
211 STEVENSON STREET GLASGOW G40 2RW

I saw Walter for review today. He is having localised pain around the ankle joint and an MRI scan has shown a fragment of bone between the talus and the tibia. This does not really correspond to his painful area but that said, he does have localised pain and he is so fed up with it that I thought it worthwhile exploring it.

I have put his name down to come in on 10 April 1997, after his wife has had her baby, for exploration.

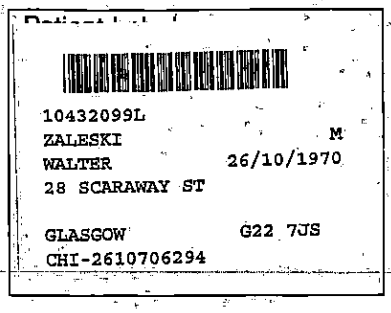
Kind regards.

Yours sincerely

G C Bennet
CONSULTANT ORTHOPAEDIC SURGEON

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde



The patient attended TIA Clinic at Stobhill

Hospital on 29/7/18 and I would advise a change to drug therapy from

to

or additional therapy of aspirin 75mg

+ simvastatin 40mg

as detailed below. Full letter to follow. ✓

Additional Comments:

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE

Yours Sincerely

Signature: P Fraser

Name (print) P FRASER Grade: CONS. Ext. No:

White copy to - G.P. Pink copy - *File this copy in Case Records*

00545

DR P FRASER TIA TUES 29/7/08 @ 1.30pm

FAST-TRACK TIA/STROKE CLINIC

29/7/8

FAX this form to specified clinic (see below)
All sections must be completed to allow fast tracking

CHI 2510706294
ZOLESKI WALTER 25/10/1970 M
28 Scarsdale Rd G22 7JS
0141 9302
Dr P Fraser GMC 8
30 Ruskin Loan Street
G12 0XP Practice 48139

1043209QL

CHI No. tel 572-9352 or

Hospital No. (If known) 0786545218

GP Details (or stamp)

NAME .....

ADDRESS .....

Practise No.: ..... Tel: ..... Fax: .....

GP Signature ..... Date: 29.7.8

PRINT NAME .....

Does patient require wheelchair: ☐ Yes ☑ No

There must be a history **sudden onset** focal neurological symptoms.

There must have been (or still be) at least one of these signs/symptoms. ***Please tick relevant box (or boxes)***

		RIGHT	LEFT
LOSS OF POWER IN:	**Face**	☑	☐
	Arm	☐	☐
	Leg	☐	☐
	Hemianopia	☐	☐
	Amaurosis Fugax	☐	☐

		RIGHT	LEFT
SENSORY LOSS IN:	**Face**	☑	☐
	Arm	☐	☐
	Leg	☐	☐
	Speech disturbance	☐	

If none of these apply the patient is inappropriate for this clinic

Date of onset of symptoms: 24/06/08 Duration of symptoms: <1h ☐ >1h and <24h ☑ >24h ☐

Please tick any existing risk factors

Previous stroke ☐ Date 1/1 Angina ☐
Previous MI ☐ Date 1/1 Diabetes ☐
Intermittent claudication ☐ Atrial Fibrillation ☐
History of hypertension ☐ Smoking ☑
Current BP = ☑ 136/82 Alcohol Abuse ☐
Family history of stroke ☐ Total Cholesterol If known 7.4

Current medication :

Champix
Co-Amilofruse

LDL 5.48

Other Information/symptoms

Fhx MI DM 42yrs Sister 52yrs

Patient should be advised not to drive for one month after initial symptom

Telephone/Fax Numbers

- **Western Infirmary:** ..... **Tel 211-(5)2119 Fax 211-(5)2919**
- **Glasgow Royal Infirmary:** ..... **Tel 211-(2)4811 Fax 211-(2)4944**
- **Victoria Infirmary:** ..... **Tel 201-(6)6302 Fax 201-(6)6305**
- **Southern General Hospital:** ..... **Tel 201-(6)2828 Fax 201-(6)2510**
- **Stobhill Hospital:** ..... **Tel 201-(1)3247 Fax 201-(1)3218**

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Division of Medicine
Department of Medicine for the Elderly

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref: PF/AD
Date of Clinic: 29/07/2008
Date of Dict: 08/08/2008
Date of Typing: 12/08/2008
Hospital Number: 10432099L
CHI Number: 2610706294

TIA/STROKE CLINIC

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

DIAGNOSES: 1. Headache and facial weakness - ? cause.
2. Right below knee amputation.
3. Smoker.

CURRENT MEDICATION: Co-dydramol as required, DF118 at night, Carbamazepine 200mgs, Champix.

I saw this 37 year old man at my Cerebrovascular Clinic on 29.07.08. He describes a 10 day history of intermittent sharp right-sided headache which is severe and throbbing in nature. This was persistent for several days then he developed facial weakness which lasted for several hours. In the following week he has developed intermittent episodes of facial numbness which he describes as a tingling which lasts for several hours and occurs every day. This facial tingling is associated with headache. His wife has noted that at times his speech appears to be slurred. He is uncertain if his facial weakness involved his forehead but he felt his eyelid and mouth were drooping. There is no associated nausea, vomiting or visual symptoms. He has no past history of headaches or family history of migraine. He has a strong family history of ischaemic heart disease with his father having an MI aged 42 and his sister having an MI aged 53. He has a past history of right below knee amputation which was performed due to pain in his right foot and lower leg due to a congenital deformity. He had his operation in 2000 and has unfortunately had persistent pain since then. He lives with his wife and two sons (aged 11 and 3 years). He works as a Team Manager in a Call Centre. He smokes 20 cigarettes per day, however plans to stop this week. He drinks very occasional alcohol (approximately 2 units per week). Systematic enquiry was otherwise unremarkable.

On examination he appeared well. He is missing the terminal phalanx of his right middle and ring fingers and left middle, right and pinky. He has a right below knee amputation. Cranial nerves were normal. He had normal tone, power and reflexes and his left plantar is downgoing. His pulse was 78 regular, blood pressure 138/69. Heart sounds were pure and peripheral pulses palpable in his left foot.

/cont'd

Walter Zaleski ~ 26/10/1970

ECG is normal sinus rhythm, U&E's and liver function tests were normal, cholesterol was elevated at 7.4 and HDL cholesterol 0.9 and triglycerides of 2.7. Full blood count and ESR are normal and ANA, ANCA and rheumatoid factor are negative. Carotid doppler scan shows mild stenosis of the left internal carotid artery but is otherwise normal.

His symptoms are atypical and I wonder whether they may be a variant of migraine. I have requested an MRI of brain.

RECOMMENDATIONS
I would be grateful if you could commence him on Aspirin 75mgs and Simvastatin 40mgs meantime.

FOLLOW-UP
I shall review him at the clinic once the result of his brain scan is available.

Yours sincerely

DR P FRASER
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	PF/AD
Date of Dict:	03/10/2008
Date of Typing:	07/10/2008
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
GLASGOW G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

I now have the result of this man's MRI of brain. This shows multiple non-specific white matter changes throughout both cerebral hemispheres but not within the brainstem cerebellum. It is felt these are likely to represent chronic ischaemic change, however in view of his age, vasculitis and demyelination should be considered. His ESR is normal and auto-antibody screen is negative. Carotid doppler scan has shown some mild stenosis of the left internal carotid artery. He has a family history of premature vascular disease and he is a smoker. I think it is likely that atherosclerosis is the underlying problem, however I shall arrange for him to be reviewed at the clinic to discuss these results with him and organise a lumbar puncture following this to send CSF and paired serum sample for oligoclonal bands. I shall also send a request meantime for an echocardiogram to look for a cardiac source of emboli.

Yours sincerely

DR P FRASER
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Division of Medicine
Department of Medicine for the Elderly

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref: CS/ET
Date of Clinic: 25/11/2008
Date of Typing: 27/11/2008
Hospital Number: 10432099L
CHI Number: 2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

Diagnosis:
1. Headache and facial weakness ? cause
2. ? Cerebrovascular disease
3. Right below knee amputation
4. Hypercholesterolaemia
5. Smoker

Medication: Simvastatin 40mg, Aspirin 75mg, Codydramol, Carbamazepine
Please add Perindopril 2mg if blood pressure remains elevated

I reviewed Mr Zaleski today in Dr Fraser's TIA Clinic. He was initially referred back in July with episodes of facial weakness, right sided headache, intermittent facial numbness and slurred speech. Mr Zaleski has quite a number of risk factors including smoking twenty cigarettes per day, family history of ischaemic heart disease with her father having MI in his 40's and her sister MI in her 50's and most recently he found out his sister had a stroke in Poland a couple of weeks ago. His most recent cholesterol is 7.4.

He had an MRI of his brain which showed multiple non-specific white matter changes within both cerebral hemispheres that are likely to represent chronic ischaemic change but did not exclude demyelination. He had a carotid doppler scan which showed mild stenosis of the left internal carotid artery.

Mr Zaleski is still feeling quite lethargic and over the last couple of weeks is still experiencing occasional facial weakness associated with nausea, description of seeing stars in his eyes and occasional headache.

Walter Zaleski ~ 26/10/1970

It does sound as though these episodes that he describes are migraneous in nature. I have explained to him the results of his MRI and in view of his risk factors that he may have underlying cerebrovascular disease. However in view of his age we need to exclude demyelination.

He will attend for a lumbar puncture on the 5th December at the Day Hospital to check for oligoclonal bands and he will require a serum blood test along with this.

In view of the headaches I have not added in Dipyridamole at this stage but certainly when he attends the clinic in approximately six weeks then this could be reassessed. I have rechecked his cholesterol today which has improved and is now 5.1. His blood pressure is 130/80 but certainly if it remains elevated then I would be grateful if you could add in Perindopril.

He will be reviewed back in the clinic once we have the result of his lumbar puncture.

Yours sincerely

Dr Claire Steel
Specialist Registrar

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Division of Medicine
Department of Medicine for the Elderly

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	BEL/ET
Date of Dictation:	05/12/2008
Date of Typing:	11/12/2008
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

Just a quick letter to let you know that Mr Zaleski attended the Day Hospital on the 5th December 2008 and had a successful lumbar puncture. There were no immediate complications. Samples have been sent to Southern General for oligoclonal bands. He also had a concurrent sample sent as well.

We plan to see him back in clinic once we have the result of the oligoclonal bands.

Yours sincerely

DR BOON ENG LOO
Staff Grade in Medicine for the Elderly

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Division of Medicine
Department of Medicine for the Elderly

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref: PF/ET
Date of Clinic: 13/01/2009
Date of Typing: 21/01/2009
Hospital Number: 10432099L
CHI Number: 2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

Diagnosis:
1. Cerebrovascular disease
2. Hypercholesterolaemia
3. Smoker
4. Family history of premature vascular disease
5. Previous right below knee amputation (for pain relief due to congenital deformity)

Medication: Aspirin 75mg, Simvastatin 40mg, Carbamazepine 200mg for phantom limb pain, Codydramol as required

I reviewed this 38 year old man at my Cerebrovascular Clinic today. As you know his MRI of brain showed some bilateral white matter changes which are thought to represent chronic ischaemic change. A lumbar puncture was performed and CSF was sent which showed no evidence of oligoclonal bands. He has multiple vascular risk factors as noted above. Unfortunately he continues to smoke however has reduced this from 20 cigarettes per day to 5 cigarettes per day and his long term aim is to stop. His blood pressure today was initially significantly elevated 179/90 dropping to 150/96. His cholesterol dropped from 7.4 to 5.1 when last checked and I have sent a further sample to check this today. He drinks no alcohol.

His main complaint is of intermittent throbbing frontal headache. At times this is associated with nausea. On this occasion he denies any visual symptoms and states that it is exacerbated by stress for example shouting at his two boys (aged 12 and 4). He is not working at present as he found return to full time work as a team manager in a call centre extremely stressful but needs to try and negotiate a phased return to work.

Walter Zaleski ~ 26/10/1970

Investigations Outstanding: He is due to attend for a echocardiogram on the 30th January.

Recommendations: I would be grateful if you could add Perindopril 2mg as per my handwritten note. Please check his U's & E's following one week. If this is tolerated please add Bendrofluazide in four weeks time.

Follow Up: I have arranged for him to be reviewed at the Nurse Led Clinic in six weeks time. I would plan to increase his Perindopril to 4mg if possible.

Yours sincerely

DR P FRASER
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Division of Medicine
Department of Medicine for the Elderly

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	PF/AF
Date Dictated:	16/02/2009
Date of Typing:	19/02/2009
Hospital Number:	10432099L
CHI Number:	2610706294

Dr Robert Jamieson
Bridgeton Health Centre
201 Abercromby Street
G40 2DA

Dear Dr Jamieson

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

I now have the result of this man's echocardiogram. It is normal. Follow up has been arranged at the Nurse Led Clinic.

Yours sincerely

DR P FRASER
Consultant Physician

Stobhill Hospital,
133 Balornock Road,
Glasgow,
G21 3UW.

Division of Medicine
Department of Medicine for the Elderly

Consultants:
Dr. J.W. Davie
Dr. C.H. McAlpine
Dr. P. Fraser
Dr. L.N. Simpson
Dr. A.L. Cunnington
Dr. A. Bowman

Enquiries to: **Mrs Anne Donnelly**
Direct line : **0141-201-3247**
Fax No : 0141-201-3218

Our Ref:	JH/AH
Date of Clinic:	02/03/2009
Date of Typing:	04/03/2009
Hospital Number:	10432099L
CHI Number:	2610706294

NURSE LED STROKE CLINIC

Dr Michael McLaughlin
The Barony Medical Centre
30 Auchinloch Street
G21 4AH

Dear Dr McLaughlin

Walter Zaleski ~ 26/10/1970
28 Scaraway St, Glasgow, G22 7JS

I reviewed Mr. Zaleski at the Nurse Led Stroke Return clinic on 2nd March. His blood pressure was 135/80 and pulse 87. I believe that his current medications are; Aspirin 75mg, Bendroflumethiazide 2.5mg, Perindopril 2mg and Simvastatin 40mg as well as Carbamazepine 200mg for phantom limb pain. I have checked his U's & E's and cholesterol and shall attach these results for your information and as these appear to be stable, I would suggest increasing his Perindopril to 4mg and would be grateful if you would continue to monitor his blood pressure and renal function. Unfortunately he continues to smoke around five cigarettes per day and says that he finds it difficult to stop completely as he said that he does not have much support at home as his wife also smokes. He has returned to work but feels this is stressful at times and his mood can be affected. However he appears to be managing the stress fairly well but I have advised him of the support that is available to him should he feel that he is becoming less able to cope. I have given him a copy of the "My Stroke Book" as well as my contact number. I have not planned any further follow up at the clinic however would be happy to see him again should he need any further information or support.

Yours sincerely

Sister Jan Hunter
Stroke Nurse Specialist

GREATER GLASGOW HEALTH BOARD

Dear Dr. _____

Your patient Watt(J) Zaidi Age _____ Unit No. _____

Address _____

under the care of Mr Bennet was discharged from Ward 7A on 18/10

with a diagnosis of (P) Tuberculosis

A discharge letter will follow. The patient was discharged on the drug treatment detailed below.
Further duration of treatment from date of discharge is shown in "Recommended Duration of Treatment" column.
A five days supply has/~~has not~~ been dispensed by the hospital. (~~Delete as applicable~~).

Note to the hospital prescriber:
(a) In the "Recommended Duration of Treatment" column it is important to state the number of days for which treatment should be continued **from the date of discharge.**
(b) If treatment is to be for an indefinite period, mark "INDEFINITE".
(c) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

To the Hospital Pharmacist, please supply the following:–

Medicine	Form of Preparation e.g. tablets	Dose	Times of Administration					Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
Rifadin	TABLETS	2 tabs	8-10				1 hr pc	5 days/week	20 150mg
Pyrazinamide	TABLETS	500mg	1					5 DAYS	20 Reduced to 500mg

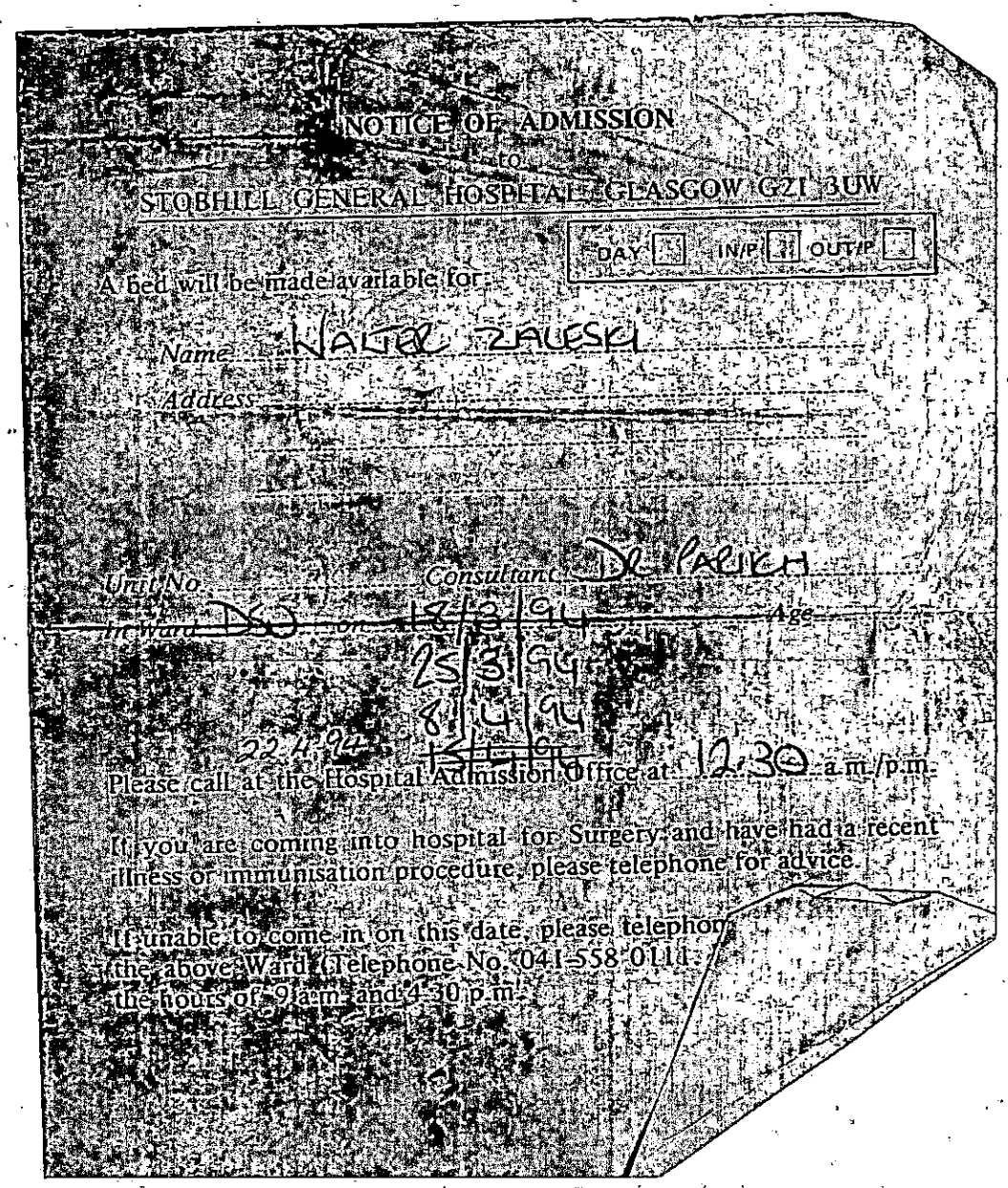
Drug/Medicine Sensitivity _____

Pharmacist MOH Date Dispensed 18/10/91

OTHER TREATMENT and COMMENTS (including details of appliances, etc.)

THIS FORM MUST BE COMPLETED FULLY.

Robinson



NOTICE OF ADMISSION

to

STOBHILL GENERAL HOSPITAL GLASGOW G21 3UW

DAY [ ] IN/P [ ] OUT/P [ ]

A bed will be made available for

Name WALTER ZAUESKI

Address

Unit No *Consultant* DR PARIKH

In Ward D10 *on* 18/3/94 *Age*

25/3/94

8/4/94

22/4/94

18/5/94

Please call at the Hospital Admission Office at 12.30 a.m./p.m.

If you are coming into hospital for Surgery and have had a recent illness or immunisation procedure please telephone for advice.

If unable to come in on this date please telephone the above Ward (Telephone No. 041-558 0111) between the hours of 9 a.m. and 4.30 p.m.

MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

STOBHILL GENERAL HOSPITAL
GLASGOW G21 3UW
Telephone 041 558 0111

FORM NO. 032985

Dear Dr.
Your patient WALTER ZALESKI
Age 72 Unit No. 432099
Address [redacted]

Under the care of DEARMAN
was seen as an outpatient/discharged from Ward ZA on 1/10/13
with a diagnosis of TRIMMING OF OSTEOPHYTES (R) FOOT
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment *from date of discharge* is shown in 'Recommended Duration of Treatment' column. Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/HAS NOT BEEN DISPENSED BY THE HOSPITAL)
(Delete as applicable)

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the 'Recommended Duration of Treatment' column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period mark 'INDEFINITE'.
(d) If treatment is to be intermittent or irregular give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy
Co DIHYDROCODEINE	TABS	30mg	4-6 hourly for pain max 4/day	INDEFINITE	7	Norton 30x30

Medicine Sensitivity 1. 2.

Dispensed by [signature] Checked by: [signature] Date Dispensed 1/10/13

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY

Received on Ward by K Bro
Issued by K. Bro
Date Issued 2.10.13
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS ... KERR MACANDIE SIGNATURE Kerr MacAndie DATE 1/10/13

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy Radiopager No ... 1006 ...

STOBHILL GENERAL HOSPITAL
GLASGOW, G21 3UW
Telephone: 041-558 0111

Dear Dr.

Your patient Walter Zalesky Age 21 Unit No. 432099

Address 152 Abercrombie St Glasgow

Under the care of Mr Bennet was discharged from Ward 7A on 20/3/92

with a diagnosis of Removal of Staples Sutures (R) Foot

A discharge letter will follow. The patient was discharged on the drug treatment detailed below.
Further duration of treatment from date of discharge is shown in "Recommended Duration of Treatment" column.
A five days supply has/~~has not~~* been dispensed by the hospital. (*Delete as applicable).

Note to the hospital prescriber:
(a) In the "Recommended Duration of Treatment" column it is important to state the number of days for which treatment should be continued **from the date of discharge.**
(b) If treatment is to be for an indefinite period, mark 'INDEFINITE'.
(c) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

To the Hospital Pharmacist, please supply the following:—

Medicine	Form of Preparation e.g. tablets	Dose	Times of Administration				Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
Cocodamol	tab	2 tab	6hrly p.r.n.				5d	30 x 30/500

Drug/Medicine Sensitivity

Pharmacist [signature] Date Dispensed 20-3-92

OTHER TREATMENT and COMMENTS (including details of appliances, etc.)

D FULLY

[signature]
MEDICAL OFFICER

CONFIDENTIAL

NUMBER 11819

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

STOBHILL NHS TRUST

STOBHILL NHS TRUST
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DEAR DOCTOR
NAME
ADDRESS

YOUR PATIENT
NAME WALTER ZALESKI
ADDRESS 211 STEVENSON ST
GLASGOW
Date of Birth .../.../... Unit No 432 099

DATE OF ADMISSION.....
DATE OF DISCHARGE 11/8/98
WARD 7A
CONSULTANT MR. BENNET

DIAGNOSIS
1.
2.
3.
4.

OPERATION / PROCEDURES
1. R ANKLE ARTHROSCOPY
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

	DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO
WALKING .....
2 HANDED SEAT .....
STRETCHER .....
ESCORT .....
Tick as necessary

OTHER NEEDS .....
(SPECIFY) .....
.....
.....

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP _____ DAY CARE _____ PHYSIO _____
MEALS ON WHEELS _____ DN OR HV _____ OT _____

DISCHARGE MEDICATION

SPECIAL DISPENSING INSTRUCTIONS ☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER .....

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	PHARMACY USE ONLY: No. of Days Supplied	PHARMACY USE ONLY: Quantity, Name Strength & Manufacturer Supplied
Diclofenac	tab	50mg	TDS pc	max 150mg per day 5/7	7	28x50 Nbk

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

DISPENSED BY .....
CHECKED BY .....
DATE 11/3/98 CP CHECK .....

MEDICINES COLLECTED BY (MESSENGER)
.....

WARD USE ONLY

RECEIVED ON WARD BY .....
ISSUED BY .....
DATE ISSUED .....
SIGNATURE OF RECIPIENT .....

DR.'s NAME IN BLOCK CAPITALS .....
SIGNATURE .....
DATE 11/3/98
PAGER No 1132

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIAISON

ITAL MEDICINE SCRIPTION FORM

THIS FOR MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

GLASGC
G21 3UW
Telephone 0141-201 3000

FORM NO. 59151

Dear Dr. .....
Your patient ... MR ... ACKSH ...
Age ..... Unit No. .....
Address .....
.....
Under the care of .....
was seen as an outpatient/discharged from Ward* ... 11.4.97 ... on ... 7A ...
with a diagnosis of ... R CLUB FOOT .....
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/~~HAS NOT~~* BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable).

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark 'INDEFINITE".
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy.
X (O.D) PARAL		2 TABS	4 hrly PRN	7	7	07 APR 97

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: _____ Checked by: _____ Date Dispensed 18/4/97

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY
Received on Ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative .....

DRs. NAME IN BLOCK CAPITALS ... RIGSLIC ... SIGNATURE ... [signature] ... DATE ... 18.4.97

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Radiopager No ... 401 ...

HMPI

HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

STOBHILL GENERAL HOSPITAL
GLASGOW, G21 3UW
Telephone 041-558 0111

FORM NO. 037765

Dear Dr. .....
Your patient ... WALTER ZALESKI .....
Age ..... Unit No. .....
Address .. 0/2, 27 GREEN STREET, ...
CALTON .....
Under the care of ... MR BENNET .....
was ~~seen as an outpatient/~~discharged from Ward* .... 7A ..... on 3/12/93
with a diagnosis of ... (R) ZADEK'S PROCEDURE .....
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/~~HAS NOT~~* BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable).

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark 'INDEFINITE".
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below..

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy.
DIHYDROCODEINE	TABS	30mg	4-6 hourly for pain	7 days	7.	20x Norton

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: C GRANT Checked by: _____ Date Dispensed 3/12/93

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY

Received on Ward by .....
Issued by .....
Date Issued .....
Signature of Patient or Representative X .....

DRs. NAME IN BLOCK CAPITALS .. KERR MACANDIE .. SIGNATURE Kerr MacAndie .. DATE 3/12/93 ..

White - GP Copy, Pink - Medical Records Copy, Blue - Pharma ... opy Radiopager No ..... 1006 .....

DR. RR R JAMIESON
201 ABERCROMBY STREET
GLASGOW

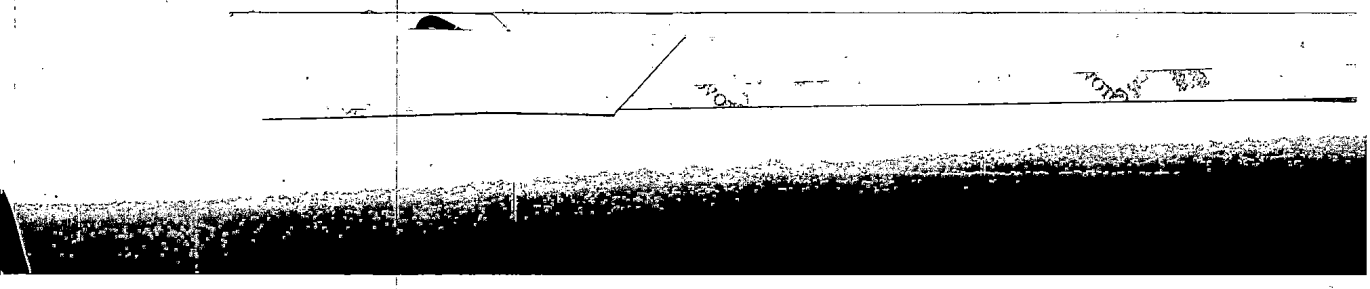
G40 2DA
G.P. Prac. 46381

DR. RR R JAMIESON
201 ABERCROMBY STREET
GLASGOW

G40 2DA
G.P. Prac. 46381

DR. RR R JAMIESON
201 ABERCROMBY STREET
GLASGOW

G40 2DA
G.P. Prac. 46381



STOBHILL GENERAL HOSPITAL UNIT

AL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V2

AL CODE	HOSPITAL NAME				CASE RECORD NUMBER	
204H	STOBHILL				H32099	
TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY	
4.94	1	1	D/C		3	
DSU	SPECIALTY	PAIN	CONSULTANT	DR PARIKH		

URNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
ELESKI	WALTER			26/10/70	M	

S — ALT/PREV SURNAME

2 27 GREEN ST

CALTON — OCCUPATION

IDE — TELEPHONE No. — OCCUPATION (HUSBAND/FATHER)

JAMIESON	ADDRESS BRIDGETON HK
DE PRACTICE	201 ABERCROMBY ST
CT No.	TELEPHONE No. POSTCODE

RELATIONSHIP		NAME RELATIONSHIP
DRESS	AND / OR	ADDRESS
NE No. NIGHT PHONE No.		DAY PHONE No. NIGHT PHONE No.
N	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.

HARGE SUMMARY

	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT CODE
	HOSPITAL CODE			WARD	SPECIALTY	CONSULTANT CODE
IGED/ ERRED TO						

GNOSIS	CODE	SPECIAL WARNINGS
ONI S 3,2)		
3,3)		
3,4)		
3,5)		
3,6)		

ERATION	CODE	DATE
PERATION		

			NATIONAL USE	

GGHB – STOBHILL GENERAL HOSPITAL **THEATRE/RECOVERY CARE PLAN**

UNIT No. L432099 DOB 26/10/70

NAME: WALTER ZELESKI

ADDRESS: 012 24 GREEN ST CANTON

CONSULTANT DR PARIKH

WARD DSO

THEATRE

DATE OF OPERATION 8/4/94

TIME:

A. **WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED** tick

1. LAST TIME PATIENT ATE OR DRANK	
2. CONSENT SIGNED	
3. IDENTITY BAND	
4. CASE NOTES, X-RAYS, DRUG KARDEX	
5. OPERATION SITE PREPARED AND MARKED	
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9. ALLERGIES	
10. VOIDED URINE	
11. BASELINE OBSERVATIONS P: BP:	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature – WARD: RECEPTION:

B. **THEATRE**

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

SPECIAL COMMENTS

Name of Scrub Nurse:

Signature of Circulating Nurse:

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE	– PULSE & B.P.			CONTINUE IV FLUIDS	RATE
	– OXYGEN/RECOVERY				
	– OXYGEN/WARD				
	– CANNULA/REMOVAL – RECOVERY		WARD		
SPECIAL					

INFORMATION/INSTRUCTIONS

Signature:

D. POST OPERATIVEOBSERVATIONS

TIME																	
PULSE																	
BLOOD PRESSURE																	
SATURATION (SaO^2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. **RECOVERY ROOM** **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature _____

CONSENT BY PATIENT/PARENT FOR OPERATION

I _____ of _____

hereby consent to

•submission of _____ to the

operation of _____

the nature and effect of which have been explained to me by:

Dr/Mr _____

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date _____ (Signed) _____

•Relationship to Patient _____

confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date _____ Signed _____

(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

THEATRE PATIENT PROFILE

DAY SURGERY UNIT

PATIENT No : 432099

SURNAME : ZELESKI

FORENAME : WALTER

SEX : M DOB : 26.10.70

WARD/DEPT. : DSU

CATEGORY OF PATIENT

ADMISSION TYPE (1. Inpatient (2. Day Cases (3. Outpatient

ADMISSION DATE : / /

TREATRE

OPERATION DATE : / /

BIOHAZARD

CONSULTANT : .....

TYPE OF OPERATION

1	LIST CASE	2	LIST CASE OUT OF HOURS
3	EMERGENCY IN HOURS OUT OF SESSION	4	EMERGENCY IN SESSION HOURS
5	EMERGENCY OUT OF SESSION HOURS		

DESIGNATED STAFF	MAIN	1st ASSISTANT	2nd ASSISTANT
SURGEON			
ANAESTHETIST			
SCRUB NURSE		FLYING NURSE	

NUMBERS OF STAFF PRESENT

	CONS	REG	SHO/HO	ANAES	NURSE	ODA	STUDENT/PUPIL	ODO
ESSENTIAL								
NON ESSENTIAL								

OTHER STAFF	QUANTITY

TIME (24-hr clock) REASON FOR DELAY

PATIENT REQUIRED

PATIENT SENT FOR

INTO RECEPTION

INTO ANAESTHETICS

INTO THEATRE

OPERATION CODES	OPERATION DESCRIPTION

TRAYS	PACES	SUPS

ANAESTHETICS		

IMPLANTS		

CARRIED OUT	1
CANCELLED	2
ABANDONED	3
PATIENT DIED	4

REASON FOR CANCELLATION

OUTCOME

DESTINATION

WARD	1	TRANSFER OUT	5
ITU	2	MORTUARY	6
DAY HOSPITAL	3	HOME	7
OUTPATIENT	4	OTHER	8

TIME (24-hr clock) REASON FOR DELAY

INTO RECOVERY

LEAVES RECOVERY

BLOOD LOSS ml.

RESEARCH 1. 2.

GREATER GLASGOW HEALTH BOARD - STOBHILL GENERAL HOSPITAL

DEPARTMENT OF ANAESTHETICS - DAY CASE ANAESTHESIA

432099
WALTER ZELESKI
0/2 27 GREEN ST
CALTON

26/10/70

CONSULTANT: _____

THEATRE: _____

DATE: _____

TELEPHONE NO.: _____

BLOOD GROUP: _____

Please notify Sister IMMEDIATELY if you have had food or drink today

		YES	NO	
1.	Do you generally keep in good health?	☐	☐	
2.	Do you have a heart complaint - e.g. high blood pressure, rheumatic fever, angina/heart attacks or had heart surgery?	☐	☐	
3.	Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough?	☐	☐	
4.	Have you had hepatitis or been jaundiced?	☐	☐	
5.	Do you have arthritis of the spine or neck?	☐	☐	
6.	Do you suffer from fits or fainting attacks?	☐	☐	
7	Do you have anaemia, blood problems or bruise or bleed easily?	☐	☐	
8.	Do you have diabetes or sugar in the urine?	☐	☐	
9.	Do you smoke? How many per day?	☐	☐	
10.	Do you drink a lot of alcohol? How much?	☐	☐	
11.	Have you had an anaesthetic or operation before?	☐	☐	
12.	Have you or your family had any problems after an anaesthetic?	☐	☐	
	Are you allergic to anything - medicine food, pollen?	☐	☐	
14.	Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor?	☐	☐	
15.	Do you have any caps, crowns or gold fillings in your teeth or dentures?	☐	☐	
16.	Do you attend any other hospital or specialist clinic concerning your health?	☐	☐	
17.	Is there any other medical problem you think the doctor should know about?	☐	☐	

PULSE: _____ B.P.: _____ HEART SOUNDS: _____

CHEST: _____

COMMENT: _____

Doctor's Signature: .....

NURSING NOTES:

DISCHARGE OF DAY PATIENTS

OPERATION _____

OPERATOR _____

ANAESTHETIST _____

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	___	___
2. Alert and orientated	___	___
3. Able to dress. Sit and walk unaided	___	___
4. Tolerating food and fluids	___	___
5. Post anaesthetic instructions given regarding:-		
- Driving and operating machinery	___	___
- Alcohol. Sedatives and Pain Killers	___	___
- Responsible adult MUST accompany patient home		

6. Post surgical instructions
   - Follow up appointment _____
   - Special instructions _____

7. Medication _____

_____

NURSES SIGNATURE

GREATER GLASGOW HEALTH BOARD

ANAESTHETIC RECORD No.

Date & Time	Premedication	
Ordered by	Given by	Time given

Addressographic Label 432099

WALTER ZELESKI

0/2 27 GREEN ST

CARLTON

DofB 26.10.70

PRE-OPERATIVE ASSESSMENT

PATIENT'S WEIGHT Kg. WARD

Exercise Tolerance

Previous Operations

R.S. Smoker

CXR

C.V.S. Pulse

B.P.

Allergies

Biochemistry

E.C.G.

Other

Haematology

PATIENT Number Hosp Age Sex Date A (1) 8-26

ANAESTHETIST Cons SR Reg SHO OPERATOR Cons SR Reg SHO Other 27–35

PROCEDURE Code Time Commenced Duration E OP SESSION 36–50

PRE-OP DISEASE Resp. CVS Anaemia Endocrine Renal Hepatic Neurolog Muscular Other B (1) 8–12 13–16

CURRENT DRUGS 17

PREV. ANAESTH. Halothane Complications 18–20

PREMEDICATION Morph Atropine Papaveret Hyosc Pethidine Phenergan Fentanyl Drop Diaz Other 21–30

INDUCTION Thiopentone Methohexitone Althesin Ketamine Inhalation Other (spec) 31–36

RELAXANT Sux dtc Panc Alcur Gall Other (spec) Neost Atrop 37–44

MAINTENANCE N_2O Hal Methox Ethrane Trilene Ether Cyclo Morphine Pethidine Papaveret Fentanyl Phenop Pentaz Other 45–52 53–58

TECHNIQUE Spont IPPV Mask A'way ETT Cuff Oral Nasal Magill T Pce Tracheos Hypotens Circ(cl) Pack Circ (lk) Other 59–66 67–74

I. V. SITE R. Arm L. Arm R. Hand L. Hand R. Leg L. Leg Neck Other C (1) 8–11 12–15

MONITORING ECG Pulse Temp. CVP line B.P. Other 16–21

POSITION Supine Lithotomy Lateral Prone Other Hd Up Hd Down 22–28

REG. ANALGESIA Spinal Amethoc Epidural Priloc Bier Cinchoc Brach Plex Bupivac Other Lignoc Cath Adren Site Other 29–34 35–41

COMPLICATIONS 42

BLOOD LOSS TRANSFUSION 43–47

GREATER GLASGOW HEALTH BOARD

PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H																
	J																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES 1.

2.