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

NHS
Greater Glasgow and Clyde

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

Date: 22/06/2026
Your Ref: 100014
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: DAVID MOUTREY **D.O.B: 22/06/1954**

Thank you for your request received 28TH May 2026 in which you seek a copy of your client's personal information.

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

GLASGOW ROYAL INFIRMARY & STOBHILL 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

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	

Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

DEPARTMENT OF CARDIAC AND THORACIC SURGERY

Switchboard: 0141 211 4000
Direct Dial:
Fax No:

Mr A Faichney (Clinical Director)
Mr I W Colquhoun (Lead Clinician)
Professor D J Wheatley
Mr J C S Pollock
Mr S R Craig
Mr U Nkere
Mr A J Murday

Professor D J Wheatley/Mr A J Murday/Mr U Nkere's
Outpatient Clinic

Dr Waterson
Springfield Medical Practice
9 Springfield Road
GLASGOW
G64 1PJ

AJM/TM/3062586R

Dict: 14 May 2002
Typed: 15 May 2002

Dear Dr Waterson

David Moutrey (22.6.54)
11 Montrose Terrace, Glasgow, G64 1PJ

This man came back to see me six weeks after his coronary artery surgery which I am glad to say he has made a good recovery. His list of medication is Atenolol, Aspirin, Bendrofluazide and Simvastatin unchanged and encouraged him to return to further activities. No further outpatient follow-up.

Yours sincerely

A J MURDAY
Consultant in Cardiac/Transplant Surgery

CONSULTANT
Mr AJ Murday

GLASGOW ROYAL INFIRMARY UNIVERSITY NHS TRUST
84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. 0141-211-4000
5079

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
27 03 02	05.04.02	65	22.06.54	3062586R

DISPOSAL

Home

FOLLOW UP

Outpatient Clinic

NAME AND ADDRESS

David Moutrey
11 Montrose Terrace
Glasgow G64 1JQ

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS	I.S.C. CODE
1. Coronary artery disease	
2.	
4.	
5.	
6.	

DISTRIBUTION OF LETTERS

Dr P Waterson, Springfield Medical Practice, 9 Springfield Road, Glasgow G64 1PJ
Dr Kj Hogg, Consultant Cardiologist Stobhill General Hospital, Glasgow G21
Cardiac Rehab Sisters, Stobhill Hospital

OPERATION	CODE
1. Coronary artery bypass grafts x 2:	28 03 02
2.	
3.	

Dear Dr Waterson

History: This 47 year old man has had angina for a few months. Angiography has shown two vessel disease including a diagonal branch of the LAD.

Postoperative recovery was uneventful. He was discharged home on 5 April 2002 on the following medication: Aspirin 75 mg once daily, Simvastatin 40 mg at night, Paracetamol 1 gm 6 hourly prn, Atenolol 25 mg once daily and Bendrofluazide 2.5 mg once daily. He will be seen in the Cardiac Outpatient Clinic in due course.

Yours sincerely

Andrew J Murday
Consultant in Cardiac/Transplant Surgery

Dictated 01/05/02/typed 01/05/02/AH

0159806

OUT-PATIENT CARDIAC REHABILITATION

RE:

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

The above named patient has been referred onto the Cardiac Rehabilitation Programme at:

Stobhill

Signature: Hazel E Courtney

Designation: Supt OT

PHYSIOTHERAPY DEPARTMENT GLASGOW ROYAL INFIRMARY
ALEXANDRA PARADE GLASGOW

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary, Canniesburn and Lightburn Hospitals
Tel 0141 211 4000

55

HOME PLAN

PART A

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Ward 65 Phone number 0141 2115513

Consultant Murday

Named Nurse

Discharge Date 5/4/02

ADMISSION DETAILS

Date of Admission 13/3/02 Admission Ward 65

Reason for Admission / Treatment

CABG x 3

MEDICATION

You have been given a 7 day supply of medication. Please ensure that you read the labels of the medication you have been given and take your drugs as prescribed. **Please contact your G.P. within a week if you require a further supply of medication.**

FOLLOW UP

Out patient clinic appointment (Please tick as appropriate)

- Not required
- Given to patient
- To be posted out to patient ☑
- Transport arranged
- Transport not arranged

- Name of clinic Cardiothoracic
- Date and time of appointment TBA

SPECIAL INSTRUCTIONS / ADVICE (eg. Wound care, diet, exercise, driving)

Don't drive for 6 weeks. Wear Ted stockings for 6 weeks. Diet and exercise as per Physiotherapist/Dietician advice. If your wound(s) become inflamed or start discharging please contact your GP or the ward on the above number.

If you should have a problem within 24 hrs of discharge please do not hesitate to contact the ward.

Patient / Carer (Signature) [signature]

Named / Associate Nurse (Signature) MSA

White Copy - Patient, Pink Copy - Case Record, Blue Copy - Retain in ward.

0580893

IMMEDIATE DISCHARGE LETTER

215 172271

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

NHS Greater Glasgow

GLASGOW ROYAL INFIRMARY
GLASGOW G31 2ER
Tel: 0141-211 4000

PATIENT IDENTIFICATION
3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ
FIX ID LABEL TO ALL 4 COPIES

DATES
ADMISSION 26.3.02
DISCHARGE 05.4.02
TRANSFER TO Home
RE-ADMISSION
DEATH

GP IDENTIFICATION

OTHER DISTRIBUTION

MEDICAL IDENTIFICATION
WARD 65
CONSULTANT Dr. MURRAY (BLOCK CAPITALS)
CONTACT Dr. (BLOCK CAPITALS)

PRESENTING COMPLAINT(S)

ADMISSION
DAY CASE ☐ ARRANGED ☐ EMERGENCY ☐ TRANSFER ☐

ACTIVE DIAGNOSIS/PROBLEMS/OPERATIONS
1)
2)
3)
4)
5)
6)

INACTIVE DIAGNOSIS/PROBLEMS
1)
2)
3)

INFORMATION GIVEN TO PATIENT (SPECIFY)

THE PATIENT WAS DISCHARGED ON THE MEDICATION/TREATMENT DETAILED BELOW. RECOMMENDED DURATION OF TREATMENT IS FROM THE DATE OF DISCHARGE. WHERE TREATMENT IS INDEFINITE, A SEVEN DAY COURSE HAS BEEN DISPENSED.

MEDICINE	FORM	DOSE	TIMES OF ADMINISTRATION 8am	10am	12pm	2pm	6pm	10pm	DURATION	PHARMACY TO COMPLETE QUANTITY, STRENGTH, BRAND
ASPIRIN	O	75mg	✓						7days	1x75mg cod ✓
SIMVASTATIN	O	40mg		✓				✓	7days	14x20mg MSD ✓
PARACETAMOL	O	1G	✓		✓		✓	✓	7days	50x500mg Bristol ✓
ATENOLOL	O	25mg	✓						7days	7x25mg Tillomed
NOROFLUAZIDE	O	2.5mg	✓						7days	7x2.5mg Alphama

FOLLOW-UP REVIEW

HOSPITAL OP YES/NO
SPECIFY
GP SURGERY YES/NO
SPECIFY

CARE ARRANGEMENTS
NONE ☐
SWD ☐
DISTRICT NURSE ☐
OTHER

COMMENTS:

DRESSING/SUNDRIES SUPPLIED TO PATIENT

PRODUCT	SIZE	NUMBER ISSUED

Signature:-

Signed: [signature] Page No. 1230

(Prescriber) SHO : SpR : CONS (please tick)

White Copy - GP Pink Copy - Case Notes Yellow Copy - Retain in Ward Blue Copy - Pharmacy

0159369

GLASGOW ROYAL INFIRMARY

22 06 54	3062586R
DAVID	MOUTREY
GRI	65

PATIENT ID BOX

DATE 28 MARCH 2002

OPERATION
CORONARY ARTERY BYPASS GRAFTS X 3

SURGEON MR AJ MURDAY
ASSISTANT MR MALIK
ANAESTHETIST DR COLQUHOUN

Vein from left leg, left radial artery and left internal mammmary artery mobilised. Bypass between two stage venous cannulae and ascending aorta. On bypass temperature cooled to 32°C. Myocardial protection with antegrade cold blood cardioplegia and topical slush. The diagonal branch of the LAD was a 2 mm vessel of reasonable quality, anastomosed to the radial artery using 7/0 Prolene. The right coronary artery was opened in the atrio ventricular groove, 2 mm vessel, patchily diseased, routine vein graft. The left anterior descending artery was opened at its mid third. It was a 2 mm vessel, anastomosed to the left internal mammary artery using 7/0 Prolene. The aortic cross clamp was then released and during the rewarming phase the top ends of the radial and vein grafts were anastomosed to the aorta in routine fashion. Off bypass without difficulty, routine decannulation, haemostasis and closure.

AJM/AH

MATERIAL SENT FOR EXAMINATION

0158730

Received 12/2/02 on w/L 12/2/02

North Glasgow University Hospitals NHS Trust

Department of Cardiology

Consultant: *Dr K J Hogg*

Department Cardiology
Hospital Glasgow Royal Infirmary
Address 84 Castle Street
Address Glasgow, G4 0SF
Telephone 0141 211 4728
Fax 0141 211 1171

NHS Greater Glasgow

Assessment Clinic
13 3 02

Date 15 January 2002
Your Ref
Our Ref KJH/LM/3062686R

GRI No. 3062586R

Mr Murdoch
Consultant Cardiac Surgeon
Glasgow Royal Infirmary

Video 2233/01

Laura Kenny
Parking 245 4182
CABG

Dear Mr Murdoch

David Moutrey, 22.6.54
11 Montrose Terrace, Bishopbriggs, Glasgow, G64 1JQ

I would be very grateful if you would consider coronary revascularisation on this 47 year old gentleman who presented at the end of October with a short history of stable angina. He has a positive exercise test and continues to be symptomatic. You will see he has essentially two vessel disease but his disease is somewhat extensive and I felt that he would be better revascularised by Surgery.

With kind regards.

Yours sincerely

KERRY J HOGG
CONSULTANT CARDIOLOGIST

coming to see him Monday
or Tuesday 26 2 02
2.45

Encl.

CABG x 3 WL — 3 days

TCI 27/3/02 9.30
for CABG 28/3/02

Note:

Mr Moutrey was at Pre-Admission Clinic
on 13/3/02 but he has to come in by
10 am as ECHO is arranged for 11 am

Anne

[redacted] HOGG

GLASGOW ROYAL INFIRMARY
84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. 0141-211-4000
Ext.

ED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
6.12.01	6.12.01	59	22.6.54	3062586R

DISPOSAL

Home

FOLLOW UP

NAME AND ADDRESS

David Moutrey
11 Montrose Terrace
GLASGOW G64 1JQ

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	I.S.C. CODE
1. RECENT ON SET ANGINA	
2. POSITIVE ETT	
3.	
4.	
5. KJH/LM Dict: 06.12.01 Typed: 15.01.02	
6.	

DISTRIBUTION OF LETTERS

Dr P Waterson
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
GLASGOW G64 1PJ

cc: Mr Murdie, Cons Cardiac Surgeon, GRI

OPERATION	CODE
1. CORONARY ANGIOGRAPHY	
2.	
3.	

Dear Dr Waterson

Further to previous correspondence we admitted this gentleman for day case angiography and I enclose the formal report. The procedure was uncomplicated and you will see that he has fairly extensive LAD disease as well as D1 disease at the bifurcation. I am not particularly optimistic that we would get a good long term result from angioplasty and with his significant right coronary artery disease I think he would probably be best revascularised by surgery. I will discuss this with Mr Murdie to whom I am referring him. Mr Moutrey himself is certainly keen to consider a one off definitive procedure and knows that there is a restenosis rate especially with bifurcation lesions. I think it would be reasonable to add Amlodipine 5 mg to his current regime, of interest is the fact that he is describing fairly typical angina which troubles him mostly at night. I understand his Simvastatin has been increased to 40 mg and he continues on Atenolol and Aspirin. He has an appointment for review in due course.

Yours sincerely

KERRY J HOGG
CONSULTANT CARDIOLOGIST

0159806

Glasgow Royal Infirmary - Department of Medical Cardiology

CARDIAC CATHETERISATION DIAGNOSTIC REPORT

3062586R
1986896373
06/12/01

HospNo.: 3062586R	**Date:** 6 December 2001
Name: David Moutrey	**Physician:** DR K.HOGG
Address: 11 Montrose Terrace Bishopbriggs GLASGOW G64 1JQ	**Hospital:**
	Operators: DR M.ENTEGART, CLAIRE JOHNSTON
	Procedures Coronary angiogram

Day case. Catheterisation via the Right Femoral artery, under local anaesthetic.

Catheters Used: 6F JL4, 6F JR4

Drugs Given: Lignocaine sc (10mls) @ 09:12 Diazemuls iv (2.5 mg) @ 09:12

Complications: None (in lab)

Pressures: (mmHg)

LV angiogram: Not performed

Coronary Arteries: Co-dominant.

- >95% stenosis in the proximal LAD. Involving origin D1
- 50-74% stenosis in the mid LAD.
- Distal LAD: Good distal vessel.
- 75-94% stenosis in the 1st Diagonal. Large vessel.
- 25-49% stenosis in the 1st Obtuse Marginal.
- 25-49% stenosis in the proximal RCA.
- 25-49% stenosis in the mid RCA.
- 75-94% stenosis in the distal RCA.

Case Comment: Sheath removed at10:00

Report: sheath pulled at 0950
Please check HR BP and R femoral wound
Fairly extensive LAD and D1 disease at bifurcation. Probably best revascularisation by surgery.

Recommendation: Probable surgery

signed:

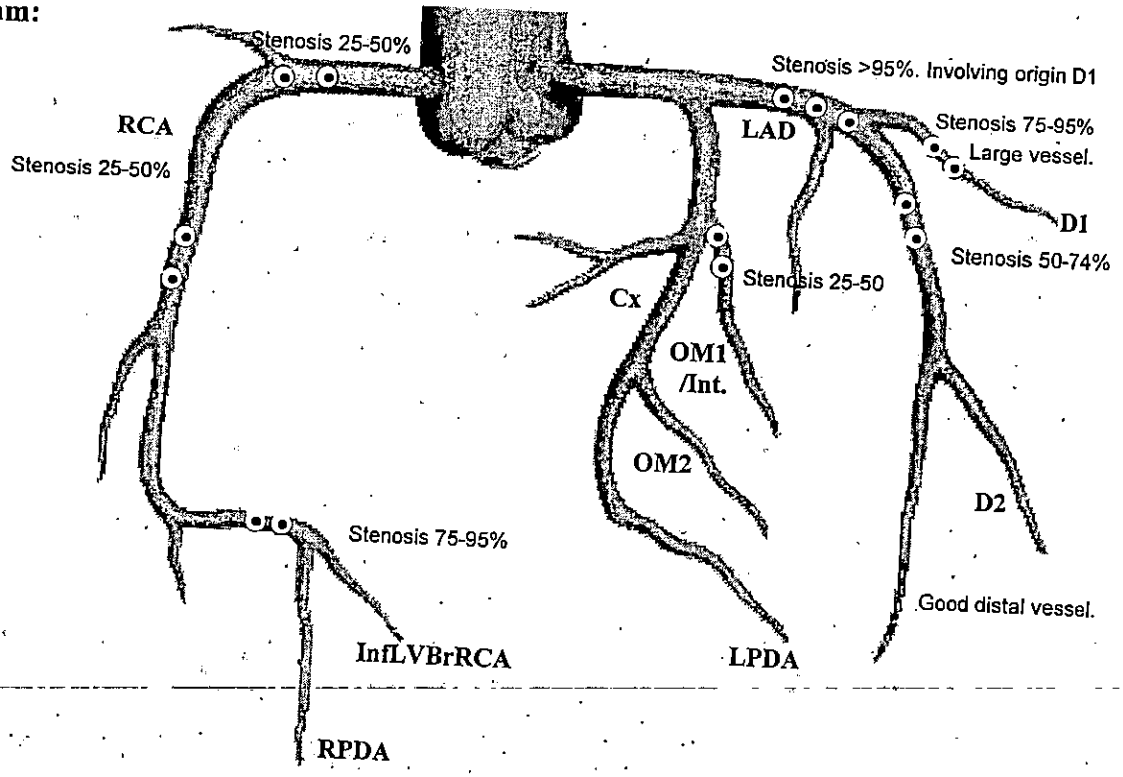
Glasgow Royal Infirmary - Department of Medical Cardiology

CARDIAC CATHETERISATION DIAGNOSTIC REPORT

3062586R
1986896373
06/12/01

3062586R David Moutrey 6 December 2001

Diagram:



Received 12/2/02 on w/L 12/2/02

North Glasgow University Hospitals NHS Trust

Department of Cardiology

Consultant: *Dr K J Hogg*

Department Cardiology
Hospital Glasgow Royal Infirmary
Address 84 Castle Street
Address Glasgow, G4 0SF
Telephone 0141 211 4728
Fax 0141 211 1171

NHS
Greater Glasgow

Date 15 January 2002
Your Ref
Our Ref KJH/LM/3062686R

GRO
3062556R

Mr Murdoch
Consultant Cardiac Surgeon
Glasgow Royal Infirmary

Laura Lowry
Parking 245 A/C2

Dear Mr Murdoch

David Moutrey, 22.6.54
11 Montrose Terrace, Bishopbriggs, Glasgow, G64 1JQ

CABG

I would be very grateful if you would consider coronary revascularisation on this 47 year old gentleman who presented at the end of October with a short history of stable angina. He has a positive exercise test and continues to be symptomatic. You will see he has essentially two vessel disease but his disease is somewhat extensive and I felt that he would be better revascularised by Surgery.

With kind regards.

Yours sincerely

KERRY J HOGG
CONSULTANT CARDIOLOGIST

coming to see Mr Moutrey on Tuesday 26/2/02 2.45

Encl.

CONSULTANT
DR K J HOGG

GLASGOW ROYAL INFIRMARY
84 CASTLE STREET, GLASGOW G4 0SF

Telephone No. 0141-211-4000
Ext.

ADMITTED	DISCHARGED	WARD	AGE	HOSPITAL NUMBER
6.12.01	6.12.01	59	22.6.54	3062586R

DISPOSAL

Home

FOLLOW UP

NAME AND ADDRESS

David Moutrey
11 Montrose Terrace
GLASGOW G64 1JQ

FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS

	I.S.C. CODE
1. RECENT ON SET ANGINA	
2. POSITIVE ETT	
3.	
4.	
5. KJH/LM Dict: 06.12.01 Typed: 15.01.02.	
6.	

DISTRIBUTION OF LETTERS

Dr P Waterson
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
GLASGOW G64 1PJ

cc: Mr Murdie, Cons Cardiac Surgeon,GRI

OPERATION	CODE
1. CORONARY ANGIOGRAPHY	
2.	
3.	

Dear Dr Waterson

Further to previous correspondence we admitted this gentleman for day case angiography and I enclose the formal report. The procedure was uncomplicated and you will see that he has fairly extensive LAD disease as well as D1 disease at the bifurcation. I am not particularly optimistic that we would get a good long term result from angioplasty and with his significant right coronary artery disease I think he would probably be best revascularised by surgery. I will discuss this with Mr Murdie to whom I am referring him. Mr Moutrey himself is certainly keen to consider a one off definitive procedure and knows that there is a restenosis rate especially with bifurcation lesions. I think it would be reasonable to add Amlodipine 5 mg to his current regime, of interest is the fact that he is describing fairly typical angina which troubles him mostly at night. I understand his Simvastatin has been increased to 40 mg and he continues on Atenolol and Aspirin. He has an appointment for review in due course.

Yours sincerely

KERRY J HOGG
CONSULTANT CARDIOLOGIST

0159806

Department of Cardiology

Consultant: *Dr K J Hogg*

Department Cardiology
Hospital Glasgow Royal Infirmary
Address 84 Castle Street
Address Glasgow, G4 0SF
Telephone 0141 211 4728
Fax 0141 211 1171

Date 15 January 2002
Your Ref
Our Ref KJH/LM/3062686R

Mr Murdie
Consultant Cardiac Surgeon
Glasgow Royal Infirmary

Dear Mr Murdie

David Moutrey, 22.6.54
11 Montrose Terrace, Bishopbriggs, Glasgow, G64 1JQ

I would be very grateful if you would consider coronary revascularisation on this 47 year old gentleman who presented at the end of October with a short history of stable angina. He has a positive exercise test and continues to be symptomatic. You will see he has essentially two vessel disease but his disease is somewhat extensive and I felt that he would be better revascularised by Surgery.

With kind regards.

Yours sincerely

KERRY J HOGG
CONSULTANT CARDIOLOGIST

Encl.

North Glasgow University Hospitals NHS Trust
Cardiac, Cancer & Respiratory Division

Dr F G Dunn (Secretary 201 3057)
Dr K J Hogg (Secretary 201 3061)
Dr N E R Goodfield (Secretary 201 3060)

Cardiology Department
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW
Telephone 0141 201 3000
Fax 0141 558 5693
Email: KerryHogg@northglasgow.scot.nhs.uk

NHS
Greater Glasgow

Date 15th November 2001
Ref KJH/HK/DICT 29th October 2001

Enquiries to Helen Kirkwood
Direct Line 0141 201 3061
Email Helen Kirkwood@northglasgow.scot.nhs.uk

FAST TRACK CHEST PAIN SERVICE

Dr MacMillan
Springfield Medical Centre
Springfield Road
Bishopbriggs
G64 1PJ

cc Mrs A Forrest
Senior Technician
ECG Department
Stobhill Hospital

cc Mrs R Turner
Cardiology Secretary
Ward 66
Glasgow Royal Infirmary
GLASGOW G31 2ER

Dear Dr MacMillan

DAVID MOUTREY DOB 22 06 54 UNIT NO 475681
11 MONTROSE TERRACE BISHOPBRIGGS G64 1JQ

Thank you for asking me to see this 47 year old plant operator who described chest pain starting about two months ago and getting progressively more severe. He describes two points of pain at either side of his sternum which radiate up into a sensation in his lower throat. It can be precipitated by exercise but both he and his wife who attended the clinic with him felt it was not always with exercise and can occur at rest. The pain is described as sharp and he describes the feeling in his neck as an acid build up. He has recently returned from a holiday in Tenerife and whilst there was unable to go back up the hill to his hotel at night. The use of GTN cleared the pain in seconds and using GTN prophylactically also improved his exercise tolerance. He has noted that sexual intercourse will precipitate the pain as will emotion. He is a heavy smoker, having smoked 30 cigarettes per day up until the last week and has now stopped. His father had a coronary artery bypass graft and a previous stroke but is still alive and his mother has angina. He has been diagnosed as being hypertensive in the last month, is not diabetic, and knows his cholesterol was 6.2 His only current medication is Bendrofluazide 2.5 mg, GTN spray, low dose Aspirin.

He is normally quite fit but stopped going to the gym on a regular basis last year. His wife admits that his diet leaves a lot to be desired and although he has stopped smoking he readily admits that he misses it and would like to restart.

Cont..

Cont .... DAVID MOUTREY 475681

On examination his BP was 169/91, his pulse was 71, auscultation was unremarkable, his chest was clear, there were no bruits and no oedema. He is slightly overweight for his height. A resting 12 lead ECG was essentially normal and he exercised for 8 minutes stopping due to shortness of breath and having this discomfort in his lower throat. He did not achieve his maximum heart rate and although he had some upsloping ST segment depression during exercise there was no doubt that this became downsloping and widespread in the recovery period affecting both the inferior and the anterior leads. I feel he has quite definite changes and although this theoretically puts him in a good prognostic group I think in view of his young age and short history we should be investigating this by means of coronary angiography. I discussed the pros and cons of proceeding to this with Mr and Mrs Moutrey and he particularly is very keen to sort out what is happening and to have an angiogram. I will place him on the waiting list for this and in the meantime would be grateful if you could give him Atenolol 50 mg and Simvastatin 20 mg as in my handwritten letter. A further letter will follow at the time of his angiogram and he is holding an appointment for the clinic in about four months' time.

Yours sincerely,

K J HOGG
Consultant Cardiologist

Department of Cardiology

Dr F G Dunn (Secretary 201 3057)
Dr K J Hogg (Secretary 201 3061)
Dr N E Goodfield (Secretary 201 3060)

Fax No: 0141.558.5693

Mrs R Turner
Cardiology Secretary
Ward 66
Glasgow Royal Infirmary
G31 2ER

Date 29/10/07

GP Prac : 430591
MOUTREY 475681
DAVID 22/06/1954
11 MONTROSE TERR M
BISHOPBRIGGS G64 1JQ

PATIENTS FOR CARDIAC CATHETERISATION

Dear Rosemary

Please put the above patient on to Dr ...Hogg... (s routine/urgent waiting list for :

- [x] Coronary Angiography
- [ ] R & L Heart Catheter + Angiography
- [ ] L Heart Catheter + Angiography
- [ ] Coronary Angiography + injection of grafts LIMA [ ]
- [ ] Sones Procedure Vein grafts [ ]
- [ ] Aortogram

Telephone No :- 0141 563 4090

Lives locally : [x] Yes [ ] No

Lives alone : [ ] Yes [x] No

Needs transport [ ] Yes [x] No

Suitable for Day Case ? [x] Yes [ ] No

Willing to take cancellation at short notice ? ...yes...

Previous angiogram ? ...NO...

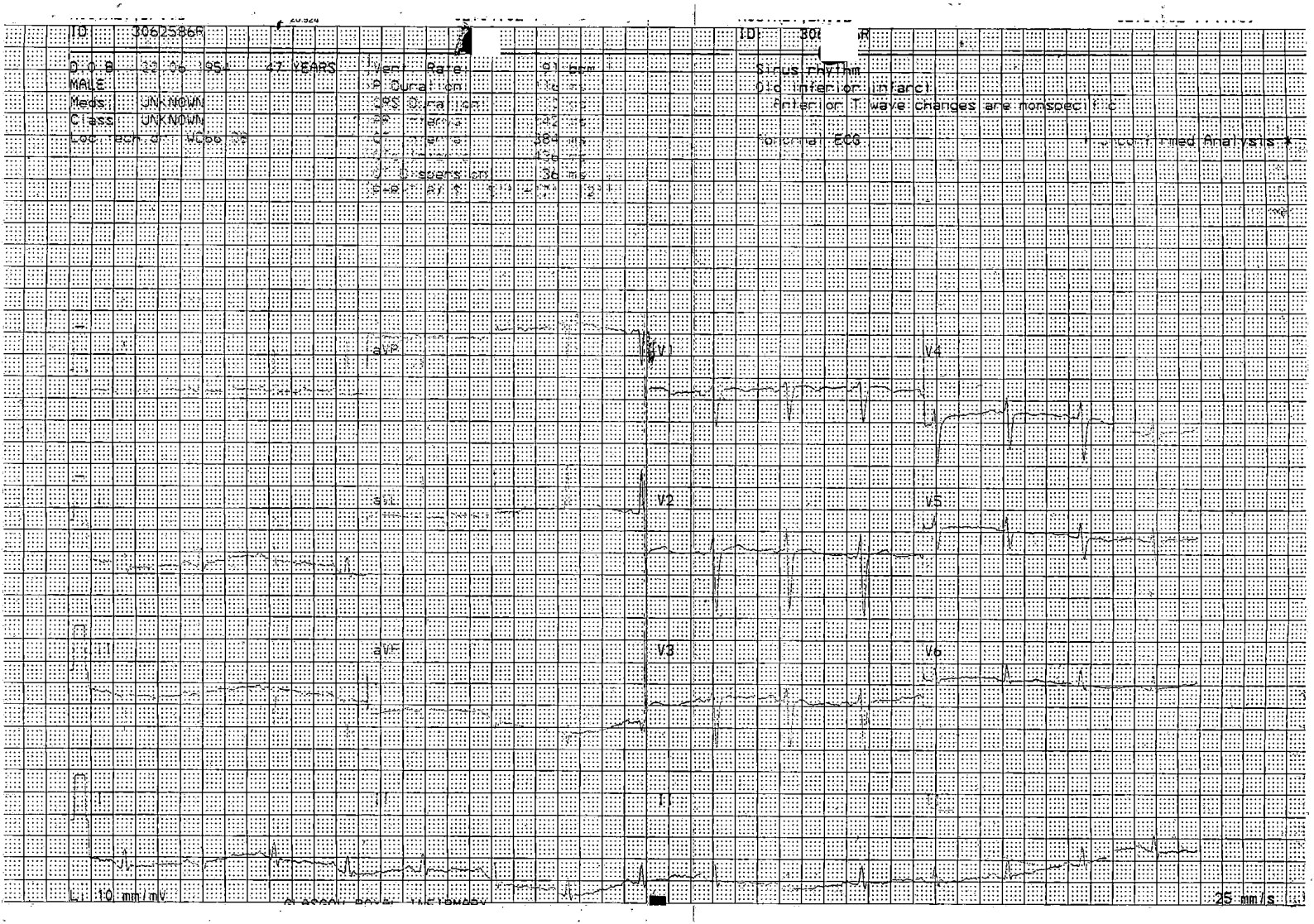
Warfarin Therapy ? ...NO...

Bloods taken - FBC [ ] Biochemistry [ ] TFT's [ ] XOL [ ] Blood Group [ ] Hep B + C [ ]

29/10/07

Yours sincerely,

Biochem (W)
TFTs (W)
XOL
XR 6.4 ∴ room stroke @ clinic


ID: 30625866
D.O.B
MALE
Meds: UNKNOWN
Class: UNKNOWN
47 YEARS
Vent. Rate
P Duration
QRS Duration
Sinus rhythm
Old inferior infarct
Anterior T wave changes are nonspecific
Normal ECG
Unconfirmed Analysis
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
10 mm/mV
25 mm/s

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

X-RAY REPORT

02033615 A 03/04/02 XR 0319129
3062586R
MOUTREY, David 47Y M A, MURDAY W65
11 MONTROSE TERRACE, GLASGOW, G64 1JQ

This film was returned to the department more than 1 week after having been taken. All films returned to the department within 7 days receive a formal report. Unfortunately, owing to staffing shortages, we are unable to offer a routine reporting service for films returned outwith that period. However, if you do wish a report for your patient's ongoing clinical management, we will be happy to provide one for you. Please return this film with a suitable request to the department and the report will be issued just as soon as possible.

* DEP -OF-RADIOLOGY/JI 18/04/02

18/04/02 - CHEST

Department of Radiology
Tel: (0141) 211 3600

Kalamazoo S-10480968

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING [illegible] JUNE

X-RAY REPORT

02026354 L 13/03/02 XR 0319129
3062586R

MOUTREY, David 47Y M A, MURDAY W65

11 MONTROSE TERRACE, GLASGOW, G64 1JQ

Clinical Information :
FOR CABG. ALTERED SENSATION IN C6/7 DISTRIBUTION RIGHT HAND AND ARM. NO OBVIOUS CAUSE.

CERVICAL SPINE
Indication unclear - please see RCR Guidelines for this investigation which is usually useless in this clinical scernario. Spondylotic degenerative change is manifest universally from middle age onwards and visible degree bears little relation to symptoms.

Vertebral alignment is satisfactory. Some diffuse spondylotic changes not unusual.

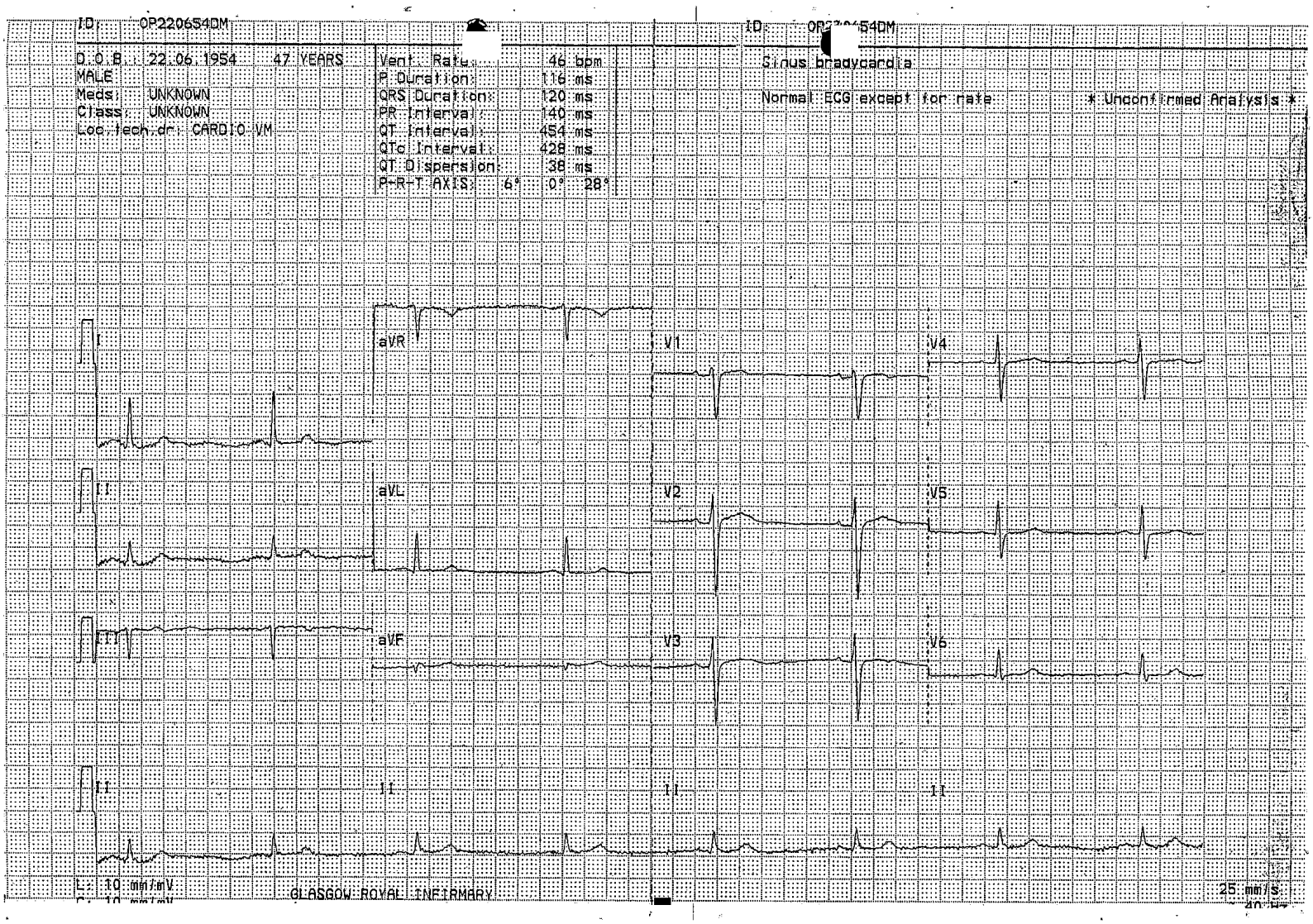
CHEST X-RAY (ONE VIEW)
The heart and mediastinal contours are within normal limits. Lungs clear.

*DR GH RODITI/SSL 13/03/02

13/03/02 - CHEST, CV/2 VIEWS

GLASGOW ROYAL INFIRMARY G31 2ER
Department of Radiology Tel: (0141) 211 5527

Kalamazoo S-10480968-12x


ID: OP220654DM
D.O.B.: 22.06.1954 47 YEARS
MALE
Meds: UNKNOWN
Class: UNKNOWN
Loc.tech.dr: CARDIO VM
Vent. Rate: 46 bpm
P Duration: 116 ms
QRS Duration: 120 ms
PR Interval: 140 ms
QT Interval: 454 ms
QTc Interval: 428 ms
QT Dispersion: 38 ms
P-R-T AXIS: 6° 0° 28°
ID: OP220654DM
Sinus bradycardia
Normal ECG except for rate
* Unconfirmed Analysis *
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II
II
II
II
L: 10 mm/mV
GLASGOW ROYAL INFIRMARY
25 mm/s

ID: 3062586R

D.O.B.: 22/06/1954 47 YEARS
MALE
Meds: UNKNOWN
Class: UNKNOWN
Loc: Tech dr: WD65 ITU DB

Vent. Rate:			80 bpm
P Duration			78 ms
QRS Duration:			04 ms
PR Interval:			02 ms
QT Interval:			396 ms
QTc Interval:			431 ms
QT Dispersion:			14 ms
P-R-T AXIS:	55°	-5°	2°

Sinus r.,.hm
Short PR interval
Old inferior infarct
Anterior T wave changes may be due to myocardial ischemia
Abnormal ECG

x Unconfirmed Analysis x

I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II

10 mm/mV 25 mm/s

SC362586

Date: 061201 08:08
Hosp.No.: ~~WD220654~~
Name: DAVID MOUTREY
Sex: Male
Age: 47
Cart: 1064
Location: O
Visit / Req. by:
Drugs: Undefined
Undefined
Clin.Class:

59

Heart rate: 55 bpm
SINUS BRADYCARDIA

NIL ELSE OF NOTE

NO SERIAL COMPARISON MADE

Summary: BRADYCARDIA - OTHERWISE NORMAL

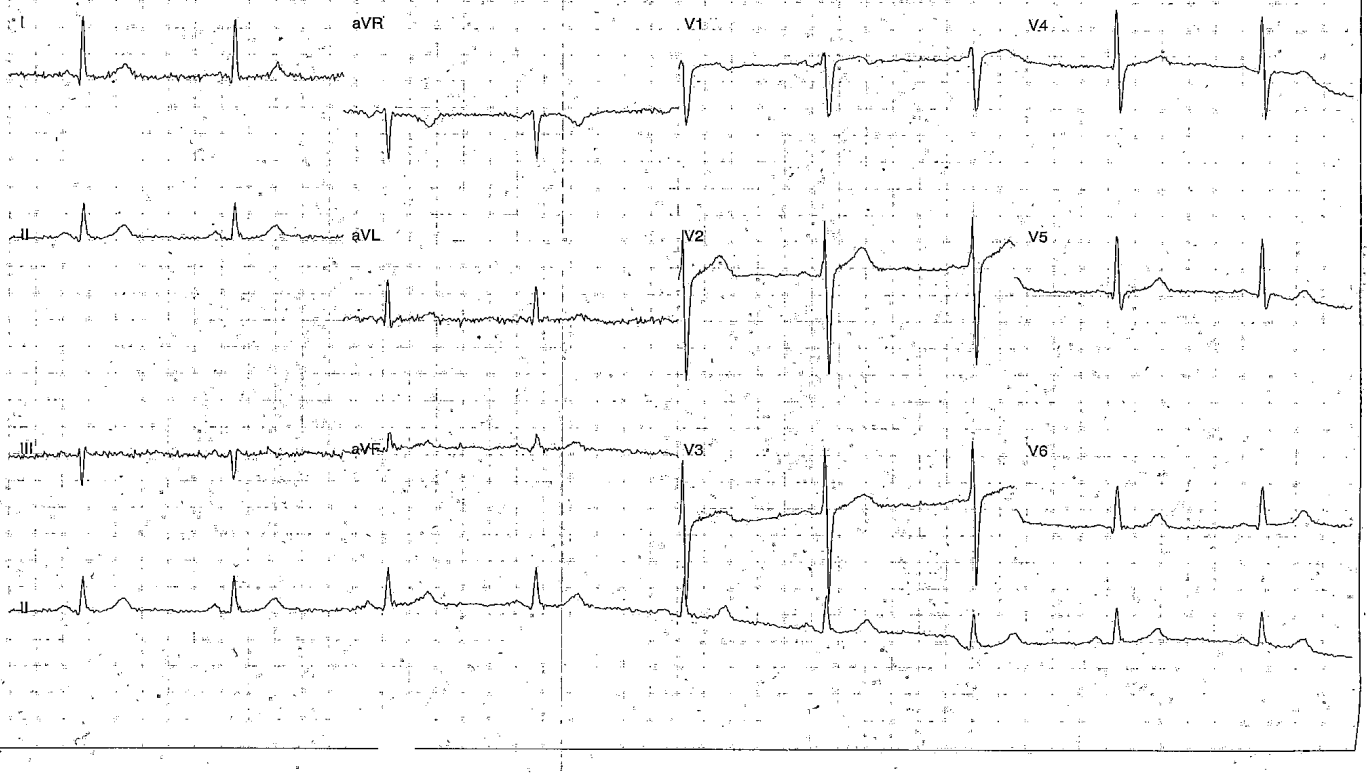
North Glasgow University Hospitals NHS Trust

Medical Cardiology
GLASGOW ROYAL INFIRMARY

QRS 15 dg P 53 dg T 39 dg
QRS 108 ms P 112 ms
PR 148 ms QT 452 ms QTc 444 ms

Comments:

Unconfirmed ECG



Glasgow Royal Infirmary - Department of Medical Cardiology

CARDIAC CATHETERISATION DIAGNOSTIC REPORT

3062586R
1986896373
06/12/01

HospNo.:	3062586R	**Date:**	6 December 2001
Name:	David Moutrey	**Physician:**	DR K.HOGG
Address:	11 Montrose Terrace Bishopbriggs GLASGOW G64 1JQ	**Hospital:**	
		Operators:	DR M.ENTEGART, CLAIRE JOHNSTON
		Procedures	Coronary angiogram

Day case. Catheterisation via the Right Femoral artery, under local anaesthetic.

Catheters Used: 6F JL4, 6F JR4

Drugs Given: Lignocaine sc (10mls) @ 09:12 Diazemuls iv (2.5 mg) @ 09:12

Complications: None (in lab)

Pressures: (mmHg)

LV angiogram: Not performed

Coronary Arteries: Co-dominant.

- ○ >95% stenosis in the proximal LAD. Involving origin D1
- ○ 50-74% stenosis in the mid LAD.
- ○ Distal LAD: Good distal vessel.
- ○ 75-94% stenosis in the 1st Diagonal. Large vessel.
- ○ 25-49% stenosis in the 1st Obtuse Marginal.
- ○ 25-49% stenosis in the proximal RCA.
- ○ 25-49% stenosis in the mid RCA.
- ○ 75-94% stenosis in the distal RCA.

Case Comment: Sheath removed at10:00

Report: sheath pulled at 0950
Please check HR BP and R femoral wound
Fairly extensive LAD and D1 disease at bifurcation. Probably best revascularisation by surgery.

Recommendation: Probable surgery

Add Amlodipine 5mg.
Need Appt

signed:

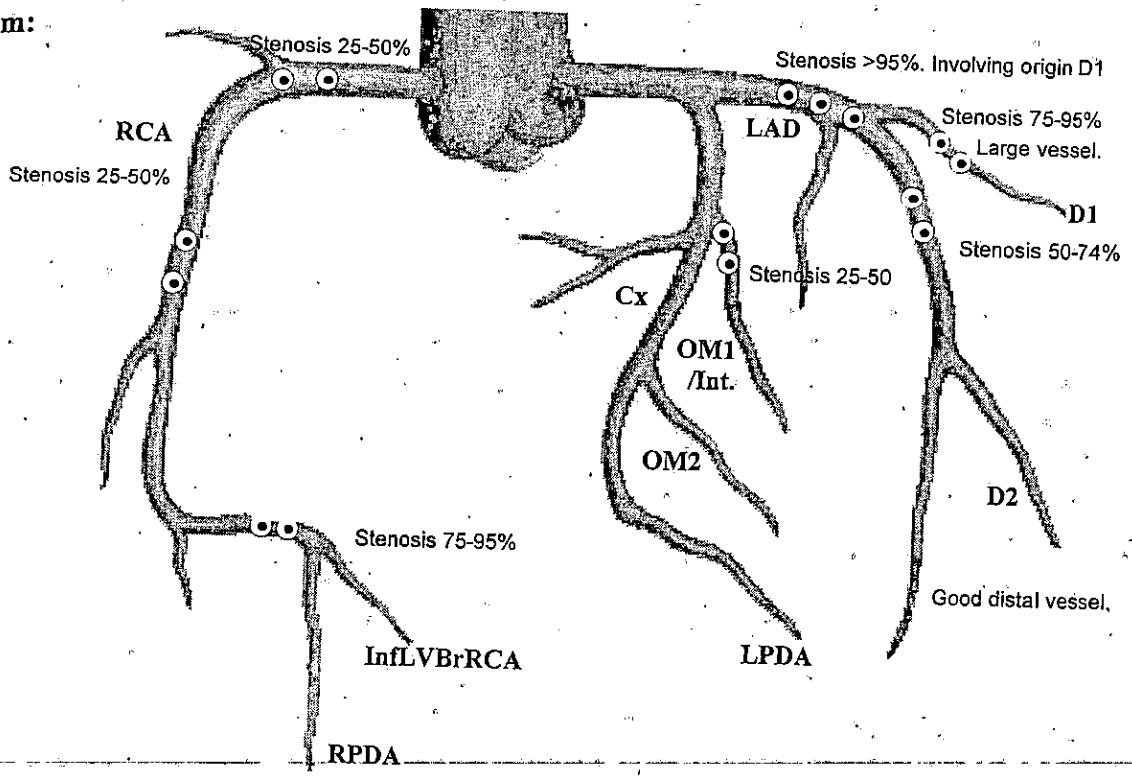
Glasgow Royal Infirmary - Department of Medical Cardiology

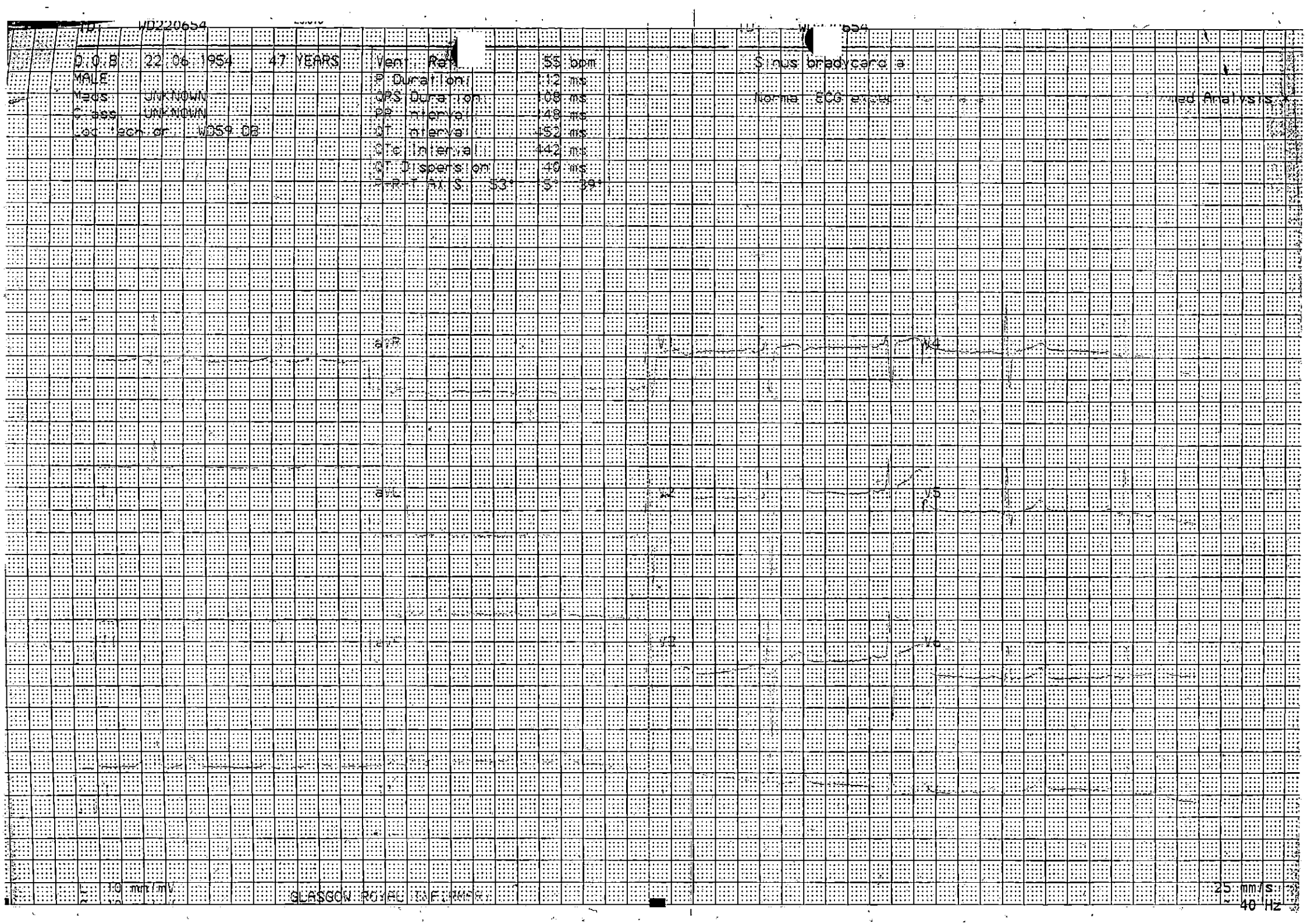
CARDIAC CATHETERISATION DIAGNOSTIC REPORT

3062586R
1986896373
06/12/01

3062586R David Moutrey 6 December 2001

Diagram:



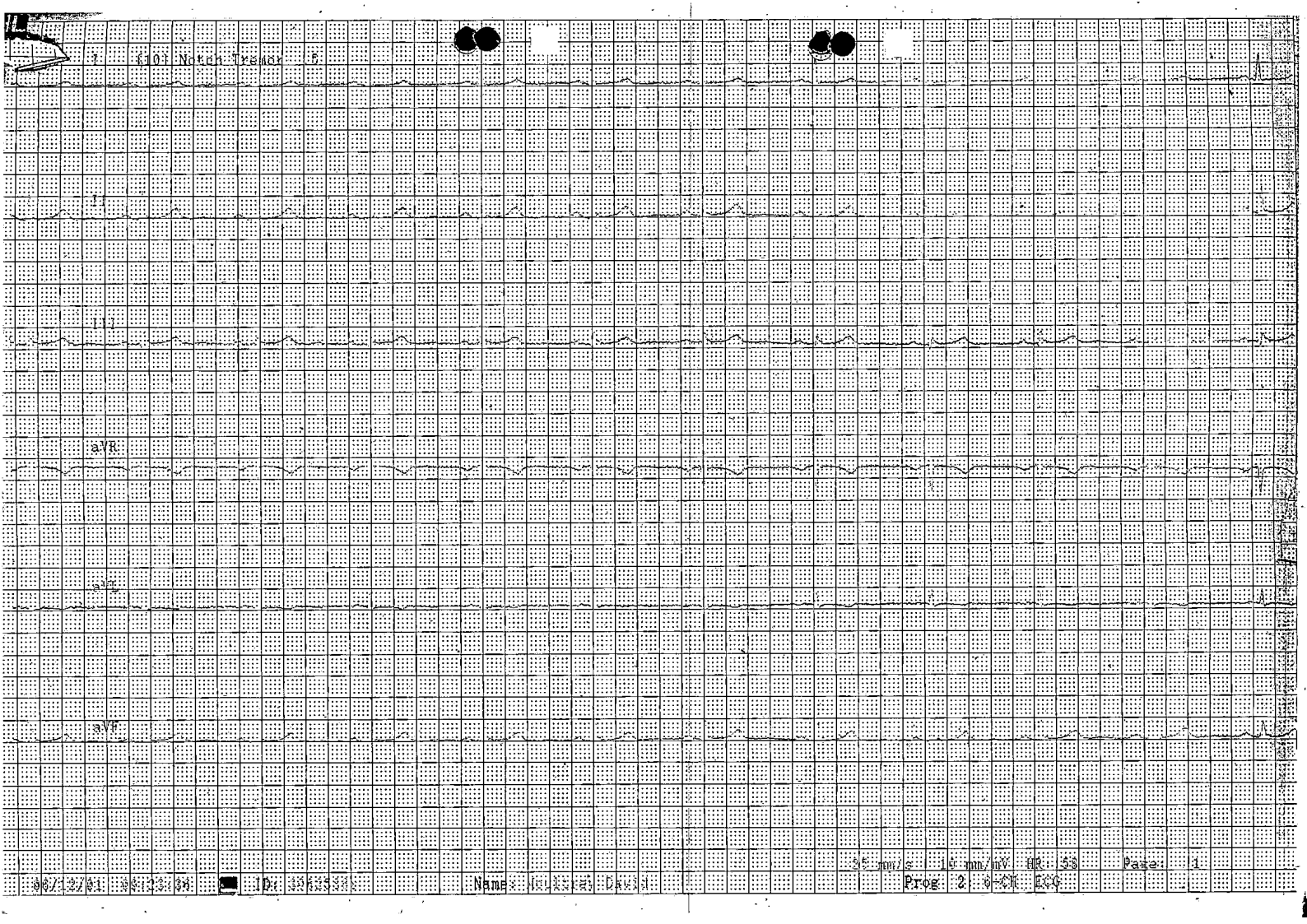

ID: WD220654
D.O.B 22 06 1954 47 YEARS
MALE
Meds UNKNOWN
Class UNKNOWN
Doctor WD59 0B
Ven. Rate 55 bpm
P Duration 112 ms
QRS Duration 108 ms
PR Interval 148 ms
QT Interval 452 ms
QTc Interval 442 ms
QT Dispersion 40 ms
P-R-T axis 53° 9° 39°
Sinus bradycardia
Normal ECG
Abnormal Analysis
10 mm/mV
GLASGOW
25 mm/s
40 Hz

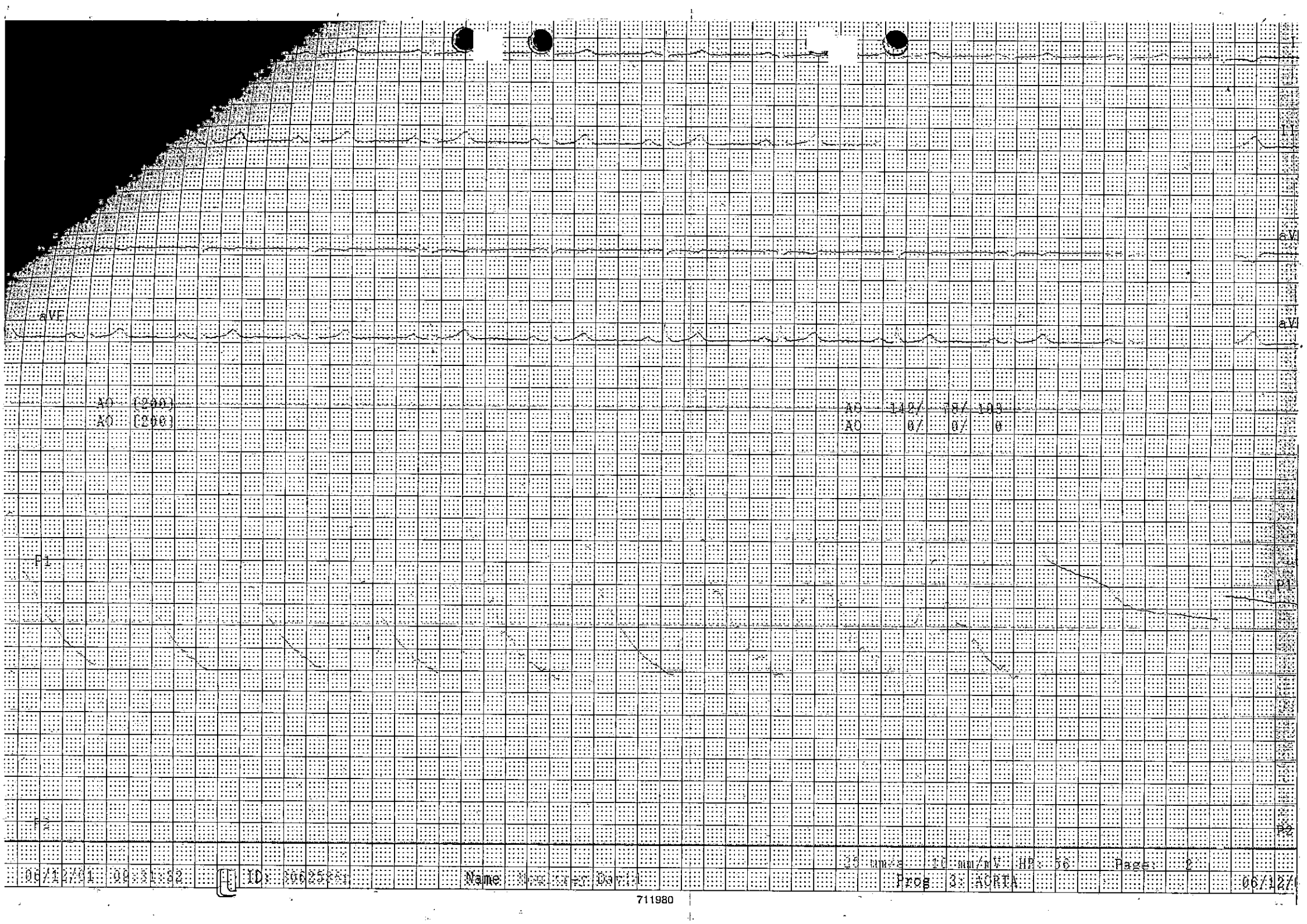
Patient Entry

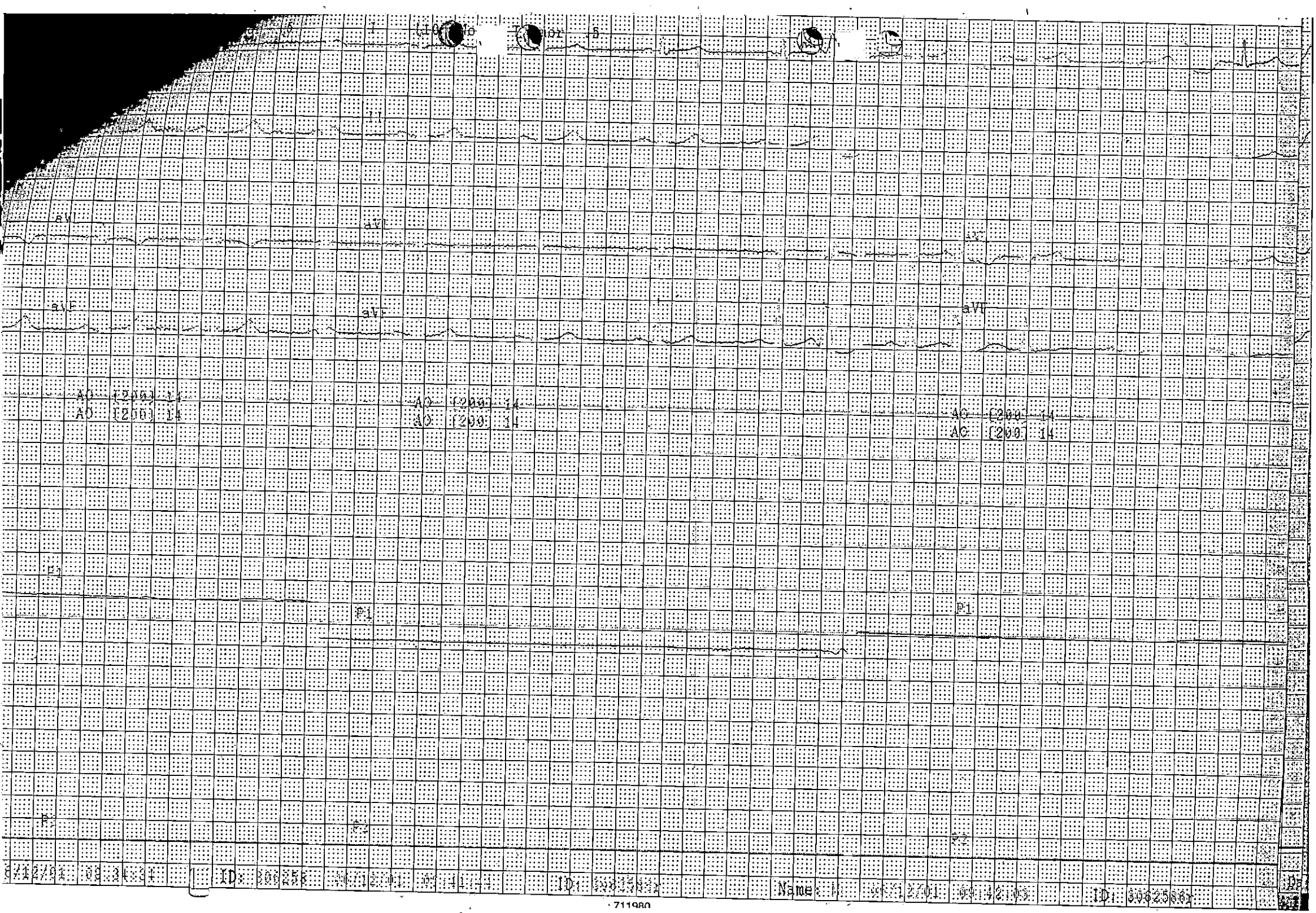
Last Name	Moultrey
First Name	David
ID	3062586r
Date of birth	22/06/54 Age 47 Years
Height	cm
Weight	kg
Sex	Male

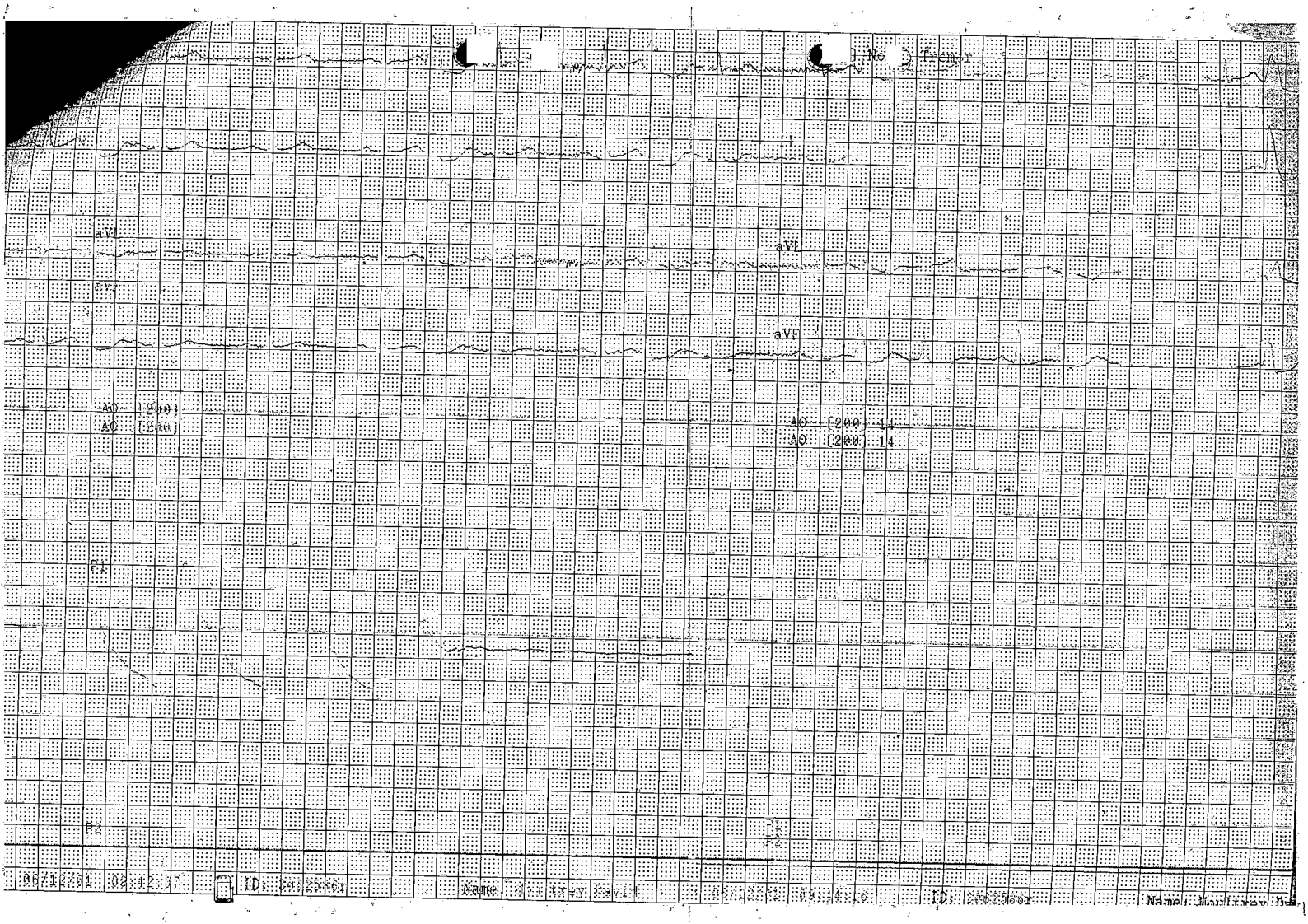
Comments

REFERRED BY	Dr K Hogg
WARD	59
PROCEDURE	Coronary Angiogram
HR	58bpm
AORTA	150/80mmHg M=103mmHg
LV	
LV EDP	
RA	
RV	
MPA	
PCW	
GRADIENTS	


I
(10) Notch Tremor 5
II
III
aVR
aVL
aVF
25 mm/s 10 mm/mV HR 58 Page 1
00/12/01 15:23:38 ID: 35453
Name: Hilton, Daisy
Prog 2 6-CH ECG


I
II
aV
aVF
aV
AO (200)
AO (200)
AO 142/ 78/ 103
AO 0/ 0/ 0
P1
P1
P2
P2
06/12/01 09:31:32 ID: 00625251 Name Last,First Dat:
25 mm/s 10 mm/mV HR: 56 Page: 2
Prog 3: AORTA
06/12/0


aVR
aVL
aVF
AC [200] 14
P1
P2
Name:
ID:


aVL
aVL
aVL
AO [200] 14
AO [200] 14
P1
P2


I
II
aVR
aVL
aVF
711980
711980

Anaesthetic Record

No. 0159019

GLASGOW ROYAL INFIRMARY

PRE-OPERATIVE INSTRUCTIONS:

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

PLEASE WRITE OVER WHITE LETTERS

Place	Date & Time	Premedication	Ordered by	Given by	Time Given
	27.3.02	Lorazepam 4mg 10pm orally			23:5
	28.3.02	TEMAZEPAM 30mg 7AM orally			07:0
		4L/min by face mask.			07a

CABG

PRE-OPERATIVE ASSESSMENT

WEIGHT: 94.7 kg HEIGHT: 173 cms AGE 47

PREVIOUS ANAESTHESIA / OPERATIONS:

dental GA.

PREVIOUS MAJOR ILLNESS:

D known MI.

RECENT DRUG THERAPY

aspirin
atenolol
GTN
diuretic
Statin
nicorandil.

ALLERGIES / DRUG REACTIONS

None known.

CO-EXISTING CHRONIC DISORDERS:

CVS : IHD Angina Grade: 3/4 PVD CC F HBP

RS : Asthma COAD Dyspnoea Grade 3/4 Smoking 4/12

GIS : Reflux Liver Disease Alcohol / Drugs

Diabetes Obesity

CNS : Epilepsy Chronic CNS Chronic Psychiatric

GUS : Renal Failure

ASA 1 2 3 4 5 E

Acute Physiological State - Clinical Features 13/03

HR	82	RR	Hb	14.7	Na^+ 143
BP	132/68	F_IO_2	WBC	10.5	K^+ 3.8
CVP		P_aO_2	Platelets	292	Cl^- 106
PAWP		P_aCO_2	PT / INR	14/0.9	HCO_3 30
ECG		H^+	KCCT / APPT	37	Urea 6.0
		HCO_3	Blood Group		Creatinine 110
		CXR	CRP <6		ARF
State of Consciousness:					Glucose

Fasted?

Dentition: upper plate

Jaw / Neck Mobility: good

Anticipated Difficulty with Intubation: no

Anaesthesia

Patient's Name: David MOUTREY

Date:- 28.3.02

Site of Injections	L/R Hand / Arm / Foot
Site of Infusions	L/R Hand / Arm / Foot 16g
Central Venous Site	(R) Subclav. Quad
Arterial Site	(R) Radial 20g
Cuffed / Uncuffed	Oro / Nasal Tracheal Tube
Size 9.0	Mask
HME	Laryngeal Mask
	Airway Oral / NP
Ventilation: Spontaneous	(I.P.P.V.)
Circuit: Circle	Ventilator GAV 7710
Position - C	

Intravenous Fluids

① (R) Hand 500
② Saline 500
③ (L) Hand 500

Blood Warmer ☐

Drugs and Fluid given:- Time:-

ECG ✓ NIBP ✓ SpO2 ✓ ETCO2 ✓ | FiO2 ✓ ETAA ✓ Temp ✓ Disconnect ✓ | CVP ✓ IABP ✓ PA Cath ☐ TOF ☐

8.30 9.00 9.30 10.00 10.30 11.30 12.00 12.30 13.00

Propofol Tci 1.5 → 1 → 1 → 1.5 → 1 → 1 → 1
GTN
Dopamine
Isoflurane 2% 1% 0.5 → 1.0 → 1.5 → 1.0 → 1.3
Fentanyl 50 100 100 100
Midazolam 5-5-5
Rocuronium 40 + 20
Heparin (1:1) Protamine
Aprotinin - 50 200 30
I.V. Fluid Nos. ① ② ③
Vt x f / Pressure 10 x 500 → 10 x 700 → 10 x 700
FiO2 0.6 → 0.57 → 0.69
Saturation % 91 → 80 → 99 → 98 → 100 → 99
EtCO2 34
Temperature (NP) 36°C 35.2°C 36.6

Talk
Midazolam/LA/Propofol
A new kephalic line established
ECG inserted
R subclavian established

	on		
Bypass	1020		72
X Clamp			29

Protamine 30 mls

CVP/PCWP 7 → 6 → 7 → 16 → 16 → 8 → 10
Urine 160 60 80
Blood Loss:-

PO2	12.8		18
PCO2	5.8		6.1
H+	39.9		42
HCO3	26.4		26
K+	3.18		4.05
THb	13		9.1

Start: 8.30 Finish:

REGIONAL ANAESTHESIA

INSTITUTED PRE/POST-OPERATIVELY

DESCRIPTION

DRUG(S) USED | VOLUME / DOSE

NEEDLE SIZE

INTRODUCER SIZE

CATHETER SIZE

DEPTH

OTHER ANAESTHETIC COMMENTS

DATE: 28/03/02

THEATRE: 6

OPERATION: CABG → Ward + Radial + Vein Graft

ANAESTHETIST: Cordwood / ANWAR M. SURGEON: MURRAY

DURATION:

CONDITION ON LEAVING THEATRE

PATIENT SPEAKS	B.P.	AIRWAY: ☐
RESPONDS TO SPEECH:	HEART RATE	L.MASK ☐
RESPONDS TO STIMULUS:	TEMP. - CORE	E.T.T: ☑
NO RESPONSE	TEMP. - SKIN	I.P.P.V.: ☑
	SHIVERING	

FLUIDS:	IN		OUT		MONITORING	
BLOOD			BLOOD		ARTERIAL LINE	☑
COLLOID		0.5	URINE	160	C.V.P.	☑
CLEAR		1.0	OTHER	60	PA. CATH.	☐
TOTAL			TOTAL		URINARY CATH.	
					NASO GASTRIC	

RECOVERY ROOM INSTRUCTIONS

ANALGESIA:

OXYGEN: IPPV → CICV

FLUIDS:

GTN

OTHER: Dopamine

Ridaclol

ANAESTHETIST'S SIGNATURE

DRUGS & ROUTE:

TIME														
TIME														

240 220 200 180 160 140 120 100 80 60 40 20

240 220 200 180 160 140 120 100 80 60 40 20

E.C.G.														
C.V.P.														
PERIPH. TEMP.														
CORE TEMP.														
WOUND CHECK														
URINE VOL.														
Drain 1.														
Drain 2.														
Drain 3.														

I.V. FLUIDS:

TIME	
1.	
2.	
3.	
4.	
5.	

Blood Gas Results:

Time	F_IO_2		
	P_aO_2		KPa
	P_aCO_2		KPa
	H^+		
	HCO_3		
	Glucose		mmol/l

NURSING NOTES

Time	F_IO_2		
	P_aO_2		KPa
	P_aCO_2		KPa
	H^+		
	HCO_3		
	Glucose		mmol/l

GLASGOW ROYAL INFIRMARY

DEPARTMENT OF MEDICAL CARDIOLOGY

3062586R
MOUTREY
DAVID M
22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

HOSPITAL: WD/DEPT.: CONSULTANT:

OUTPATIENT SYNOPSIS: **Date:** **Tel. No.:**

Procedure: CA ☑ LHC ☐ RHC ☐ Grafts ☐
Brachial ☐ PTCA ☐ EPS ☐ RFAbl ☐

Drugs: Warfarin No ☑ Yes ☐ Instructions:.....

Other specific instructions: .....

Females: 10 day rule applies Yes ☐ No ☐

Day case: Yes ☑ No ☐ (Distance: Transport: Lives alone)

Investigations (please tick when performed): **Date:**

(Performed ☑ Perform on admission ☐ Not required ☒)

FBC ☑ Lipids ☑ Blood Group ☐ Hepatitis B ☐
U+E ☑ LFTs ☑ ECG ☑ INR ☐ CXR ☑
Other (specify):

TFTs Yes/No Signature:.....

ADMISSION: Date: 6/12/1 Age:
Presenting History: Occupation:

47 ♂

FTCP 15 Nov 2001 2/12 C/P. Atypical. Rest or exertion. GTN relieves.

FBETT: 8 mins. SOB. Throat discomfort. Upsloping STs in exercise.
⇒ Downsloping inferior + anterior in recovery.

Adm 10/7 ago ? TpI neg ACS. Nicorandil added and discharged.

Changes since seen as outpatient?: .....

Exercise Test:	Yes/No	**Date:**	**Result:**
Thallium Scan:	Yes/No	**Date:**	**Result:**
Previous angiogram:	Yes/No	**Date:**	**Result:**

Risk factors: Duration Comment:

1. Smoking	Yes ☑	No ☐	Ex ☐
2. Hypertension	Yes ☐	No ☐	
3. Lipid disorder	Yes ☑	No ☐	
4. Diabetes Mellitus	Yes ☐	No ☐	
5. Family History of IHD	Yes ☑	No ☐	

Past Medical History:

1. Varicose veins	Yes ☐	No ☑
2. PVD	Yes ☐	No ☑

Other:

Drug Therapy:

Asp 75
Bdz 2.5
GTN spray
Prednisol 50mg
Micardis 10mg bd
Simv 20mg

Allergies:

Contrast Yes ☐ No ☑
Drug allergy Yes ☐ No ☑
Other (specify) .....

Systematic enquiry / other:

Females: "Are you, or might you be pregnant?" Yes ☐ No ☐

Social History:

Examination:

CVS Pulse: 72 SR BP: JVP: ↔

Murmurs: N S 1+ II +0 Bruits: None

Peripheral Pulses: Good

CHEST Clear

OTHER

ECG:

Chest X Ray:

SUMMARY:

Signature: .....

Glasgow Royal Infirmary

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT AND VIDEO LINKING FORM.

3062586R
MOUTREY
DAVID M
22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

DATE 6/12/11

Proposed Procedure CORONARY ANGIOGRAM

(block capitals) _____

NOTES OF GUIDANCE FOR DOCTORS / DENTISTS.

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

Written informed consent is not required for minor procedures, examples of which are:

a) collection of urine and faeces
b) nasal and throat swabbing
c) withdrawal of a volume of blood wholly for diagnostic purposes
d) setting of IV drips
e) Arterial cannulae

NB. This list is not exhaustive. The decision as to whether written consent is required rests with the individual clinician concerned.

TO BE COMPLETED BY MEDICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/~~parent/guardian/next of kin~~ (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of video linking.**

Name (block capitals) MCMEGART

Signature _____

Grade / Designation SHO III

TO BE COMPLETED BY THE PATIENT/PARENT/GUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand ask the doctor for an explanation. The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

If the information is correct and you understand the procedure you should sigh the form.

Increasingly in modern medicine, video pictures are used for consultation and teaching purposes and you should be aware that your operation may be observed via a video link to the theatre.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM	The Patient/~~Parent~~/~~Guardian~~/~~Next of Kin~~ (delete as appropriate)
I UNDERSTAND	The procedure which has been explained to me by the doctor named on this form.
	That the procedure may not be carried out by the Doctor who has been treating me so far.
	That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
	That observers may see the surgery via a link to Theatre but my identity will not be broadcast.
	Tissue removed as part of your surgical treatment will be examined, if required, but any excess tissue which would have been discarded may be used anonymously for scientific research purposes.
I AGREE	To the administration of anaesthetic or to sedation if required
	To the procedure named on this form
	To the use of the video system
	To the use of discarded tissue for scientific research

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give consent or not but, whatever you decide, it will not affect your treatment.

I agree / do not agree to examination by a student during the procedure named on this form under the supervision of the senior medical officer undertaking the procedure.

Signature _____ Date _____

Name (block capitals) _____

Address _____

GLASGOW ROYAL INFIRMARY

DEPARTMENT OF MEDICAL CARDIOLOGY

3062586R
MOUTREY
DAVID M
11 Montrose Terrace 22/06/1954
GLASGOW
G64 1JQ

HOSPITAL: WD/DEPT.: CONSULTANT:

OUTPATIENT SYNOPSIS: **Date:**
Tel. No.:

Procedure: CA ☐ LHC ☐ RHC ☐ Grafts ☐
Brachial ☐ PTCA ☐ EPS ☐ RFAbl ☐

Drugs: Warfarin No ☐ Yes ☐ Instructions:.....

Other specific instructions: .....

Females: 10 day rule applies Yes ☐ No ☐

Day case: Yes ☐ No ☐ (Distance: Transport: Lives alone)

Investigations (please tick when performed): **Date:**
(Performed ☑ Perform on admission ☐ Not required ☒)

FBC ☐ Lipids ☐ Blood Group ☐ Hepatitis B ☐
U+E ☐ LFTs ☐ ECG ☐ INR ☐ CXR ☐
Other (specify):

TFTs Yes/No Signature: .....

ADMISSION: Date: Age:
Presenting History: Occupation:

Changes since seen as outpatient?: .....

Exercise Test:	Yes/No	**Date:**	**Result:**
Thallium Scan:	Yes/No	**Date:**	**Result:**
Previous angiogram:	Yes/No	**Date:**	**Result:**

Risk factors: Duration Comment:

1. Smoking Yes ❑ No ❑ Ex ❑
2. Hypertension Yes ❑ No ❑
3. Lipid disorder Yes ❑ No ❑
4. Diabetes Mellitus Yes ❑ No ❑
5. Family History of IHD Yes ❑ No ❑

Past Medical History:

1. Varicose veins Yes ❑ No ❑
2. PVD Yes ❑ No ❑

Other:

Drug Therapy:

Allergies:

Contrast Yes ❑ No ❑

Drug allergy Yes ❑ No ❑

Other (specify) .....

Systematic enquiry / other:

Females: "Are you, or might you be pregnant?" Yes ❑ No ❑

Social History:

Examination:

CVS Pulse: BP: JVP:

Murmurs: Bruits:

Peripheral Pulses:

CHEST

OTHER

ECG: **Chest X Ray:**

SUMMARY:

Signature: .....

GLASGOW ROYAL INFIRMARY

DEPARTMENT OF MEDICAL CARDIOLOGY

GP Prac : 430591
MOUTREY 475681
DAVID 22/06/1954
11 MONTROSE TERR M
BISHOPBRIGGS G64 1JQ

HOSPITAL: WD/DEPT.: CONSULTANT:

OUTPATIENT SYNOPSIS: **Date:** **Tel. No.:**

Procedure: CA ☑ LHC ☐ RHC ☐ Grafts ☐
Brachial ☐ PTCA ☐ EPS ☐ RFAbl ☐

Drugs: Warfarin No ☑ Yes ☐ Instructions: .....

Other specific instructions: .....

Females: 10 day rule applies Yes ☐ No ☐

Day case: Yes ☑ No ☐ (Distance: Transport: Lives alone)

Investigations (please tick when performed): **Date:**

(Performed ☑ Perform on admission ☐ Not required ☒)

FBC ☐ Lipids ☐ Blood Group ☐ Hepatitis B ☐
U+E ☐ LFTs ☐ ECG ☐ INR ☐ CXR ☐
Other (specify):

TFTs Yes/No Signature: .....

ADMISSION: Date: 6/12/1 Age:
Presenting History: Occupation:

47 ♂
FTCP 15 Nov 2001.
2/12 progressive chest pain. Atypical. Exertional or at rest. Relief e GTN.
FBETT: 8 mins. SOB + throat discomfort.
Upsloping STs during exercise ⇒ Downsloping inferior + anterior recovery.
Admission 26 Nov 2001. ACS. Bigeminy / trigeminy on ECG. TpI -ve. Nicorandil added.

Changes since seen as outpatient?: .....

Exercise Test: Yes/No **Date:** **Result:**

Thallium Scan: Yes/No **Date:** **Result:**

Previous angiogram: Yes/No **Date:** **Result:**

Risk factors: Duration Comment:

1. Smoking Yes ☐ No ☐ Ex ☑
2. Hypertension Yes ☑ No ☐
3. Lipid disorder Yes ☑ No ☐ Chol 6·2
4. Diabetes Mellitus Yes ☐ No ☑
5. Family History of IHD Yes ☑ No ☐

Past Medical History:

1. Varicose veins Yes ☐ No ☑
2. PVD Yes ☐ No ☑

Other:

Drug Therapy:

Aspirin 75 mg
Atenolol 50 mg
Simv 20 mg
Bd2 25mg
GTN spray
Nicorandil 10mg bd

Allergies:

Contrast Yes ☐ No ☐
Drug allergy Yes ☐ No ☐
Other (specify) .....

Systematic enquiry / other:

Females: "Are you, or might you be pregnant?" Yes ☐ No ☐

Social History:

Examination:

CVS Pulse: BP: JVP:

Murmurs: Bruits:

Peripheral Pulses:

CHEST

OTHER

ECG: **Chest X Ray:**

SUMMARY:

Signature: .....

Glasgow Royal Infirmary
Integrated Care Pathway – Cardiac Surgery

NHS Greater Glasgow

Consultant: Mr Murdy **Date:** 13/03/02

Comj
Pati 3062586R
MOUTREY M
Add DAVID 22/06/195
11 Montrose Terrace
GLASGOW
G64 1JQ
Date Age: 47yrs

Label details checked & correct? Yes ☑ No ☐

Home Telephone No: 0141 563 4090
Occupation: Plant operator
Marital status: Divorced
Religion: None
GP Name: Dr Johnston
GP Address: Springfield M/C
Bishopbriggs
Postcode:
Telephone: ~~0141 245 4183~~ 0141 7724744
Next of Kin Name: Laura Kennedy
Relationship: Partner
Address: S/A
Mobile No 07939 815009
Telephone: S/A 0141 245 4183
Other contact: Janet Macleod
Relationship: Mother
Address: 30 Mill Crescent
Torrance.
Telephone: 01360 622 849.
Relatives given hospital phone number? ☑

Diagnosis: Angina
Planned Operation: CABG
Other **relevant** conditions:
1. Psoriasis
2. Rheumatic fever
3. Spondylosis

Date:	Surgery Performed
28-3-02	CAX3 good LV L Pleura open

Patients Height: 1.73 metres
Patients Weight: 94.7 kg

Admission Date: 27/03/02
Attended pre-assessment clinic? Yes ☑ No ☐
Date attended: 13/03/02.
Named Nurse:
Named Physiotherapist: H Courtney
On pass Date: / /
Re-admission Date: / /
Arranged admission from home ☐
Emergency admission from hospital ☐
Specify hospital:
Transfer in from Glasgow Royal Infirmary? ☐
Specify ward:

Valuables:	Taken by relatives	☐
	In deed box	☐
	In finance office	☐
Clothing:	Returned home	☑
	Stored in ward	☐
Medication:	Returned home	☐
	Stored in ward	☐

Completed by: S. Gibson
Designation: D. N
Date: 13/03/02 Time: 1130 hrs

Audit Information: If this ICP is discontinued, please state date and reason on Variance page. All details below to be completed by nurse discharging patient from ITU/HDU/Ward 65.

Date admitted to ITU 28/3/02
Date discharged from ITU 29/3/02
Ventilation hours: 7
Date discharged from Ward 65 5/4/02
Discharged to: Home
ICP Discontinued: ☐ Date / /
Reason:

Pre-operative Nursing Assessment

Breathing and Circulation
Breathless ☐
If Yes, at rest ☐ on exercise ☐
Well perfused ☐
Smoker (Number per day: _____) ☐
Ex-smoker (Date stopped: 4 months ago) ☐
Never smoked ☐

Mobility
Independent ☐
Mobile with aid ☐
Restricted due to: _____

Social History/Home Circumstances
Lives alone ☐
Lives with partner ☐
Dependants ☐
Family Support 13yr old daughter ☐
If Yes, specify: _____

District Nurse ☐
Home help ☐
Other services (specify): _____

Has own transport ☐
Requires transport ☐

Personal Hygiene
Bathes/showers ☐
:Independently ☐
:With assistance ☐
Skin healthy Yes ☐ No ☐
Comments: Psoriasis

Senses/Aids
Glasses Reading ☐
Hearing impaired: left ☐ right ☐
Hearing aid: left ☐ right ☐
Dentures: upper ☐ lower ☐
Comments: _____

Nutrition
Dietary Assessment Score: 06
Referred to Dietician ☐
Special dietary requirements (specify): _____

Alcohol Intake:
Units/week* none ☐
less than 14 ☐
14 - 21 ☐
over 21 ☐
(*1 unit = 1 measure spirits/half pint beer or lager/ 1 glass wine)
Comments: 30 Units

Elimination
Bowels regular ☐
Constipation ☐
Diarrhoea ☐
Laxative use ☐
Normal micturition ☐
Frequency ☐
Comments: _____

Communication
Understands reason for admission? ☐
Family aware of admission ☐

Sleeping
Takes night sedation ☐
Sleeps between 7 to 8 hours per night
Special requirements (specify): _____

Mental State
Alert/Orientated ☐
Confused: day/night ☐
Anxious/Distressed ☐
Past history of psychiatric illness ☐
Past history of drug abuse ☐
Specify substance:

Completed by: J S Gibson
Designation: _____
Date: 21/3/02 Time: 1500 hrs

Cardiac Surgery
Integrated Care Pathway

Date: 13 / 3 / 02

3062586R
MOUTREY M
DAVID 22/06/195
11 Montrose Terrace
GLASGOW
G64 1JQ

Age: 47

Medical Assessment

Reason for Admission

Complaint:
- CAD ☑
- Valve ☐
- CAD & Valve ☐
- Congenital ☐
- Thoracic aorta ☐
- Other ☐ Specify: _____

History

Duration: 6 months ago.

Angina (Grade I-IV): III Pain in throat - neck. Stable ☐ Unstable ☐

Dyspnoea (Grade I-IV): III on short walks Orthopnoea ☐ PND ☐

- Haemoptysis ☐
- Palpitations ☑ Intermittent. Relieved by rest.
- Oedema ☐
- Dizziness ☐
- Syncope ☐ How often? _____ When? _____
- Claudication ☐

Past Medical History

- Asthma ☐
- COPD ☐
- Diabetes ☐ IDDM ☐ Oral ☐ Diet ☐
- Epilepsy ☐
- Jaundice ☐
- Hypertension ☑
- Rheumatic fever ☑ ? age 13yr.
- Tuberculosis ☐
- Renal problems ☐
- CVA ☐ TIA ☐ When? _____
- Peptic ulcer ☐

- Previous MI ☐ Number: _____ When? _____
- Hyperlipidaemia ☑
- Anticoagulants ☐
- Thrombolysis ☐ When? _____
- PTCA ☐ Stent ☐
- Varicose veins ☐ Stripped ☐ Avulsed ☐ (Right ☐ / Left ☐)

Bleeding tendencies: _____

Previous Operations

Comments

Rt - needles in (R) hand ? due to sporadosis.

Clinical Examination

S/E: (note abnormalities) Chest: ✓
Abdo: ✓
U/G: ✓
CNS:
prostatism ☐

O/E: General: well looking. Teeth: own bottom teeth attended 1yr ago. no problems. Seen by dentist Yes ☐ No ☑

CVS:

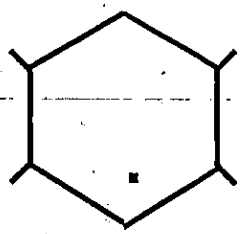
Pulse = 53 bpm (regular ☑ / irregular ☐)
BP = 169 / 94
JVP:
HS I + II + normal
Carotid bruits: Right ☒ Left ☒
Femoral bruits: Right ☐ Left ☐
Ankle oedema ☒

Chest:

Expansion ✓
Percussion ✓
Breath sounds — Vesicular ☑ Bronchial ☐
Added sounds nil. — fine creps ☐ coarse creps ☐
wheeze ☐ other ☐ specify:

Abdomen:

Scars: nil
Soft: ✓
Non-tender ☑ / Tender ☐
Masses ☐ / Hepatomegaly ☐
Bowel sounds normal ☑



CNS:

Alert / Orientated ☑ no dorias degeur
PERLA ☐

Limbs	RA	LA	RL	LL
Tone	not fully assessed.	Power (0-5)		
Reflexes		Plantars		

Further Comments

Investigations – Ordered

FBC	☑		
BIOCHEM	☑		
COAG	☐		
INR	☐		
XM 3 ☐	XM6	☐	(for redo only)
CXR	☐		
ECG	☐		

Pre-op Checklist

Bloods	☑
X-match	☑
CXR	☑
ECG	☑
Consent	☐
Angiogram	☑
Echo	☑ Arranged for day of admission ✓

Sign and print name: M. Dunbar M Dunbar **Date:** 13/3/02

Cardiac Surgery
Integrated Care Pathway

Date: 13 / 03 / 02.

3062586R
MOUTREY M
DAVID 22/06/195
11 Montrose Terrace
GLASGOW
G64 1JQ

Age: 47yrs.

Drug History (to be completed by nurse on admission)
To be checked by medical staff **prior** to completion of drug prescription

DRUG	DOSE	TIMES	COMMENTS
Aspirin	75mgs	daily	
Warfarin			
Beta Blocker	Atenolol	25mgs.	daily
Nitrate	G. T.N.	Spray	PRN.
Calcium Antagonist			
ACE Inhibitor			
Diuretic	Bendrofluazide	2.5mgs	daily
Lipid lowering drug	Simvatatin	40mgs.	daily
Digoxin			
Others (state):	Nicorandil	10mgs	~~daily~~ B.D
	Tmovate	cream	for psoriasis.

DRUG ALLERGIES **Yes** ☐ **No** ☑
If yes, please state:

Pharmacy
Mental or physical problems identified which are likely to affect compliance ☐
Screened for pre-discharge Education and counselling ☐
Comments: _____

Completed by: J. S. Gibson
Designation: D
Date: 13/03/02. Time: 1150 hrs
Checked by medical staff ☐
Comments/Amendments:

Signed: _____

Physiotherapy Assessment

Post-operative procedures explained ☑
Physiotherapy techniques demonstrated ☑

Chest Expansion

	GOOD	MODERATE	POOR
APICAL		✓	
LATERAL/COSTAL		✓	
DIAPHRAGMATIC		✓	

Forced Expiratory Technique (FET) ☑
Cough ☑
Wound support demonstrated ☑

Auscultation

	UPPER	MID	LOWER
RIGHT	✓	✓	✓
LEFT	✓	✓	✓

Added sounds: Nil

Effective clearance of secretion: Nil

Quantity: ϕ

Mobility: Independent Stairs: None

Hobbies: Gym - cardiovascular circuits - none last yr

Distance walked before onset of symptoms: Approx 50 metres - widdes (legs tired)

Comments: Mildly anxious - intrigued re: procedures

Completed by: Hazel & Courtney Designation: Supt N

Date: 13 / 03 / 07 Time: 13'0 hrs

Cardiac Surgery
Integrated Care Pathway

Date: 13 / 03 / 02

G64 1PJ
3062586R
A MOUTREY M
DAVID 22/06/1954
P 11 Montrose Terrace
GLASGOW
G64 1JQ
DOB: / / Age:

Nursing - Pre-operative

	SIGNATURE	TIME	COMMENTS
Height and weight documented on anaesthetic sheet	J S Gibson	15⁰⁰	
Waterlow score: 15 Torrance score: 00	J S Gibson	12⁰⁰	Action taken:
Nasal swab taken ☑ MRSA full screen ☐	J S Gibson	12⁰⁰	
On electric frame bed with Alpha-relief mattress	KMM	1950	
Urinalysis findings	J S Gibson	12⁰⁰	NAD
Temperature: 36·5 °C	J S Gibson	12⁰⁰	
Heart rate: 53 bpm regular ☑ irregular ☐	J S Gibson	12⁰⁰	27/3/02 52 regular
Respiratory rate: 18 breaths pm	J S Gibson	12⁰⁰	27/3/02 16
Blood pressure: 168 / 94	J S Gibson	12⁰⁰	142/80 27/3/02
O2 Sats: 95 %	J S Gibson	12⁰⁰	97% 27/3/02
Allergies (other than drug allergy) If yes, please state (in comments)	J S Gibson	12⁰⁰	none known.
Showered with Aquasept	E Hendry	2100	27/03/02
Skin prepared as per protocol	[illegible]		
Seen by anaesthetist	KMM	1900	
Post operative talk received	E Hendry	21⁰⁰	27/03/02
Measured for TEDs Size: 40 cms	J S Gibson	12⁰⁰	
TEDs supplied	J S Gibson	12⁰⁰	
Consent signed	J S Gibson	12⁰⁰	
Valuables stored (charted on front page of ICP)	NHH		
ID bands (x2) in situ (details checked and correct)	J S Gibson	15⁰⁰	27/3/02

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE

Nursing – Immediate Pre-operative

Date: 28/03/07	SIGNATURE	TIME	COMMENTS
Asleep as per usual sleep pattern			
To be fasted from: Date: 27/03/07 Time: 2400 hrs	E Hardy	24 00	
Check that the following are attached to patients bed: Drip stand (x2) ☑ Infusion pump ☑ Volumetric pump ☐ N/A	E Hardy	07 00	
Voided urine ✓	E Hardy	0600	
Pre-medication given	E Hardy	07 07	
Check that the following are recorded on the anaesthetic sheet: Height ☑ Weight ☑ Blood pressure ☑ Heart rate ☑	E Hardy	07 00	
Check that the following are present: Patients casenotes ☑ ECG ☐ Chest X-ray ☑	E Hardy	07 00	
Checklist completed	E Hardy	07 00	
Transferred to theatre			
Belongings transferred to ITU			

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE

Theatre – Post-operative Medical Orders

Vital Function Limits (report if outwith)

Heart rate: 60 – 90 bpm

Systolic Blood Pressure: 90 – 130

CVP: 4 – 8

LAP: _____

PAP: _____

Wedge: _____

Pacing RV pacing wires x 2

Pacing Yes ☐ No ☑

Box set @ _____ bpm on demand /

fixed rate _____ volts

VVI ☐ AA1 ☐ DDD ☐

Ventilation

FiO_2 _____ % Mode: CMV ☐ SIMV ☐ CPAP ☐ PS ☐ PEEP ☐

Respiratory Rate: _____

TV _____

O_2 Sat _____ %

Medication

☐ Cefuroxime 750mg IV (x2) - 8 hourly commencing at 14.00 hours 22:00

☐ Ranitidine 50mg IV (x3) - 8 hourly commencing at 14.00 hours 22:00

☐ Morphine 1mg/1ml 1 – 2 mg IV prn

☐ Potassium chloride 5 – 20 mmls to keep serum potassium > 4.5 mmls/l

☐ Duration of Warfarin: Nil.

Valve Surgery (please specify type):

Intravenous Infusions

☐ Potassium chloride 80mmls in 500mls Glucose 5% @ _____ mls/hour

☐ Glucose 5% to make total fluid intake: 40 mls/hour

☐ GTN 50mg in 50ml Glucose 5% @ _____ mls/hour

☐ Dopamine 400mg in 250ml Glucose 5% @ 0 – 20 mls/hour

☐ Noradrenaline 10mg in 250ml Glucose 5% @ _____ mls/hour

☐ Propofol 10mg/ml @ 0 – 25 mls/hour

☐ Morphine 1mg/ml @ _____ mls/hour

S/C Morphine (as protocol) if extubated

☐ Adrenaline 10mg in 250ml Glucose 5% @ _____ mls/hour

☐ Milrinone 10mg in 50ml Glucose 5% @ _____ mls/hour

☐ Velosulin 50 units in 49.5ml NaCl 0.9%/ saline according to sliding scale

Blood Glucose <2mmls/l _____ ml/hour

Blood Glucose 4-6mmls/l _____ ml/hour

Blood Glucose 8-10mmls/l _____ ml/hour

Blood Glucose 14-22mmls/l _____ ml/hour

Blood Glucose >44mmls/l _____ ml/hour

Completed by: Malik

Designation: SPR

Date: 28/8/02 Time: 12.30 ~~pm~~ am

Date/Time	Additional Orders	Signature

Cardiac Surgery
Integrated Care Pathway

Affix: 3062586R 22/06/1954 MOUTREY M DAVID 11 Montrose Terrace Bishopbriggs GLASGOW G64 1JQ

Patient Ho DO le:

Date: 28 / 03 / 02 **Time:** 1245 hrs

Nursing – Theatre (ITU) – Initial Care

	SIGNATURE	TIME	COMMENTS
Monitoring established: ECG ☑ BP ☑ CVP ☑ O_2 Sat ☑ T ☑ LAP ☐ PAP ☐	P. Kane	1330	
V/S recorded	P. Kane	1330	
Ventilation established	P Kane	1330	
ETT secure and supported (ETT size 9.5 mm)	P Kane	1330	
Ventilation recordings completed	P Kane	1330	
ABGs checked	P Kane	1330	
Suction applied to chest drains Number of drains: 3	P Kane	1330	
Sternotomy wound Leg wound: R ☐ L ☑ Arm wound: R ☐ L ☑ Leg Drain: R ☐ L ☐ Arm Drain: R ☐ L ☐ Document excessive straining	P Kane	1330	
Blood loss/replacement charted	P Kane	1330	
IV lines secured Central line ✓ Peripheral line ✓	P. Kane	1330	**Document location of lines:** (R) SUBCLAVIAN (R) DORSUM
Arterial line secured ✓	P Kane	1330	**Document location of lines:** (R) WRIST
Pacing wires (x2) in situ ~~Wrapped~~/attached to box	P Kane	1330	If yes, specify type: RV
IV fluids attached and commenced	P. Kane	1330	
Colour and perfusion assessed	P Kane	1330	
On alpha-relief mattress			
Warming blanket applied (if T <35°C)	P Kane	1400	
Neurological status assessed			
Urinary catheter Catheter size: 12ch	P Kane	1330	
Chest X-ray (for Prof. Wheatley's patients **OR** if requested by medical staff)	P Kane	1330	
Relatives spoken to by nursing staff	P Kane	1330	
Contact numbers rechecked ☑	P Kane	1330	
ECG (Mr Nkere's patients only)			
PR Aspirin (Mr Nkere's patients only)			

Cardiac Surgery
Integrated Care Pathway

Date: 28 / 03 / 02

G64 1RJ
3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

Age:

Nursing – Theatre (ITU) – Subsequent Care

	SIGNATURE	TIME	COMMENTS
V/S recorded as per protocol (including pacing information)	P Kane	16[45]	
Haemodynamically stable	P Kane	16[45]	
Blood loss recorded as per protocol	P Kane	16[45]	
Hourly fluid balance	P Kane	16[45]	
Ventilation recordings charted hourly	P Kane	16[45]	
ABGs 1-6 hourly	P Kane	15[50]	
Chest clear	P Kane	16[45]	
Oral hygiene 1-2 hourly (replace dentures ASAP)	P Kane	15[00]	
Oral mucosa clean and moist	P Kane	15[00]	
T36.5 warming blanket removed	N/A		
Skin warm and well perfused	P Kane	16[45]	
Wounds: Document excessive leakage	P Kane	16[45]	NO EXCESSIVE STAINING NOTED
Pressure areas checked and healthy	P Kane	16[45]	
Awake and moving all limbs to command (2-12 hours)	P Kane	16[45]	
Pain controlled with morphine S/C ☐ IV ☑	P Kane	16[45]	
Post-operative wash (4-6 hours)	P Kane	16[45]	
Catheter care 8 hourly	P Kane	16[45]	
No of staff required for Movement and Handling: 2	P Kane	16[45]	
Maxi-slides used for moving	P Kane	16[45]	
Extubated as per protocol (4-24 hours)	P Kane	18[45]	

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE
28/03/02 1800	Swing in chest drain, please observe	P Kane

Pharmacy – Theatre (ITU)

Date: _____/_____/_____	SIGNATURE	TIME	COMMENTS
Antibiotic prophylaxis check known allergies to antibiotics			
Alert nursing staff if patient is allergic to penicillin			
Cefuroxime 750mg prescribed			
Review immediate post-operative medication			
Infusions are prepared at correct concentration			
Biochemistry results checked			
Actual or potential drug related problems discussed			

Additional Comments

ADM CABGx3 LV GOOD BP 132/88 creat clear Amiy ex smoker

Cardiac Surgery
Integrated Care Pathway

Affix addressograph label

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Patient

Hospita

DOB:

Date: 22 / 3 / 2

Theatre + 1 (ITU) - Medica

CVS
Pulse = 82 bpm (regular ☑ / irregular ☐)
Blood Pressure 160 / 70
HS I + II + pre
Oedema ☐ Nil
Peripheral perfusion warm ☑
cool ☐ mottled ☐

Chest
Extubated (hours postop): 1900
Intubated: Spont ☑ SIMV ☐
PS ☐ CPAP ☐
Gases – PO_2 9.7 PCO_2 5.2 on 4L 38 $\%O_2$
Breath sounds ↓AE ⓓ bases Inad zone

Abdominal
Soft ☑
Distended ☐ Non-distended ☑
Tender ☐ Non-tender ☑
Bowel sounds: Nml

Renal
Fluid balance: 3720/50
More than 0.5ml/kg/hour for past 2 hours? _____ ml

CNS
Alert/Orientated? ☐
Limb power normal? ☐ Plantars normal? ☐

Investigations
FBC ☑ U+E/Creat ☑
Coag/INR ☐ ECG ☑
CXR ☑ Drug Kardex ☑
K+ check (pm) ☑ Other (state): _____

Orders
4L0 in (4L0/20)

Chest drains: Remove	am	☑
	pm	☐
Review	pm	☐
Leg/arm drain:	Remove	☐
Arterial line:	Maintain	☑
	Remove	☐
CVP monitoring	Continue	☐
	Discontinue	☐
ECG monitoring	Continue	☐
	Discontinue	☐
Peripheral line	Maintain	☐
	Remove	☐
Pacing box	Keep	☐
	Remove	☐
O_2 Sat. monitoring	Continue	☑
	Discontinue	☐

Comments
- Wean GTN
- bladder + CVP
- physiotherapy + mobs
- drains out

Completed by: [illegible]
Designation: SHO
Date: 25 / 3 / 2 Time: 0835 hrs

Medication
KCl 5-20mmls to keep serum potassium _____mmls/l Glucose 5% with 40mmls KCL @ 40ml/hr ☐
Glucose 5% @ 40ml/hr until tolerating oral fluids ☐
Maintain / wean dopamine by _____ml/hr to _____ml ☐
Maintain / wean / discontinue GTN by 1 ml/hr to 0 ml ☑

Cefuroxime discontinued ☐ Commenced Warfarin ☐
Commenced senokot syrup/tablets ☐ Continue Velosulin as per sliding scale ☐
Ward Kardex completed ☐ Transfer to HDU am / pm ☐

Theatre + 1 - Nursing

Date: 29 / 3 / 02	SIGNATURE	TIME	COMMENTS
Alert and oriented	Purcell	07:00	
Oxygen therapy continues @ ___	Purcell	07:00	FIO2 50% Via thum mask.
ABGs checked	Purcell	05:30	FIO2 ↑ 50%.
Arterial line removed			
Colour and perfusion satisfactory	Purcell	07:00	
Vital signs recorded 2 – 4 hourly prn	Glenny	1030	
Chest drains removed	Glenny	1030	
Wounds dry, no erythema			
12 lead ECG performed	Glenny	1030	
Peripheral line removed	Glenny	1030	
CVP monitoring discontinued			
ECG monitoring discontinued			
Pacing box disconnected (wires re-wrapped)	Purcell	07:00	
Tolerating oral fluids	Glenny	1030	
Tolerating light diet			
Reduce IV fluids when drinking adequately	Glenny	1030	
Hourly urine volumes adequate	Purcell	07:00	
Adequate pain control achieved with IM/SC analgesia (Specify: _____)	Purcell	0700	Recieved s.c Morphine @ 0230 hrs. has not req'd any since.
Bedbathed (shaved)	Purcell	07:00	Pt. requested not to shave.
Catheter care given 6-8 hourly			
Mouthwashes/oral hygiene given every 4 hours	Purcell	0700	oral mucosa moist + intact.
Leg drains removed			
TEDs applied	Purcell	07:00	
Waterlow score: _____ Torrance score: _____			Action taken?
No of staff required for Movement and Handling: 2	Glenny	1030	
Maxi-slides used for moving	Purcell	07:00	
Transferred to: HDU ☑ Ward 65 ☐	Glenny	1030	
Family informed of transfer	Glenny	1030	

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE
29/3/02 2.00hrs.	Continues to have noticeable swing in chest drains. Air entry remains quiet but SaO_2 96%.	Purcell

Cardiac Surgery
Integrated Care Pathway

Date: 29 / 3 / 02

Affix addr
Patient
Hospita
DOB:

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Theatre +1 – Physiotherapy

Morning (am)

AIR ENTRY	UPPER	MID	LOWER
RIGHT	✓	✓	↓
LEFT	✓	✓	↓

CABG x 4
LIMA → LAD
Radial → D1
SVG → RCA
3x CD ⊖ pleura open
CP = 5R. → FFB 129 ml

Added Sounds: harsh apically
Extubated @ 2000hr last pm. FiO2 0.5 SpO2 95% ABGs @ 0520

Treatment position: HS Comments: Hb 38 pCO2 5.2 pO2 9.7

Chest expansion: good 2 DBx Forced Expiratory Technique (FET) ☑ good
Cough ☑ mod dry Effective clearance of secretions: Q
Quantity of secretions: ☐ ☑ ☐ ☐

Bed exercises: Static gluteals ☑ toes/ankles/quads/~~other~~ (specify) _____ ☑

Patient instructed regarding bed exercises ☑ Comments: FQ saline nebs.
CDs to be removed & TF to HDU

Completed by: McGodfrey SNT Date: 29 / 3 / 02 Time: 0950

Afternoon (pm)

AIR ENTRY	UPPER	MID	LOWER
RIGHT	✓	✓	↓
LEFT	✓	✓	↓

Added Sounds: harsh to mjs

Treatment position: sitting Comments: FiO2 35 SpO2 95%
CDs removed, now in HDU

Chest expansion: mod Forced Expiratory Technique (FET) ☑ good
Cough ☑ mod dry Effective clearance of secretions: NO
Quantity of secretions: ☐ ☑ ☐ ☐
Changes from AM treatment: Co too weak to clear.
On call treatment required Yes ☐ No ☑ Specify: _____

Completed by: McGodfrey SNT Date: 29 / 3 / 02 Time: 1355

Theatre + 1 - Pharmacy

Date: ____/____/____	SIGNATURE	TIME	COMMENTS
Post-op drug prescription checked			
CABG surgery - aspirin prescribed			
AVR / MVR – warfarin prescribed (warfarin appropriate to type of valve)			
Antibiotic prophylaxis discontinued			
Biochemistry results checked: a) renal function b) liver function			
Actual or potential drug related problems discussed			
Prescription correct according to GGHB guidelines			
Prescription correct according to consultant protocol			
Ensure continuing supply of medication			

Theatre + 1 – Nursing

HDU / ITU (delete as appropriate)	SIGNATURE	TIME	COMMENTS
Alert and oriented	GHenry	1030	
Oxygen therapy continues @ 4L/6	GHenry	1030	
Colour and perfusion satisfactory	GHenry	1030	
Air entry 2 – 4 hourly (am)	GHenry	1030	
Air entry 2 – 4 hourly (pm)	A Ferrell	2300	
Expectorating adequately (eg IMP) Monitor secretions ____none____	GHenry	1030	
TPR and Blood Pressure (am) (inotropes weaned with no ill effects) Pacing changes	GHenry	1030	
TPR and Blood Pressure (pm) (inotropes weaned with no ill effects) Pacing changes	A Ferrell	2300	
TPR and Blood Pressure (night) (inotropes weaned with no ill effects) Pacing changes	A FERRELL	2300	
2 litre fluid restriction continues	GHenry	1030	
Dietary assessment score <10 Special dietary requirements: (specify) _____	A FERRELL	2300	
Referred to Dietitian ☐			
Tolerating light diet and fluids	GHenry	1030	
Assisted wash (pm)			
Mouthwashes prn Oral mucosa clean and moist	GHenry	1030	

Continues on next page

Cardiac Surgery
Integrated Care Pathway

Date: ____/____/____

Affix address 3062586R 22/06/1954 M
MOUTREY
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Patient nar
Hospital nu
DOB:

Theatre + 1 – Nursing (continued)

Date: 29/3/02	SIGNATURE	TIME	COMMENTS
Catheter care 8 hourly		1030	
Adequate pain control achieved with IM/SC analgesia		1030	
Up to sit at bedside 2 – 4 hours		2100	
Advice given on: Diet, Mobility ✓, TEDs ✓, Medication ✓		2100	

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE
29/3/02 2100	Pain difficult to control despite regular analgesia. Diuresis borderline. Fluid challenge administered. Little effect noted. Dr informed; Being observed. Meantime. Serum K+ 4.3 @ 1600hrs. Corrected as prescribed with 10ml IV KCl.	

Theatre + 2 - Medical

CVS

Pulse 66 Reg Sin VE <

BP 130 / 80

HS 1+11

Oedema ☒

Chest

O_2 sats 97% on 60 %O_2

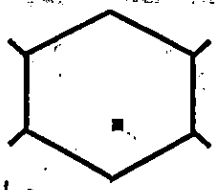
Breath sounds ⊙ Basal Dull

Expiratory Rhs thick green sputum

Abdominal

Soft non tender

Bowel sounds present



Dressing dry & intact

CNS Alert + oriented

Renal +ve 1L 2hrly

urine out 20-70mls/hr.

Orders

ECG monitoring	Continue	☑
	Discontinue	☐
Pacing box	Keep	☐
	Remove	☑
O_2 Sat. monitoring	Continue	☑
	Discontinue	☐
O_2 therapy	Continue	☑
	Discontinue	☐
Central line	Remove	☑
Urinary catheter	Remove	☐

Wounds

Sternum: Dry intact

Leg: ⓛ Leg Staples on dressing

Arm: _____

Investigations

FBC	☑	U+E/Creat	☑
INR	☐	CXR	☑
ECG	☒		

Bacteriology: _____

Plan / Notes

LCS

Ward 65 at bed 6 middle.

Signed (am): [illegible] N/S

Signed (pm):

Cardiac Surgery
Integrated Care Pathway

Date: 30 / 3 / 02

Affix
3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Pat
Ho
DO e:

Theatre + 2 - Nursing

	SIGNATURE	TIME	COMMENTS
Asleep as per usual sleep pattern	A Ferrell	0600	
TPR and Blood Pressure (am) pacing changes	A FERRELL	0700	EGG D/C.
TPR and Blood Pressure (pm) pacing changes	L Hamilton	1900	
TPR and Blood Pressure (night) pacing changes	E. Bradley	0000	
Air entry satisfactory (am)	A FERRELL	0700	Bases Dull reduced on 60% O2.
Oxygen therapy discontinued			FiO2 60%
Chest clear	L Hamilton	1000	Secretions thick, saline nebs prescribed
Chest X-ray completed	L Hamilton	1000	
IV fluids discontinued	L Hamilton	0900	
Central line removed	L Hamilton	1900	
Urinary catheter removed	A FERRELL	0700	
2 litre fluid restriction continues	A FERRELL	0700	FB + 1120mls.
24 hour fluid balance satisfactory	L Hamilton	1000	
Dietary assessment score 9 Special dietary requirements: (specify)	L Hamilton	1100	
Referred to Dietitian ☐	N/A		
Tolerating diet adequately			
Dressings remain in situ – no fresh staining	L Hamilton	1000	
Aperient given (pm)			
Assisted with wash/bedbath (am)	A FERRELL	0700	
Adequate pain control achieved with IM/SC analgesia	L Hamilton	1000	
Assisted walk to toilet with one nurse (am)	L Hamilton	1000	
Assisted walk to scales with one nurse (pm)	L Hamilton	1900	
Weighted	L Hamilton	1900	95.6 kg
Waterlow score: 10 Torrance score:	L Hamilton	1100	Action taken? Regular position change encouraged
No of staff required for Movement and Handling: 1	L Hamilton	1100	
Maxi-slides used for moving			Not required

Continues over

Theatre + 2 – Nursing (cont.)

		SIGNATURE	TIME	COMMENTS
TEDs in situ		LHamilton	0900	
Advice given on:	Mobility Diet TEDs Medication	LHamilton	1000	

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE

Theatre + 2 - Pharmacy

Date: _____/_____/_____	SIGNATURE	TIME	COMMENTS
Drug prescription checked			
Essential pre-operative medication re-started			
Medical staff informed of any discrepancies / omissions			
INR results checked			
Biochemistry results checked:			
Actual or potential drug related problems discussed			
Prescription correct according to consultant protocol			
Ensure supply of non-formulary medication			

Cardiac Surgery
Integrated Care Pathway

Date: 30 / 3 / 02

Affix addressograph label or complete:
Patient name:
Hospital number:
DOB: ___/___/___ Age:

Theatre +2 – Physiotherapy

Morning (am)

AIR ENTRY	UPPER	MID	LOWER
RIGHT	✓	✓	✓
LEFT	✓	✓	↓

Added Sounds: bibasal creps
Treatment position: HS
Chest expansion: good
Forced Expiratory Technique (FET) ☑ good
Cough ☑ mod dry
Effective clearance of secretions: X
Quantity of secretions: ☐ ☑ ☐ ☐ creps

Comments
FiO_2 0.6 SpO_2 98%

Bed exercises:
Static gluteals ☑
Toes/ankles/quads ☑
Other (specify) ☐

Mobilising:
around room ☑
half length of corridor ☐

For reg saline nebs

Afternoon physiotherapy required ☑

Completed by: Mcpolley SNT Date: 30 / 3 / 02 Time: 1040

Afternoon (pm)

AIR ENTRY	UPPER	MID	LOWER
RIGHT	✓	✓	✓
LEFT	✓	↓	✓

Added Sounds: bibasal creps
Treatment position: sitting
Chest expansion: good
Forced Expiratory Technique (FET) ☑
Cough ☑ small prod
Effective clearance of secretions: ✓
Quantity of secretions: ☐ ☑ ☑ ☐ (1 M P)

Comments
FiO_2 0.6 SpO_2 95%

Mobilising:
around room ☒
half length of corridor ☒

Changes from AM:
Feels easier to GE this pm

On call physiotherapy required Yes ☐ No ☑

Completed by: Mcpolley SNT Date: 30 / 3 / 02 Time: 1345

Theatre + 3 - Medical

Clinical Examination

CVS:

Rate ~~09~~ Bln Rhythm REG

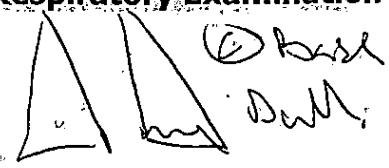
Blood Pressure 135 / 65

Apyrexial ☒ 37.5c

Renal:

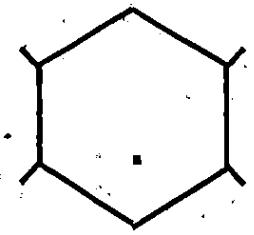
CNS: Alert oriented

Respiratory Examination



SAO2 90% RA

Abdominal Examination



Investigations

INR ☐

Other (please state)

Other Comments

Orders

☐

☐

Signed (am): _____

Signed (pm): _____

Cardiac Surgery
Integrated Care Pathway

Affix addressograph label or complete:

Patient name: DAVID MOUTREY

Hospital number: 3062586R

Date: 31 / 3 / 02

DOB: 22 / 6 / 54 Age: 47

Theatre + 3 - Nursing

	SIGNATURE	TIME	COMMENTS
Asleep as per usual sleep pattern	E. Bradley	0600	
TPR and Blood Pressure (am) pacing changes	E. Bradley	0600	
TPR and Blood Pressure (pm) pacing changes	E. Linton	1900	Temp 37.5°C Sputum requested
Chest clear	E. Linton	1900	Coughing and expectorations
24 hour fluid balance satisfactory	E. Bradley	0700	FB -ve 750 ml
Weight (pm)	E. Linton	1900	95.2 kg
Managing diet	E. Linton	1330	
Give aperient if omitted yesterday	E. Linton	1900	Senna Sunrise given
Assisted with shower/bath (shave)	E. Linton	1330	
Adequate pain control achieved with oral analgesia	E. Linton	1330	
Subcut cannula removed	E. Linton	1330	
Waterlow score: <10 Torrance score: 0	E. Linton	1330	Action taken?
Independently mobile Yes ☑ No ☐	E. Linton	1330	
Wounds exposed and cleaned Sutures / clips in situ Sternotomy: Dissolving ☑ Sutures ☐ .eg: Right ☐ Left ☑ Arm: Right ☐ Left ☑	E. Linton	1330	
Wounds dry, no erythema	E. Linton	1330	
Chest drain sutures removed (leave until tomorrow if drains were not removed on Day 1)	E. Linton	1330	
Pacing wires re-wrapped	E. Linton	1330	
Advice given on: mobility, diet, TEDs, medication	E. Linton	1330	
Valuables returned			

Additional Nursing Notes (only information not included previously)

ATE/TIME	NOTES	SIGNATURE

Theatre + 3 - Physiotherapy

Date: ____/____/____	SIGNATURE	TIME	COMMENTS
Continued chest physio required **Yes** ☑ **No** ☐			
Reason: Pyrexia ☐ Atelectasis ☑ Lobar collapse ☐ Retained secretions ☐ Pleural effusion ☐ Pneumothorax ☐ Pain ☐ Oxygen dependency ☐ Decreased conscious level ☐ Other (specify) _____			
Mobilising around room			
Mobilising length of corridor			Full length
Afternoon physiotherapy required: **Yes** ☐ **No** ☑			
Changes from AM treatment:			
On call treatment required: **Yes** ☐ **No** ☑			

Completed by: _____ Date: ____/____/____ Time: _____

Theatre + 3 - Pharmacy

	SIGNATURE	TIME	COMMENTS
Review drug prescription			
Correct according to GGHB guidelines			
Actual or potential drug related problems discussed			
INR checked			
Ensure supply of non-formulary medication			

Cardiac Surgery
Integrated Care Pathway

Date: 1 / 4 / 02

Affix addressograph label or complete:

Patient name: David Mountry

Hospital number: 306 2586R

DOB: 22 / 6 / 54 Age: 47

Theatre + 4 - Medical

Clinical Examination

CVS:

Rate 90 Rhythm REG

Blood Pressure 140/70

Apyrexial ☒ 37.7

Renal:

CNS:

Respiratory Examination

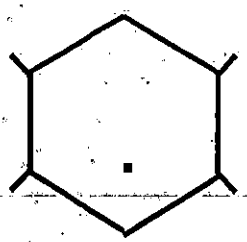
SAO2 9L- Air.

⊖B DWM

Bronchial Breathing

⊖ S.A.

Abdominal Examination



Investigations

INR ☐

Other:

Orders

Drug kardex ☐

Discharge arrangements made ☐

Other Comments

Signed (am): _____

Signed (pm): _____

Theatre + 4 - Nursing

	SIGNATURE	TIME	COMMENTS
Asleep as per usual sleep pattern	m. Hickman	0600	
TPR and Blood Pressure (am) pacing changes	m. Hickman	0600	T37.8
TPR and Blood Pressure (pm) pacing changes	D Bell	AM5	
TPR and Blood Pressure (night) pacing changes			
Chest clear	D Bell	1100	
Discontinue fluid balance	m. Hickman	0600	
Weight (pm)			
Managing diet	D Bell	1100	
Dietary assessment score 0 Special dietary requirements: (specify) _____	D Bell	1100	
Referred to Dietitian ☒	D Bell	1100	
Bowels active (if no, administer 2 suppositories)			
Assisted with shower/bath	D Bell	1100	
Adequate pain control achieved with oral analgesia	D Bell	1100	
Independently mobile	D Bell	1100	
Waterlow score: 10 Torrance score: _____	D Bell	1000	Action taken?
Wounds dry, no erythema	D Bell	1100	
Chest drain sutures removed	D Bell	1100	Yest
Pacing wires re-wrapped	D Bell	1100	
Advice given on: mobility, diet, TEDs	D Bell	1100	
Discharge home discussed with: **Patient** ☐ **Family** ☐			
Attended rehabilitation talk (Tuesday / Friday) **Patient** ☐ **Family** ☐	Tomorrow		

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE
1/1/02. 0600	Thick green spit. Pyrexial — obtained specimen for C/S.	m. Hickman
1/1/02	Given C×R. (L) Lung dull + air entry. Given physio.	

Cardiac Surgery
Integrated Care Pathway

Date: 1/4/07

Affix addressograph label or complete:
3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Patient
Hospit
DOB:

Theatre + 4 - Physiotherap

Date: 1/4/07	SIGNATURE	TIME	COMMENTS
Continued chest physio required **Yes** ☑ **No** ☐			SaO2 87% on air ① low lob collapse → positioned in ⓚ sup lying to ↑ chest expansion
Mobilising length of corridor Frequency: _____			
Mobilising around circuit			
Achieved safe stair practice: Half flight ☐ Full flight ☐			
Attended discharge talk **Yes** ☐ **No** ☐			
Discharge booklet given **Yes** ☐ **No** ☐			
Referred for Cardiac Rehabilitation **Yes** ☐ **No** ☐			

Theatre + 4 - Pharmacy

	SIGNATURE	TIME	COMMENTS
Review drug prescription			
Correct according to GGHB guidelines			
Actual or potential drug related problems discussed			
INR checked			
Ensure supply of non-formulary medication			

Additional Comments

Theatre + 5 - Medical

Clinical Examination

CVS:

Rate 65 Rhythm NSR

Blood Pressure 125 / 60

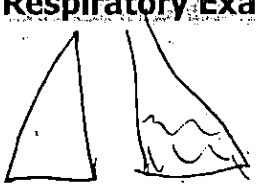
Apyrexial ☒ 37.5°C

Renal:

Fluid balance:

CNS: Alert Orientated

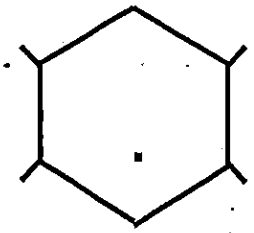
Respiratory Examination



Bilateral AE decreased

SAO2 92% on air.

Abdominal Examination



Investigations

FBC	☐
U+E/Creat	☑
INR	☐
CXR	☑
ECG	☑

Bacteriology: _____

Comments

Continue ventolin

Chest physio.

Orders

Drug kardex ☐

Weight ☐

Pacing Wires for removal Yes ☐ No ☐

Discharge Arrangements

	Yes	No
Discharge arrangements to be made	☐	☐
Patient informed of discharge date	☐	☐
Transfer telephone call made	☐	☐
Transfer letter arranged	☐	☐

Signed (am): _____

Signed (pm): _____

Cardiac Surgery
Integrated Care Pathway

Affix addressograph label or complete:
Patient name:
Hospital number:
DOB: ____/____/____ Age:

Date: 2 / 4 / 02

Theatre + 5 - Nursing

	SIGNATURE	TIME	COMMENTS
Asleep as per usual sleep pattern	RMelville	06:00	Restless and uncomfortable
TPR and Blood Pressure (am)	RMelville	06:00	
TPR and Blood Pressure (pm)	D Bell	1500	
Chest clear	DBell	1100	AIR ENTRY IMPROVING.
Weight (pm)	D Bell	1600	
Managing diet	DBell	1120	
Monitor bowel function	D Bell	1120	
Attending to own personal hygiene	DBell	1120	
Adequate pain control achieved with oral analgesia	DBell	1120	
Independently mobile	DBell	1120	
Wounds dry, no erythema	DBell	1120	
Pacing wires re-wrapped			
Pacing wires removed	D Bell	1600	
TEDs in situ	D Bell	1120	
Family informed of discharge date	DBell	1120	FRI / SAT.
Transport arranged	own transport		
Advice given on: Mobility Diet TEDs Discharge medication	D Bell	1130	
Rehabilitation meeting attended (see day 4)	DBell	1600	
INR appointments made ☐ Date: ____/____/____	MA.		

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE
2/4/02 1830	For CxR tomorrow; K+ ↓ (3.5) Given 20mmols KCL x2 doses	D Bell

Theatre + 5 - Physiotherapy

Date: ____/____/____	SIGNATURE	TIME	COMMENTS
Continued chest physio required Yes ☐ No ☐			
Achieved safe stair practice: Half flight ☑ Full flight ☐	Ueertrey	1620	
Attended discharge talk Yes ☑ No ☐	HE	1130	
Discharge booklet given Yes ☑ No ☐	HE	1130	
Referred for Cardiac Rehabilitation Yes ☐ No ☐			

Theatre + 5 - Pharmacy

	SIGNATURE	TIME	COMMENTS
Review drug prescription			
Correct according to GGHB guidelines			
Actual or potential drug related problems discussed			
INR checked			
Ensure supply of non-formulary medication			

Discharge Planning

	COMMENTS/INFORMATION	TIME	SIGNATURE
Planned discharge date: ☐☐/☐☐/☐☐			
Discharge to: Home ☐ Hospital ☐			
Transfer to (state) _____			
Transport: own ☐ ambulance ☐ car ☐			
Discharge letter arranged			

Cardiac Surgery
Integrated Care Pathway

Date: _____/_____/_____

Affix addressograph label or complete:

Patient name:

Hospital number:

DOB: _____/_____/_____ Age:

Theatre + 6 - Medical

Clinical Examination

Check Temperature ☐ Apyrexial

Blood Pressure ☐ 140/80

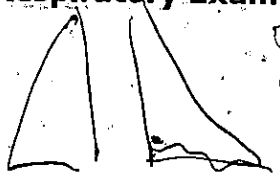
Pulse ☐ 75 NSR

Wounds ☐ _____

Sternum ☐ _____

Fluid Balance ☐ _____

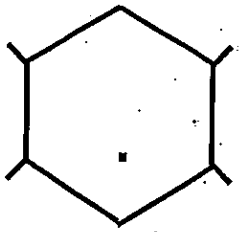
Respiratory Examination



Dry

Bronchial Breath

Abdominal Examination



Investigations

INR ☐

Other:

Orders

	Yes	No
Pacing wires removed	☐	☐
Medication reviewed:	☐	☐
(DF118 changed to paracetamol)	☐	☐

Other orders (please detail):

Comments/Notes

Discharge Arrangements

	Yes	No
Discharge prescription completed	☐	☐
Anticoagulant prescription completed	☐	☐
Discharge letter completed	☐	☐

Signed (am): _____

Signed (pm): _____

Theatre + 6 - Nursing

Date: 03 / 04 / 02	SIGNATURE	TIME	COMMENTS
Asleep as per usual sleep pattern	RMelville	06:00	
TPR and Blood Pressure (am)	RMelville	06:00	
TPR and Blood Pressure (pm) (if required)	L Gasta	1600	
Chest clear			
Weight (pm)	L Gasta	1600	
Managing diet	L Gasta	1600	
Normal bowel function	L Gasta	1600	
Attending to own personal hygiene	L Gasta	1600	
Independently mobile	L Gasta	1600	
Wounds dry, no erythema			See Variance
Pacing wires removed, observations completed as standard			
TEDs in situ	L Gasta	1600	
Advice given on: Mobility Diet TEDs Discharge medication	L Gasta	1600	
Discharge plans confirmed with patient and family	L Gasta	1600	
Discharge/referral letter requested			
Transport required ☐ Transport ordered ☐ Transport confirmed ☐ Document transport details (ie flight nos)	N/A		own transport
District nurse required ☐ District nurse ordered ☐			
Social Services required ☐ Social Services contacted ☐			
Home Care Plan ☐			
Discharge prescription sent to Pharmacy **Yes** ☐ **No** ☐			
Discharge drugs received from Pharmacy **Yes** ☐ **No** ☐			
Rehabilitation meeting attended (see day 4)			

Additional Nursing Notes (only information not included previously)

DATE/TIME	NOTES	SIGNATURE

Cardiac Surgery
Integrated Care Pathway

Date: 3 / 4 / 02

Affix
3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Pat
Hos
DO

Theatre + 6 - Physiotherapy

Date: 3 / 4 / 02	SIGNATURE	TIME	COMMENTS
Achieved safe stair practice: Half flight ☐ Full flight ☑	Dawna Rhodes (St PT)	10³⁰	o problems.
Referred for Cardiac Rehabilitation **Yes** ☑ **No** ☐	Dawna Rhodes (St PT)	10³⁰	
Discharge booklet given **Yes** ☑ **No** ☐	Dawna Rhodes (St PT)	10³⁰	
Attended discharge talk **Yes** ☑ **No** ☐	Dawna Rhodes (St PT)	10³⁰	

Theatre + 6 - Pharmacy

	SIGNATURE	TIME	COMMENTS
Review drug prescription			
Correct according to GGHB guidelines			
Actual or potential drug related problems discussed			
Warfarin therapy discussed with patient			
Discharge prescription checked			
Identified compliance problems: Patient counselled			
Patient counselled on discharge medication			

Additional Comments

4/4/02 **Theatre + 7 - Medical**

Clinical Examination

CVS:
Rate 90 Rhythm Reg
Blood Pressure 150 90 ↑
Apyrexial ☐ T 37.2°C

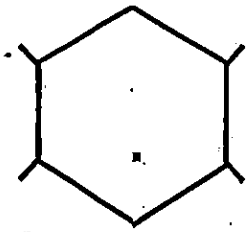
Renal:
Fluid balance:

CNS:

Respiratory Examination

SpO2 96%
Chest Clear
wt ↓ 1Kg.

Abdominal Examination



Investigations

INR ☐
Other:

Orders

Drug kardex	☑
Discharge prescription	☑
Discharged	☐
Outpatient clinic (6 – 8 weeks)	☐
Anticoagulant appointment made	☐
Pacing Wires removed	☐

Other Orders (please detail):

Comments/Notes

? Home tomorrow
Recommenced bendrofluazide

Signed (am): L Jee

Signed (pm):

Cardiac Surgery Integrated Care Pathway **Date:** 4/4/02	Affix addressograph label or complete: Patient name: David Mountney Hospital number: 3002586R DOB: 22/6/54 Age: 47

Theatre + 7 - Nursing

Date: 4/4/02	**SIGNATURE**	**TIME**	**COMMENTS**
Asleep as per usual sleep pattern	M Mutchan	0600	slept for short periods only
TPR and Blood Pressure (am)	M Mutchan	0600	
Sutures removed: (IWC, AF, JSCP only) Sternotomy ☐ (subcuticular) ☐ Right leg ☐ Left leg ☐ Right arm ☐ Left arm ☐			
Wounds dry, no erythema	MStay	1800	
Pacing wires removed, observations completed as standard	—		Removed 2/4/02
TEDs in situ for 6 weeks			
Discharge advice given			
Discharge medication checked with drug kardex immediately prior to discharge			
Discharge medication explained and given			
Discharge letter for hospital / GP given to patient			
INR appointment given with GP ☐ with hospital ☐ Date: ___/___/___			
District nurse required ☐ District nurse ordered ☐			**Specify purpose of DN visit:**
Patient discharged ☐ Patient transferred ☐ (If patient not discharged, document in variance chart on p41/42)			
Audit information completed			
Patient given: Pharmacy slip ☐ Doctors letter ☐			

Additional Nursing Notes (only information not included previously)

DATE/TIME	**NOTES**	**SIGNATURE**

Cardiac Surgery
Integrated Care Pathway

Date: 05 / 04 / 02

Affix | 3062586R 22/06/1954
MOUTREY M
DAVID
Pati 11 Montrose Terrace
Bishopbriggs
Hos GLASGOW G64 1JQ
DOE

Theatre + 8 - Medical

Clinical Examination

BP 140/80 PR 80 reg.

Investigations & Bloods

Orders

① Rotay leg clips out Monday.

Completed by: [signature] Time: 0915 hours

Theatre + 8 - Nursing

	SIGNATURE	TIME	COMMENTS
TPR and Blood Pressure (am)	P Kane	0630	
Wounds dry, no erythema	[signature]	1030	Specimen sent from sternal wound
TEDs in situ	P Kane	0630	
Discharge advice given			
Discharge medication explained and given			
Discharge letter for hospital/GP given to patient			
INR appointment given with GP ☐ with hospital ☐ Date: ____/____/____			
If INR appointment more than 5 days post discharge, patient to return to Ward 65 for INR Date: ____/____/____			
District nurse required ☐ District nurse ordered ☐			Specify purpose of DN visit:
Patient discharged ☐ Patient transferred ☐ (If patient not discharged, document in variance chart on p41/42)			
Audit information completed			

Theatre + 8 - Physiotherapy

	SIGNATURE	TIME	COMMENTS
eferred for Cardiac Rehabilitation Yes ☐ No ☐			

Cardiac Surgery
Integrated Care Pathway

Affix addressograph label or complete:

Patient name:

Hospital number:

Date: _____/_____/_____

DOB: _____/_____/_____ Age:

Variance Analysis

All specimens to be documented on this page

DATE (Post-op day)	VARIANCE (detail reason for variance: see bottom of page)	ACTION TO BE TAKEN	SIGN (Designation)	DATE VARIANCE RESOLVED	SIGN
3/4/02 (6)	lower aspect sternal wound leaking	dry dressing applied	LE s/n		
( )					
( )					
( )					
( )					
( )					
( )					
( )					
( )					
( )					

If and when a patient comes off of the pathway, please ensure appropriate documentation is left in place. Remove remaining pages of pathway, laminated dietary assessment and Waterlow chart and insert kardex care plan and evaluation note pages, 'old' audit form, wound care plan, Waterlow chart, clinical pages, physiotherapy pages and dietary assessment chart. If in any doubt, please check with ward clerkesses or senior staff.

A: patient condition
B: family situation
C: medical omission/commission
D: nursing omission/commission
E: internal system
F: external system

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
GLASGOW G64 1JQ
PATIENT ID LABEL

26.2.2 Murray, OP.

wf. D. Hogg.

y 47

plat genitor

Angina since October.

16 months duration

with [illegible] - severe

~~25.2.2~~. 14.5.2

CABG x 2 28/3/2

No angina

Dyspnoea.

Ward with [illegible]

aged 25 yrs

angina

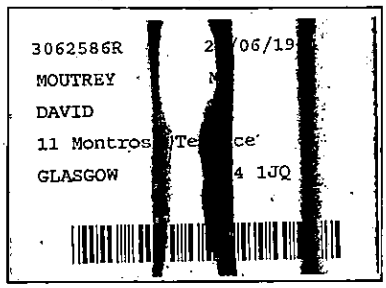
[illegible]

[illegible]

Form 0159173

Glasgow Royal Infirmary

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT AND VIDEO LINKING FORM



DATE 13/3/02

Proposed Procedure CORONARY ARTERY

(block capitals) BYPASS GRAFTING

NOTES OF GUIDANCE FOR DOCTORS / DENTISTS.

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand about the proposed procedure, significant side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on page two of this form.

Written informed consent is not required for minor procedures, examples of which are:

a) collection of urine and faeces
b) nasal and throat swabbing
c) withdrawal of a volume of blood wholly for diagnostic purposes
d) setting of IV drips
e) Arterial cannulae

NB. This list is not exhaustive. The decision as to whether written consent is required rests with the individual clinician concerned.

TO BE COMPLETED BY MEDICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/parent/guardian/next of kin (delete as appropriate)

1. **The procedure named on this form**
2. **Alternatives which are available**
3. **Significant side effects which may result from the procedure**
4. **The use and implications of video linking.**

Name (block capitals) KHASATI

Signature ME

Grade / Designation SHO IV Cardiothoracic Surgery

TO BE COMPLETED BY THE PATIENT/PARENT/GUARDIAN/NEXT OF KIN

You should read this form and the notes below carefully. If there is anything you do not understand ask the doctor for an explanation. The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

If the information is correct and you understand the procedure you should sign the form.

Increasingly in modern medicine, video pictures are used for consultation and teaching purposes and you should be aware that your operation may be observed via a video link to the theatre.

You may ask for a relative or a friend or a nurse to be present while the doctor explains the procedure and asks you to sign the form.

I AM	The Patient/Parent/Guardian/Next of Kin (delete as appropriate)
I UNDERSTAND	The procedure which has been explained to me by the doctor named on this form.
	That the procedure may not be carried out by the Doctor who has been treating me so far.
	That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
	That observers may see the surgery via a link to Theatre but my identity will not be broadcast.
	Tissue removed as part of your surgical treatment will be examined, if required, but any excess tissue which would have been discarded may be used anonymously for scientific research purposes.
I AGREE	To the administration of anaesthetic or to sedation if required
	To the procedure named on this form
	To the use of the video system
	To the use of discarded tissue for scientific research

Students need to learn how to examine patients and see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give consent or not but, whatever you decide, it will not affect your treatment.

I agree / do not agree to examination by a student during the procedure named on this form under the supervision of the senior medical officer undertaking the procedure.

Signature David Moutrey Date 13 3 02

Name (block capitals) DAVID MOUTREY

Address 11 MONTROSE TERRACE

BISHOPBRIGGS

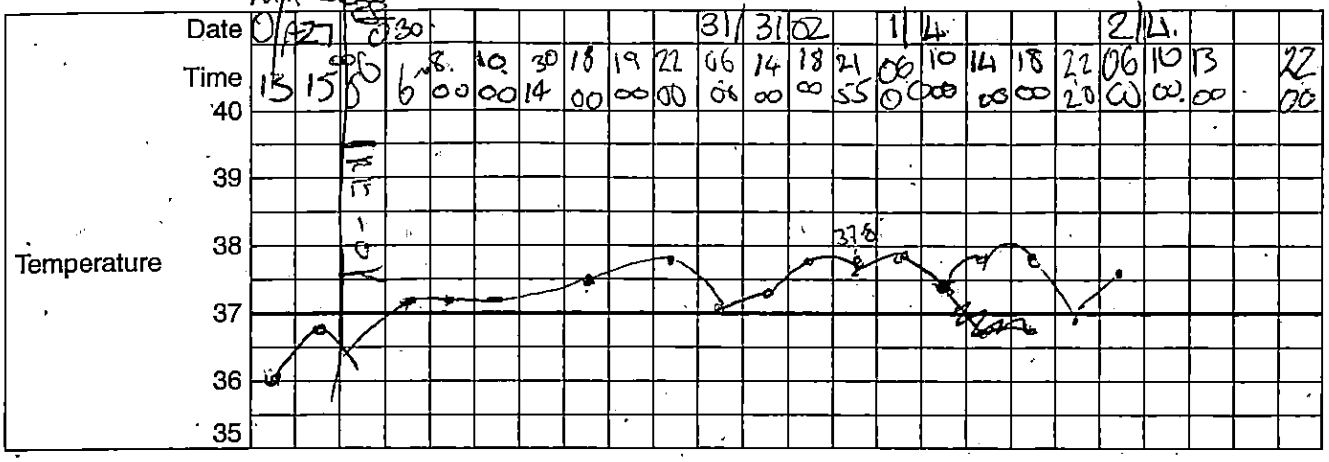
GLASGOW G64 1JQ

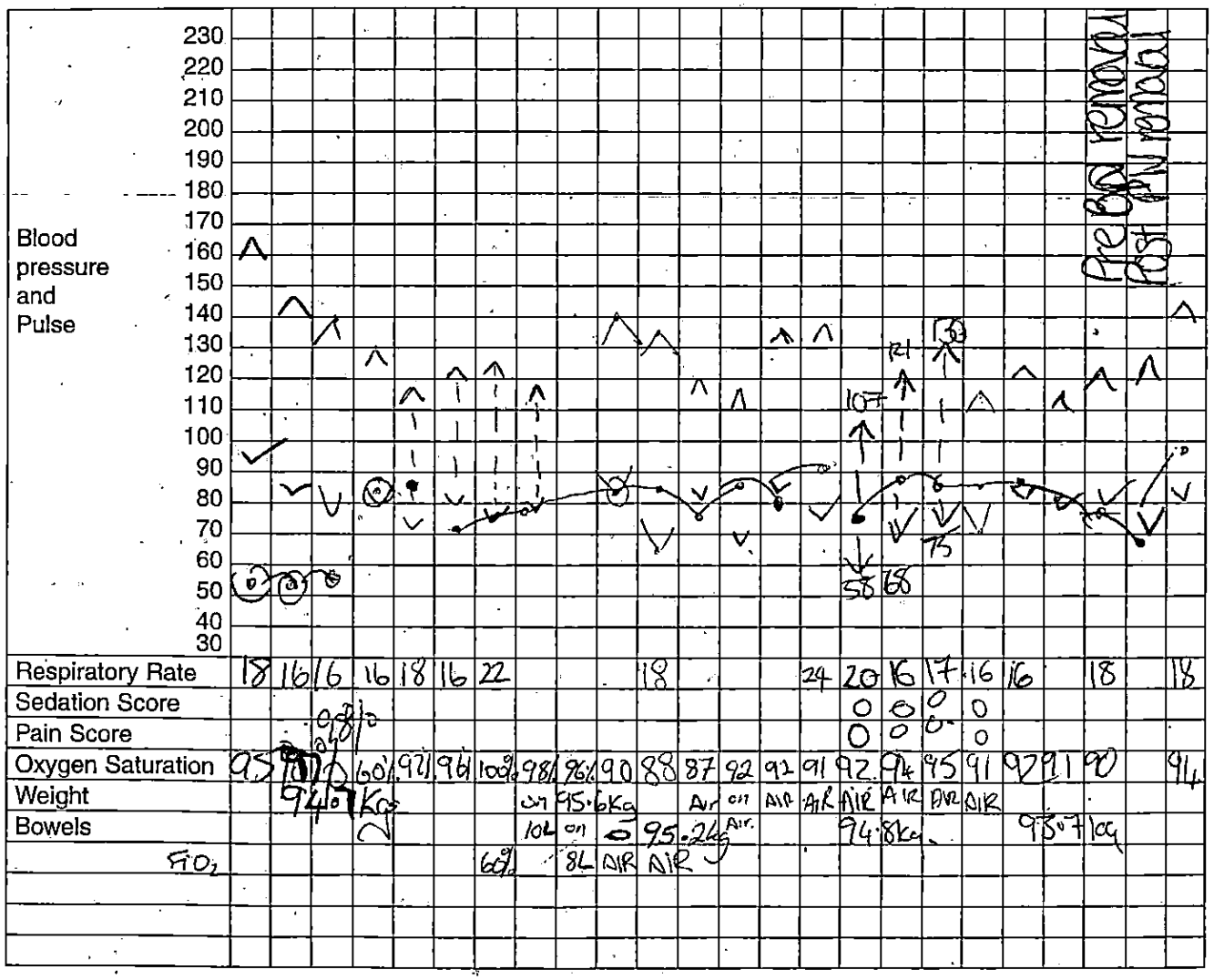
Glasgow Royal Infirmary University NHS Trust

3062586R [redacted] /06/19
MOUTREY
DAVID
11 Montros[redacted] Terrace
GLASGOW [redacted] 4 1JQ

Observations and Pain Score

MARCH





Respiratory Rate	18	16	16	16	18	16	22				18				24	20	16	17	16	16		18		18
Sedation Score																0	0	0	0					
Pain Score			0													0	0	0	0					
Oxygen Saturation	95	98	98	96	97	96	100	98	96	90	88	87	92	92	91	92	94	95	91	92	91	90		94
Weight		94.0 Kg						on	95.6Kg			Air	on	AIR	AIR	AIR	AIR	AIR	AIR					
Bowels								10L	on	O	95.2Kg	Air				94.8Kg					93.7	log		
FiO_2							60%		8L	AIR	AIR													

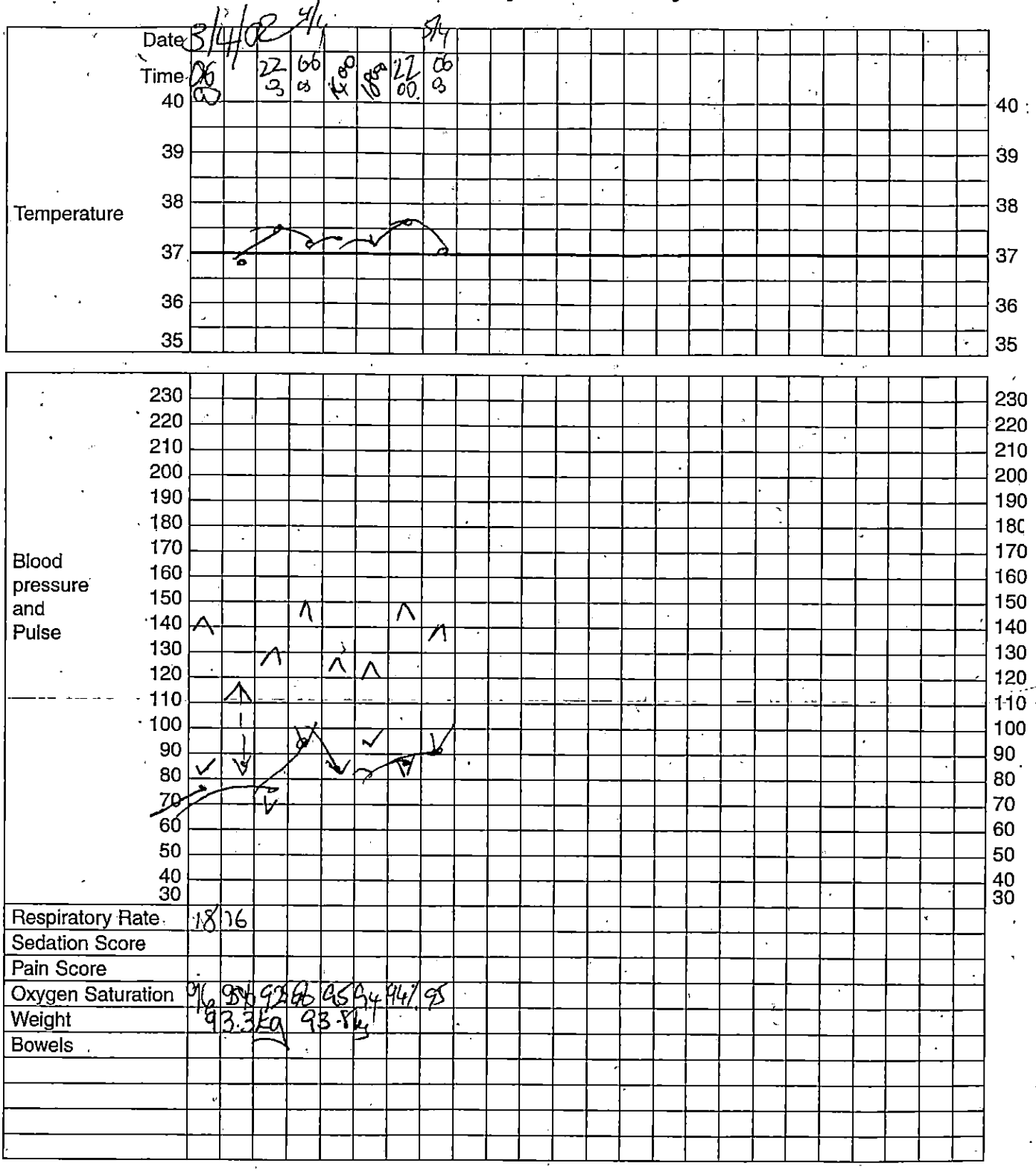
SEDATION SCORE

- **0** = *awake*
- **S** = *normal sleep*
- **1** = *drowsy, easy to rouse: eyes open to speech or light shake*
- **2** = *sedated, difficult to rouse: eyes open only to vigorous shaking*
- **3** = *unconscious, unrousable*

PAIN SCORE

- **0** = *no pain at rest, no pain on movement*
- **1** = *no pain at rest, slight pain on movement*
- **2** = *intermittent pain at rest, moderate pain on movement*
- **3** = *continuous pain at rest, severe pain on movement*

Glasgow Royal Infirmary University NHS Trust



SEDATION SCORE

O= *awake*

S= *normal sleep*

1 = *drowsy, easy to rouse: eyes open to speech or light shake*

2 = *sedated, difficult to rouse: eyes open only to vigorous shaking*

3 = *unconscious, unrousable*

PAIN SCORE

O= *no pain at rest, no pain on movement*

1 = *no pain at rest, slight pain on movement*

2 = *intermittent pain at rest, moderate pain on movement*

3 = *continuous pain at rest, severe pain on movement*

DEPARTMENT OF CLINICAL PERFUSION

ROYAL INFIRMARY

AUSPICE CÆLO

77837

CARDIOPULMONARY BYPASS DATA

30625866R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

NAME .....
H/NO .....
DOB .....

Ht 1.73 m Wt 95 kg
BSA 2.09 M² FLOW 5.00 L/Min

DATE 28th Mar 2002
PROCEDURE CAVG X 3
PERFUSIONIST J. FISHER
ASSISTANT E. McBRINN
SURGEON MR A MURDAY
ANAESTHETIST DR A COLQUHOUN

CANNULAE

ART 24F FLEX
VENOUS D.LP 2 STAGE
VENT(S)

ADDITIONAL CIRCUITRY

1 X CDS

COMMENTS

PRIME

HARTMANN'S 2000 ml
SALINE ml
CRCs units
FFP ml
HEPARIN 8000 units
POTASSIUM 15 mmol
SODIUM BICARBONATE 50 mmol
MANNITOL 10 g
CEFUROXIME 750 mg
2million KU Aprotinin

PREDICTED FLOW ..... 5.0 ..... L/MIN FULL/~~PARTIAL~~ BYPASS

TIME	24hr	10:21	10:27	10:30	10:40	10:48	10:51	11:01	11:15	11:30	11:3
FLOW	L/min	5.2	5.5	4.9	4.9	4.8	5.0	5.2	5.2	5.2	
MAP	mmHg	50	63	40	50	48	45	50	50	52	
CVP	mmHg	6	9	8	12	15	14	10	10	3	
PRE LP	mmHg	400	500	480	420	400	400	420	420	410	
POST LP	mmHg	230	270	280	230	230	230	240	250	250	
Fi 0_2		55	70	55	50	50	50	60	65	65	
GAS FLOW	L/min	4	4	4	4.5	4.5	4.5	4.5	4.5	4.5	
ISOFLURANE	%	1	1	1	1	1	1.0	1.0	1	1	
ART TEMP	°C	32.8	31	28.9	31.5	32.3	36.8	37.3	37.3	36.9	
CORE TEMP	°C	34.9	34.8	33.8	31.6	31.8	32.2	34	36.6	37	
WATER TEMP	°C	33	30.6	27.6	32.3	33.1	38.2	37.3	37.1	37.3	
IN LINE $P0_2$	mmHg	19.1	27.1	26.2	26.2	27	19.7	21.6	26.6	18.3	
IN LINE $Sv0_2$	%	43	81	83	82	81	77	70	70	69	
		ON BYPASS	XC ON	*	/	*	XC off	/	*	/	OFF CPB
ADDITIONS		1mg ARAMINE	0.5 mg ARAMINE		200 mL CELO FUSINE	RE WARM	0.9g meta amino 250ml gelo fusine				
PO_2	kPa			27.1		25.5			12.5		
PCO_2	kPa			6.4		5.5			5.8		
H^+	nmol/L			40.6		37.1			34.9		
HCO_3	mmol/L			28.7		26.7			29.7		
Hb	g/dL			9.2		9.3			9.0		
K^+	mmol/L			4.8		4.5			4.9		
GLUCOSE	mmol/L			6.3		7.2			7.9		
ACT	s			853		691			575		

EFFECTIVE X-C TIME ..... mins

X-CLAMP TIME ..... 29 ..... mins

BYPASS TIME ..... 72 ..... mins

STAYING NORMOTHERMIC ☐

ACTIVE COOLING TO ..... 32 ..... °C

DRIFTING TO ..... °C

BLOOD GASES

~~CORRECTED~~/UNCORRECTED FOR TEMP

PRE CPB Hb ..... g/dL

PRE CPB ACT ..... 687 ..... s

KAOLIN/CELITE ACT TUBES USED

TRANSPLANT INFORMATION

DONOR X-C ON @.....

WARM ISCH. TIME STARTED @.....

COLD ISCH. TIME .....mins

EFFECTIVE WARM ISCH. TIME.....mins

EFFECTIVE TOTAL ISCH. TIME.....mins

TOTAL ISCH. TIME.....mins

TOTAL ADDITIONS

CRCS ..... units
FFP ..... ml
PPS ..... ml
GELOFUSINE 250 ml
HARTMANN'S ..... ml
0.9% SALINE ..... ml
METHOXAMINE ..... mg
METARAMINOL 2 mg
MAGNESIUM SULPHATE ..... mmol
APROTININ ..... Kiu
HEPARIN ..... iu
POTASSIUM ..... mmol
PHENTOLAMINE ..... mg

CARDIOPLEGIA TOTALS

ST THOMAS'S ..... ml
WARM INDUCTION ..... ml
WARM REPERFUSION ..... ml

BLOOD:CRYSTALLOID RATIO
4 : 1 : 1

ML ST THOMAS'S / ML OF SALINE
50 / 500

URINE OUPUT ON CPB ..... ml
ULTRAFILTRATE ..... ml

PRE C.P.B. CHECKLIST

STERILITY
- ☑ COMPONENTS CHECKED FOR PACKAGE INTEGRITY/EXP DATE
- ☑ HEAT EXCH. LEAK TESTED

PATIENT
- ☑ CHART COMPLETED
- ☑ DETAILS CHECKED (~~DIABETIC~~)

PUMPS
- ☑ SPEED CONTROLS OPERATIONAL
- ☑ OCCLUSION(S) SET
- ☑ ROLLER HEAD MOVING IN CORRECT DIRECTION
- ☑ TUBING HOLDERS SECURE

ELECTRICAL
- ☑ POWER CORD(S) SECURELY CONNECTED
- ☑ BATTERY BACKUP CONNECTED

GAS SUPPLY
- ☑ AIR/O2 HOSES CONNECTED
- ☑ HOSES LEAK FREE
- ☑ FLOW BLENDER FUNCTIONAL
- ☑ GAS LINE CONNECTED TO MEMB
- ☑ ISOFLURANE VAPOURISER USED VAPOURISER CORRECTLY ALIGNED
- ☑ CONTAINS ENOUGH ISOFLURANE
- ☑ GAS EXHAUST UNOBSTRUCTED OR CONNECTED TO SCAVENGER WHEN ISOFLURANE USED

LINES/PUMP TUBING
- ☑ CONNECTIONS SECURE
- ☑ TUBING DIRECTION TRACED & CORRECT
- ☑ NO KINKS NOTED
- ☑ ONE WAY VALVE(S) IN CORRECT DIRECTION
- ☑ DEBUBBLED/LEAK FREE
- ☐ PATENCY OF ARTERIAL LINE/ CANNULA VERIFIED

CARDIOPLEGIA
- ☐ SOLUTION(S) CHECKED.
- ☑ SYSTEM DEBUBBLED/LEAK FREE.

SAFETY MECHANISMS
- ☑ ALARMS OPERATIONAL & ENGAGED
- ☑ ARTERIAL FILTER PRIMED
- ☑ CARDIOTOMY/VENOUS RESERV. VENTED

MONITORING
- ☑ TEMP PROBE IN PLACE
- ☑ PRESSURE GAUGES CONNECTED
- ☐ IN LINE SENSORS CALIBRATED

TEMPERATURE CONTROL
- ☑ WATER SOURCE CONNECTED & FUNCTIONAL

SUPPLIES
- ☑ TUBING CLAMPS AVAILABLE
- ☑ DRUGS AVAILABLE & PROPERLY LABELLED
- ☑ I.V. FLUIDS AVAILABLE
- ☑ SAMPLING SYRINGES & CAPS AVAILABLE
- ☑ LAB. REQUEST FORMS AVAILABLE
- ☑ ACT TUBES (CELITE/KAOLIN) AVAILABLE

ANTI COAGULATION
- ☑ HEPARIN GIVEN TIME(1010 am
- ☐ ANTI-COAGULATION TIME RUNNING

BACK UP
- ☑ BATT. BACKUP/ HAND CRANK AVAILABLE
- ☑ EMERGENCY LIGHTING AVAILABLE
- ☑ DUPLICATE CIRCUIT COMPONENTS AVAILABLE
- ☑ 02 AND AIR CYLINDERS AVAILABLE & CHECKED FOR SUFFICIENT QUANTITIES

COMMENTS:

SIGNED [signature]

DATE: 28.3.02

TIME: 955 am

JMcC/10621

INTENSIVE THERAPY UNIT RECORD

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

DATE OF ADMISSION:—

CONSULTANT:— MR MURDAY.

TIME	ADMISSION AND PROGRESS NOTES	DOCTOR SIGNATUI

26.3.02 Mr Murday / Malik.

CABG x 3. LV good

LIMA → LAD 1.75 mms

L) RADIAL ~~EVER~~ → OM 1.5 mm

LV ↳ → RCA distal 1.5 mm.

Aorta R.A. bypass.

cold antegrade blood cardioplegia + Topical cold saline irrigation.

off CPB in Sinus rhythm. RV pacing wires x 3 drains. Lt pleura open.

2 SS wires for sternum.

Layered closure.

3-0 Prolene subcuticular for skin.

Routine procedure.

JJ.

DATE 28/03/02 DAY IN UNIT THEATRE PATIENT'S NAME

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
SaO_2					93%	93%	98%	97%	98%	95%	96%	94%	96%	95%	9
FIO_2					50%	↑60%	↑70%	↓80%	↓70	70%	↓60%	↓50%	70%	↓60%	60%
Pattern					Simv	Simv	↑100% ↓90% SIMV	CPAP	CPAP	CPAP	CPAP	SIMV	spont HM	spont HM	spont H
Pressure					26·1	26·0	34·0						10 L	10 L	1
Rate					12 0	↑14 0	14 15	34	24	23	24		19	14	1
Volume					907 0	1620	1180 1040	15·9	9·98	10·6	8·53				
P.E.E.P./ C.P.A.P.					0 0	0 0	0 0	5 15	5 15	5 ↓10	5 10				
Entry L R					✓ ✓	✓ ✓	✓ BD	✓ BD	✓ BD	✓ BD	✓ BD	✓ BD	✓ @ @	✓ @ @	✓ @
Suction								2MP		2MP	3MP TMP				
C.P./L.A.P.					+10	+10	+14	+14	+10	+11	+9	+16	+16	+6	+1
Rhythm					SR	SR	SR	SR	ST	ST	SR	SR	SR	SR	SR
WATER					HME	→	→	→	→	HME	→	→			

BLOOD PRESSURE & PULSE

40° 39° 38° 37° 36° 35° 34° 33° 32° 31° 30° 29° 28°

240 220 200 180 160 140 120 100 80 60 40 20

5% DEX+KCL	40	40	40	80	40	120	40	160	40	200	40	240	40	280	40	320	40	360			
1% DEX	30	30	40	70	40	140	40	150	40	190	40	230	40	270	40	310	40	350	80		
Dopamine	10	10	off	10	/	/	/	10	/	10	/	10	/	/	/	/					
GTN	4	4	18	12	8	0	8	28	8	36	8	44	8	52	8	60	8	68	8		
Urine	180	180	700	880	180	1060	70	1130	90	1220	90	1310	60	1370	55	1425	30	1455	35		
GASTRIC																					

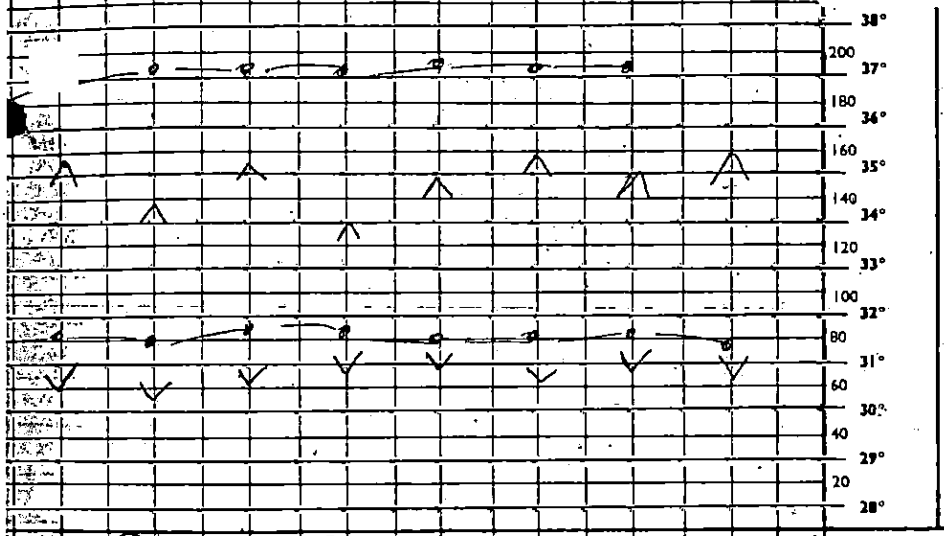
URINE FROM TM = 300 mls

DRUGS GIVEN

AVIS MONTREAL

	24	01	02	03	04	05	06	07	8
	96%	95%	93%	(92%)					
	↓40%	40%	↓35%	↑40%	40%	40%	↑50%	50%	
	5p	spont	spont	spont	spont	spont	spont	spont	
	10L	10L	8L	10L	10L	10L	10L	10L	
3	12	16	17	15	13	16	19	17	
	✓	✓a	✓a	✓a	✓a	✓a	✓	✓	
2	11	+11	+9	+9	+14	+12	+8	+10	
2	SR	SR	SR	SR	SR	SR	SR	SR	

FIO2	H	CO2	HCO3	O2	K	THb	Hr	
50%	38.3	5.63	27.1	8.6		11.1	12[55]	
60%	40.1	5.5	24.9	8.8	3.9	10.5	13[30]	BM 9.2
80%	48.4	5.9	22	16.4	3.7	11.2	15[49]	
70%	45.0	5.95	24.4	15.9	3.9	11.2	17[35]	
60%	48.2	5.9	22.3	12.6	4.6	11.2	18[49]	
70%	46.2	5.8	22.9	12.0	4.7	11.8	20[00]	
60%	47	5.6	22	12.8	4.8	10.5	22[30]	BMla 11.3
40%	41	5.5	25	10.9	4.4	11.0	01[30]	BM
40%	38	5.2	25	9.7	4.4	10.7	0520	



| | | | | |

INTENSIVE THERAPY UNIT RECORD

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

DATE OF ADMISSION:— 28/03/02

CONSULTANT:— MR Murdy

IME	ADMISSION AND PROGRESS NOTES	DOCTOR'S SIGNATURE

DATE 29/3/02 DAY IN UNIT 1 st PATIENT'S NAME

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
FIO_2	50%	50%	50%	↓40%	40%		40%		40%		40%		40%	↑60%	
Resp. Pattern	Spont	Spont	Spont	Spont	Spont		Spont		Spont		Spont		Spont		
Pressure	10L	10L	10L	10L	10L		10L		10L		10L		10L		
Rate	17	17	20		20		20		20		20		20		
Min. Volume															
P.E.E.P./ C.P.A.P.															
Air Entry L R	✓✓	✓✓	✓✓	✓✓	✓✓						✓		✓		
T. Suction															
V.P./L.A.P.	+8	+10	+13	/	/										
Rhythm	SR	SR	SR	SR	SR		IRR		Reg		Reg		SR		

BLOOD PRESSURE / PULSE

40% KCL	40	40	40	80	40	120	40	160	40	200	40	240	40	280	40	320	40	360	40	400	40	440	40	480	40	520	40	560	
6% Dex	30	30	30	60	30	90	30	120	30	150	30	180	30	210	30	240	30	270	30	300	40	340	40	380	40	420	40	460	
30% RAC												150		150		150		150		150		150		150				150	
GTN	10	10	10	20	20	20	20		20		20	20		20		20		20		20		20		20				20	
Urine	50	50	40	90	30	120	130	150	200	170	250	195	250	220	100	230	300	260	400	300	400	340	500	390	200	460	300	460	
GASTRIC																			500	500	500	500	500	500				500	
													GELOFUSION				500	500		500		500							

+VE 500mls

F/B

MOUTREY

Time	50'	1	3	7	4	5	2	25	6	12	6	3	8	10	9	10[30]
FIO_2															4,3	11 15[16]
PO_2																
PH.																
Bxs.																
PCO_2																
P.C.V.																
K																
Na																
Cl																
Urea																
Creat.																
Ca																
Gluc.																

24 92.01 02 95/03 04 95/05 06 95/07 8

60/ sport 10L 12 — 60/ sport 10L 12 — 60/ sport 10L — 60/ sport 10L 16 ← BD

SL — SR — SR — SR

38° 37° 36° 35° 34° 33° 32° 31° 30° 29° 28°

200 180 160 140 120 100 80 60 40 20

| | | | | | | | | | | | | | | | |

TIME	NURSING COMMENTS	SIGNATURE
9⁰⁰	Seen by Medical staff this morning to go through to H.D.U later this morning. Drains to be removed. Has been started on atenolol 25mg first dose given. To be seen by physio. GTN to be weaned off	

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

BLOOD LOSS REPLACEMENT CHART

DATE: 28/3/02

BLOOD LOSS				REPLACEMENT (Chart volume on commencement / Chart total on completion)					
TIME	AMOUNT DRAIN 1	LEVEL DRAIN 2	ACCUMUL. TOTAL	BOTTLE/ PACK No.	WHOLE BLOOD = 500ml	CONC. RED CELL = 300ml	PUMP BLOOD = 500ml + BLOOD PRODUCTS Vol.	Type	ACCUMUL. TOTAL
FROM/ ~~FROM~~ TO		—							
1245	—	10	—	Swing drain					
13 00	30	40	40						
13 15	10	50	50						
13 30	5	55	55						
13 45	5	60	60						
14 00	10	70	70						
14 15	20	90	90						
14 30	20	110	110						
14 45	10	120	120						
15 00	20	140	140.						
15 30	/	140	140						
16 00	30	170	170.						
17 00	30	200	200.						
18 00	10	~~210~~ 200	210.						
19 00	20	230	230						
20 00	10	240	240.						
21 00	10	250	250						
22 00	10	260	260						
23 00	20	280	280.	Celofusine		500			500.
24	—	280	280						
29/3/02									
01 00	20	300	300						
02 00	10	310	310						
03 00	20	330	330						
04 00	20	350	350						
05 00	30	380	380						
06 00	—	380	380						
07 00	10	390	390						
08 00	20	410	~~410~~ 410	(20)					
09 00	10	420	30						
	removed		1000						

No. 0191449
GRI

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
GLASGOW G64 1JQ

POSTOPERATIVE PRESCRIPTION LIST

DATE OF OPERATION: 28.3.02

SIGNATURE:

DATE AND TIME	DRUG	METHOD	DOSE	DOCTOR	GIVEN BY
28-3-02	KCl	IV	20mmols		S Matthews
28-3-02	Cefuroxime	IV	750mg	ICP	Greene
28-3-02	Ranitidine	IV	50mg	ICP	Greene
14.30	Morphine	IV	4mg	ICP	Greene
1500	Morphine	IV	3mg		Gallagher
1550	MORPHINE	IV	3mg	ICP	Greene
1555	KCl	IV	20mmols	ICP	Greene
1615	MORPHINE	IV	3mg	ICP	Greene
1745	Diclofenac	PR	100mg	~~MM~~	Allen SEN
1745	KCl	IV	20mmols	ICP	Greene
21.50	Cefuroxime	I.V	750mg	ICP	S Keddie
22.00	Ranitidine	I.V	50mg	ICP	S Keddie

0296326

GLASGOW ROYAL INFIRMARY

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

I.V. THERAPY PRESCRIPTION SHEET

0159486

	DATE	FLUID (USE BLOCK LETTERS) / ADDITIVE DRUG	Vol (ml). / Dose (mg)	Route of Admin.	Dur. of Admin.*	SIGNATURE	Serial No. / Batch No.	Time Begun	Given B / Added
A	28/3/02	5% Dex KCL 80mmols	500	IV		02A31B 142 1C12		13[00]	
B	28/3/02	5% Dex	500	IV		02A31B		13[00]	
C	28/3/02	N/SALINE 0-9% DOPAMINE	250ml 40mls	IV		IN THEATRE			
D	28/03/02	GTN				IN THEATRE.			
E	28/3/2	Cefuroxime	500/ml	IV			1511H41	1405	PK
F	29/3/2	GTN Dextrose 5%	50mg/10ml 40ml	IV		ICP	L012902 02A31B	1810	PK
G	29/3/2	Cefuroxime	500/ml	IV			1511H41	1815	PK
H	29/3/02	5% Dextrose	500 mls	I.V.			02A31B	2215	
I	28/3/02	G.T.N. 50mg/10ml 5% Dextrose 40mls		I.V.		I.C.P	02A31B	0800	
J	29/3/02	G.T.N 50mg/10mls 5% Dextrose 40mls		I.V.		I.C.P.		05.00hrs	
K	29/3/02	5% GLUCOSE KCL	500 40mmols	IV			02A31B 11GUC14		
L	29/03/02	Cefuroxime	5gm	IV			1511H41	1510	
M	29/03/02	GLUCOSE 5%	500	IV			02A31B	2100	AF
N	29/3/02	40 mmols KCl 5% Glucose	500	IV		ICP.	02A31B 1L8 3C11	2315	AF.
O	29/3/02	GELOFUSIN	500	IV			1511H41	0930	

RATE OF FLOW (Drops/Min.) = **VOL.OF FLUID (ml) x 15** / Duration (Mins.)

6.62 (1ml = 15 drops)

Approximate Rate for 500 ml.

1 hr. = 120 Drops/min. | 6 hr. = 22 Drops/min.

4 hr. = 30 Drops/min. | 8 hr. = 15 Drops/min.

SHEET NO .....

062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

INFUSION PUMP/SYRINGE DRIVER OBSERVATION CHART

WARD NO: 6511.4

DATE: 28/3/02

* NOTE RATE CHANGE BY RED ASTERISK*

+ CHART VOLUME REMAINING IN SYRINGE.
+ CHART VOLUME INFUSED IN IMEDS, ETC.

TYPE OF PUMP/DRIVER 1	TYPE OF PUMP/DRIVER 2	TYPE OF PUMP/DRIVER 3	TYPE OF PUMP/DRIVER
I.V.A.S.	ASENA	ASENA	
DRUG: DOPAMINE	DRUG: PROPOFOL	DRUG: GTN	DRUG:
VOLUME: 400mgs in 0.9% N/Saline 250ml	TOTAL VOLUME:	TOTAL VOLUME:	TOTAL VOLUME:
PREPARED BY: IN THEATRE	PREPARED BY:	PREPARED BY:	PREPARED BY:

	VOLUME + REMAINING OR INFUSED	NURSES INITIALS	HOURLY RATE	VOLUME + REMAINING OR INFUSED	NURSES INITIALS	HOURLY RATE	VOLUME + REMAINING OR INFUSED	NURSES INITIALS	HOURLY RATE ~	VOLUME + REMAINING OR INFUSED	NURSES INITIALS
12[45]	12 231	EN.	OFF			2 ↑4	4.6	EN/DK			
13[59]	10 233	EN.				4	5.5	EN.			
14[60]	OFF	PK/EN				18	9.8	PK/EN			
15[00]						8	17.6	PK			
16[00]						8	25.3	PK			
17[00]						8	33.4	PK			
18[00]						8	41.6	PK			
19[00]						8	NEW SYRINGE 49.5	PK			
20·00						8	59.2	AP			
21·00						8	67.1	AP.			
22·00						8↑10	75.3	AP			
23·00						10	81.8	AP			
24					New Syringe	10	91.8	AM			
1·00						10	12.5	AP			
2·00						10	21.1	AP.			
3·00						10	28.3	AP			
4·00											
5·00						10	0.0	AP New Syringe			
6·00						10	13.0	AP.			
7·00						10	20.8	AP			
08[30]						10	38.4	EN			
09[30]	GTN	Discontinued						EN			

GLASGOW ROYAL INFIRMARY

ACUTE PAIN SERVICE

Observation chart for the administration of S/C / IM Morphine protocol.

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

DATE/TIME.	RESP RATE.	PAIN SCORE (see below)	SEDATION SCORE (see below)	ANALGESIA ADMINISTERED	PAIN SCORE After 1 Hour	COMMENTS	SIGN
29/3/02 0230	17	2	0	10 mg S.C morphine	S		AP.
29.3.02 0745	18	3	0	10mg s/c MORPHINE	1		GH
0945	18.	2	0	10mgs s/c Morphine			GH
29/3/02 1340	18	2	0	10mgs s/c morphine.			Comfortable
29/3/02 1800	18	2	0	10mgs s/c morphine			Comfortable
29/3/02 2345	12.	2.	0	10mgs s/c morphine.			

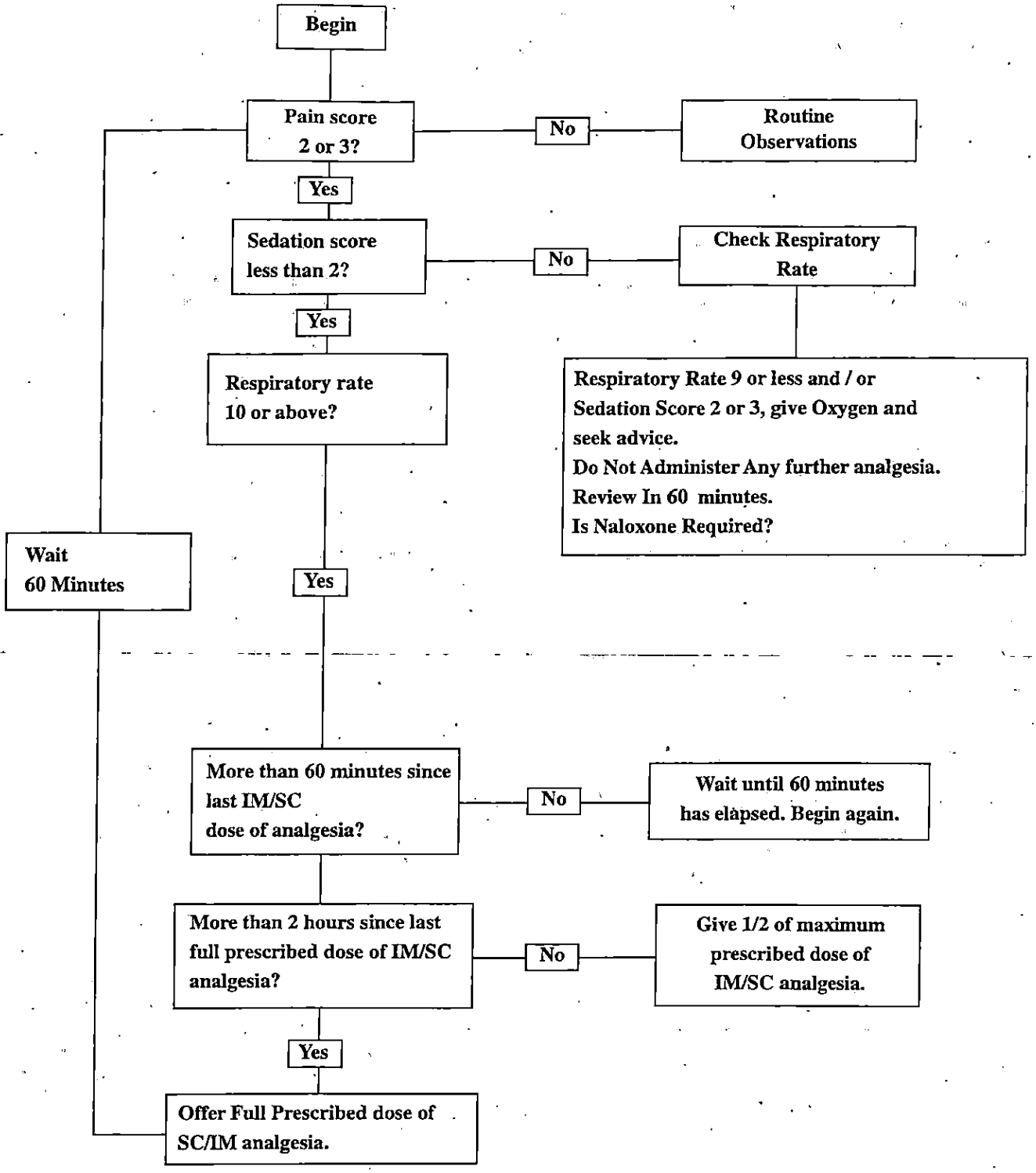
Sedation Score

0 = Awake.
S = Normal sleep
1 = Drowsy easy to rouse:
Eyes open to speech or light shake.
2 = Sedated difficult to rouse:
Eyes open to vigorous shaking
3 = Unconscious, unrousable.

Pain Score

0 = No pain at rest
No pain on movement.
1 = No pain at rest
Slight pain on movement
2 = Intermittent pain at rest
Moderate pain on movement.
3 = Continuous pain at rest
Severe pain on movement.

Acute Pain Service
Intramuscular or Subcutaneous Analgesia Protocol



Sedation score.

0 = Awake
S = Normal sleep
1 = Drowsy, easy to rouse:
Eyes open to speech or light shake.
2 = Sedated, difficult to rouse,
Eyes open only to vigorous shaking.
3 = Unconscious, unrousable.

Pain score.

0 = No pain at rest,
No pain on movement.
1 = No pain at rest,
Slight pain on movement.
2 = Intermittent pain at rest,
Moderate pain on movement.
3 = Continous pain at rest,
Severe pain on movement.

SUMMARY OF FLUID BALANCE

3062586R
MOUTREY M
DAVID 22/06/195
11 Montrose Terrace
GLASGOW
G64 1JQ

HOSPITAL NO
SURNAME
FORENAME
SEX MARITAL STATUS
OCCUPATION
CONSULTANT

PLEASE WRITE OVER WHITE LETTERS

DATE	INTAKE				OUTPUT			
	ORAL	I.V.	OTHER	TOTAL	URINE	GASTRIC	OTHER	TOTAL
29/3		2190			1070			+ 1120
30/3				2050	500	unrecorded		

Glasgow Royal Infirmary

NURSING PRE-OPERATIVE CHECKLIST

3062586R
MOUTREY M
DAVID 22/06/1954
11 Montrose Terrace
GLASGOW
G64 1JQ

CHECK LIST	✓	COMMENT
CONSENT FOR OPERATION	✓	
IDENTIFICATION BAND x 2	✓	
CASE NOTES : X-RAYS		
FASTING REGULATIONS APPLIED	✓	NBM from 24hrs
TUBES IN SITU (eg Catheter. Naso-gastric Tube)	—	
PHYSICAL DISABILITIES	—	
ANY KNOWN ALLERGIES .	✓	
SKIN PREPARATION		NONE Known
PROSTHESES REMOVED	REMOVED	
DENTURES		
OTHER (eg Wig, Contact Lenses, etc) *	/	
NAIL POLISH		
MAKE UP	/	
HAIRPINS		
JEWELLERY	REMOVED	
WEDDING RING TAPED/REMOVED		
UNDERCLOTHING REMOVED	REMOVED	NO QUILT AVAILABLE
OTHER NECESSARY INFORMATION	/	2 BLANKETS ON TILEBED
(eg Acupuncture Needles)		
IMMEDIATELY PRIOR TO THEATRE	/	
URINE VOIDED	✓	
EQUIPMENT: INFUSION PUMP (No.)	☐	
SYRINGE DRIVER (No.)	☑	
OTHER (specify)		
SPECIALIST MATTRESS : TYPE	alpha	
TRANSPORT MODE (note time) *		

* NB. When transferring patients on a Nimbus Mattress please ensure that it is placed in the STATIC MODE, then increase dial to FIRM CONTROL. Turn dial on left hand side of mattress to TRANSPORT MODE.

Name : KENNEDY Grade : D Date : 28/3/02
Signature : K Kennedy Ward : 65
Name : RICHARDSON Grade : D
Signature : RICHARDSON Reception :

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

3062586R 22/06/1954
MOUTREY M
DAVID
11 Montrose Terrace
Bishopbriggs
GLASGOW G64 1JQ

Height:

Weight:

Surface area:

Date of Admission: 28/3/2

Date of writing discharge prescription: __/__/__

Consultant Name: AJM

Ward: GT CTN

Date and time this form prepared: __/__/__ Time:_____

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐ TPN: ☐

PCA and other infusions ☐ Enteral Nutrition: ☐

Anticoagulants: Heparin ☐ Other:
Oral ☐

Topical: ☐

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
28/3	Frusemide	20mg	IV	2220			
29/3	KCL	20mmols	IV	1115			1115
29/3	KCL	10mol	IV				1540
30/03	FRUSEMIDE	20mg	IV				afternoon 2300hrs
30/3	Ondansetron	4mg	IV	0815			0815
2/4/02	KCl (3.5)	20 mmol	PO	1615			1640
2/4/02	KCL	20 mmol	PO	1615			2015

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →	29	30	31	1	2	3	4																								
MONTH →	3	3	3	4	4	4	4																								
Other time																															
0700-0900																															
1200-1400																															
1600-1800																															
2200-2400 ✓	RA	EB	MW	RM	PM	SA	PK																								
Other time																															

A DRUG: clexane

DOSE: 20mg | ROUTE: SC | DATE: 29/3/12 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

B DRUG: ONDANSETRON

DOSE: 4mg | ROUTE: IV | DATE: 30/3/12 | STOPPED DATE: 1/4/12 | STOPPED INITIALS: MW

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time																															
0700-0900 ✓																															
1200-1400																															
1600-1800																															
2200-2400 ✓		EB	14																												
Other time																															

C DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

D DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE: 29 30 31 1 2 3 4 5

MONTH: 03 3 3 4 4 4 4 4

J DRUG: Aspirin

DOSE: 75mg | ROUTE: O | DATE: 29/3 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

K DRUG: Simvastatin

DOSE: 40mg | ROUTE: O | DATE: 29/3 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

2200-2400 ✓: RA EB MW PM PK

L DRUG: paracetamol

DOSE: 1g | ROUTE: O | DATE: 29/3 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

0700-0900 ✓ | 1200-1400 ✓ | 1600-1800 ✓ | 2200-2400 ✓

M DRUG: Atenolol

DOSE: 25mg | ROUTE: O | DATE: 29/3 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR: [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

0700-0900 ✓

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or duplication

MONTH: 3 | 3 | 4 | 4 | 5 | 6

N DRUG: SALINE NEBS

DOSE	ROUTE	DATE	STOPPED DATE:
5ml	NEB	31/3/02	

SIGNATURE OF DOCTOR: [signature] — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: C

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	LH EC	KH EC	RM EC	RM RM	

P DRUG: SALBUTAMOL

DOSE	ROUTE	DATE	STOPPED DATE:
5mg	NEB	1/4/02	4/4

SIGNATURE OF DOCTOR: [signature] — STOPPED INITIALS: RP

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	RM RH 060 mm	KH RP AM	RP RP	RM RM SM	

R DRUG: ATROVENT

DOSE	ROUTE	DATE	STOPPED DATE:
0.5mg	NEB	1/4/02	8/4

SIGNATURE OF DOCTOR: [signature] — STOPPED INITIALS: RP

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	RM RH 060 mm	KH RP AM	KH RP	RM RM SM	

S DRUG: BENDROFLUAZIDE

DOSE	ROUTE	DATE	STOPPED DATE:
2.5mg	O	4/4/2	

SIGNATURE OF DOCTOR: [signature] — STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: morphine — STOPPED DATE: — INITIALS:
DOSE: 5mg | ROUTE: SC | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 4PP | DATE: 28/3
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	29/3	29/3	29/3	29/3																											
TIME	02/30	07/40	13/40	18/00																											
DOSE	10mg	10mg	10mg	10mg																											
GIVEN BY	[illegible]	[illegible]	[illegible]	[illegible]																											

NN DRUG: metoclopramide — STOPPED DATE: — INITIALS:
DOSE: 10mg | ROUTE: SC/IV | INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8hrly | DATE: 28/3
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	28/03/30	29/3	30/3																												
TIME	22[illegible]	17.35	05																												
DOSE	10mg	10mg	10mg																												
GIVEN BY	[illegible]	[illegible]	AF																												

PP DRUG: DF MB — STOPPED DATE: — INITIALS:
DOSE: 30mg | ROUTE: O | INDICATION: PAIN
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 4-6hrly | DATE: 28/3
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	30/3	30/3	31/3	31/3	1/4	1/4	1/4	2/4	3/4	04/04	05/04																				
TIME	08[illegible]	22[illegible]	05[illegible]	10[illegible]	18[illegible]	18[illegible]	22[illegible]	21[illegible]	07[illegible]	23[illegible]	02/30																				
DOSE	30mg	30mg	30mg	30mg	30mg	30mg	30mg	30mg	30mg	30mg	30mg																				
GIVEN BY	[illegible]	EB	KY	KY	KY	KY	RM	RM	RM	SH	PK																				

RR DRUG: ZOFRAN — STOPPED DATE: — INITIALS:
DOSE: 4mg | ROUTE: PO/IV | INDICATION: Nausea
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8hrly | DATE: 30/03
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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
31/03	Senna Sunrise	20ml	Oral	1600	E Lincoln	E Lincoln	1600
1/4	Senna	10ml	O	1800	Douglas Bell	DBell	1805
1/4	Lactulose	10ml	O	1800	Douglas Bell	DBell	1805

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** Oral = **O**

   Subcutaneous = **SC** Per rectum = **PR**

   Inhalations = **INH** Topical = **TOP**

   Sublingual = **SL** Nasogastric = **NG**

   Intramuscular = **IM** Vaginal = **PV**

   Intradermal = **ID**

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
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient not available
(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

Ver 5, 05/2000

Echocardiogram report

Dr Adrian Brady
Consultant Cardiologist
Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
Telephone: 0141 211 5124

david moutrey 3062586R

DOB:

Echo date: 27/03/2002

Ward/Dept:

Echo numbe 021126 Tape num. 3000/464

Access route: TTE

Consultant:

Operators: Dr Mark Petrie

Requested by:

Reported by: Dr Mark Petrie

M-MODE

Ao root:	30	
Ao valve opening		
Left atrium:	38	
Right ventricle:	*end diastole*	*end systole*
Interventricular septum:	9	
Posterior LV wall:	11	
LV internal diameter:	53	36

DOPPLER

Peak aortic gradient:	0.9
LVOT velocity:	
Mitral inflow velocity:	
Mitral E:	0.6
Mitral A:	
E/A ratio:	
Isovolumic relaxation time:	
Mitral pressure ½ time:	
MV area sq/cm	
Aortic regurgitation:	none
Mitral regurgitation:	mild
Tricuspid regurgitation:	none
Pulmonary regurgitation:	none
PA pressure (estimated):	

LV FUNCTION

LVEF:

LVEF Grade: mild impairment

Summary

The anterior wall is hypokinetic but overall LV systolic function is only mildly impaired (rest of LV contracts well).

Minimal to mild MR into non dilated LA. No other valvular abnormalities.

Mark Petrie

Diagnosis:

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

Nar 3062586R [redacted] /06/19
MOUTREY
DAVID
Hos 11 Montros [redacted] ce
GLASGOW [redacted] 4 1JQ
DO

Height:

Weight:

Surface area:

Date of Admission: __/__/__

Date of writing discharge prescription: __/__/__

Consultant Name:

Ward:

Date and time this form prepared: __/__/__ Time:_____

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐ TPN: ☐

PCA and other infusions ☐ Enteral Nutrition: ☐

Anticoagulants: Heparin ☐ Other:
Oral ☐

Topical: ☐

ONCE ONLY AND PREMEDICATION DRUGS

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE → 27/28

MONTH → 3 3

Other time

0700-0900 — LH

1200-1400

1600-1800

2200-2400

Other time

J DRUG: Atenolol

DOSE: 25mg | ROUTE: O | DATE: 27/3 | STOPPED DATE:

SIGNATURE OF DOCTOR: Me | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

K DRUG: Benzoflumazide

DOSE: 2.5mg | ROUTE: O | DATE: 27/3 | STOPPED DATE:

SIGNATURE OF DOCTOR: Me | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

L DRUG: Simvastatin

DOSE: 40mg | ROUTE: O | DATE: 27/3 | STOPPED DATE:

SIGNATURE OF DOCTOR: Me | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

2200-2400 — MM

FOR DOCTORS USE ONLY

M DRUG: Nicorandil

DOSE: 10mg | ROUTE: O | DATE: 27/3 | STOPPED DATE:

SIGNATURE OF DOCTOR: Me | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900 — LH

2200-2400 — MM

FOR DOCTORS USE ONLY

Signed Prescriptions

MONTH 13

N DRUG Tramadol

DOSE 10ml | ROUTE | DATE 13/2/13 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 ✓ 13 | Other time

P DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

R DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

S DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Other time | 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 doubl

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

Glasgow Royal Infirmary University N.H.S. Trust

PATIENT INFORMATION AND CONSENT FORM

Title of Project: Electrophysiological and molecular properties of isolated human cardiac myocytes.

Summary:
You are shortly to undergo a heart operation. The reasons for this, and the type of operation to be performed, will have been discussed with you by your cardiologist and by the heart surgeon.

We are undertaking research into why some patients have abnormal heart rhythms and how these cardiac arrhythmias affect the heart cells. In order to understand the biological properties of heart cells we would like to obtain a small sample of your heart muscle.

During the operation, the surgeon routinely makes a small cut in the heart to allow the operation to proceed. Many surgeons perform this by removing a small piece of heart tissue (about the size of a pea), which would normally be discarded. Some surgeons do not routinely remove this piece of tissue, but are willing to do so, since they know that such a procedure would not do you any harm. We are asking for your consent to use this small piece of the heart to obtain heart cells for our study. Part of the tissue will be studied directly for electrical activity and then discarded, and the remainder will be deep-frozen at the hospital for future analysis of molecular activity, after which it will be destroyed. Participation in our study will not change the operation or result in additional risk or discomfort to you.

In addition, we would ask your permission to obtain details of your condition from your medical records. These details will be kept confidential and your identity will be concealed by the use of a coding system. Such information will be retained for comparison with the results of the tissue analysis, and will not be disclosed to anyone outside the hospital.

This research project will not be of direct benefit to you, but the results may help other patients in the future. If you are unwilling to take part, you are entirely at liberty to refuse permission. This would not affect your medical treatment in any way.

Consent:

I, (Name) DAVID MOUTREY
of (Address) 11 MONTROSE TERR
BISHOPBRIGGS
agree to take part in the Research Project described above.

Dr FARUK OZALP has explained to me what is involved, how it might affect me and the purpose of the Research Project.

Signed [signature] Date 27-3-02

Witness [signature] Date 27/03/02

MEDICAL IN CONFIDENCE

ADMISSION FORM V3

WARD

HOSPITAL CODE	HOSPITAL NAME		CASE RECORD NUMBER
GRI GLASG	OW ROYAL INFIRMARY	3062586R	

DATE	TIME	TYPE	REASON	ADM./TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
27 Mar 02	09:30 11	1	10	I	1 Feb 02	B NHS		

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E.
W065*GRI	OTHE CARDIA	SURGERY MR A MURDAY			

TITLE SURNAME	FORENAME(1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MR MOUTREY	DAVID		47	22 Jun 1954	M	S

ADDRESS
11 Montrose Terrace
Bishopbriggs
GLASGOW
POSTCODE G64 1JU

ALT./PREV. SURNAME

OCCUPATION

C.H.I. NUMBER

TELEPHONE No. 5634090

OCCUPATION (HUSBAND/FATHER)

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

G.P. NAME	G	ADDRESS	Y
G.P. CODE	PRACTICE		
CONTRACT No.	FH STATUS	TEL No.	POSTCODE

F NAME	P WATERSON	ADDRESS	SPRINGFIELD MEDICAL PRACT
CODE	PRACTICE		9 SPRINGFIELD ROAD
CONTRACT No. 0023784	FH STATUS 43(T)2	TEL No. 772474	BISHOPBRIGGS GLASGOW
			POSTCODE G64 1PJ

NAME		ADDRESS	
RELATIONSHIP			
		DAY PHONE No.	NIGHT PHONE No.

RELIGION	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.
Church of Scotland		

nission

DIAGNOSIS	SPECIAL WARNINGS
R CONDITIONS (D.G.2)	
R CONDITIONS (D.G.3)	

R04 SMR50

STATUS	PREVIOUS PSYCH. CARE	CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

DATE	TIME	DISCH. TYPE	PATIENT CATEGORY	MANAGEMENT OF PATIENT	SPECIALTY	CONSULTANT CODE
DISCH./TRANSF. TO	READY FOR DISCH.	HOSPITAL: NAME	CODE	WARD	SPECIALTY	CONSULTANT CODE
SMR04	TYPE OF CARE PROVIDED		ECT - 1st TREATMENT DATE		ECT - NUMBER OF TREATMENTS	

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

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

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary, Canniesburn and Lightburn Hospitals
Tel 0141 211 4000

HOME PLAN

PART A

3062586R
MOUTREY M
DAVID 22/06/195
11 Montrose Terrace
GLASGOW
G64 1JQ

Ward 59 Phone number 0141-211-1273

Consultant DR HOGG

Named Nurse ERIC CALDER

Discharge Date 6/12/01

ADMISSION DETAILS

Date of Admission 6/12/01 Admission Ward 59

Reason for Admission / Treatment

CORONARY ANGIOGRAM

MEDICATION

You have been given a 7 day supply of medication. Please ensure that you read the labels of the medication you have been given and take your drugs as prescribed. **Please contact your G.P. within a week if you require a further supply of medication.**

FOLLOW UP

Out patient clinic appointment (Please tick as appropriate)

- Not required ☐
- Given to patient ☐
- To be posted out to patient ☑
- Transport arranged ☐
- Transport not arranged ☐

- Name of clinic
- Date and time of appointment

SPECIAL INSTRUCTIONS / ADVICE (eg. Wound care, diet, exercise, drivin

FOLLOW INSTRUCTIONS IN DISCHARGE LEAFLET

If you should have a problem within 24 hrs of discharge please d
contact the ward.

Patient / Carer (Signature)

0580893

Named / Associate Nurse (Signature) Eric Calder

White Copy - Patient, Pink Copy - Case Record, Blue Copy - Retain

in ward

Cardiology Department

Day Patient Self

Assessment Profile

Affix [illegible] complete

Nam 3062586R
MOUTREY
DAVID M
Ho 11 Montrose Terrace
GLASGOW
G64 1JQ
Wi

Name:	HOKRA KENNEDY	DOB:	22/06/1954
		Religion:	C/S
Next of Kin:	PATRICE	Contact Telephone 1:	563 4090
Address:	SIR.	Contact Telephone 2:	Mother. (Nettie) 0131 622 849.

Tick Appropriate Answer:	Yes	No
Do you have someone to drive you home or escort you home in a taxi?	✓	
Do you have someone to stay overnight with you?	✓	
Do you have access to a telephone?	✓	
Do you suffer from chest pains?	✓	
If yes do you have pain at rest e.g. in bed or while sitting?	✓	
If yes is you pain usually relieved by GTN (puffer spray)?	✓	
Have you ever had a heart attack?		✓
Do you suffer from breathlessness?		✓
Do you have diabetes?		✓
Female patients only, is there any possibility that you may be pregnant?		
Do you have high or low blood pressure?	✓	
Do you have any allergies e.g. penicillin, elastoplast?		✓
Are you on blood thinning tablets (not aspirin) e.g. Warfarin?		✓

Do you have any other health problems e.g. asthma, epilepsy?
If yes please state:

Nil of note

Have you ever had any operations e.g. previous Angiogram/Angioplasty CABG?
If yes please state:

Treadmill test 3 week ago. Stobhill

How far can you walk before you experience any chest pain or breathlessness?

walking slow walk good distance

Is there anything else we should know about you?
If yes please state:

Patient Signature & Date: [signature]

Your admitting Nurse will be happy to answer any questions you may have regarding your admission.

Named Nurse: Elaine Steel	Consultant: Dr Hogg
Reason for Admission: Coronary Angiogram	Discharge Escort Arranged(details): Own Transport
Discharge Transport Arranged(details): Penmaer Will Collect	Suitable for Daycase Admission: Yes
Relevant Medical History:	**Medication:**
Rheumatic fever. Psoriasis	Bendroflumethiazide 2.5mg Atenolol 50mg Zocor Nicorandil 10mg, Dispersible 75mg Warfarin - date stopped Metformin – date stopped
Allergies: Nil Known.	
Observations:	
Blood Pressure: 138/74 Heart Rate: 57	Height: 170.3 cms Wt: 90 kgs
BM: INR	Femoral Pulse: Rt/Lft Pedal Pulses: Rt/Lft
Admitting Nurse's Signature: Steel.	
Modifiable Risk Factor Profile:	**Action:**
Smoker: No smoked: ✓	6 weeks stopped
Cholesterol > 5.0: Chol LDL HDL Trigs	↑ 5.2.
Obesity: BMI:	
Hypertension:	Hypotensive

Nursing Notes

Transfer to Theatre Reception/Cath Lab at:	845 am.
Returned at: 1029	Sheath removed at: 1000
Mobile at:	Home at:

Time	Additional Nursing Comments	Signature
6/12	Admitted to ward 59 for Coronary Angiogram	Steel
1415	UNEVENTFUL RECOVERY	

Discharge Plan

Wound Check	✓	Valuable returned		Discharge Letter	✓
Venflon removed	12 ✓	Drugs Returned	✓	Discharge Advise Sheet	✓
Discharge Nurse's Signature & Date :			Sue Calder 6/12/01		

GLASGOW ROYAL INFIRMARY
University N.H.S. Trust

Cardiac Catheterisation & Coronary Angiography

Observation Chart

Affix label

G64 1PJ
3062586R
MOUTREY
DAVID
11 Montrose Terrace
GLASGOW
G64 1JQ

M
22/06/1954

| | | |

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	☐
IEW 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: 28/11/2023

Consultant: Dr Christine Aiken

LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
Glasgow
G64 1PJ

Dear LM Boyce

Re: **Moutrey David** DOB: **22/06/1954** CHI: **2206546116**
"11 Montrose Terrace "
Glasgow G64 1JQ

Attended on: **22/11/2023 at 14:56 hrs.** Departed on: **23/11/2023 at 15:26 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
LOW VIRAL RISK. ?stroke Numbness to R side since yesterday morning. hx diabetic . IHD

Nursing Assessment:
low viral risk, R numbness to both right arm and leg started yesterday no speech disturbances

Investigations in ED:

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

Diagnosis:

Diagnosis	Side	Site
Stroke, Not Specified As Haemorrhage Or Infarction		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:

Attended AAU 22/11/23 with 1/7 history of right leg weakness and change in sensation when walking. Associated 1/7 history of right forearm tingling and weakness. On examination speech normal. Neurological examination unremarkable bar unable to stand on right leg without aid. Noted swinging gait of right leg on trying to mobilise. No pain reported. CTB performed and showed established appearing left lacunar infarct in posterior internal capsule. Seen by stroke team 23/1123 and symptoms had mostly resolved bar some unsteadiness on feet. Impression was likely small ischaemic stroke possibly subacute in nature. Seen by OT prior to discharge and advice given. Discharged home on current medication of apixaban, clopidogrel and statin. For US doppler of carotids on 24/11/23 and outpatient follow up in stroke clinic. Patient also advised not to drive for 1 month.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Daniel Rodgers
Consultant

Copies to:

1. LM Boyce (GP)

School Address:

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: 25/08/2023

Consultant: Dr Ross Paton

LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
Glasgow
G64 1PJ

Dear LM Boyce

Re: **Moutrey David** DOB: **22/06/1954** CHI: **2206546116**
"11 Montrose Terrace "
Glasgow G64 1JQ

Attended on: **25/08/2023 at 16:20 hrs.** Departed on: **25/08/2023 at 22:48 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
Self - vomited x 3 while at gym today. Previous MI denies any chest pain. Low Viral R isk

Nursing Assessment:
vomiting x 3 after been to the gym for over an hour. Over exerted himself?? GP worried as he's had CABG. needs ECG. denies any chest pain. was dizzy at time of vomiting. low covid risk.

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. XR Chest**
10. CK	**11. Troponin I hs**	

Diagnosis:

Diagnosis	Side	Site
Nausea and Vomiting		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:

Dear Doctor, Mr Moutrey presented following 3x episodes vomiting after over exertion at the gym. No chest pain, no collapse. No infective sx. ECG - SR CXR - Nil acute Trop 11, 12 WCC 15.4, CRP 8 Urea 7.1, creat 131, eGFR 47 Patient has been encouraged to drink oral fluids and discharged with worsening advice. Could GP please recheck renal function at nearest convenience. Kind regards

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Sophie McCreadie
Doctor

Copies to:

1. LM Boyce (GP)

School Address:

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: 10/05/2021

Consultant: Dr Christine Aiken

LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
Glasgow
G64 1PJ

Dear LM Boyce

Re: **Moutrey David** DOB: **22/06/1954** CHI: **2206546116**
11 MONTROSE TERR
Glasgow G64 1JQ

Attended on: **10/05/2021 at 11:12 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
SAS - low risk covid c/o chest pains h/o CABG

Nursing Assessment:
low covid risk. News 0. awoke at 0600 with central chest pain radiating to neck. GP given asprin and GTN. PMH- angina. cat 0 for ecg

Investigations in ED:

1. XR Chest	**2. Coagulation screen**	**3. Urea and Electrolytes**
4. Glucose	**5. LFT**	**6. CRP**
7. Chol / Triglyceride	**8. Full Blood Count**	**9. Troponin I hs**

Diagnosis:

Diagnosis	Side	Site
Angina Pectoris, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

GP ACTION PLEASE 1yr hx of angina symptoms including this AM. CABG 20 years prev, continued to smoke 30/day until last few years. Pain responded well to SL GTN today. Pain free in dept. NEWS 0 ECG - SR, nil ischaemic, normal CXR. trop 13, baseline for pt, recent trops of 22 + 23. This gentleman clearly has angina which reassuringly seems to be sensitive to GTN. He tells me you have prescribed him a GTN spray this morning, I would be grateful if he could be started on Isosorbide Mononitrate MR 10mg BD and have this titrated to effect. Discharged to primary care follow up.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Sean David Kelly1
Doctor

Copies to:

1. LM Boyce (GP)

School Address:

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: 30/04/2021

Consultant: Dr David Colville

LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
Glasgow
G64 1PJ

Dear LM Boyce

Re: **Moutrey David** DOB: **22/06/1954** CHI: **2206546116**
11 MONTROSE TERR
Glasgow G64 1JQ

Attended on: **28/04/2021 at 17:56 hrs.** Departed on: **28/04/2021 at 23:03 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
SELF- low covid risk. Unstable angina, last episode chest pain this am. Has previous cardiac history

Nursing Assessment:
low risk covid. recent abx and steroids for gout in foot states not helped. also states gp sent pt up at having 'angina type' pain for past 6/12. pmhx: cabg

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Chol / Triglyceride**
7. Full Blood Count	**8. Troponin I hs**	**9. Urate**
10. Troponin I hs	**11. XR Chest**	**12. NT Pro Brain Natriuretic Peptide**
13. Transthoracic ECHO	**14. US Doppler carotid artery Both**	

Diagnosis:

Diagnosis	Side	Site
Chest Pain, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Dear Doctor, This 66 year-old man presented with intermittent chest pain radiating to the jaw, not associated with exercise and occasionally occurring during sleep. He also complained of worsening breathlessness over the past 6 months and occasional dizziness over the past two months. In addition he reports R ankle swelling for one week. Mr Moutrey is noted to have a history of CABG in 2003 as well as previous ankle swelling thought to be secondary to lercanidipine. Currently he reports his chest pain as lasting 10-30 minutes and occurring 4-5 times per week. On examination he was found to have L basal crackles as well as pitting oedema of the R ankle, with a L carotid pulse very feeble relative to the R. Bloods demonstrated troponin 23, potassium 3.4, cholesterol 5.5 and glucose 12.0. After discussion with senior staff he was deemed fit for discharge but has been booked an outpatient echocardiogram and carotid doppler. We would be grateful if the results of these could be chased with the potential of a referral to cardiology/vascular teams dependent on results. He has been provided with two days of sando-K tablets, and we would also be grateful if you could consider reviewing his blood glucose moving forward given his incidental high reading. Many thanks, Joseph Travers FY2

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Joseph Travers
Doctor

Copies to:

1. LM Boyce (GP)

School Address:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Acute Medicine
Contact Tel: 0141 201 6655
Enquiries to: Megan.Kelly3@ggc.scot.nhs.uk
Letter Date: 03/01/2024
Reference: SS/MK
Dictated Date: 20/12/2023
Transcribed Date: 20/12/2023

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Following this patient's attendance to the Acute Assessment Unit with symptoms commensurate with an ischaemic cerebrovascular episode, Mr Moutrey has attended for his doppler ultrasound of carotid artery which showed very mild plaque disease at the left bulb but otherwise normal carotid and vertebral doppler.

This investigation was requested by the Stroke team, who had indicated they would provide a follow up.

I cannot see any note of this gentleman being on a waiting list for an appointment and I have therefore copied this letter to Dr Sinead Oxley, the Stroke Consultant who was on the call on the day he attended.

Yours sincerely,

Dr Sarah Saunders

Consultant Physician

Electronically Signed: Dr Sarah Saunders, Consultant

cc. Dr Sinead Oxley
Consultant Stroke Physician
GRI

03 JAN 2024

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Acute Medicine
Contact Tel: 0141 201 6655
Enquiries to: Megan.Kelly3@ggc.scot.nhs.uk

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter Date: 03/01/2024
Reference: SS/MK
Dictated Date: 20/12/2023
Transcribed Date: 20/12/2023

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Following this patient's attendance to the Acute Assessment Unit with symptoms commensurate with an ischaemic cerebrovascular episode, Mr Moutrey has attended for his doppler ultrasound of carotid artery which showed very mild plaque disease at the left bulb but otherwise normal carotid and vertebral doppler.

This investigation was requested by the Stroke team, who had indicated they would provide a follow up.

I cannot see any note of this gentleman being on a waiting list for an appointment and I have therefore copied this letter to Dr Sinead Oxley, the Stroke Consultant who was on the call on the day he attended.

Yours sincerely,

Dr Sarah Saunders

Consultant Physician

Electronically Signed: Dr Sarah Saunders, Consultant

cc. Dr Sinead Oxley
Consultant Stroke Physician
GRI

WORKBENCH REF: 22.11.23

22/11/23 " APPT NOT NEEDED - SEEN IN AAU "

28/11/23 ED SUMMARY - "USS DOPPLER OF CAROTIDS ON 24/11/23 OUTPATIENT F/UP IN STROKE CLINIC "

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: SATA Unit
Contact Tel: 0141 201 6655
Enquiries to: Jean Cairney
Letter Date: 02/07/2021
Reference: DR/NR
Dictated Date: 30/06/2021
Transcribed Date: 02/07/2021

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

I am to you with the result of Mr Moutrey's echocardiogram following his attendance at SATA. This has shown a normal left ventricle with no evidence of systolic dysfunction. I note that at the time he had been requested to have a carotid doppler but I do not think that this is appropriate from reviewing the notes and this has been cancelled at hospital level.

No further follow-up has been organised by the Acute Medical Team.
Yours sincerely

Dr Daniel Rodgers

ST7 in Acute Medicine

Electronically Signed: Dr Daniel Rodgers, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 211 4000
Department: Acute Assessment Unit
Contact Tel: 0141 201 6655
Enquiries to: Jean Cairney
Letter Date: 09/07/2021
Reference: RJ/NR
Dictated Date: 25/06/2021
Transcribed Date: 28/06/2021

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

This gentleman had admission to the Acute Assessment Unit on a couple of occasions in late April and early May with cardiac type symptoms. One of our junior doctors felt his carotid pulses and felt that one side was "weaker than the other" but without any documented boeys? and no documented neurological symptoms. He ordered an ultrasound of both carotids on the basis of these examination findings which has laterally been cancelled by our radiology department in tandem with the stroke team.

I have never met this patient however it doesn't seem to be a strong indication for carotid dopplers therefore we have not re-requested this, unless there is a clinical concern from yourself.
I hope this is okay.

Yours sincerely

Dr Ravi Jamdar

Consultant Physician

Electronically Signed: Dr Ravi Jamdar, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	0141 211 4000
Department:	ORTHOPAEDICS
Contact Tel:	0141 211 5146/4608
Enquiries to:	
Letter Date:	12/12/2018
Reference:	AS/EH
Dictated Date:	05/12/2018
Transcribed Date:	10/12/2018

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 MONTROSE TERR, BISHOPBRIGGS, Glasgow, Lanarkshire, G64 1JQ

I reviewed Mr Moutrey back in clinic today. He continues to get intermittent pains in both buttocks particularly when he is walking. He describes it as an intermittent ache but he is managing most activities. I had sent him for an MRI scan just to check that he did not have any spinal stenosis and I am pleased to say that although he has significant degenerative changes in his lower back there is no evidence of any spinal stenosis at this stage. I have reassured him that he appears to have predominantly mechanical low back pain which is radiating into the buttock region. I think it would be worthwhile if he could lose a bit of weight as I think this would help his symptoms and he is in full agreement with this. He should try and build up his exercise levels and see if this helps. I have not arranged to see him again routinely in clinic.

Yours sincerely,

Mr Andrew D Stark FRCSEd (Tr & Orth)

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Andy Stark, Consultant

cc:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	17/09/2018
Reference:	AS/LMC
Dictated Date:	05/09/2018
Transcribed Date:	14/09/2018

Dear Dr Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 MONTROSE TERR, BISHOPBRIGGS, Glasgow, Lanarkshire, G64 1JQ

I reviewed this 64-year old gentleman in clinic today. He presents with a two year history of worsening pain in both buttocks. He is pain free most of the time. However, as soon as he walks, he starts to develop a dull ache in both buttocks this builds up and by the time he has walked approximately 500 yards the pain is so severe that he has to sit down and this resolves over the next 30- 60 seconds and he can then walk another 500 yards. The walking distance has gradually reduced over time. He denies any groin pain and has no neurological symptoms in either lower limb. He has a past history of a coronary artery bypass in 2002. He continues to work as a heavy plant operator.

On examination today he has a restricted range of movement in both hips with flexion to 90°, external rotation to 25° and only a few degrees of internal rotation. All his movements however are completely pain free. Straight leg raise was reasonable at 80° limited by hamstring tightness. There was no neurological deficit in either lower limb.

X-rays show some minor, early degenerate changes but with good maintenance of joint space.

This gentleman does have some early osteoarthritis of his hip but I do not think he is getting any symptoms from this. His buttock pain is much more suggestive of a claudicant type pain. He has no signs of any vascular compromise on either of his lower limbs. I suspect therefore that he is getting spinal claudication. I have referred him for an MRI of his lumbosacral spine to investigate the possibility of spinal stenosis.

We will see him in clinic once the results of this are available.

Yours Sincerely

Mr Andrew D Stark FRCSEd (Trauma & Orth)

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Andy Stark, Consultant

cc.

Clinical letter - GP: Clinical Letter

NHS
Greater Glasgow and Clyde

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

Cardiology
0141 211 0572
amelia.a'hara@ggc.scot.nhs.uk

Dr. G Murdoch
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	
Contact Tel:	
Enquiries to:	
Letter Date:	11/01/2017
Reference:	APR/AAH
Dictated Date:	04/01/2017
Transcribed Date:	10/01/2017

Dear Dr Murdoch ,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 MONTROSE TERR, BISHOPBRIGGS, Glasgow, Lanarkshire, G64 1JQ

Thank you for referring this 62 year old man whom I saw at the Arrhythmia clinic on 04.01.17. He has a past history of coronary artery bypass graft surgery in 2003. He has had an ankle swelling. He says only tends to occur when he is on holiday when he is on his feet and doing a lot of walking. It is not troublesome to him at all otherwise. He himself denies breathlessness although he does admit that his wife says he is breathless at times on walking. He also gets an occasional discomfort in his throat. He says this has been no difference since his bypass graft surgery. A recent ECG showed sinus rhythm with Q-wave evidence of a previous inferior myocardial infarction. His echocardiogram shows an infero-posterior wall motion abnormality but reassuring normal left ventricular function. He is currently on Aspirin, Atorvastatin, Lercanidipine 20 mgs per day, Ramipril 10 mgs per day, Bendroflumethiazide 2.5 mgs per day and Certirizine.

On examination he was overweight. Heart rate was 80 per minute regular, blood pressure 148/84 mmHg, heart sounds were normal and the chest was clear.

I think his ankle swelling is probably related to the combination of his weight and Lercanidipine. Although Lercanidipine does have less ankle swelling as a side-effect than Amlodipine I think this is the likely cause. Certainly his left ventricular function is normal. His Albumin is 38 g/L and renal function is normal. At this stage I do not think there is a need to further investigate this aspect but I have indicated to him that if he feels his symptoms are progressive it would be appropriate to reassess at that time.

Yours sincerely

Dr A P Rae
Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:
Department: General Surgery
Contact Tel: 0141 201 6662
Enquiries to: Angela.ferguson@ggc.scot.nhs.uk
Letter Date: 06/01/2025
Reference: LMcN/LM
Dictated Date: 06/01/2025
Transcribed Date: 16/01/2025

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - General Surgery; Clinic - GRCRGS2-MR ROXBURGH GENERAL SURGERY CLINIC MON PM
Date and Time of Appointment - 06/01/2025 14:00

Clinical Comments:
It was a pleasure to review Mr Moutrey in Professor Roxburgh's surgical clinic today. He was referred in with iron deficiency anaemia having an iron level of 8, haemoglobin between 110-123 and a normal MCV. A qFIT of 135.

He denies any blood in his stool, no abdominal pain or bloating, no change in his bowel habits, no tenesmus, no weight loss in fact he is putting on weight.

He has a complex past medical history including a previous Cabbage MI, BPH, TIA, gout and pre-diabetic. Medications are as per ECS although crucially he is on Apixaban and Clopidogrel. No known drug allergy. A family history of cardiac disease only. He is an ex-smoker who drinks alcohol occasionally. He has some limited movement but that is mostly due to his back and not through breathlessness or chest pain.

On examination his abdomen was soft and non tender, DRE showed skin tags but no internal mass.

I think he is fit enough for a colonoscopy and as such I have requested him to have a P1 colonoscopy and we will update him with the results of this.

Many thanks.

Yours sincerely

Dr Luke McNickle

Surgical Clinical Research Fellow

Electronically Signed: Dr Luke McNickle, Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Cardiology
Contact Tel: 0141 201 3822
Enquiries to: Senga Meenagh

Letter Date: 11/10/2022
Reference: AS/CH
Dictated Date: 11/10/2022
Transcribed Date: 14/10/2022

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Cardiology; Clinic - GRASCA4-DR SHAUKAT TUESDAY PM TELEPHONE CLINIC
Date and Time of Appointment - 11/10/2022 14:00

Clinical Comments:
Further to my letter from the Golden Jubilee National Hospital in June 2022 Mr Moutrey was reviewed at GRI. He seems to be getting along absolutely fine and he does not describe any angina or other symptoms. Overall his quality of life is maintained. His ejection fraction was considered to be low normal and overall the mix of his medication seems to be fine. I have not advised any more medication change and I have not arranged to see him as a routine in my clinic.

Yours sincerely,

DR AADIL SHAUKAT

Consultant Cardiologist

Electronically Signed: Dr Aadil Shaukat , Doctor

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	0141 211 4000
Department:	Cardiology
Contact Tel:	0141 201 3824
Enquiries to:	Donna Sharpe
Letter Date:	16/11/2021
Reference:	KH/LB
Dictated Date:	17/11/2021
Transcribed Date:	19/11/2021

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Cardiology; Clinic - GRKHCA4-DR HOGG CARDIOLOGY TUES PM CLINIC - Patients booked to clinic should be with agreement from the Senior Registrar only
Date and Time of Appointment - 16/11/2021 14:30

Clinical Comments:
Diagnosis;

1. Ischemic heart disease with coronary artery bypass grafting in 2003

2. Episode of atrial flutter. CHA2DS2-VASC 3- On Apixaban

3. Structurally normal heart August 2021 - Graft patency (Lima to LAD, SVG to D2 and SVG to PDA) Ungrafted flow limiting disease in left circumflex and OM1.

It was a pleasure to see David Moutrey at the hot clinic today.

David is a 67 year old gentleman with a history of ischemic heart disease and coronary artery bypass grafting. He had an episode of chest discomfort associated with rapid ventricular rate and atrial flutter with a 2-1 block earlier this year. At that point he was anticoagulated with increasing antianginals and was commenced on anticoagulation.

He has been referred for an outpatient CT coronary angiogram which has demonstrated satisfactory graft patency but has shown that there is flow limiting disease at 2 points in the left circumflex and first obtuse marginal which are ungrafted and could be responsible for ischemic symptoms.

Since David's hospitalisation in August he has had to use his GTN on 2 occasions. He still continues to be able to get out an exercise although is limited by lower back pain. He is not limited by angina at this point. Prior to hospitalisation in August he was using his GTN 5-10 times per day.

He denies any episodes of rapid palpitations, ankle oedema, PND or orthopnoea.

Current medications include Bisoprolol 1.25mg once daily, Lercanidipine, Isosorbide Mononitrate 10mg twice daily, Ramipril 5mg twice daily, Atorvastatin.

In summary Mr Moutrey's ischemic symptom burden at present is minimal. At this point we agree that we are happy to continue with medications for management of his angina. At present he is limited more so by arthritis rather than angina.

I have not arranged to see him back at this clinic at this point but would obviously need rereferred back up to a general cardiology clinic if he was to experience any increase in requirement of GTN or limiting exercise tolerance due to chest discomfort for consideration of intervention to his native coronary arteries.

Kind regards

Yours sincerely

Dr Karen J Hogg

Consultant Cardiologist

Electronically Signed: Dr Karen Jane Hogg, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	
Contact Tel:	201 6453
Enquiries to:	
Letter Date:	01/11/2021
Reference:	mm.af
Dictated Date:	01/11/2021
Transcribed Date:	01/11/2021

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22 Jun 1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Attendance: Specialty - Dermatology; Clinic - GREMDE1-NURSE MCCABE DERM TELEPHONE/ VIDEO CLINIC MON AM
Date and Time of Appointment - 01/11/2021 09:20

Clinical Comments:
DIAGNOSES:

Psoriasis

MANAGEMENT:

Enstilar foam OD for 4 weeks then twice weekly on non-consecutive days as maintenance

QV cream as emollient

Referred for UVB phototherapy

FOLLOW-UP:

Discharged post-UVB

Thank you for referring Mr Moutrey to Dermatology whose had psoriasis for approximately 60 years since he was 6 years old. He says he had a flare of his psoriasis approximately 18 months ago. Currently he's using emollients only. He had previously been using Enstilar foam which he found beneficial and he says did help his skin but he is no longer using this and his skin has flared.

On examination he had widespread small plaques of psoriasis affecting his trunk and limbs. There was minimal scale evident today. As he's finding his psoriasis difficult to manage with topicals I suggested we try a course of UVB and he was agreeable to this. He knows there is a lengthy waiting list for this so I suggested he recommence Enstilar foam as above and suggested QV cream as an emollient as his skin was very dry.

I haven't arranged an appointment back at this clinic and he will be discharged post-UVB phototherapy but should there be any concerns in the future we would be happy to see him again at your request.

Yours sincerely

Nurse Elspeth McCabe

CNS in Dermatology

Electronically Signed: Nurse Elspeth Morag McCabe, Nurse Practitioner

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard:	
Department:	Respiratory
Contact Tel:	0141 211 8403
Enquiries to:	
Letter Date:	18/11/2024
Reference:	MC/JG
Dictated Date:	30/10/2024
Transcribed Date:	30/10/2024

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Admission: Specialty - Respiratory Medicine; Ward - GRI Ward 6 Respiratory/General Medicine
Consultant - Dr Mark Cotton; Date of Admission - 13/10/2024
Date of Discharge - 17/10/2024; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:
Mr David Moutrey presented with productive cough and SOB.

He had been on a cruise in Spain when he developed symptoms.

BG: V. fib arrest on 2022, STEMI, T2DM, CABG 2003, A flutter, psoriasis, HTN, BPH, TIA

NEWS 10 - Temp 39.5

HR 129

BP 147/102

RR 22

SpO2 90% on air ---> 97% on 3L NC

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 211 4000
Department: General Medicine
Contact Tel: 0141 211 4000
Enquiries to: enis.johnston@ggc.scot.nhs.uk
Letter Date: 22/02/2022
Reference: GM/SF
Dictated Date: 14/02/2022
Transcribed Date: 14/02/2022

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Admission: Specialty - General Medicine; Ward - GRI Ward 50/51 MR General Medicine
Consultant - Prof Gerard McKay; Date of Admission - 07/02/2022
Date of Discharge - 08/02/2022; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Mr Moutrey attended GRI on 7/2/22 with sudden onset blurred vision in L eye. On examination he had a normal neuro

exam. He underwent a CT head in the acute medical department which was negative for stroke. He remained clinically

well and is now medically fit for discharge. Nil routine follow up has been arranged. Many thanks, Dr Oscar Nolan

---

Final Comments:

We considered a diagnosis of amaurosis fugax but the symptoms were short lived and CT re-assuring. He has a history of ischaemic heart disease on BP medication, high dose atorvastatin and a DOAC for paroxysmal AF. If he has a further episode please consider referral to fast track TIA clinic.

Professor Gerard McKay

Consultant Physician

Electronically Signed: Professor Gerard McKay, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

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

Dr. LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Main Switchboard: 0141 211 4000
Department: Cardiology
Contact Tel: 0141 201 3822
Enquiries to: Senga.Meenagh@ggc.scot.nhs.uk
Letter Date: 20/12/2021
Reference: DH/RM
Dictated Date: 15/12/2021
Transcribed Date: 20/12/2021

Dear Dr. LM Boyce,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

Admission: Specialty - Cardiology; Ward - GRI Ward 43A Cardiology Receiving Consultant - Dr Aadil Shaukat; Date of Admission - 07/08/2021
Date of Discharge - 09/08/2021; Discharged to - Private Residence - no additional detail added

Procedures:
07/08/2021 CONTINUOUS INTRAVENOUS INFUSION OF THERAPEUTIC SUBSTANCE NEC

Clinical Comments:
Mr Moutrey presented with recurrent anginal chest pain. On admission he was in SVT which cardioverted after IV

metoprolol. Following optimisation of cardiac meds, an echo (NAD) and an exercise tolerance test (no concerning ST

changes) he is now fit for discharge awaiting an urgent CT CA and hot clinic follow-up.

FINAL COMMENTS - see IDL for list of medications.

Dear Doctor

This is the final discharge letter for the above 67 year old gentleman's admission 7-9 August under Cardiology at GRI. The IDL is correct. I have nil additional to add to this and I note he has had a rather extensive follow up by way of a CTCA and clinic review and I believe you have received multiple correspondences in relation to these already. Again, I have nil additional to add to any of

this but should you feel he needs to be seen by Cardiology again in the future, please do not hesitate to get in touch.

Yours sincerely

Dr David Hunter

ST4, Cardiology

Electronically Signed: Dr David Hunter, Doctor

cc.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LINDA BOYCESpringfield Medical Practice,9 Springfield Road,Bishopbriggs, Glasgow, G64 1PJ

Main Switchboard:
Date of Completion: 17-Oct-2024

Dear LINDA BOYCE,

Name	CHI	DoB	Address
David Moutrey	**2206546116**	**22-Jun-1954**	**11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire, G64 1JQ**

Admitted	Type	Discharged	Destination
13-Oct-2024 17:57	IP	17-Oct-2024	

Specialty	Consultant	Ward	Telephone
Respiratory Medicine	Cotton	GRI Ward 6 Respiratory/General Medicine	

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: Mandy Khumanthem (Mandy Khumanthem - FY1) on 17 Oct 2024 09:14

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Morrisons Bishopbriggs					
Allopurinol 100mg tablets	oral	1 tablet once daily					
Amoxicillin 500mg capsules	oral	1 capsule three times daily , 7am, 12pm, 10pm , Fixed Period 3 Day(s) from 15 Oct 2024					Added
Apixaban 5mg tablets	oral	1 tablet twice daily					
Bisoprolol 1.25mg tablets	oral	1 tablet once daily					
Cetirizine 10mg tablets	oral	1 tablet once daily at night				Y	
Clarithromycin 500mg tablets	oral	1 tablet twice daily , 7am and 10pm, withhold statin until course completed , Fixed Period 5 Day(s) from 14 Oct 2024					Added Amended
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning			**Drug Details:** indefinitely		
Colecalciferol 1,000unit tablets	oral	1 tablet once daily					Added
Ferrous fumarate 210mg tablets	oral	1 tablet once daily , 3 months from 11th Sep then GP to r/v bloods					Added
Finasteride 5mg tablets	oral	1 tablet once daily					Added
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH;				Y	
Isosorbide mononitrate 10mg tablets	oral	1 tablet twice daily				Y	Amended
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily in the morning					

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Lercanidipine 20mg tablets	oral	1 Tab Daily,				Y	
Oseltamivir 75mg capsules	oral	1 capsule twice daily , 7am and 10 pm , Fixed Period 5 Day(s) from 13 Oct 2024					Added
Ramipril 10mg capsules	oral	1 Cap In the morning,				Y	
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily					

"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
Checked JG. Tamiflu, clari + amox. JG

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
2024-10-17	Atorvastatin 80mg tablets	oral	1 tablet once daily		on clarithromycin. Can restart when off clarithromycin.

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-10-14	.Pharmacist comment	Route unspecified	New: aspirin (1 month), clopidogrel, furosemide, senna, spironolactone, lansoprazole. Changed: none. Stopped: omeprazole. LM 06/06/22		Stopped before admission
2024-10-14	Aspirin 75mg dispersible tablets	oral	1 tablet once daily in the morning , Fixed Period 1 Month(s) from 03 Jun 2022		Stopped before admission

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2024-10-14	Enstilar 50micrograms/g / 0.5 mg/g cutaneous foam (DE Pharmaceuticals)	topical	apply twice weekly		Stopped before admission
2024-10-14	Furosemide 40mg tablets	oral	1 tablet once daily in the morning		Stopped before admission
2024-10-14	Senna 7.5mg tablets	oral	2 tablets once daily at night when required , for constipation		Stopped before admission
2024-10-14	Spironolactone 25mg tablets	oral	1 tablet once daily in the morning		Stopped before admission

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

Clinical Comments:	Dear Doctor, Mr David Moutrey presented with productive cough and SOB. He had been on a cruise in Spain when he developed symptoms. BG: V. fib arrest on 2022, STEMI, T2DM, CABG 2003, A flutter, psoriasis, HTN, BPH, TIA NEWS 10 - Temp 39.5 HR 129 BP 147/102 RR 22 SpO2 90% on air ---> 97% on 3L NC He tested positive for FLU A and had signs of associated pneumonia on his CXR. He is now off oxygen and is feeling fit for discharge. Plan going forwards is as follows:

	1) OP spirometry and reversibility testing ?diagnosis of COPD 2) OP follow up in pneumonia clinic in 6-8 weeks time following repeat CXR (requested for 6 weeks time as an OP) Many thanks Dr Jacob Salkin. Ward 6 Respiratory
Discharge Comments:	
Follow Up:	No -
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Jacob SALKIN

Prescription Review
Medications reviewed by pharmacist: Neve Carson (Pharmacist)
Checked by: John GALLOWAY (Pharmacist)
Discharged by: Ellie FINGLAND (Staff Nurse)

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

LINDA BOYCESpringfield Medical Practice,9 Springfield Road,Bishopbriggs, Glasgow, G64 1PJ

Main Switchboard:
Date of Completion: 07-Jun-2022

Dear LINDA BOYCE,

Name	CHI	DoB	Address
David Moutrey	**2206546116**	**22-Jun-1954**	**11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire, G64 1JQ**

Admitted	Type	Discharged	Destination
04-Jun-2022 17:19	IP	07-Jun-2022	

Specialty	Consultant	Ward	Telephone
Cardiology	Hogg	GRI Ward 43A Cardiology Receiving	

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: Cara McLaughlin (Cara McLaughlin - FY1 Doctor August 2021) on 06 Jun 2022 14:53

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Morrisons Bishopbriggs					
.Pharmacist comment	Route unspecified	New: aspirin (1 month), clopidogrel, furosemide, senna, spironolactone, lansoprazole. Changed: none. Stopped: omeprazole. LM 06/06/22					Added
Allopurinol 100mg tablets	oral	1 tablet once daily					
Apixaban 5mg tablets	oral	1 tablet twice daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily in the morning , Fixed Period 1 Month(s) from 03 Jun 2022	Yes				Added Amended
Atorvastatin 80mg tablets	oral	1 tablet once daily					
Bisoprolol 1.25mg tablets	oral	1 tablet once daily					
Cetirizine 10mg tablets	oral	1 tablet once daily at night				Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning	Yes		**Drug Details:** indefinitely		Added Amended
Enstilar 50micrograms/g / 0.5 mg/g cutaneous foam (DE Pharmaceuticals)	topical	apply twice weekly					
Furosemide 40mg tablets	oral	1 tablet once daily in the morning	Yes				Added Amended
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH,				Y	
Isosorbide mononitrate 10mg tablets	oral	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM),				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily in the morning	Yes				Added
Lercanidipine 20mg tablets	oral	1 Tab Daily,				Y	
Ramipril 10mg capsules	oral	1 Cap In the morning,				Y	
Senna 7.5mg tablets	oral	2 tablets once daily at night when required , for constipation	Yes				Added Amended
Spironolactone 25mg tablets	oral	1 tablet once daily in the morning	Yes				Added Amended
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily					

"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 by d hope 6/6/22

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
2022-06-06	Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily		changed to lanosprazole

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

Clinical Comments:	Dear Doctor, Mr Moutrey was transferred from Golden Jubilee following PCI for inferioposterior STEMI, VF (DCCV and required CPR)

	Background - CABG 2003, Atrial flutter, Psoriasis, Hypertension He is on triple therapy with aspirin, clopidogrel and apixaban. He should continue aspirin for one month and continue clopidogrel and apixaban indefinitely. He has also been started on spironolactone and furosemide. His omeprazole has been switched to lansoprazole. Mr Moutrey has been enrolled in the DAPA MI trial and will be followed up accordingly. He had an echocardiogram which showed LV systolic function at the lower end of normal with some basal posterior hypokinesis and slightly impaired RV function. Creatinine was 122 (100) on day of discharge and eGFR 52 (>60). Could you please recheck U/Es in 1 week to ensure kidney function is not worsening. HbA1c was 48 this admission. Follow up: 1. Cardiac rehab 2. GP to recheck U/Es in 1 week 3. HbA1c recheck in 6-12 months Mr Moutrey is medically fit for discharge. Thank you for your ongoing care. Kind regards, Ward 43a GRI
Discharge Comments:	
Follow Up:	Yes Cardiac rehab
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Cara MCLAUGHLIN

Prescription Review
Medications reviewed by pharmacist: Lauren McNicol (Pharmacist)
Checked by: Gillian MCCULLAGH (pharmacy tech)
Discharged by: Cara MCLAUGHLIN (FY1 Doctor August 2021)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LINDA BOYCESpringfield Medical Practice,9 Springfield Road,Bishopbriggs, Glasgow, G64 1PJ

Main Switchboard:
Date of Completion: 08-Feb-2022

Dear LINDA BOYCE,

Name	CHI	DoB	Address
David Moutrey	**2206546116**	**22-Jun-1954**	**11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire, G64 1JQ**

Admitted	Type	Discharged	Destination
07-Feb-2022 17:36	IP	08-Feb-2022	

Specialty	Consultant	Ward	Telephone
General Medicine	McKay	GRI Ward 50/51 MR General Medicine	

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: Oscar Nolan (Oscar Nolan - FY1 Doctor August 2021) on 08 Feb 2022 18:54

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Morrisons Bishopbriggs	Yes				Added
Allopurinol 100mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Added
Apixaban 5mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			
Atorvastatin 80mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			Added
Bisoprolol 1.25mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			
Cetirizine 10mg tablets	oral	1 tablet once daily at night	No	Patient's own drugs at home		Y	
Enstilar 50micrograms/g / 0.5 mg/g cutaneous foam (DE Pharmaceuticals)	topical	apply twice weekly	No	Patient's own drugs at home			Added
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH,	No	Patient's own drugs at home		Y	
Isosorbide mononitrate 10mg tablets	oral	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM),	No	Patient's own drugs at home		Y	
Lercanidipine 20mg tablets	oral	1 Tab Daily,	No	Patient's own drugs at home		Y	
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own drugs at home			Added
Ramipril 10mg capsules	oral	1 Cap In the morning,	No	Patient's own drugs at home		Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily	No	Patient's own drugs at home			Added

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

Dispensing Comments
There is no data to display.

Withheld Medication:

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

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2022-02-08	.Pharmacist comment	Route unspecified	NEW: apixaban, bisoprolol, atorvastatin. STOPPED: aspirin (no longer required now on apixaban). Patient educated on apixaban, yellow booklet provided. RShannon 9/8/21.		Stopped before admission
2022-02-08	Atorvastatin 80mg tablets	oral	1 tablet once daily		Medication was removed from, made inactive or made unprescribable in the drug database.
2022-02-08	Betamethasone valerate 0.1% ointment	topical	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE.		

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET,		
2022-02-08	Calcipotriol 50microg/Betamethasone diprop 500microg/g foam (Enstilar (LEO Pharma))	topical	APPLY DAILY,		Stopped before admission Medication was removed from, made inactive or made unprescribable in the drug database.
2022-02-08	Capasal Therapeutic shampoo (Dermal Laboratories Ltd)	topical	APPLY DAILY AS NECESSARY,		Medication was removed from, made inactive or made unprescribable in the drug database.

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

Clinical Comments:	Dear Doctor, Mr Moutrey attended GRI on 7/2/22 with sudden onset blurred vision in L eye. On examination he had a normal neuro exam. He underwent a CT head in the acute medical department which was negative for stroke. He remained clinically well and is now medically fit for discharge. Nil routine follow up has been arranged. Many thanks Dr Oscar Nolan Acute Medicine
Discharge Comments:	

Follow Up:	No nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Oscar NOLAN

Prescription Review
Checked by: Oscar NOLAN (FY1 Doctor August 2021)
Discharged by: Oscar NOLAN (FY1 Doctor August 2021)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LINDA BOYCESpringfield Medical Practice,9 Springfield Road,Bishopbriggs, Glasgow, G64 1PJ

Main Switchboard:
Date of Completion: 09-Aug-2021

Dear LINDA BOYCE,

Name	CHI	DoB	Address
David Moutrey	**2206546116**	**22-Jun-1954**	**11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire, G64 1JQ**

Admitted	Type	Discharged	Destination
07-Aug-2021 16:10	IP	09-Aug-2021	

Specialty	Consultant	Ward	Telephone
Cardiology	Shaukat	GRI Ward 43A Cardiology Receiving	

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: Philippa Thornton (Philippa Thornton - CF) on 09 Aug 2021 12:21

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	NEW: apixaban, bisoprolol, atorvastatin. STOPPED: aspirin (no longer required now on apixaban). Patient educated on apixaban, yellow booklet provided. RShannon 9/8/21.					Added
Apixaban 5mg tablets	oral	1 tablet twice daily					Added
Atorvastatin 80mg tablets	oral	1 tablet once daily					Added
Betamethasone valerate 0.1% ointment	topical	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET,				Y	
Bisoprolol 1.25mg tablets	oral	1 tablet once daily					Added
Calcipotriol 50microg/ Betamethasone diprop 500microg/g foam (Enstilar (LEO Pharma))	topical	APPLY DAILY,				Y	
Capasal Therapeutic shampoo (Dermal Laboratories Ltd)	topical	APPLY DAILY AS NECESSARY,				Y	
Cetirizine 10mg tablets	oral	1 tablet once daily at night				Y	
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH,				Y	
Isosorbide mononitrate 10mg tablets	oral	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM),				Y	
Lercanidipine 20mg tablets	oral	1 Tab Daily,				Y	
Ramipril 10mg capsules	oral	1 Cap In the morning,				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 by scott Bennett 9/8/21

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
2021-08-09	Aspirin 75mg dispersible tablets	oral	1 Tab In the morning,		Course Completed

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

Clinical Comments:	Mr Moutrey presented with recurrent anginal chest pain. On admission he was in SVT which cardioverted after IV metoprolol. Following optimisation of cardiac meds, an echo (NAD) and an exercise tolerance test (no concerning ST changes) he is now fit for discharge awaiting an urgent CT CA and hot clinic follow-up.
Discharge Comments:	
Follow Up:	Yes OP CT CA Hot clinic post CT CA
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Philippa THORNTON

Prescription Review
Medications reviewed by pharmacist: Rhona Shannon (Clinical Pharmacist)
Checked by: Gillian MCCULLAGH (pharmacy tech)
Discharged by: James HILLS (CT1)

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

David Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 201 5340
Enquiries to: Mariann Cameron
Letter Date: 13/02/2025
Reference: HB/MAC
Dictated Date: 11/02/2025
Transcribed Date: 12/02/2025

Dear Mr Moutrey ,

Thank you for attending for your recent chest x-ray following your admission to hospital. I am pleased to say that the changes of infection have resolved on this chest x-ray. As this is reassuring, we have not made a further appointment for you to attend the Respiratory Clinic.

If you have any queries or concerns, please do not hesitate to contact us on 0141 201 5340.

Alternatively, you can contact your GP, whom I have also written to.

Yours sincerely

DR HANNAH BAYES

Consultant Respiratory Physician

(on behalf of GRI Virtual Pneumonia Follow-up Clinic)

Electronically Signed: ,

cc. Dr LM Boyce
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Letter to Patient: Follow-up

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

David Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Main Switchboard:	0141 211 4000
Department:	Stroke Department
Contact Tel:	0141 201 3193
Enquiries to:	Nicola
Letter Date:	21/05/2024
Reference:	NO/SM
Dictated Date:	21/05/2024
Transcribed Date:	21/05/2024

Dear Mr Moutrey ,

As part of the follow-up to your admission under the care of the stroke team at Glasgow Royal Infirmary we would like to offer you a review with the Stroke Nurse Specialist team. The reason for this is just to see how you are and if there is anything you would like to ask us, or any stroke-related problems we can help with.

This review is normally via telephone in the first instance; some people prefer an in-person review which we can also arrange.

If you would like to arrange a review with the team please contact us on 0141 201 3193.

Yours sincerely

Nicola O'Donnell

Stroke Nurse Specialist

Electronically Signed: Nurse Nicola Odonnell, Nurse

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal GGC Colorectal	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——	**Hospital** and **hospital address** Hospital location code. G107H Email address

Urgency of referral Urgent - Suspected Cancer
Date of referral 04-Dec-2024 **Date sent** 04-Dec-2024

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 07930 128 557

101034974611H Unique Care Pathway Number: 101034974611H

REGISTERED GP DETAILS

Name	Dr Linda Boyce		
GMC code	6101143	GP code	05304
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Julian Hoyle		
GMC code	6163339	GP code	08940
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Referral upgrade.

Comment: This 70 year old was referred at the start of October urgently with iron deficiency anaemia with positive QFIT. I think the referral should've been sent via the suspicion of cancer pathway rather than just urgent. I am assuming he has not been seen already as I have had no word. Many thanks for seeing.

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

Description	Comment	Date of onset	Date recorded
Pneumonia and influenza	-	13-Oct-2024	13-Oct-2024
Stroke and cerebrovascular accident unspecified	small ischaemic stroke, possibly subacute	22-Nov-2023	22-Nov-2023
Acute myocardial infarction	inferioposterior STEMI	04-Jun-2022	04-Jun-2022
Ventricular fibrillation	-	04-Jun-2022	04-Jun-2022
Atrial flutter	-	16-Nov-2021	16-Nov-2021
Supraventricular tachycardia NOS	-	07-Aug-2021	07-Aug-2021
Type 2 diabetes mellitus	-	13-May-2021	13-May-2021
Impaired glucose tolerance	-	04-Feb-2019	04-Feb-2019
Gout	-	28-Dec-2018	28-Dec-2018
Left ventricular systolic dysfunction	-	16-Nov-2016	16-Nov-2016
Heart failure	-	16-Nov-2016	16-Nov-2016
Essential hypertension	-	05-Jul-2002	05-Jul-2002
Angina pectoris	-	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	-	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	-	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Direct current cardioversion	-	04-Jun-2022	04-Jun-2022
Cardiopulmonary resuscitation	-	04-Jun-2022	04-Jun-2022
Percutaneous coronary intervention	-	04-Jun-2022	04-Jun-2022
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	21-Oct-2024	29-Nov-2024
Stexerol-D3 Tablets 1,000 units	56	2*28 tablet	1 Tab Daily	-	08-May-2024	29-Nov-2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	06-Mar-2024	29-Nov-2024
	56	56 TABLET		-	17-Nov-2022	

Finasteride Tablets 5 mg			ONE TO BE TAKEN EACH DAY			15-Nov-2024
Allopurinol Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Jun-2022	29-Nov-2024
Clopidogrel Tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	09-Jun-2022	29-Nov-2024
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	20-Jan-2022	29-Nov-2024
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	10-Aug-2021	15-Nov-2024
Bisoprolol Fumarate Tablets 1.25 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	29-Nov-2024
Isosorbide Mononitrate Tablets 10 mg	112	112 TABLET	ONE TAB TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM)	-	10-May-2021	25-Nov-2024
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH	-	10-May-2021	04-Jan-2024
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	15-Nov-2024
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	15-Nov-2024
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	15-Nov-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram	120	2*60 GRAM	APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY	-	02-Dec-2024	02-Dec-2024
Ferrous Fumarate Tablets 210 mg	84	84 tablet	1 Tab Daily	-	29-Nov-2024	29-Nov-2024
Ferrous Fumarate Tablets 210 mg	84	84 tablet	1 TABLET DAILY FOR 3 MONTHS THEN REPEAT BLOODS	-	11-Sep-2024	11-Sep-2024
Qv Gentle Wash	500	500 ml	USE AS SOAP SUBSTITUTE	-	19-Oct-2023	24-Jul-2024
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	10-Aug-2021	23-Sep-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
14-Feb-2024	112	65
22-Nov-2023	152	84
25-Aug-2023	135	86
04-Oct-2022	132	67

03-Sep-2021	140	74

Body Measurements

Date Recorded	Height	Weight	BMI
14-Feb-2024	170	105	36.33
04-Oct-2022	170	103.55	35.83
03-Sep-2021	170	103	35.64
28-Oct-2019	172	103	34.82
06-Nov-2017	-	99	33.5

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		14-Feb-2024
Never smoked tobacco:		19-Oct-2022
Ex smoker:		03-Sep-2021
Ex smoker:		28-Oct-2019
Ex smoker:		06-Nov-2017
Alcohol units per week, 0 U/week:		19-Oct-2022
Alcohol consumption, 14 units/week:		28-Oct-2019
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
GPPAQ physical activity index: active:		14-Feb-2024
GPPAQ physical activity index: active:		19-Oct-2022
GPPAQ physical activity index: active:		03-Sep-2021
Enjoys light exercise:		28-Oct-2019
GPPAQ physical act ind: active:		06-Nov-2017

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

QFIT requested?:Result available

QFIT concentration:135

Is patient aware they are being referred under a suspicion of cancer pathway?:Yes

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Referral letter: Referral for virtual pneumonia clinic

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Respiratory
Contact Tel:
Enquiries to:

Dr Hannah Bayes
Virtual Pneumonia Clinic
GRI

Letter Date: 17/10/2024
Reference:
Dictated Date: 17/10/2024
Transcribed Date: 17/10/2024

Dear Dr Bayes,

David Moutrey; D.O.B: 22/06/1954; CHI: 2206546116
11 Montrose Terrace , Bishopbriggs , Glasgow, Dunbartonshire, G64 1JQ

David was admitted to the Respiratory Team with shortness of breath.

He has a background of suspected COPD (awaits spirometry) and is an ex smoker. Other background includes type II diabetes, LVSD, IHD and a suspected small ischaemic stroke.

He was treated for Flu A and associated pneumonia.

We would appreciate follow up within the Virtual Pneumonia Clinic in 6-8 weeks time following his requested OP follow up chest x-ray.

Much appreciated

Dr Jacob Salkin GPST1

Ward 6 Respiratory

Electronically Signed: Dr Jacob Salkin, Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Hip GGC MSK Physio Ortho Hip	——	**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 06-Jul-2018 **Date sent** 09-Jul-2018

PATIENT DETAILS

Surname	Moutrey
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	22-Jun-1954
CHI no.	2206546116
Area of Residence	-

Patient's address

11 Montrose Terrace
BISHOPBRIGGS
GLASGOW
G64 1JQ

Contact number(s)

Voice: 563 4090
Voice: 07930 128 557

1010165021036 Unique Care Pathway Number: 1010165021036

REGISTERED GP DETAILS

Name	Dr Gerry Murdoch		
GMC code	2846842	GP code	04821
Practice name	Springfield Medical Centre (18845)		
Practice code	43059		

Practice address

Springfield Medical Practice
9 Springfield Road
Bishopbriggs
G64 1PJ

Contact number(s)

Voice: 0141 772 4744
Facsimile: 0141 772 3035

REFERRING GP DETAILS

Name	Dr. Iona Khan		
GMC code	7411314	GP code	99999
Practice name	Springfield Medical Practice (43059)		
Practice code	43059		

Practice address

9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

Contact number(s)

Voice: 0141 772 4744

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Other

Comment: Many thanks for seeing this 64 year old gentleman who presents with a long history of gradually increasing pain in his hips bilaterally, particularly exacerbated when walking longer distances. He has previously enjoyed walking whilst on holiday and has found this is limited this. He denies any weakness in the limbs but describes an aching pain in the hip joints with no radiation. He does not feel that there is particularly a deepish range of movements in the joints, however does feel they are stiff at times. X-ray of the hips; has confirmed arthritis with some slight loss of joint space in the left hip and bilateral osteophytes and subchondral sclerosis. I would be grateful if he could be under your review for any potential ongoing management.

Yours sincerely.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Heart failure	16-Nov-2016	16-Nov-2016
Left ventricular systolic dysfunction	16-Nov-2016	16-Nov-2016
Angina pectoris	01-Oct-2001	01-Oct-2001
Ischaemic heart disease	01-Jan-2001	01-Jan-2001
Psoriasis and similar disorders	01-Jan-1983	01-Jan-1983

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Echocardiogram normal	-	05-Aug-2004	05-Aug-2004
Coronary artery operations	X 2	28-Mar-2002	28-Mar-2002

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Ischaemic heart dis. <60	Father priority=1	16-Oct-1995

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Calcipotriol Ointment 50 micrograms/gram	120	120 grams	APPLY TWICE DAILY	-	07-Apr-2014	23-May-2018
Betamethasone Valerate Ointment 0.1 %	100	100 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET	-	07-Apr-2014	23-May-2018
Alphosyl 2 In 1 Shampoo 5 %	250	250 ML	TO BE USED AS DIRECTED	-	21-Nov-2012	23-May-2018
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2011	23-May-2018
Cetirizine Hydrochloride Tablets 10 mg	60	60 TABLET	AS DIRECTED	-	05-Jan-2010	23-May-2018
Lercanidipine Hydrochloride Tablets 20 mg	56	56 TABS	1 Tab Daily	-	16-Jun-2010	23-May-2018
Ramipril Capsules 10 mg	56	56 CAPS	1 Cap In the morning	-	16-Jun-2010	

						23-May-2018
Aspirin Dispersible tablets 75 mg	56	56 tabs	1 Tab In the morning	-	16-Jun-2010	23-May-2018
Atorvastatin Tablets 40 mg	56	56 tabs	1 Tab Daily	-	16-Jun-2010	23-May-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 300 mg	100	100 capsule	1 TABLET THREE TIMES PER DAY	-	14-Jun-2018	14-Jun-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
06-Nov-2017	128	74
06-Feb-2015	135	84
10-Jan-2014	143	80
12-Oct-2012	138	86
02-Apr-2012	133	82

Body Measurements

Date Recorded	Height	Weight	BMI
06-Nov-2017	-	99	33.5
06-Feb-2015	-	97	32.8
10-Jan-2014	-	93	31.4
12-Oct-2012	172	89	-
18-Apr-2011	172	96	32.45

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		06-Nov-2017
Current smoker:		06-Feb-2015
Cigarette consumption 2 :		06-Feb-2015
Ex smoker:		10-Jan-2014
Thinking about stopping smoking:		26-Mar-2013
Alcohol consumption, 8 units/week:		06-Nov-2017
Alcohol intake within rec limt:		06-Nov-2017
Alcohol units per week 10 :		06-Feb-2015
Alcohol intake within rec limt:		10-Jan-2014
Alcohol units per week 12 :		10-Jan-2014
GPPAQ physical act ind: active:		06-Nov-2017
GPPAQ physical act ind: active:		06-Feb-2015
GPPAQ physcl act ind: inactive:		10-Jan-2014
Exercise grading, 5 :		12-Oct-2012
Exercise grading, 0 :		18-Apr-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Echo (1)

Heart Failure Diagnostic Pathway Outcome sheet GRI

Date 9/11/16

Pati
2206546116
MOUTREY M
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ

Re
Dr. G Murdoch
Springfield Medical Practice
9 Springfield Road
Bishopbriggs
Glasgow
G64 1PJ

ECG

Normal	
LBBB	
LVH	
Q waves	
AF	
Other:	✓

Ankle oedema

(Y)	N

BNP

Y	N

BNP Level _____

Echo findings

Essentially normal	
LVSD	
Grade 1 diastolic impairment	
Higher degree diastolic impairment	
Valve problem	
Other:	

Outcome

No follow-up / send results to GP	
No clinic appt required - a letter has been sent to GP	
Patient to be seen @ HF clinic - Dr Petrie	
Patient to be seen by Dr Taylor	
Cardiology Appt TBA	✓

Glasgow Royal Infirmary
Echocardiogram Report

NHS Greater Glasgow and Clyde

Patient Name **moutrey, david**	Date of Exam **09/11/2016**
Date of Birth **22/06/1954**	Sonographer **Lesley Forbes**
Patient Id **2206546116**	Ref. Doc
Sex **Male**	Ward/Dept.
Referred from	**Indication:**
HFDP OP	? cardiac function

2D		M-Mode		Doppler	
IVSd	1.04 cm	Ao Diam	3.95 cm	MV E Vel	0.76 m/s
LVIDd	5.16 cm	LA Diam	4.65 cm	MV DecT	266.28 ms
EDV(Teich)	127.09 ml	LA/Ao	1.18	MV Dec Slope	2.85 m/s²
LVPWd	0.97 cm	TAPSE	2.209 cm	MV A Vel	0.89 m/s
				MV E/A Ratio	0.85
				MV PHT	77.22 ms
				MVA By PHT	2.85 cm²
				E' Sep	0.106 m/s
				E:E' Sep	7.157
				E' Lat	0.105 m/s
				E':E' Lat	7.215
				LVOT Vmax	0.80 m/s
				LVOT Vmean	0.56 m/s
				LVOT maxPG	2.57 mmHg
				LVOT meanPG	1.40 mmHg
				LVOT Env.Ti	346.02 ms
				LVOT VTI	19.32 cm
				HR	67.21 BPM
				AV Vmax	1.07 m/s
				AV maxPG	4.57 mmHg
				PV Vmax	0.96 m/s
				PV maxPG	3.66 mmHg
				Continuity Ratio	0.00

Echo Summary

The Left Ventricle has normal cavity dimensions and wall thickness, The infero- lateral wall appears hypokinetic all other walls contract well and subjectively overall there is preserved left ventricular systolic function.

The Left Atrium is mildly dilated.

The Mitral valve is normal in appearance opens well with no stenosis and no regurgitation..

The Aortic valve is tricuspid , opens well with no stenosis and no regurgitation.

The Right ventricle has normal dimensions and by TAPSE normal longitudinal systolic function..

The Right Atrium appears normal

The I.V.C. is not seen

The Pulmonary valve is not clearly seen but no stenosis and trivial regurgitation

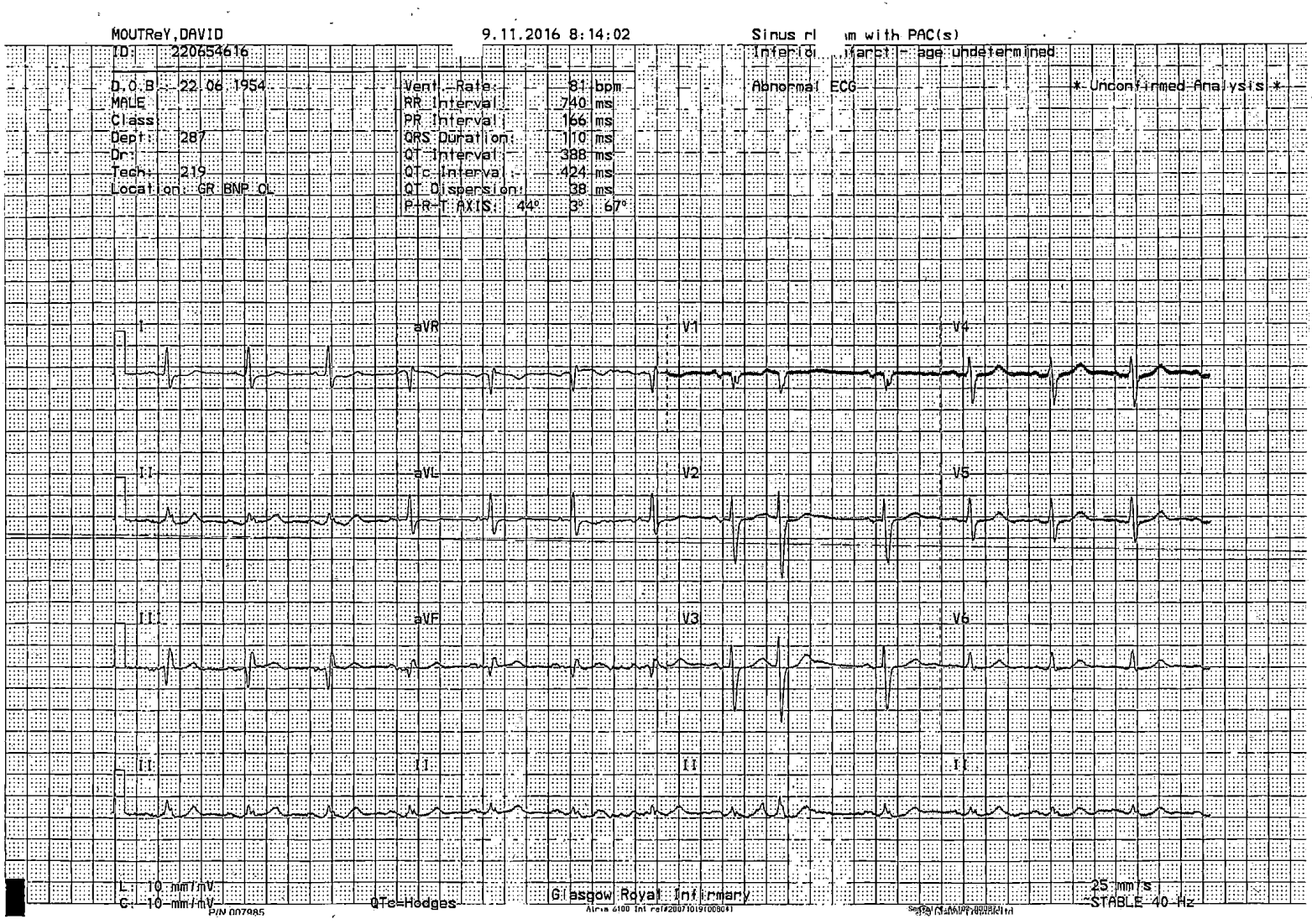
The Tricuspid valve is normal in appearance with no stenosis and no regurgitation seen

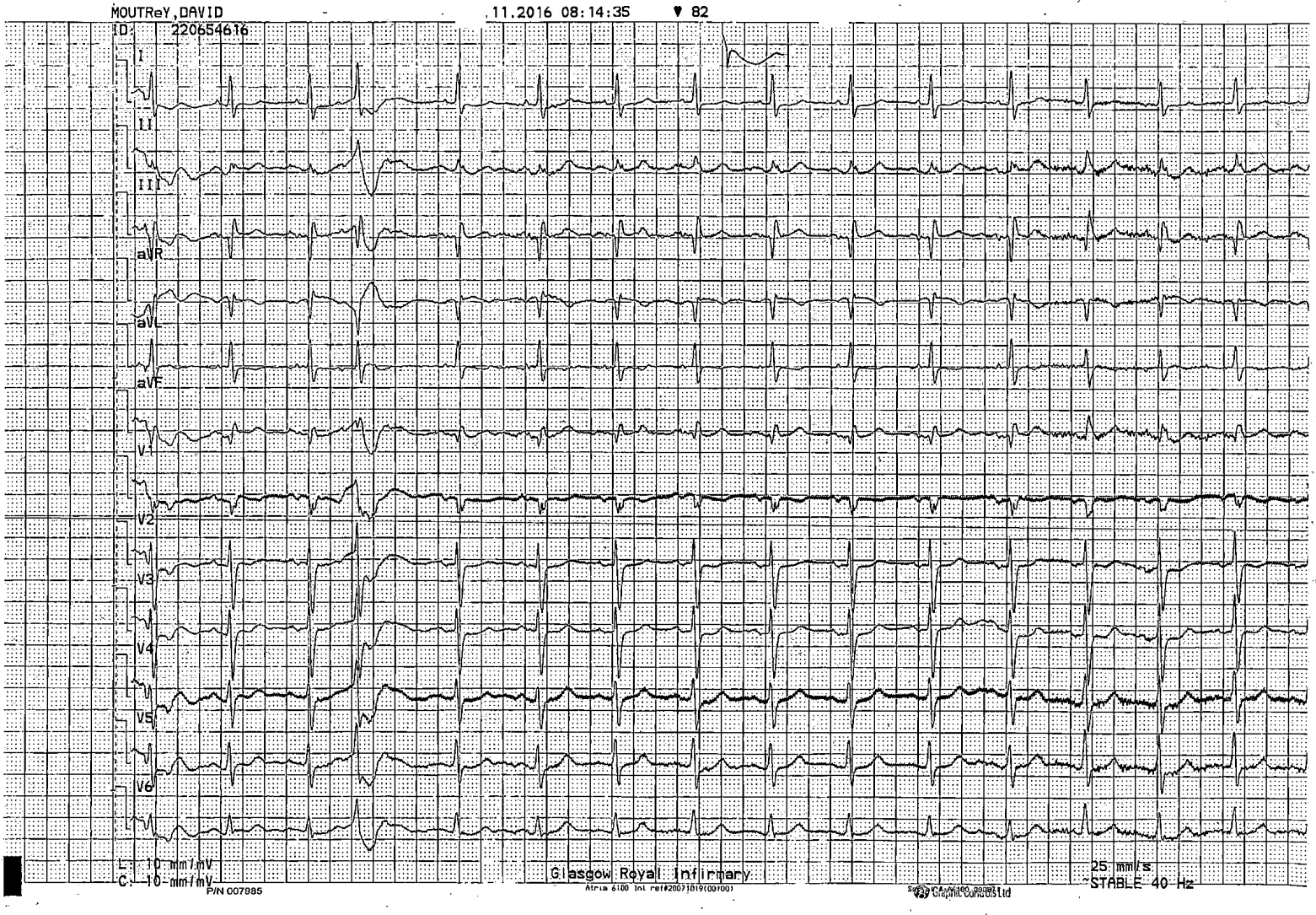
Print Date: 09/11/2016

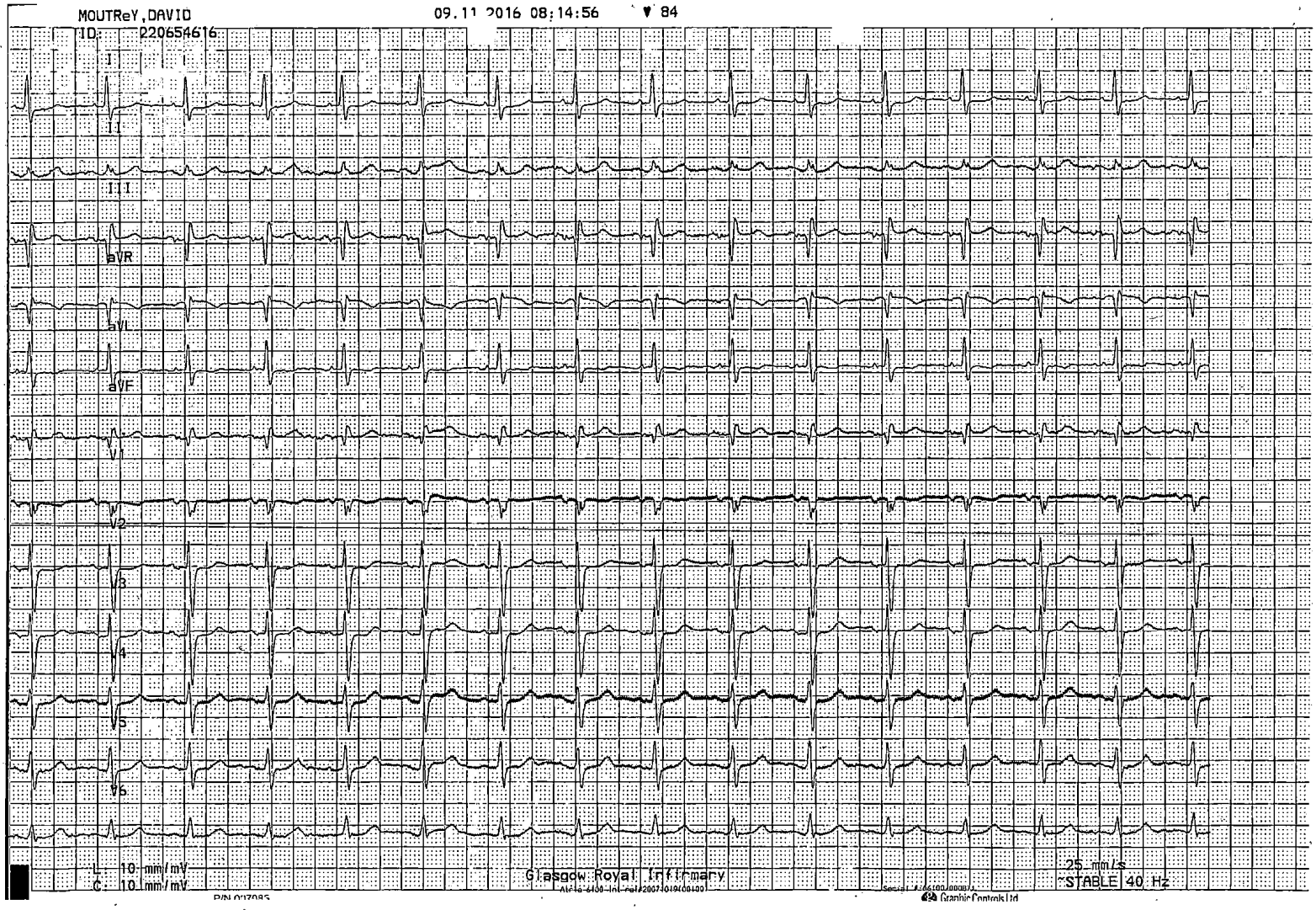
Conclusion

Preserved left ventricular systolic function with infero- lateral hypokinesia
Normal right ventricular function.
Normal valve function

Reported By: Lesley Forbes[Chief Cardiac Physiologist]


MOUTReY,DAVID
9.11.2016 8:14:02
Sinus rl m with PAC(s)
ID: 220654616
Inferol Marct - age undetermined
D.O.B: 22 06 1954
MALE
Class:
Dept: 287
Dr:
Tech: 219
Location: GR BNP OL
Vent. Rate: 81 bpm
RR Interval: 740 ms
PR Interval: 166 ms
QRS Duration: 110 ms
QT Interval: 388 ms
QTc Interval: 424 ms
QT Dispersion: 38 ms
P-R-T AXIS: 44° 3° 67°
Abnormal ECG
* Unconfirmed Analysis *
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
L: 10 mm/mV
C: 10 mm/mV
QTc=Hodges
Glasgow Royal Infirmary
25 mm/s
STABLE 40 Hz


MOUTReY,DAVID
11.2016 08:14:35 ♥ 82
ID: 220654616
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
L: 10 mm/mV
C: 10 mm/mV
P/N 007985
Glasgow Royal Infirmary
Atria 6100 Int Ref#20071019(00100)
Copyright Cardiotechnics Ltd
25 mm/s
STABLE 40 Hz


MOUTReY,DAVID
ID: 220654616
09.11.2016 08:14:56
84
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
L: 10 mm/mV
C: 10 mm/mV
Glasgow Royal Infirmary
25 mm/s
STABLE 40 Hz


MOUTReY,DAVID
09.11.2016 08:14:45
♥ 84
ID: 2206546016
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
L: 10 mm/mV
C: 10 mm/mV
P/N 007985
Glasgow Royal Infirmary
Atria 6100 Int rel#20071019(00100)
Graphic Controls Ltd
25 mm/s
STABLE 40 Hz

Previous Patient Notes for Geriatric Medicine (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		**Outpatient Note**
Date/Time: 05-Feb-2024 11:40	**Created By:** Clinical Nurse Specialist Stroke - Nicola Odonnell	**Role:** Nurse - GGC
Specialty: Geriatric Medicine	**Organisation:** Glasgow Royal Infirmary	Sensitive

Note:

Call from wife - had got message from stroke nurse team on return from holiday to Spain. Review call, patient well and enjoyed holiday. No issues or concerns, some post stroke fatigue evident and I will send out some written info re same. Prior to stroke patient attended local gym following cardiac admission last year, keen to return to same. Followed programme set by physiotherapist - advised to inform PT of stroke and adjust programme accordingly. Happy re same.

Will be in touch at 6 month post stroke

CHI: 2206546116

Glasgow Royal Infirmary

Total Att: 5

12 Mth Att: 1

Title: MR

MOUTREY **David**

DOB **22/06/1954** Age: **69y** Sex: **Male**

11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ
01415634090

Next of kin: **KENNEDY, Laura**
Relationship: **Partner**
07527645433

GP: **LM Boyce**
0141 772 4744

Attendance Date: **22/11/2023** Arrival Time: **14:56**

Registration Time: **14:56** Date of Incident: **22/11/2023**

Major Incident Desc:

Reason for Attendance: **LOW VIRAL RISK. ?stroke Numbness to R side since yesterday morning. hx diabetic. IHD**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **22/11/2023 15:22** Nurse name: **Nurse Chloe O'Brien**

Temp	**36.6**	C
HR	**62**	bpm
BP	**152/96**	mmHg
MAP	**114.67**	mmHg
RR	**17**	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	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils-Right		Pupils-Left	
Size (mm)	**2**	Size (mm)	**2**
Reaction	**Y**	Reaction	**Y**

Nursing Notes: **"low viral risk, R numbness to both right arm and leg started yesterday no speech disturbances "**

2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David

Patient ID label

SATA/AAU MEDICATION DOCUMENTATION

NHS Greater Glasgow and Clyde

Once Only Prescriptions

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given
22/11/23	ISOSORBIDE MONONITRATE	10mg	PO	STAT			

Discharge Medications

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time 22/11/23 1920 Consultant Ward MAU (16)

Ward Review (Should be completed within 2hrs of transfer from ED) LAT F12

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

69M ? STROKE, NUMB (R) SIDE >24HRS

BG VENTRICULAR FIB ARREST (x1 SHOCK + CPR)
(P) STEMI ⇒ PCI (D) DES x 3 JUNE 2022 / T2DM /
CABG 2003 / ATRIAL FLUTTER / PSORIASIS / HTN
ECHO 06/22 = LV SFx: LOW END OF NORMAL / BPH

ECG NIL NEW:
SINUS @ 62
(L) AXIS
LBBB

HPC - SINCE Y'DAY AM, NOTICED WEAKER (R)
LEG ⇒ ARM/TRUNK WALKING. NO PAIN.
- Y'DAY AM NOTICED NUMBNESS / TINGLING
(R) FOREARM, IMPROVED THROUGHOUT DAY
⇒ NOW GONE.
- (NO) FACE OR UL WEAKNESS / SLURRING / VISUAL
CHANGES / HEADACHE / FEVER / COUGH / ↓ IN BOWELS / URINE
- FECHANAL SENSATION: REPORTS (N). NO INCONTINENCE.

BLOODS
AVP 181
MCV 82-4
OTHERWISE (N).

SHx LIVES W/ WIFE LAURA. (I) MOBILE. GYM (CARDIO REHAB PROGRAMME) x3/WK. DRIVES.
RETIRED (1 YR AGO) HEAVY PLANT DRIVER (e.g. DIGGERS)
EX SMOKER: 60/DAY FOR 40 YRS.
OCCASIONAL ETOH.

MEDS
CLOPIDOGREL GTN
ISMN
BISOPROLOL
CETIRIZINE
LEVAMLODIPINE
RAMIPRIL
ALLOPURINOL
LANSOPRAZOLE
FINASTERIDE
APIXABAN.
ATORVA.
TAMSULOSIN.

OE (A) FULL SENTENCES COMFORTABLE
(B) 99% OA. RR 16.
NT SOB.
(C) HS I + II +0. HR 64 REG. WWP. BP 137/76
(D) GCS 15/15. APYREXIAL.
(E) ABDO SNT. BS (+). ANKLES MILD PITT OEDEMA (R) x (L).

NEURO CN EXAM (N). SPEECH (N).
BOTH UL (+). LL: BILAT. TONE / POWER / SENSATION / REFLEXES / COORDINATION ALL NORMAL EXCEPT ⇒ PTO.

Ward Review

NEURO CONT'D

- UNABLE TO STAND ON (R) LEG W/OUT AID. ? HIP DROP ON STANDING ON (L).
- WALKS W/ SWINGING GAIT OF (R) LEG / STUMBLES.

BUT POWER 5/5 GLOBALLY INCLUDING HIP ABDUCTION.

D/W CONS AITKEN. ? TIA ? STROKE ? WEAK HIP ABDUCTOR.

(P) - CT B TO R/O STROKE ☑ VETTED FOR TONIGHT.
↳ IF OK Tx AS TIA ⇒ CLINIC
- W/H APIXABAN
- WOULD BENEFIT FROM PHYSIO +/- STICK BUT IS ABLE TO WALK SLOWLY. ↳ LIKELY D/C IF CT B OK.

— [signature]

22/11/23 22.10 CT B - UM FYL
↳ ESTABLISHED INFARCTS + SVD.
↳ NO ACUTE IC ABNORMALITY

(P) - Tx AS TIA.
↳ NOT FOR ASPIRIN AS ON CLOPI + APIX (D/W REG)
↳ DISCUSSED NO DRIVING ONE MONTH (DOESN'T DRIVE MUCH ANYWAY)
- TIA REFERRAL ☑
↳ NB ABCD$_2$ = 6 FOR UNILAT WEAKNESS >60MINS AGE @ T2DM
↳ NEEDS D/W STROKE REG ↳ ? MEO REG OOH.

PITCAIRNLEY FY2.
23/11/23 01:00 D/W Dr. Orpen-Palmer med reg:
- px to stay for stroke R/V made. TIA reg made.
- px informed.

[signature]

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 phamacological thromboprophylaxis	☐		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10⁹/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- **Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <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: _____

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

A&U.

69 ♂ presents with (R) leg weakness and arm numbness. Onset 48h ago. Has gradually resolved since. Nsta giving abnormality last night - this seems to have resolved too. No pain reported.

CTB shows new hypodensity in (L) basal ganglia but possibly not established to be culprit.

Nsta PMH STEMI → VF → 3× DES
SR + bifascicular block on ECG

O-E - Appears well
No focal neurology appreciated today
NEWS 0

A - Suspect this was a small ischaemic stroke. May need MRI for confirmation, imaging of carotids

→ Stroke team review please

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
EDD	

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME 23/10/20 1420.

23/11/23 S. McKenna STG Stroke
1240 69 ♂ RSW

BG:- IHD, AF, T2DM, LVSD, gout, ATN

SH:- drives. Ex smoker. lives ? info. Indep ADLs

Woke up 2 days ago with (R) leg weakness + heaviness - was also noted (R) upper limb paraesthesia
Slightly better now
No headache/visual dist/speech dist

ECG - AF Bloods commensurable
Chol 4.1 Glu 6.5

CTB - (L) lacunar infarct
- reported as established
- could be subacute

O/E NEWS-0 BP initially 152/96
now 126/60

NIHSS=2 - minor (R) pronator drift
- ataxia RLL
Slightly unsteady on feet

Imp:- L LACi d/w Dr Oxley

(P) - c/w current meds - aspirin/atorvastatin
- US doppler 24/11/23
- PT c/w - ? home depending on this
- OPA/w ? Dr Oxley

DM

Clinical Notes

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

23/11/RS front door team seen by PT1OT. Able to mobilise unaided slight change in gait with R LLimb patient managing to self correct. PT has given advice re: exercises. DIC PT1OT front door.

Kaysatterly SNZ OT

advised not to drive for 1 month as per DVLA

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam
Addi
DOB
CHI

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital		Patient Preferred Name:
Date:	Time:	
Triage Nurse		Transport SAS/Self:

2. Presenting Complaint

? STROKE

NUMBNESS (L)(R) SIDE SINCE YESTERDAY

? DIABETIC

Category ☐ Gap Score ☐

3. Observations

Allergies (including food allergies):

No Known allergies ☑

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
GCS	**NEWS Score**	**PEFR**	**Blood Glucose**	**Pain Score**
/15				/10

4. Communication

I.D. band on? (Y) / N

Relatives present? (Y) / N

Relatives / NOK informed? Y / N

Interpreter required? Y / N

5. 4AT and TIME for Detection, Management, and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium. This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

mi • 287900 v5.0 • GGC0255

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)

Patient Preparation

Prepare patient for examination	☐	IV Cannula (if required)		Y/N
Clothing bag labelled and stored	☐	Blood samples taken		Y/N
GGC RED BAG - with patient	☐	If Yes, list requests		
12 Lead ECG	☑	Cardiac Monitoring		Y/N
X rays performed	☐	Height:	Weight:	

Urinalysis

Leucocytes	Nitrites	Protein ✓	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐ NO			
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:_____	☐

8. 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	☐

9. General Safety Precautions to be Undertaken by All Patients

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

Date: 22/4/23

Time: 18:30

1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	INDEPENDENT
2. Check walking aid (if required) is in reach and in use.	NONE
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).	PUMPS
5. If glasses are worn, check they are available and in use	READING ✓
6. If hearing aid/s are worn, check they are working and in use.	BOTH EARS

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam
Addi
DOB
CHI

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

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

11. Screening Tool (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	Y / (N) / NA	Learning Disabilities	Y / (N) / NA
Adult Support and Protection	Y / (N) / NA	Patient has appointed Welfare Guardian/Power of Attorney	Y / (N) / NA
>65 years: 4AT/TIME BUNDLE COMPLETE?	(Y) / N / NA	Patient has Adult with Incapacity Section 47 certificate in place	Y / (N) / NA
Mental Health Triage	Y / (N) / NA	Infection Risk	Y / (N) / NA
Has swallow test been carried out?	(Y) / N / NA	STOPPS completed? (Y) / N / NA Date 22/11/23 Time 1826 Sign	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y / (N) / NA	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / (N) / NA
FRAILTY SCREENING Completed on Trakcare	Y / (N) / NA	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y / (N) / NA

12. Pressure Area Assessment

1 Pressure Damage

Does the person have redness and/or existing damage? Yes / (No)

If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage 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
22/11/23	Sacrum and Back				

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)

13. Record of Intentional Rounding – ask whenever patient is visited but no longer than every 2 hours

1. Think delirium: Is the patient more confused?
2. Comfort: Are you comfortable?
3. Pain: Do you have any pain?
4. Drink/Mouth Care: Would you like a drink?
5. Food: Are you hungry?
6. Continence: Do you need to go to the toilet?
7. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
8. 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

Nam
Addr 2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
DOB Bishopbriggs
Glasgow, Dunbartonshire
CHI G64 1JQ

Communication with Relatives	Signatures	Time
Next of Kin: Tel:		

Nursing Notes

Date and Time		Print Name and Signature
22/11/23 1836	Pt admitted into cubicle 16 with (R) sided numbness since yesterday morning ? Stroke. Hx of IHD and diabetes.	
	Bloods ✓ ECG ✓ PRCV	
	Observations on chated - NEWS 0	
	Swallow test done ✓ Passed -	
	Await review by medical staff	
	Accepted toc & sandwich	SW
1920	Urine dipstick ve	SW
22-11-23	Nursing Note @ 22:31 Patient care taken over by nightshift. Medications administered, attended x-ray. Reviewed by medic - ? for discharge depending on reg opinion. Buzzer & hand refreshments provided.	SMS
	@ 01:41 Patient reviewed by medic will stay overnight as needs review from stroke team, patient made aware of this.	SM
23-11-23 07:00	Patient excepted breakfast.	M.K.

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
Address:
DOB:
CHI Num

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Nursing Notes

Date and Time		Print Name and Signature
23/11/23		
0845	Meds taken as per Hepma. Pt had all own meds. In content mood.	SN
15:30	Patient reviewed by stroke and physio Stroke team happy to discharge if patient gets physio review Physio reviewed patient in department and are happy for patient to be discharged.	RN

Acute Assessment Unit

Nursing Documentation

NHS
Greater Glasgow and Clyde

Nam
Addr 2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
DOB Bishopbriggs
Glasgow, Dunbartonshire
CHI G64 1JQ

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:_____

Address:_____

_____

DOB:_____

CHI Number:_____

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	4AT	☐	☐	
	NEWS >7	☐	Always	
Snr Dr.:_____ Page no.:_____				
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
GGC RED BAG - with patient		☐	☐	Please note here if any other tasks required prior to transfer
	Belongings (including patients medication)	☐	Always	
	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
GGC RED BAG - with patient	☐	☐	
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	☐	☐	

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.

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

NHS Greater Glasgow and Clyde

4AT

	Ward AMU Date & Time 22/11/23 1835	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
(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**					
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	0/12				
Print initials of assessor	CJ				

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)

Affix ID Label

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 22/11/22	Date	Date	Date	Date
	Think possible triggers for delirium	Tick box	Tick box	Tick box	Tick box	Tick box
Triggers	**Is the patient in pain?** Start pain chart, review analgesia and consider need for an aperient	✓				
	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	[illegible]				

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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: Date: Time: ---:---	Ward: Date: Time: ---:---	Ward: Date: Time: ---:---	Ward: Date: Time: ---:---	Ward: Date: Time: ---:---
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	INDEPENDENT				
2. Check walking aid (if required) is in reach and in use.	NIL				
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).	OWN				
5. If glasses are worn, check they are available and in use. READING	✓				
6. If hearing aid/s are worn, check they are working and in use.	BOTH EARS				

RISK ASSESSMENT

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

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

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: AAU Date: 22/11/23 Time: 18:36	Ward: Date: Time:	Ward: Date: Time:	Ward: Date: Time:	Ward: Date: Time:
BED AND SEATING					
Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice. (Patient care plan 8)	✓				
Assess if a low bed is required (Patient care plan 9)					
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)	✓				
Review the frequency of care rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart. (Patient care plan 9)					
If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.					
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)	✓				
Document continence problems and link to care rounding (Patient care plan 6)					
Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)					
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.					
COMMUNICATION					
Give the patient / relatives / carers an inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)					
Update the ward team of the patient's mobility status. (Patient care plan 8)	✓				
Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)					
Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)					
Signature of nurse completing interventional plan / or update					

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

NHSGGC Bedrail Risk Assessment

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954
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

Patient Name:

CHI Number:

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	22/11/23						
	TIME	1836						
	WARD	AAU						
	HOSPITAL	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:	✓							
16	Bedrails checked by:	✓							
17	Date	22/11/23							

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

Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)

NHS Greater Glasgow and Clyde

Ni 2206546116
Ac MOUTREY M
.... David 22/06/1954
Dc 11 Montrose Terrace
Bishopbriggs
Cl Glasgow, Dunbartonshire
G64 1JQ
Affix patient data label

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

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

Can the patient:

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

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

No ✓

Keep Nil By Mouth and alert medical staff.

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

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

Yes – Proceed to Part 2 ✓

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

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

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

No – Proceed to Part 3 ✓

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

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

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

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

No

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

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

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

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

Yes ✓

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

No

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

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

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

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

Yes - PASS ✓

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

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

Sign: _____ Print: _____ Grade: 5 Date: 22/11/23 Time: 1325

Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)

NHS Greater Glasgow and Clyde

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

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

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

Can the patient:

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

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

	✓
No	

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

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

	✓
Yes – Proceed to Part 2	

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

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

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

	✓
No – Proceed to Part 3	

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

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

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

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

No →

	✓
1st Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Repeat Part A within 3-12 hours.	
Sign Print: _____ Grade: _____ Date: _____ Time: _____	
2nd Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Refer to Speech and Language Therapy.	
Sign _____ Print: _____ Grade: _____ Date: _____ Time: _____	

Yes ✓

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

No →

	✓
1st Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Repeat Part B within 3-12 hours.	
Sign _____ Print: _____ Grade: _____ Date: _____ Time: _____	
2nd Attempt – FAIL – Keep nil by mouth and **alert medical staff.** Refer to Speech and Language Therapy.	
Sign _____ Print: _____ Grade: _____ Date: _____ Time: _____	

Yes - PASS ✓

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

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

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

2206546116
MOUTREY M
David 22/06/1954

National Institutes of Health Stroke Scale NIHSS Serial Recordings			Pre rtPA	2 hrs	24 hours	7 days
		Date	22/11/23			
		Time	12:15			
1a Level of Consciousness	0-Alert, keenly responsive 1-Not alert, but rousable to minor stimulation 2-Not alert, requires repeated stimulation to attend 3-Unresponsive, reflex movements only		0			
1b Questions *(DOB and Month)*	0-Answers both questions correctly 1-Answers one question correctly 2-Answers neither question correctly		0			
1c Commands *(Close eyes/make fist)*	0-Performs both tasks correctly 1-Performss one task correctly 2-Performs neither task correctly		0			
2 Best Gaze	0-Normal 1-Partial Gaze Palsy 2-Forced Gaze Deviation		0			
3 Visual Fields	0-Normal 1-Partial Hemianopia 2-Complete Hemianopia 3-Bilateral Hemianopia *(blind incl. cortical blind)*		0			
4 Facial Weakness	0-Normal 1-Minor Paralysis *(flat nasolabial fold, asymmetry on smiling)* 2-Partial Paralysis *(total or near total paralysis of lower face)* 3-Compete paralysis *(upper and lower face, one or both sides)*		0			
5 Motor Function - Arm	0-Normal *(Holds 90° position for 10secs no drift)*	L	0			
	1-Drift *(Limb holds 90° position but drifts before 10secs without hitting bed)*					
	2-Some effort against gravity					
	3-No effort against gravity *(Limb falls)*	R	0			
	4-No Movement					
	UN-Untestable *(joint fused or amputated)*					
6 Motor Function - Leg	0-Normal *(limb holds 30° position for 5secs no drift)*	L	0			
	1-Drift *(Limb holds 30° position but drifts before 5secs without hitting bed)*					
	2-Some effort against gravity					
	3-No effort against gravity *(Limb falls)*	R	0			
	4-No Movement					
	UN-Untestable *(joint fused or amputated)*					
7 Limb Ataxia *(Ataxia disproportionate to weakness only)*	0-No Ataxia *(or paralysed/comatose/unable to follow instruction)*		1			
	1-Present in one limb					
	2-Present in two limbs					
	UN-Untestable *(only if amputation or limb fused)*					
8 Sensory	0-Normal		0			
	1-Mild to moderate sensory loss *(aware of touch)*					
	2-Severe to total sensory loss					
9 Best Language	0-No aphasia		0			
	1-Mild to moderate aphasia *(loss of fluency/comprehension)*					
	2-Severe aphasia *(fragmented communication)*					
	3-Mute *(global aphasia, no usable speech)*					
10 Dysarthria	0-No dysarthria		0			
	1-Mild to moderate dysarthria *(slurring, can be understood)*					
	2-Severe dysarthia *(unintelligible or unable to speak)*					
	UN-Untestable *(only if intubated or physical barrier)*					
11 Extinction and Inattention	0-No abnormality		0			
	1-Inattention *(extinction to bilateral stimuli one modality)*					
	2-Profound hemi-inattention *(to more than one modality)*					
Total Score			2			
Assessors Initials						

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2208546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

	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
Min 12 Hourly Observations	Low Clinical Risk Min 4 Hourly Observation Inform Registered Nurse Agree Frequency of Observation Required	Medium Clinical Risk Min Hourly Observations Urgent Assessment by Medical Team ACE Response in Medical Notes Think Sepsis if Suspicion of Infection	High Clinical Risk Continuous Monitoring Urgent Assessment by Senior Medical Team ACE Response in Medical Notes 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: .....

Pupil Reaction and size
s = sluggish
a = reaction
- = no reaction
c = eyes closed
Pupil Size (mm) 1 2 3 4 5 6 7 8

Glasgow Coma Scale

| | | |

NEWS 2 Key | 1 | 2 | 3 |

| | | |

Glasgow Royal Infirmary

CHI: 2206546116

Total Att: 4

12 Mth Att: 0

Title: MR

MOUTREY David

DOB 22/06/1954 Age: 69y Sex: Male

ECG
Bloods

11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ
01415634090

Next of kin: KENNEDY, Laura
Relationship: Partner
07527645433

GP: LM Boyce
0141 772 4744

Attendance Date: 25/08/2023 Arrival Time: 16:20

Registration Time: 16:20 Date of Incident: 25/08/2023

Major Incident Desc:

Reason for Attendance: **Self - vomited x 3 while at gym today. Previous MI denies any chest pain. Low Viral Risk**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **25/08/2023 17:10** Nurse name: **Nurse Laura Thomson8**

Temp	35.9	C
HR	71	bpm
BP	142/90	mmHg
MAP	107.33	mmHg
RR	17	bpm
SpO2	96	%
Oxygen		%

BM	7.7	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: **vomiting x 3 after been to the gym for over an hour. Over exerted himself?? GP worried as he's had CABG. needs ECG. denies any chest pain. was dizzy at time of vomiting. low covid risk.**

2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David

Patient ID label

SATA/AAU MEDICATION DOCUMENTATION

NHS Greater Glasgow and Clyde

Once Only Prescriptions

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given

Discharge Medications

Date	Drug	Dose	Route	Time	Prescriber (Print & Sign)	Given By	Time Given

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time		Signature, Print Name & Designation
25/08/23	S. McCreadie ~~&~~ locum SHO	
21.35	69 ♂ referred by GP following 3x episodes vomiting. Pt admits to over exerting himself at gym today, did more exercise than usual. Felt sick immediately after. 3x vomiting episodes over a couple of hours. No chest pain, no palpitations. No headache / fevers. No cough / LUTS. No unwell family contacts. No diarrhoea. No collapse. Pt attributes sx to over exerting himself at gym, states feels much bette this evening	
	PMHx / DHx Statin / b-blocker not tolerated.	
	Prev VF — Regular	
	MI — GTN — Tamsulosin	
	Atrial flutter — Isosorbide — Clopidogrel	
	SVT — Bisoprolol	
	T2DM — Allopurinol	
	Gout — Lansoprazole	
	HF — Finasteride	
	HTN — Lercanidipine	
	Psoriasis — Ramipril	
	— Apixaban	
	— Atorvastatin	
	OE /	Obs /
	HS 1+11+0 — ? SVT	RR 17
	Bibasal creps	SpO2 96% RA
		HR 71
		BP 142/90
		Temp 35.9

Date & Time		Signature, Print Name & Designation
	Ix:	
	CXR → Nil acute	Impression:
	ECG → SR	• Over exertion
	Unchanged from previous	• ?viral gastroenteritis
	Troponin II → for rpt	• Exclude cardiac cause
	Urea 7.1 Alk P 190	
	Creat 131 WCC (15.4) (next 13.6)	
	eGFR 47 CRP 8	
	Plan: Rpt trop	
	Aim (H)	
	→ Note ↑ WCC, pt denies any infective sx, admits over exerting himself, worsening advice to be given if able to be discharged following trop	
22.55	Rpt trop 12.	
	Pt keen for (H).	
	(H) w worsening advice and advised to drink plenty fluids over next 24hrs.	
	GP to recheck renal function at nearest convenience.	

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name: 2206546116
Addres: MOUTREY David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
DOB: Glasgow, Dunbartonshire
CHI Nu G64 1JQ

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital GRI

Patient Preferred Name:

Date: 25/8/23 Time: 18:19

Triage Nurse dmcunn

Transport SAS/Self:

2. Presenting Complaint

At gym today pulling weights had to stop as felt "sick" vomited x1 @ that time. further x2 (yesterday AM) vomiting episodes. Patient states NO T2DM pain, but did feel "shakey" PMH CABG x 1 MI.

Category [ ] Gap Score [1]

3. Observations

Allergies (including food allergies):

No Known allergies ☑

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
17	96	35.9	71	142/90
GCS	NEWS Score	PEFR	Blood Glucose	Pain Score
15 /15	1		7.7	/10

4. Communication

I.D. band on? (Y) N

Relatives present? Y (N)

Relatives / NOK informed? (Y) N/A

Interpreter required? Y (N)

5. 4AT and TIME for Detection, Management, and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium. This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2206546176
Name: MOUTREY
David M
Addre 11 Montrose Terrace 22/06/1954
Bishopbriggs,
Glasgow, Dunbartonshire
DOB G64 1JQ
CHI Number:

Named Nurse/Team Leader: _____

Assessment Completed by: Name (PLEASE PRINT) _____

6. Patient Preparation

Prepare patient for examination	☑	IV Cannula (if required)		Y/N
Clothing bag labelled and stored	☐	Blood samples taken		Y/N
GGC RED BAG - with patient	☐	If Yes, list requests		
12 Lead ECG	☐	Cardiac Monitoring		Y/N
X rays performed	☐	Height:	Weight:	

Urinalysis

Leucocytes	Nitrites	Protein TRACE	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated	+ve ☐	-ve ☐	Strip Lot no:

7. Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:

☐ 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: _____	☐

8. 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	

9. General Safety Precautions to be Undertaken by All Patients

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

Date: 25/8/23
Time: 18:46

1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	IND
2. Check walking aid (if required) is in reach and in use.	N/A
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	Y
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	Y
5. If glasses are worn, check they are available and in use	Y
6. If hearing aid/s are worn, check they are working and in use.	Y

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ
CH

10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

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

11. Screening Tool (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	Y / N / (NA)	Learning Disabilities	Y / N / (NA)
Adult Support and Protection	Y / N / (NA)	Patient has appointed Welfare Guardian/Power of Attorney	Y / N / (NA)
>65 years: 4AT/TIME BUNDLE COMPLETE?	Y / N / (NA)	Patient has Adult with Incapacity Section 47 certificate in place	Y / N / (NA)
Mental Health Triage	Y / N / (NA)	Infection Risk	Y / N / (NA)
Has swallow test been carried out?	Y / N / (NA)	STOPPS completed? Y / N / (NA) Date_____ Time_____ Sign_____	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y / N / (NA)	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / N / (NA)
FRAILTY SCREENING Completed on Trakcare	Y / N / (NA)	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y / N / (NA)

12. Pressure Area Assessment

1 Pressure Damage	Does the person have redness and/or existing damage? Yes / (No) If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage 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)

13. Record of Intentional Rounding – ask whenever patient is visited but no longer than every 2 hours

1. Think delirium: Is the patient more confused?
2. Comfort: Are you comfortable?
3. Pain: Do you have any pain?
4. Drink/Mouth Care: Would you like a drink?
5. Food: Are you hungry?
6. Continence: Do you need to go to the toilet?
7. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
8. 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

Nar 2206546116
MOUTREY
Ad David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
DC Glasgow, Dunbartonshire
G64 1JQ
CI

Communication with Relatives	Signatures	Time
Next of Kin: Tel:		

Nursing Notes

Date and Time		Print Name and Signature
25/8/23	Arrived in Zone 4 - did ~~YY~~ check YC & floor co-ordinator if OK to be in Zone 4 due to x 3 vomiting episodes today & no pain? - Yes CK added to bloods	AMcInnes S/N AMcInnes
2145	Repeat trop obtained.	wcnp (sn)
2215	Urine dip showed trace of protein only	wcnp (sn)

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
Address:
DOB:
CHI Number:

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	4AT	☐	☐	
	NEWS >7	☐	Always	
Snr Dr.: _____ Page no.: _____				
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
GGC RED BAG - with patient		☐	☐	Please note here if any other tasks required prior to transfer
	Belongings (including patients medication)	☐	Always	
	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
GGC RED BAG - with patient	☐	☐	
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	☐	☐	

AAM.

2206546116
MOUTREY
David
M
22/06/1954

Registration Details - Patient No: 5059

Personal details...		Address details...	
Date of birth	22/06/1954	Post Code	G64 1JQ
Sex	M	House Name Flat No	
Surname	Moutrey	No and Street	11 Montrose Terrace
Previous Surname		Village	BISHOPBRIGGS
Forenames	David	Town	GLASGOW
Calling Name	David	County	
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		
NHS Number	S573/1/54/912		

Next of Kin		Contact details...	
Name		Home Tel No	563 4090
Address		Work Tel No	
Relationship to Patient		Mobile Tel No	07930 128 557
Contact telephone number		E Mail Address	
Key Pad No			

HA/HB Details...		Practice Information...	
Trading partner	Greater Glasgow	Dispensing	N
CHI Number	2206546116	Hospital Number	
Registered GP	Dr Linda Boyce	Records At	
Usual GP	Dr Linda Boyce		
Residential Inst			
Branch Surgery			

Distances		Further Information	
Rural Mileage		Long/Short stay or Dead	
Blocked Special		Date of registration	31/03/1989
Walking Quarters		Previous Address	

Upload Consent		AMS\MCR Details	
SCI-DC Consent	Implied Consent (default)	AMS Consent	Yes
Pharmacy Details			
Item Collected Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
04/06/2022	Percutaneous coronary intervention	Mr Currie	792E
04/06/2022	Cardiopulmonary resuscitation	Mr Currie	8532-1
04/06/2022	Direct current cardioversion	Mr Currie	7L1H0
04/06/2022	Ventricular fibrillation	Mr Currie	G5740
04/06/2022	Acute myocardial infarction inferioposterior STEMI	Mr Currie	G30
16/11/2021	Atrial flutter	Mr Currie	G5731
07/08/2021	Supraventricular tachycardia NOS	Mr Currie	G57y9
13/05/2021	Type 2 diabetes mellitus	Mrs Gormley	C10F

04/02/2019	Impaired glucose tolerance	Mrs Gormley	C11y2
28/12/2018	Gout	Dr Rao	C34
16/11/2016	Heart failure	Mr Currie	G58
16/11/2016	Left ventricular systolic dysfunction	Mr Currie	G5yy9
05/08/2004	Echocardiogram normal	Mrs Bell	585R
05/07/2002	Essential hypertension	Mr Currie	G20
28/03/2002	Coronary artery operations X 2	Coders	792
01/10/2001	Angina pectoris	Coders	G33
01/01/2001	Ischaemic heart disease	Coders	G3
01/01/1983	Psoriasis and similar disorders	Coders	M16

Past Problems		Authorised By	Code

Due Diary Entries		Authorised By	Code
30/05/2024	Renal function monitoring		8A6..
19/10/2023	Hypertension annual review	Mrs Gormley	662d.
19/10/2023	Coronary heart disease annual review	Mrs Gormley	6A2..
19/10/2023	Diabetic annual review	Mrs Gormley	66AS.
19/10/2023	Heart failure follow-up	Mrs Gormley	8HBE.

Overdue Diary Entries		Authorised By	Code
03/09/2022	CHD monitoring OVERDUE	Mrs Gormley	662N.
03/09/2022	Diabetic monitoring OVERDUE	Mrs Gormley	66A..
26/07/2020	Medication review OVERDUE 18/03/2022	Dr Lapsley	8B314
14/07/2017	No response to bowel cancer screening programme invitation OVERDUE Bowel Cancer Screening Exclusion	Miss Garlinge	9Ow2.
22/06/2015	Bowel cancer screening programme OVERDUE	Mrs McChlery	68W2

Alerts		Authorised By	Code
	None		

Drug Allergies		Authorised By	Code
28/10/2019	Statin not tolerated	Mrs Gormley	8I76
06/04/2010	Beta blocker not tolerated	Mrs Tedman	8I73

Non Drug Allergies		Authorised By	Code
	None		

Health Status	
04/10/2022	Height 170 cm
04/10/2022	Weight 103.55 Kg
04/10/2022	Body Mass Index 35.83 kg/m2
25/08/2023	Blood pressure reading O/E - BP reading
25/08/2023	Blood pressure reading 135/86 mm Hg
19/10/2022	Smoking Status Never smoked tobacco
28/10/2019	Exercise grading Enjoys light exercise
16/10/1995	FH: Ischaemic heart dis. <60

Consultations

25/08/2023 15:06	Dr Kirsty Lapsley at Springfield Medical Practice
History	Seen with wife - vomited 3 x started after gym, felt shaky, no abdo or chest pain, had flashing lights left eye few minutes
Examination	O/E - BP reading sats 97% HR 67 reg; T36 cranial nerves intact, no nystagmus or diplopia, rombergs neg Blood pressure reading 135/86 mm Hg
Comment	?cause ?cardiac ?TIA referred AAU

17/08/2023	Dr Julian Hoyle at Springfield Medical Practice
Comment	Medication requested

16/06/2023 17:39	Dr Robert MacMillan at Data Entry
Comment	low B12
Medication	Cyanocobalamin Tablets 50 micrograms *84 tablet 1 Tab Daily*

14/06/2023	Mrs Margaret Dolan at General Practice Surgery
Result	(Non Coded Event - Serum Vitamin B12) (Non Coded Event - Serum Folate) (Non Coded Event - Serum Ferritin)

14/06/2023	MS Colette Fury at General Practice Surgery
Result	(Non Coded Event - Full Blood Count)

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
17/08/2023	**E45 Itch Relief Cream** APPLY AT NIGHT 500 gram	17/08/2023P	Dr Linda Boyce	ACUTE
16/06/2023	**Cyanocobalamin Tablets 50 micrograms** 1 Tab Daily 84 tablet	16/06/2023P	Dr Robert MacMillan	ACUTE
12/01/2021	**Enstilar Cutaneous Foam 50 micrograms + 500 micrograms/gram** APPLY DAILY FOR 4 WEEKS THEN REDUCE TO TWICE WEEKLY 2*60 GRAM	31/05/2023P	Dr Linda Boyce	ACUTE
17/11/2022	**Finasteride Tablets 5 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	16/08/2023P	Dr Robert MacMillan	REPEAT
21/07/2022	**Lansoprazole Capsules (Gastro-Resistant) 15 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	26/06/2023P	Dr Robert MacMillan	REPEAT
24/06/2022	**Allopurinol Tablets 100 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	25/08/2023P	Dr Linda Boyce	REPEAT
09/06/2022	**Clopidogrel Tablets 75 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	18/07/2023P	Dr Linda Boyce	REPEAT
14/04/2022	**Hydromol Ointment** APPLY THREE TIMES A DAY 500 gram	14/04/2022P	Dr Gerry Murdoch	REPEAT
20/01/2022	**Tamsulosin Hydrochloride M/R capsules 400 micrograms** ONE TO BE TAKEN EACH DAY 56 CAPSULE	03/08/2023P	Dr Linda Boyce	REPEAT
02/11/2021	**Qv Cream** APPLY DAILY 500 gram	31/03/2022P	Dr Gerry Murdoch	REPEAT
10/08/2021	**Apixaban Tablets 5 mg** ONE TO BE TAKEN TWICE DAILY 112 TABLET	03/08/2023P	Dr Linda Boyce	REPEAT
10/08/2021	**Atorvastatin Tablets 80 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	03/08/2023P	Dr Linda Boyce	REPEAT
10/08/2021	**Bisoprolol Fumarate Tablets 1.25 mg** ONE TO BE TAKEN EACH DAY 56 TABLET	25/08/2023P	Dr Linda Boyce	REPEAT
10/05/2021	**Glyceryl Trinitrate Pump spray 400 micrograms/dose** SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH 200 DOSE	25/08/2023P	Dr Linda Boyce	REPEAT
10/05/2021	**Isosorbide Mononitrate Tablets 10 mg** ONE TAB TO BE TAKEN IN THE MORNING (8AM) AND ONE TO BE TAKEN IN THE AFTERNOON (2PM) 112 TABLET	25/08/2023P	Dr Linda Boyce	REPEAT
04/09/2019	**Dermax Shampoo 0.5 %** APPLY AS NECESSARY 250 ML	29/09/2021P	Dr Gerry Murdoch	REPEAT
26/07/2019	**Capasal Shampoo** APPLY DAILY AS NECESSARY 250 ML	31/03/2022P	Dr Gerry Murdoch	REPEAT
07/04/2014	**Calcipotriol Ointment 50 micrograms/gram** APPLY TWICE DAILY 120 grams	30/06/2021P	Dr Gerry Murdoch	REPEAT
07/04/2014	**Betamethasone Valerate Ointment 0.1 %** APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF	12/10/2022P	Dr Gerry Murdoch	REPEAT

	DOVOBET 100 gram			
16/06/2010	**Lercanidipine Hydrochloride Tablets 20 mg 1 Tab Daily 56 TABS**	16/08/2023P	Dr Robert MacMillan	REPEAT
16/06/2010	**Ramipril Capsules 10 mg 1 Cap In the morning 56 CAPS**	16/08/2023P	Dr Robert MacMillan	REPEAT
05/01/2010	**Cetirizine Hydrochloride Tablets 10 mg AS DIRECTED 60 TABLET**	10/07/2023P	Dr Linda Boyce	REPEAT

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

220654616
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

	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: .....

Pupil Reaction, and size
S = sluggish
+ = reaction
- = no reaction
C = eyes closed
Pupil Size (mm)
1 2 3 4 5 6 7 8

Glasgow Coma Scale

Date:
Time:
Init.
Sum

Eyes (Best response)
Spontaneously 4
To sound 3
To pressure 2
None 1
Not testable NT

Verbal (Best response)
Orientated 5
Confused 4
Words 3
Sounds 2
None 1
Not testable NT

Motor (Best response)
Obeys command 6
Localising pressure 5
Normal flexion 4
Abnormal flexion 3
Extension 2
None 1
Not testable NT

Endotracheal tube or tracheostomy = NT

Eyes closed by swelling = NT

Always record the best response

TOTAL 15

Pupil size: Right: 4 Left: 1
Pupil reaction: Right: + Left: -

Record right (R) and left (L) separately if there is a difference between the two sides

Motor power
Mild weakness
Severe weakness
Spastic flexion
Extension
No response

Sensory function
Normal power
Mild weakness
Severe weakness
Spastic flexion
Extension
No response

Record right (R) and left (L) separately if there is a difference between the two sides

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

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

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. **Seek Advice**
D	Severe limitations, unable to or refuse to perform because of pain. **Urgent Review Required**

Affix Patient ID

mi • 316654 v5.1 • GGC0264

NEWS 2 Key | 1 | 2 | 3

| | | |

CHI: 2206546116

Glasgow Royal Infirmary

Total Att: 1
12 Mth Att: 1

Title: **MR**

MOUTREY **David**

DOB **22/06/1954** Age: **66y** Sex: **Male**

11 MONTROSE TERR
BISHOPBRIGGS
Glasgow
Lanarkshire
G64 1JQ
07930128557

Next of kin: **KENNEDY, Laura**
Relationship: **Partner**
07527645433

GP: **LM Boyce**
0141 772 4744

Attendance Date: **10/05/2021** Arrival Time: **11:12**

Registration Time: **11:12** Date of Incident: **10/05/2021**

Major Incident Desc:

Reason for Attendance: **SAS - low risk covid c/o chest pains h/o CABG**

Nursing Assessment

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

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **10/05/2021 11:36** Nurse name:

Temp	**36.3**	C
HR	**85**	bpm
BP	**172/97**	mmHg
MAP	**122.00**	mmHg
RR	**18**	bpm
SpO2	**96**	%
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: **low covid risk. News 0. awoke at 0600 with central chest pain radiating to neck. GP given asprin and GTN. PMH- angina. cat 0 for ecg**

2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

220654316
MONTREY [illegible] M
Davi[illegible] 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS [illegible]
Glasgow, Lanarkshire
G64 1JQ

Date & Time 10/5/21 1300 Consultant Rodgers Ward S2

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

S.O. Kelly ST1

66o → c/o chest pain intermittent for 1/52 today started @ 0500 given asprin + GTN by AP ~ 0900 pain resolved with GTN currently pain free nil cellapse / SOB pain usually triggered by exertion / relieved by rest

PMH - CABG - 2002
- ECHO 2016 — preserved LV
- Incidental hypokinesia
- ex smoker - stopped 2016
- 60 PYH
- psoriasis

Ward Review

Dx - NSTEMI
- bendro
- lercanidipine
- ramipril
- aspirin

Stat Echo with patient
ETOH @ ENR - JHD

O/E - looks well

A -

B - RR 18
Sats 96% on RA

C - BP 172/97
MR 85
BS 11.2

D - GCS 15

E T 36.3

ECG - SR @ 78 CXR - NAD acute
- NAD ischaemia

Hb 133 (recently 122) CRP 23 elev

chol - aspirin sensitive to nitrate

Start ISMN MR 10mg BD titrate
PRN GTN SL

GP to refer cardio SDN

Worsening advice

STC

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 stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10⁹/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <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: _____

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

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

2206546116
Name: MOUTREY M
David 22/06/1954
Addres 11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
DOB: G64 1JQ
CHI Number:

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital		Patient Preferred Name:
Date:	Time:	
Triage Nurse		Transport SAS/Self:

2. Presenting Complaint

Central Chest pain radiating to jaw
GP given Aspirin & GTN.

PMH - Angina

Category 0 Gap Score

3. Observations

Allergies (including food allergies):

No Known allergies ☑

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
18	96	36.3	85	172/97
GCS	NEWS Score	PEFR	Blood Glucose	Pain Score
/15				0 /10

4. Communication

I.D. band on? (Y) N
Relatives present? Y (N)
Relatives / NOK informed? (Y) N
Interpreter required? Y (N)

5. 4AT and TIME for Detection, Management, and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium. This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

mi • 287900 v5.0 • GGC0255

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nat 2206546116
MOUTREY
Ad David M
11 MONTROSE TERR 22/06/1954
BISHOPBRIGGS
Glasgow, Lanarkshire
DC G64 1JQ
CH

Named Nurse/Team Leader: CHRISTINA DALAL

Assessment Completed by: Name (PLEASE PRINT) _____

Patient Preparation

Prepare patient for examination	☑	IV Cannula (if required)	Y/N
Clothing bag labelled and stored	☑	Blood samples taken	Y/N
GGC RED BAG - with patient	☐	If Yes, list requests	
12 Lead ECG	☐	Cardiac Monitoring	Y/N
X rays performed	☐	Height:	Weight:

Urinalysis

Leucocytes	Nitrites	Protein	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated	+ve ☐	-ve ☐	Strip Lot no:

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:_____	☐

8. 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	☐

9. General Safety Precautions to be Undertaken by All Patients

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

Date: 10/5

Time: 12:15

1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	
2. Check walking aid (if required) is in reach and in use.	
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	
5. If glasses are worn, check they are available and in use	
6. If hearing aid/s are worn, check they are working and in use.	

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam
Addr
DOB
CHI

2206546116
MOUTREY M
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ

10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

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

11. Screening Tool (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	Y / N / NA	Learning Disabilities	Y / N / NA
Adult Support and Protection	Y / N / NA	Patient has appointed Welfare Guardian/Power of Attorney	Y / N / NA
>65 years: 4AT/TIME BUNDLE COMPLETE?	Y / N / NA	Patient has Adult with Incapacity Section 47 certificate in place	Y / N / NA
Mental Health Triage	Y / N / NA	Infection Risk	Y / N / NA
Has swallow test been carried out?	Y / N / NA	STOPPS completed? Y / N / NA Date_____ Time_____ Sign_____	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y / N / NA	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / N / NA
FRAILTY SCREENING Completed on Trakcare	Y / N / NA	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y / N / NA

12. Pressure Area Assessment

1 Pressure Damage	Does the person have redness and/or existing damage? Yes / No If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage 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

13. Record of Intentional Rounding – ask whenever patient is visited but no longer than every 2 hours

1. Think delirium: Is the patient more confused?
2. Comfort: Are you comfortable?
3. Pain: Do you have any pain?
4. Drink/Mouth Care: Would you like a drink?
5. Food: Are you hungry?
6. Continence: Do you need to go to the toilet?
7. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
8. 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

2206546116 M
MOUTREY
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire G64 1JQ
CHI Num:

Communication with Relatives	Signatures	Time
Next of Kin: Tel:		

Nursing Notes

Date and Time		Print Name and Signature
12.15	pt transferred from Sats. Bloods + ECG obtained. Await Medical Review	DSW
13.35	pt fit for discharge No complications noted	DSW

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam: 2206546116
MOUTREY
Addr: David M
22/06/1954
DOI:
CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:

Address:

DOB:

CHI Number:

Nursing Notes

Date and Time		Print Name and Signature

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name: _____

Address: _____

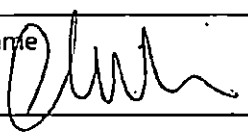
_____

DOB: _____

CHI Number: _____

Pause for Transfer (Please tick when completed)		Tick when completed	N/A	Notes
	Relatives Informed	☐	☐	Information on discussion with relatives
	Cannula	☐	☐	
	Name Band	☐	☐	
	4AT	☐	☐	
	NEWS >7 Snr Dr.: _____ Page no.: _____	☐	Always	
Prescriptions signed	Infusions	☐	☐	
	Drugs	☐	☐	
	Fluids	☐	☐	
	GMAWS	☐	☐	
GGC RED BAG - with patient		☐	☐	Please note here if any other tasks required prior to transfer
	Belongings (including patients medication)	☐	Always	
	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
GGC RED BAG - with patient	☐	☑	
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	☐	☑	



Patient Information		Date:	10/05/2021
DAVID MOUTREY		Incident Number:	CR007406405
Age/Gender:	66Y Old Male		
Address:	11 MONTROSE TERRACE,G64 1JQ	Incident Type:	EMG
DOB:	22/06/1954	Incident Location:	SPRINGFIELD MEDICAL PRACTICE 9 SPRINGFIELD ROAD BISHOPBRIGGS GLASGOW G64 1PJ
CHI:	2206546116		
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

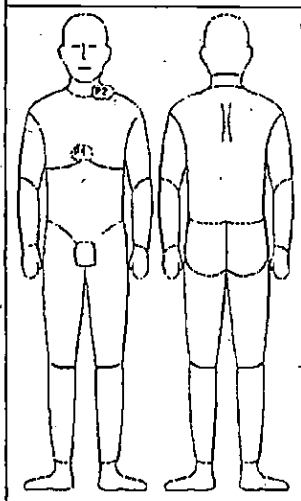
CHEST PAIN

Additional Comments

999 call, to GP surgery, male with lateral chest pain radiating to his jaw, onset started through the night but worse around 0600hrs this morning, on our arrival patient sitting in GP waiting room, his pain score is low given aspirin and gtn, 12 lead ecg,s show a regular rhythym, when he had pain he described as dull,History of triple bypass and angina.

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No			
A	Clear						
B	Breathing Adequately	Yes	Respiratory Rate 20		SPO2	97	
	Oxygen Given	No					
C	Pulse Rate		BP		Cap Refill		ECG Rhythm
	82		180/106		<=2 Secs		Sinus Rhythm
	Rhythm		Arm		Central/Peripheral		ECG
	Reg		Left		Peripheral		12 Lead
D	GCS	Eyes	Voice		Motor		PEARL
	15	Spontaneously (4)	Orientated (5)		Obeys Commands (6)		Yes
E							



Pain

ID	Body Part	Pain Scale
P1	Chest	1
P2	Chest	2

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
10:48	89	17	175/105	96	<=2s	15	Alert				Sinus Rhythm	3	3		E0018066
10:35	82	20	180/106	97	<=2 Secs	15	Alert		36.3	8.1	Sinus Rhythm	2	2		E0018066

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
10:35	20 (0)	97 (0)		0	180 (0)	82 (0)	Alert (0)	36.3 (0)	0

HISTORY

AMPLE

Allergies	Unknown
Medication	RAMIPRIL BENDROFLUMETHAZIDE ASPIRIN
Past Medical History	Angina, TRIPLE BYPASS
Last Eaten	>4 Hours Ago
Events Prior	AT GP

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

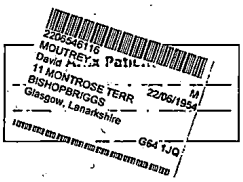
INCIDENT LOG

Time Call Received	09:42	Allocated	10:16	Mobile	10:16
First Resource On Scene		Crew On Scene	10:32	Crew Left Scene	10:54
Crew At Hosp		Receiving Hospital	GLASGOW ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E9885776	Student Technician Level 4	YES
E0018066	Paramedic	NO

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde



	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

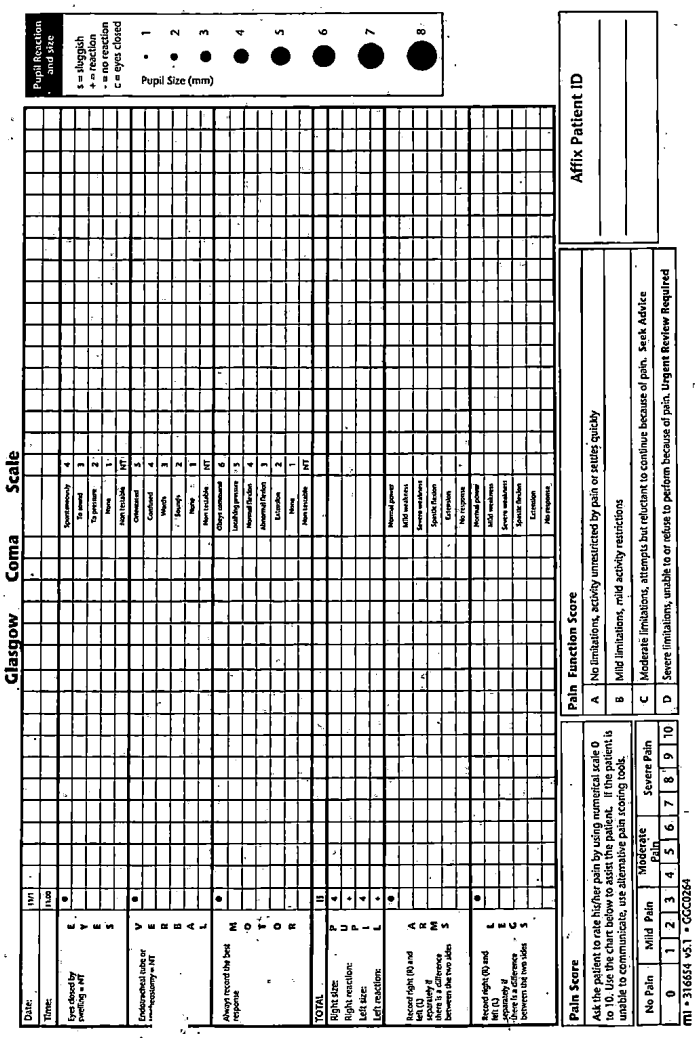
Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....



mi • 316654 v5.1 • GGC0264

NEWS 2 Key | 1 | 2 | 3

| | | |

Glasgow Royal Infirmary

CHI: 2206546116

Total Att: 0

12 Mth Att: 0

Title: MR

MOUTREY **David**

DOB 22/06/1954 Age: 66y Sex: Male

11 MONTROSE TERR
BISHOPBRIGGS
Glasgow
Lanarkshire
G64 1JQ
07930128557

Next of kin: **KENNEDY, Laura**
Relationship: **Partner**
07527645433

GP: **LM Boyce**
0141 772 4744

Attendance Date: **28/04/2021** Arrival Time: **17:56**

Registration Time: **17:56** Date of Incident: **28/04/2021**

Major Incident Desc:

Reason for Attendance: **SELF- low covid risk. Unstable angina, last episode chest pain this am. Has previous cardiac history**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **28/04/2021 18:19** Nurse name: **Nurse Naomi Stewart1**

Temp	36.3	C
HR	77	bpm
BP	157/84	mmHg
MAP	108.33	mmHg
RR	17	bpm
SpO2	95	%
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: **low risk covid. recent abx and steroids for gout in foot states not helped. also states gp sent pt up at having 'angina type' pain for past 6/12. pmhx: cabg**

2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ

21:46.

Date & Time 28/04/21 Consultant Ward SATA

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

66 years old man, referred by GP as unstable Angina. → Unsure if related to chewing.

Mr. Moutrey c/o pain radiating along the neck both sides of jaw - throbbing - occurs daily at rest or exertion lasting from 10 mins - 30 mins relieves completely thereafter by itself. last episode this morning. Also c/o episodes of central chest tightness - sometimes associated ± throbbing pain in neck/jaw - at rest and exertion, occurs 4-5 times a week, has woken up at night time as well.

c/o exertional SOB over last 6 months - progressively becoming worse - can walk 200 yards before sitting down due to SOB. Usual cough ± clear sputum - not changed.

Some episodes of dizziness as well - usually after a period of exertion - not daily - but worsened over last 2 months

Also mentions about (L) ankle/foot pain + swelling for a week - treated ± fluclox by GP - last day tomorrow.

Mentions about tremor in (L) hand - started over a year ago - only related to work but not rest - wonders if parkinsons.

No change in vision, no headach.

PMHx → CABG in 2003, last seen by cardio 2017 → ± ankle swelling 2° to ? Lercanidipine ECHO showed normal LVS function.

Social - Lives ± partner, Longterm heavy smoker 40cpd - stopped 4yrs ago, social drinker. High BMI.

mi • 270973-2 Part B Medical Admission V1_0 • GGC0015

Ward Review

Clinically - NEWS-0.
* Chest - (L) basal crackles °wheeze
* (R) ankle swollen, pitting oedema, °warm, °red, dorsalis pedis palpable, mildly tender to touch
* (R) Carotid pulse palpable - good volume, (L) carotid pulse very feeble.
Bloods - Trop. 23, K+ 3.4, Cholesterol 5.5, Glucose 12.0↑
Imp. → ? Unstable Angina ? Progression of HF.
? Home ē Cardio f/U.
Plan - +ECHO OP ☐
* US Carotid Both ☐ as OP
* Cardiology referral at OP for ? Angio
* GP to chase BNP sent tonight, ~~erect~~ and monitor BMs ☐
* Sando K 2 tabs for 2 days then ↓/↓ by GP, no discharge pack available. Prescription issued.

2310 D/W Med. Reg. - happy ē plan.

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

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 ☐

- 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.

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	☐

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 stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <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: _____

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

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Nam 2206546116
MOUTREY
Add David M
11 MONTROSE TERR 22/06/1954
BISHOPBRIGGS
DC Glasgow, Lanarkshire
G64 1JQ
CH

1. Triage (Consider Mental Health Triage Assessment - if applicable)

Hospital	Patient Preferred Name:
Date: Time:	
Triage Nurse	Transport SAS/Self

2. Presenting Complaint

Chest pain

(R) foot pain.

Category ☐ Gap Score ☐

3. Observations

Allergies (including food allergies):

No Known allergies ☐

Resp. Rate	Sp02	Temperature	Pulse	Blood Pressure
GCS	**NEWS Score**	**PEFR**	**Blood Glucose**	**Pain Score**
/15				/10

4. Communication

I.D. band on?	Y / N
Relatives present?	Y / N
Relatives / NOK informed?	Y / N
Interpreter required?	Y / N

5. 4AT and TIME for Detection, Management, and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium. This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name: [redacted]
Address: [redacted] 2206546116 MOUTREY David M 22/06/1954
DOB: [redacted]
CHI Numbe [redacted]

Named Nurse/Team Leader: _____

Assessment Completed by: Name (PLEASE PRINT) Emma, Chris, Carol

6. Patient Preparation

Prepare patient for examination	☑	IV Cannula (if required)		Y/N
Clothing bag labelled and stored	☑	Blood samples taken		(Y)/N
GGC RED BAG - with patient	☐	If Yes, list requests		
12 Lead ECG	☑	Cardiac Monitoring		Y/N
X rays performed	☐	Height:	Weight:	

Urinalysis

Leucocytes	Nitrites	Protein	pH
Blood	S.G.	Ketones	Glucose
MSSU/CSU Sent ☐			
HCG specimen if indicated	+ve ☐	-ve ☐	Strip Lot no:

7. Peripheral Vascular Catheter (PVC) Bundle

Reason for PVC Insertion:

☐ 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:_____	☐

8. 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	☐

9. General Safety Precautions to be Undertaken by All Patients

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

Date: 28/4/21
Time: 18:30

1. Document mobility status in clinical record and complete a moving and handling assessment if appropriate	mobile
2. Check walking aid (if required) is in reach and in use.	None
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	✓
5. If glasses are worn, check they are available and in use	No
6. If hearing aid/s are worn, check they are working and in use.	No

Acute Assessment Unit

Nursing Documentation

NHS Greater Glasgow and Clyde

Name:
Address:
DOB:
CHI Num

2206546116
MOUTREY
David
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
M
22/06/1954
G64 1JQ

10. Risk Assessment

If Yes to any of the 5 questions below complete the falls interventional plan. Whether Yes or No, update this assessment in acute wards, or, at the time of a fall or, upon a change in patient's clinical condition.

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

11. Screening Tool (Requires escalation/specialist referral/separate Risk Assessments)

Child Protection concern	Y / N / (NA)	Learning Disabilities	Y / (N) / NA
Adult Support and Protection	Y / (N) / NA	Patient has appointed Welfare Guardian/Power of Attorney	Y / N / (NA)
>65 years: 4AT/TIME BUNDLE COMPLETE?	(Y) / N / NA	Patient has Adult with Incapacity Section 47 certificate in place	Y / N / (NA)
Mental Health Triage	Y / (N) / NA	Infection Risk	Y / (N) / NA
Has swallow test been carried out?	Y / N / (NA)	STOPPS completed? Y / N / (NA) Date_____ Time_____ Sign_____	
Sepsis Risk: Systemic inflammatory response syndrome (SIRS) Criteria 2 or more → commence Sepsis Bundle	Y / (N) / NA	Anticipatory Care Planning? (If applicable, complete GAEL chart)	Y / (N) / NA
FRAILTY SCREENING Completed on Trakcare	Y / (N) / NA	SUBSTANCE MISUSE FAST SCORE / GMAWS	Y / (N) / NA

12. Pressure Area Assessment

1 Pressure Damage	Does the person have redness and/or existing damage? Yes / (No) If YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occuring and complete the pressure ulcer intervention plan (PUDRA Chart).	
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)

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

13. Record of Intentional Rounding – ask whenever patient is visited but no longer than every 2 hours

1. Think delirium: Is the patient more confused?
2. Comfort: Are you comfortable?
3. Pain: Do you have any pain?
4. Drink/Mouth Care: Would you like a drink?
5. Food: Are you hungry?
6. Continence: Do you need to go to the toilet?
7. Possessions: buzzer, tissues, glasses within reach, water available and relatives at bedside?
8. Is there anything else I can do for you?

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.
28/4/21	18^{30}	CK												

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.

28/04/21 18:30 Patient admitted to AMU with episodes of chest pain and (R) foot pain. Has had antibiotics / steroids for gout with no relief. ECG and bloods obtained. Mobile and independant. Awaiting medical review. Emily SLN

2250 repeat trop still awaited, aware O Singalla

23^{00} for d/c home sent gen + pt for sonos K. on request

2208546116
MOUTREY M
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ

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 AAU Date & Time 28/4/21 18:30	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	0				
Print initials of assessor	ET				

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)

Affix ID Label

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					

mi • 288912
GGC0138

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2209548116
MOUTREY
David
M
22/06/1954

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

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

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

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

Document all actions and interventions

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

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

Discontinuation of NEWS

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

Signed.....

Medical:.....

Date:.....

Pupil Reaction and size
s = sluggish
+ = reaction
- = no reaction
c = eyes closed
Pupil Size (mm) 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Affix Patient ID

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

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

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. Seek Advice
D	Severe limitations, unable to or refuse to perform because of pain. Urgent Review Required

mb • 316654 v5.0 • GGC0364

NEWS 2 Key | 1 | 2 | 3

| | | |

CHI: 2206546116

Glasgow Royal Infirmary

2

Total Att: 6

12 Mth Att: 1

Title: MR

MOUTREY **David**

DOB 22/06/1954 Age: 70y Sex: Male

11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ
01415634090

Next of kin: KENNEDY, Laura
Relationship: Partner
07527645433

GP: LM Boyce
0141 772 4744

Attendance Date: 13/10/2024 Arrival Time: 10:50

Registration Time: 10:50 Date of Incident: 13/10/2024

Major Incident Desc:

Reason for Attendance: chest infection

Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

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

Presenting Complaint:

Observation Date: 13/10/2024 11:30 Nurse name: Nurse Courtney Taylor

Temp	39.5	C
HR	129	bpm
BP	147/102	mmHg
MAP	117.00	mmHg
RR	22	bpm
SpO2	90	%
Oxygen		%

BM	6.4	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: "?CHEST INFECTION " "NEWS 10 GCS 15 " "New SOB onset Friday productive cough. Temp and high pulse. Commenced on O2 in triage. PMH TIA, MI with 3 stents 2022 on blood thinners, "

2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David

16stones 5ft 8.

2206546116
MOUTREY
David M
22/06/1854
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
(consider any relevant trauma from previous presentations)		
veen accounts		
mpatible 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

MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

M
22/06/1954

Printed: 13/10/2024 12:09:21

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 13/10/2024 12:09:08
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: CATHERINE KERR0

Patient

ID:	2206546116
Last Name:	MOUTREY
First Name:	DAVID
Gender, Age:	Male, 70 years
Birth Date:	22/06/1954

Cartridge

Lot No.:	240625I
SN:	00000000500899308
Exp. Date:	11/11/2024

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	MINORS
S/N:	17010533

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
pH	34.7	nmol/L	[--	--	--	--]
pCO_2	5.6	kPa	[--	--	--	--]
pO_2	5.3	kPa	[--	--	--	--]
Na^+	136	mmol/L	[--	133	146	--]
K^+	3.8	mmol/L	[--	3.5	5.3	--]
Cl^-	102	mmol/L	[--	95	108	--]
Ca^{++}	1.17	mmol/L	[--	1.15	1.27	--]
Glu	↑ 6.4	mmol/L	[--	3.5	6.0	--]
Lac	1.0	mmol/L	[--	0.6	2.2	--]
CO-Oximetry						
tHb	121	g/L	[--	--	--	--]
O_2Hb	↓ 61.7	%	[--	95.0	98.0	--]
COHb	1.3	%	[--	0.5	1.5	--]
MetHb	1.2	%	[--	0.5	1.5	--]
HHb	↑ 35.7	%	[--	0.0	5.0	--]
sO_2	↓ 63.3	%	[--	95.0	98.0	--]
Derived						
BE(B)	5.5	mmol/L	[--	--	--	--]
$HCO_3^-(c)$	29.9	mmol/L	[--	--	--	--]
ctHb(c)	36	%	[--	--	--	--]

↑↓ Outside Reference Range

Other Information

Operator Entered	
Temp	37.0

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/08/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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 13/10/24 **Time** 12²⁰ **Name** FRANCESCA REA **Grade** SHO **Speciality** EM.

70 ♂ a non-productive cough & SOB seen ī partner Laura.

- away on cruise around Spain until yesterday
- since Fri, ↑ cough, non-productive "hacking" with wheeze
- no CP, palpitations
- temperatures at home - cold & shivery despite feeling hot, improve ī paracetamol.
- no haemoptysis, painful calves & compliant ō all medications including apixaban.
- partner has been well
- no diarrhoea | LRTI | other infective symptoms.

PMHx
V. fib arrest June '22
L↓ STEMI → PCI + x3 DES
T2DM
CABG 2003
A. Flutter - on apix
Psoriasis
HTN
BPH.
Echo '22 → LV function low-normal.
T.I.A Feb '22.

DHx
NKDA
see ECS.

O/E: NEWS = 10
T 39.5
HR 129
BP 147|102
RR 22
SpO₂ 90:1 in RA → 97:1 on 3L NC

SHx
lives ī partner
ex-smoker
social drinker.
retired

→

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Clinical Notes

Date 13/10 Time Name F. REA Grade SHO. Speciality

A- patend

B-  ↓AE both bases
mild expiratory wheeze throughout.

C- HS 1+1 L+O
warm to the touch.
pulse irregular

D-  ↓RNT
BS tve.

E- pitting oedema in both ankles
not red/swollen/tender.
states age chronic issue

Imp: ?Flu/COVID.
?bacterial LRTI.

(P) 1) bloods.
2) CxR.
3) ECG → old RBBB, known AF.
4) LLAT
5) RBBs.
6) abx if LIAT -ve.
7) ~~admit~~ m IVF.
8) admit medicine

F. REA SHO

Flu A (+)ve → oseltamivir 75mg BD.
Trop 29 → rpt in 3hrs.

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes

Date	Time	Name	Grade	Speciality

CxR → LM2 consolidation
↳ cover i abx.

(P) i) IV amox + PO clari

fRea F.RTT

13/01/24 1635 ERIN WAMILL 1453 EM

Handover of care — Bed ready on ward
ED clerking noted
Δ Flu A (+)
– superimposed LM2 consolidation

Had doses of abx + oseltamivir between 1445 + 1545

NEWS 2 (down from 10) — No wiring concerns noted

ECG LBBB (old) — On requirement trolley
atrial flutter, rate 85
nil ischaemic

Trop trend 29 → 37 → likely type II picture; not standard sepsis

Plan 1) IV fluids prescribed (maintenance bag) — L Dr Francesca dlw cas: Kim Lagrell
2) Antimicrobials to continue (not due yet)
3) medical admission

ERIN WAMILL
7582846

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY M
David 22/08/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC	7.6		Na	138		Bil	10		FiO_2		
Hb	115		K	3.8		ALT	22		H^+		
Plat	262		Cl	105		AST	30		$PaCO_2$		
Neut	6.3		Ur	4.8		GGT			PaO_2		
DD			Creat	102		A phos	141		Bic	22	
PT			eGFR	760		Alb	35		BE		
PTT			Glu	6.0		AdjCa			Lactate		
TT			CRP	92		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

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2206546116
M MOUTREY
22/06/1954 David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonsh
G64 1JQ

Date & Time 13/10/22 Consultant Ward 51

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
Patient on Bleeders list	☐

TWAtm 810

PC : SOB / Cough

HPC : 70 0° 2/3/7 of cough - non productive. No SOB No CP. No haemoptysis. No N/V/D No dysuria Has felt cold + shivery at (H) No leg swelling. Recently on cruise ships in Spain.

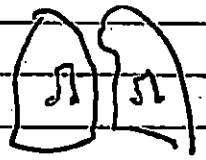
PMH VFib arrest June 22, T2DM, CABG 2003, AF after 4/5 stent + PCI x3
Psoriasis, HTN, BPH, Echo 22 → LV function (N), TIA Feb 22.

DH On Apixaban, NKDA, no ECG

SH Lives with partner ex smoker, drinks 1-2 pints of beer on weekends. Retired

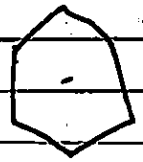
NEWS 2 - RR 20, Sats 96% on (A) 3L via NC BP 141/67 HR 83 T°C 36.3 (39.5)

O/E A Patient, orn C HS: 1+1+0 ECG: RBBB (old)

B  BL wheeze D GCS: 15/15

→

Ward Review

E  SNT Calex SNT Flu (A) (+)

Bloods: U/E (N) CXR: (-) mid zone consolidation

CRP: 92

Trop 29, 37 – likely T2MI, not Acute Angina

WCC 7.9

Imp: Viral Flu
LRTI

2208546116 M
MOUTREY 22/08/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

(P) Continue Amox ~~[illegible]~~ IV

Continue OSTELTAMIVIR

Salbutamol Neb – No Hx of COPD, Spirometry 2022 not suggestive of COPD but wheezy. Using beclomethasone given trial Rx

Repeat Trop

SHO

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.**

2206548116
MOUTREY, M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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 phamacological thromboprophylaxis ☐	
Acute stroke (within 14 days) ☐	Acute bacterial endocarditis ☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg) ☐	Surgery expected within the next 12 hours ☐
Thrombocytopenia (<75 x 10⁹/l) ☐	Trauma with high bleeding risk e.g. Head Injury ☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands) ☐	eGFR <30ml/minute/1.73m²: Dose reduction required ☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery ☐	Heparin induced Thrombocytopenia ☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <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: _____

Medicine Reconciliation Form

Source of information: ECS ☐

Patient ☐ Relative/carer ☐ GP surg ☐ GP computer printout/letter ☐ Patient's own drugs ☐ Other (specify) _____

2206546116
MOUTREY David M
11 Montrose Terrace 22/08/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicine medication shou			
Name	Dose	Freq	Route	Amend	withold	Stop	continue
See e-med rec.							
Allergies/adverse events	? beta blocker + Statin on FC but takes bisoprolol + atorvastatin						

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 L Wells 13303 Date and Time 14/6/24 08:20

Comments

(52)

2208546116
MOUTREY David M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Consultant Review

70 ♂ DM | Htn | Hyperchol | V.F. avoid.

PCI x 3 on Aspirin.

Cor angio – non-obstructive | Stress | Recent Cardiac trop in Spain

3 hrs – 96 y. PR. 20/min

Chest. repetition. ①

Influenza (+) ve

CRP 92 | WBC 7.6 | Trop 33 | Hb 115.

CXR. Req. Ward. Retained film – patch change ① mid zone.

Resp Flu-A ② ↓ Chest infection ? atypical.

Check List

VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
EDD	

① Tamiflu. ② Amox ③ Clarithromycin

– Spoke cfs. | atypical screen.

– Continue regular medication

– Bloods tomorrow.

Dr - Kelly PRINT NAME	Cons DESIGNATION
SIGNATURE	1811 10 DATE & TIME

Clinical Notes

18/10/24 Nursing note

18:30. Patient admitted from ED with O2 3L in place, alert & oriented. Ht is independent with ADLs. Obs stable on 3L O2. Awaiting Legionella C. on NOF. WF in progress. Reviewed by medics as notes. Patient not to be referred to podiatry clinic for their ingrowing nails. [redacted] SWN

Nursing night 0335hrs
Settled overnight
Obs as charted
medication given as per kepma
Continues on 3L O2
IV fluids continue.
No complaints offered. WAlslop SN

18/10/24 Nursing note
12:00 A - NEWS (3) on 3L O2, Slightly tachy
B - bedside charts documentation ensured
C - patient independent with ADLs
Assisted by Consultant on ward round
Recommendation for CBT
D - [redacted] Physio SW.

5/10/24 T. Hamilton (locum SHO)
10:30
(70) PC: SOB/cough.
PMH: VFib arrest (PCI x 3), T2DM, CABG, Afluttter, psoriasis, HTN, RPH, TIA.

Issues:
(1) Flu A + superimposed bacterial LRTI.

CXR → rotated, ? LMZ changes.
Legionella -ve.
No sputum yet.

→

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Clinical Notes

~~10/10~~ 9/10: Na 138 CRP 85
K 3.4 WCC 5.1
eGFR >60 Hb 107 (haemabsorbed N.)

Today:
Remains on 3L O2. 95%. Afebrile 48hrs.
Feeling less SOB. Wheeze ongoing.

Exp. wheeze. No creps.

Plan: ① Wean O2 as able.
② If ~~bloods~~ inflammatory ↓ today, IVOST amox.
③ Regular obs.
④ OT when off O2.

(W)

2206546116
MOUTREY
David
M
22/06/1954

13/10/20 (70) Day 3 Flu like
W 6 ex smoker
cotton LRTI Fever
12-90 Recent F.T. - Spain Cruise

NAD 3-5 cards Nocog: CXR - LMZ infiltrate
Cough 365 > 1/5 - ? IVOST resolved
ECG SR - RBBB old

Note new O2 requirement - ? ? original change.
on CXR.

Check 17 dimer
Note ? HCO3

Indication for gallbladder ? cause ? COPD

Will need F/U CXR - ? ? bacterial pneumonia ? clear
O/P Spiro Review.

Clinical Notes

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

16/10/24 Jacob Salkin GPST1

1431 Flu A + Suspected LRTI. NEWS

Feels much better NOE SOB. Sats 95%

BO. mobility at baseline.

plan ① (H) tomorrow (off O2 for 24 hours)

② OP flu at pm. D- Cotton + flu CXR

17/10/24

w 6

Cotton

70 Day 9

Id-CS

Flu A

CAP - Ys - Viral pneumonia clinical C/U

ex smoker -> O/N Spiro & Revers - COPD

16/10 NG 3.1 CRP 16

D dimer (CGO.

Sp02 96% RA

Allow Crouse

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LINDA BOYCESpringfield Medical Practice,9 Springfield Road,Bishopbriggs, Glasgow, G64 1PJ

Main Switchboard:
Date of Completion: 07-Jun-2022

Dear LINDA BOYCE,

Name	CHI	DoB	Address
David Moutrey	2206546116	22-Jun-1954	11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire, G64 1JQ

Admitted	Type	Discharged	Destination
04-Jun-2022 17:19	IP	07-Jun-2022	

Specialty	Consultant	Ward	Telephone
Cardiology	Hogg	GRI Ward 43A Cardiology Receiving	

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: Cara McLaughlin (Cara McLaughlin - FY1 Doctor August 2021) on 06 Jun 2022 14:53

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	Morrisons Bishopbriggs					
.Pharmacist comment	Route unspecified	New: aspirin (1 month), clopidogrel, furosemide, senna, spironolactone, lansoprazole. Changed: none. Stopped: omeprazole. LM 06/06/22					Added
Allopurinol 100mg tablets	oral	1 tablet once daily					
Apixaban 5mg tablets	oral	1 tablet twice daily					
Aspirin 75mg dispersible tablets	oral	1 tablet once daily in the morning , Fixed Period 1 Month(s) from 03 Jun 2022	Yes				Added Amended
Atorvastatin 80mg tablets	oral	1 tablet once daily					
Bisoprolol 1.25mg tablets	oral	1 tablet once daily					
Cetirizine 10mg tablets	oral	1 tablet once daily at night				Y	
Clopidogrel 75mg tablets	oral	1 tablet once daily in the morning	Yes		Drug Details: indefinitely		Added Amended
Enstilar 50micrograms/g / 0.5 mg/g cutaneous foam (DE Pharmaceuticals)	topical	apply twice weekly					
Furosemide 40mg tablets	oral	1 tablet once daily in the morning	Yes				Added Amended
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH,				Y	
Isosorbide mononitrate 10mg tablets	oral	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM),				Y	

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Lansoprazole 30mg gastro-resistant capsules	oral	1 capsule once daily in the morning	Yes				Added
Lercanidipine 20mg tablets	oral	1 Tab Daily.				Y	
Ramipril 10mg capsules	oral	1 Cap In the morning.				Y	
Senna 7.5mg tablets	oral	2 tablets once daily at night when required , for constipation	Yes				Added Amended
Spironolactone 25mg tablets	oral	1 tablet once daily in the morning	Yes				Added Amended
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily					

"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 by d hope 6/6/22

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
2022-06-06	Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily		changed to lanosprazole

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

Clinical Comments:	Dear Doctor, Mr Moutrey was transferred from Golden Jubilee following PCI for inferioposterior STEMI, VF (DCCV and required CPR)

	Background - CABG 2003, Atrial flutter, Psoriasis, Hypertension He is on triple therapy with aspirin, clopidogrel and apixaban. He should continue aspirin for one month and continue clopidogrel and apixaban indefinitely. He has also been started on spironolactone and furosemide. His omeprazole has been switched to lansoprazole. Mr Moutrey has been enrolled in the DAPA MI trial and will be followed up accordingly. He had an echocardiogram which showed LV systolic function at the lower end of normal with some basal posterior hypokinesis and slightly impaired RV function. Creatinine was 122 (100) on day of discharge and eGFR 52 (>60). Could you please recheck U/Es in 1 week to ensure kidney function is not worsening. HbA1c was 48 this admission. Follow up: 1. Cardiac rehab 2. GP to recheck U/Es in 1 week 3. HbA1c recheck in 6-12 months Mr Moutrey is medically fit for discharge. Thank you for your ongoing care. Kind regards, Ward 43a GRI
Discharge Comments:	
Follow Up:	Yes Cardiac rehab
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Cara MCLAUGHLIN

Prescription Review
Medications reviewed by pharmacist: Lauren McNicol (Pharmacist)
Checked by: Gillian MCCULLAGH (pharmacy tech)
Discharged by: Cara MCLAUGHLIN (FY1 Doctor August 2021)

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2205546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time 4/6/2022 Consultant Ward

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
Patient on Bleeders list	☐

Inferior STEMI - TIF r/v.

63 TIF post PPCI inferoposterior
& VF o/a STEMI - 1x DCCV + CPR.

CABG 2003 - SVG x 1, LIMA + LIMA -
AF flutter - edoxaban
Psoriasis
HTN.

Well post TIF.

CATH = SVG (RCA) 1 x DES & native Cx PCI

95%. BP 149/71 T36°
RR. Hand warm, pulses

Bedside MVR | need WTK95 x Inpatient septal myomy, Dr Lyon.

→ Triple stc 1/12 New Apixaban / telephoned independently.
& parents
Cardiac rehab.
Dept TIA

Ward Review

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.**



2208546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Operative patients

Non-operative patients

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

Yes ☐ → **Does the patient have any risk factors for thrombosis? (tick √ all that apply)**

No ☐ →
- 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.

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	☐

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 stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*
*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐
Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐
If weight> 120kg, consider Enoxaparin 40mg bd (see StafiNet 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	withhold	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

TF from GJNH inf Ant STEMI

Post PCI GRACE

PCI to 1) SVG → PDA
2) Cx prox
3) Cx distal

VF + GJNH during recovery

Recs DC

Discuss
HTN

OK / well
Improved

Echo at GJNH with LVSD

HS Troponin
No further.

Plan Cardiac ± 2° prevention

Echo.
Cardiac rehab

AF AFE at (CHA2 7=0) →
Spontaneously 2-3 d.

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
EDD	

2206545116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

Clinical Notes

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

5/6/22 (04:15) – NURSING NIGHTS:
Settled night, Slept well.
Observations stable. NEWS-0.
Medications given as prescribed.
Independent c elimination needs.
TTX in situ – on SR 60's bpm.
Await Departmental Echo.
Referred to Cardiac Rehab.
– Fofana S/N

5/6/22 NURSING bay
1200 Independent with personal care
medication given as per Hepma
mobile ↓v as above
PVC removed as not in use
remains on TTx monitoring in SR
settled morning offers
no complaints. Await DCN

6/6/22 – NURSING NIGHTS:
(04:00) Settled and comfortable.
NO complaints of chest pain.
Observations stable. NEWS-0.
Medications given as prescribed.
Slept well for intervals.
TTX continue monitoring in SR 60-70's bpm.
Await Echo. Referred to Cardiac Rehab.
– Fofana S/N

6/6/22
0905
43A

WR Staff Hunter

Obs
RR 14
SpO_2 97% RA
Temp: 36.5
HR 68
BP 159/87

Nx. noted.

Feels "great".
Bit of discomfort in chest where
he had CCR.

Feels a bit SOB / "catching breath" if
laying flat.

Clinical Notes

2206546116
MOUTREY
David
M
22/06/1954

Clerk

Bibasal crepts.

No ankle oedema.

1) Rstd Furosemide 40mg od.
2) Echo
3) Atm (P) Late → Needs cardiac rehab f/u
→ ↓ LV dysfunction on Echo. will need post-MI LVSD clinic.

* For 1/12 Aspirin / Clopidogrel / Apixaban, then Clopidogrel / Apixaban indefinitely.

6/6/2022 9³⁰
CRF OSMANSKA
Pt identified as candidate for DAPA MI trial.
PIS V 3.0 ~~27~~ 29/3/2021 given at 9³⁰ am. Research team will f/up today.

Hunter
SpR.

6/6/2022 9¹²
CRF OSMANSKA
Pt approached for participation in DAPA MI clinical trial. Written consent obtained (see Clinical Portal entry). Eligibity confirmed. All study activities corresponding to Study visit 1/Baseline completed as per trial protocol. Research team will f/up in due course

Clinical Notes

2206546116
MOUTREY
David
M
22/06/1954

6/6/21 Nursing Day:
Settled, no reports of pain.
Observations stable, NEWS 0
Active care 4 hourly, independent of cares & mobility
Normal diet & fluids.
No IV access
Medications as prescribed via Hepmo.
Remains in isolated room (Covid-19 contact)
Research trial as documented.
Await Echo & OP f/u.
Tx discontinued as per M.V.

HMcMillan SN.

7/6/22 – NURSING NIGHTS:
Settled night and comfortable.
No complaints of chest pain.
Observations stable. NEWS-0.
Medications given as prescribed.
Independent c elimination needs.
Await Echo. Slept well.

Gelfena S/N

7/6/22
1.35
WR Stu Hunter

- Had Echo. Obs and → good awaited.

Pain free. Feels well.

Obs.
BP 114
SpO2 97% RA
Temp 36.5
HR 74
BP 123/93

(P) & IF bloods & Echo. OR → (17).

Hunter
Stu

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate



2206546116 M
MOUTREY 22/06/1954
David

Date & Time	Nursing Day	Signature, Print Name & Designation
7/6/22	Independent with personal	
1130	care, medication given as	
	per Kerma, attended for ECHO	
	awaiting report and aiming	
	home later today, settled	
	morning offers no complaints.	Amie Pcn

83949 GGC0072

UNIT NO. 2206546116 **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATION MOUTREY M.. BED NUMBER 7 TRANSMITTER No. TTX 10

NAME David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

AGE

DIAGNOSIS

DATE 6/6/22

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SR				67	
09 hrs.	SR				67	
10 hrs.						
11 hrs.						
12 hrs.	Discontinued					
13 hrs.						
14 hrs.						
15 hrs.						
16 hrs.						
17 hrs.						
18 hrs.						
19 hrs.						
20 hrs.						
21 hrs.						
22 hrs.						
23 hrs.						
24 hrs.						
01 hrs.						
02 hrs.						
03 hrs.						
04 hrs.						
05 hrs.						
06 hrs.						
07 hrs.						

UNIT NO. 2206546116

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION MOUTREY M BED NUMBER 7 TRANSMITTER No. Tlx 10

NAME David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

AGE

DIAGNOSIS

DATE 5/6/22

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SR				67	
09 hrs.	SR				67	
10 hrs.	SR PVC				56	
11 hrs.	SR PVC				52	
12 hrs.	SB				56	
13 hrs.	SR				71	
14 hrs.	SB				59	
15 hrs.	SB				57	
16 hrs.	SR				60	
17 hrs.	SB couplet				59	
18 hrs.	SR				75	
19 hrs.						
20 hrs.	SR				64	
21 hrs.	SR				65	
22 hrs.	SR				61	
23 hrs.	SR offline				63	
24 hrs.	SR				75	
01 hrs.	SR				73	
02 hrs.	SR				72	
03 hrs.	SR				69	
04 hrs.	SR				71	
05 hrs.	SR				92	
06 hrs.	SR				65	
07 hrs.						

UNIT NO. 2206546116 MOUTREY David M 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ

METRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION _____ BED NUMBER 7 TRANSMITTER No. TTX 10

NAME _____ DATE 4/6/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.						
09 hrs.						
10 hrs.						
11 hrs.						
12 hrs.						
13 hrs.						
14 hrs.						
15 hrs.						
16 hrs.						
17 hrs.						
18 hrs.	*Commenced* SR				61	
19 hrs.						
20 hrs.	SR				62	
21 hrs.	SR				62	
22 hrs.	SR				65	
23 hrs.	SR				68	
24 hrs.	SB				58	
01 hrs.	SR				71	
02 hrs.	SB				57	
03 hrs.	SR				60	
04 hrs.	SB				58	
05 hrs.	SR				60	
06 hrs.	SR				61	
07 hrs.						

Glasgow Royal Infirmary

CHI: 2206546116

Total Att: 3

12 Mth Att: 3

Title: MR

MOUTREY **David**

DOB **22/06/1954** Age: **67y** Sex: **Male**

11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ
0141 563 4090

Next of kin: **KENNEDY, Laura**
Relationship: **Partner**
07527645433

GP: **LM Boyce**
0141 772 4744

Attendance Date: **07/02/2022** Arrival Time: **13:36**

Registration Time: **13:36** Date of Incident: **07/02/2022**

Major Incident Desc:

Reason for Attendance: **? TIA no Covid/resp risk**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **07/02/2022 14:07** Nurse name: **Nurse Islay Riddell**

Temp	36.3	C
HR	66	bpm
BP	130/47	mmHg
MAP	74.67	mmHg
RR	18	bpm
SpO2	96	%
Oxygen		%

BM	9.5	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)	2	Size (mm)	2
Reaction	Y	Reaction	Y

Nursing Notes: **"BLURRED VISION. back pain shot up spine and then radiated into head and neck causing blurred vision in left eye. states blurred vision now clearing. back pain chronic issue under ix. FAST -VE. covid low "**

2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David
2206546116 22/06/1954 MOUTREY David

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		Date:	07/02/2022
DAVID MOUTREY		Incident Number:	CR008320953
Age/Gender:	67y Old Male	Incident Type:	EMG
Address:	11 MONTROSE TERRACE BISHOPBRIGGS GLASGOW,G64 1JQ	Incident Location:	11 MONTROSE TERRACE BISHOPBRIGGS GLASGOW, G64 1JQ
DOB:	22/06/1954		
CHI:			
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

?VASOVGAL ??TIA

Additional Comments

67 yr m sudden feeling of unwell while showering , pt felt extreme pain come from lower back to his neck , pt then felt his balance was affected , became nauseous , developed ache to left mandible and vision in left eye became blurry , sparkly disturbed . wife witnessed him almost collapse , said his colour drained to pale and was sweaty . o/a pt sitting now in living room , feels symptoms have improved , now only has left visual problem and an ache to left jaw but claims they too have improved . o/e all obs unremarkable, fast negative , claims no trauma to head , pt commenced on apixaban recently due to increased shortness of btreath which medical professionals fee is due to reflux so stoped aspitin , started apixaban . pt had to use gtn spray the other day due to sob and jaw pain , he reports no use today , pt been advised he may require stent in next few months due to concerns on angiogram. pt requires further review/checks in hospital due to these new symptoms and pre existing health problems.

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No			
A	Clear						
B	Breathing Adequately	Yes	Chest Signs/Sounds		Cough		
	Respiratory Rate 18	SPO2 94	Initial SPO2 On Air		Oxygen Given No		
C	Pulse Rate	BP	Cap Refill		ECG Rhythm		
	84	114/62	<=2 Secs				
	Rhythm	Arm	Central/Peripheral		ECG		
	Irr	Left	Peripheral		12 Lead		
D	GCS	Eyes	Voice		Motor		PEARL
	15	Spontaneously (4)	Orientated (5)		Obeys Commands (6)		Yes

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
12:10	78	16	116/63	94		15	Alert				Sinus Rhythm				E0023302
11:55	84	18	114/62	94	<=2 Secs	15	Alert		36.4	8.6	SINUS WITH OCCASSIONAL ECTOPICS	5	5		E0023302

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
11:55	18 (0)	94 (1)		0	114 (0)	84 (0)	Alert (0)	36.4 (0)	1

HISTORY

AMPLE

Allergies	None
Medication	OMEPRAZOLE APIXABAN BISOPROLOL LERCANIDINE?? ISOSORBIDE MONONITRATE ALLUPURINOL RAMIPRIL GTN ATORVASTATIN TAMULOSIN
Past Medical History	Angina, GOUT BORDERLINE DIABETES PROSTATE ENLARGEMENT
Last Eaten	2 Hours Ago
Events Prior	SUDDEN FEELING OF UNWELL WHILE SHOWERING

CLOSE RECORD

2206546116
MOUTREY M
David 22/06/1954
1 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Treatment On Scene	Non Emergency

Non Conveyance

I have Seen, Examined the patient and (the patient/parent/carer/guardian and) I have reached the following decision: Dealt with by other vehicle

INCIDENT LOG

Time Call Received	11:37	Allocated	11:39	Mobile	11:39
First Resource On Scene		Crew On Scene	11:48	Crew Left Scene	
Crew At Hosp		Receiving Hospital		Clear Time	

Crew ID	Crew Grade	Driver
E0023302	Paramedic	YES

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Patient Information		Date:	07/02/2022
DAVID MOUTREY		Incident Number:	CR008320953
Age/Gender:	67y Old Male		
Address:	11 MONTROSE TERRACE BISHOPBRIGGS GLASGOW,G64 1JQ	Incident Type:	EMG
DOB:	22/06/1954	Incident Location:	11 MONTROSE TERRACE BISHOPBRIGGS GLASGOW, G64 1JQ
CHI:			
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

QUERY TIA

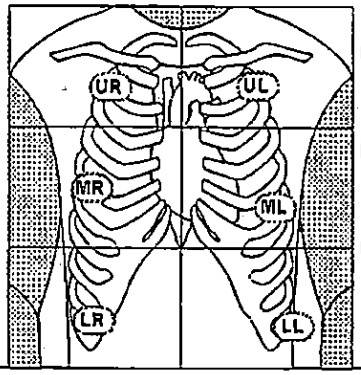
Additional Comments

Urgent for 67yom seen/attended by PRU. See notes. Pt explains on going back pain but this am as while in shower shooting back pain radiating up back to neck, above left eye migrain/pressure feeling causing blurred vision. Pt was nauseas and still slightly unsteady on feet. Pt was pale/sweaty and almost collapsed. O/a pt gcs15. O/e obs taken. Conveyed to Gri

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No
A	Clear			
B	Breathing Adequately: Yes	Respiratory Rate 16	SPO2	96
	Oxygen Given: No			

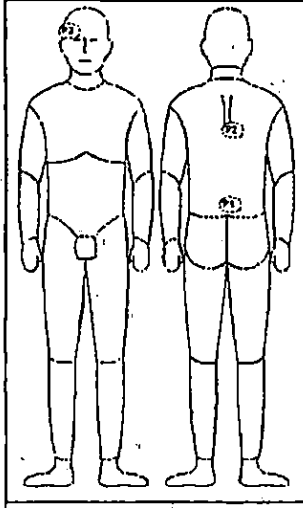
Normal Air Entry	UR	UL	Normal Air Entry
Normal Air Entry	MR	ML	Normal Air Entry
Normal Air Entry	LR	LL	Normal Air Entry



C	Pulse Rate	BP	Cap Refill	ECG Rhythm
	66	146/66	<=2 Secs	Sinus Rhythm
	Rhythm	Arm	Central/Peripheral	ECG
	Reg	Right	Central	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	Back Body	3
P2	Back Body	3
P3	Head	2

2206546116
MOUTREY M
David 22/06/1954

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
13:00	66	16	146/68	96	<=2 Secs	15	Alert		36.3	9.5	Sinus Rhythm	3	3		E9887536

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
13:00	16 (0)	96 (0)		0	146 (0)	66 (0)	Alert (0)	36.3 (0)	0

HISTORY

AMPLE

Allergies	Unknown
Medication	MEDS WITH PT GTN, APIXABAN
Past Medical History	ANGINA, GOUT, BORDERLINE DIABETIC, PROSTATE ENLARGEMENT
Last Eaten	3 Hours Ago
Events Prior	BACK PAIN INCREASED SHOOTING UP BACK>MIGRAINE/PRESSURE ABOVE LEFT EYE>CAUSING BLURRED VISION

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	11:37	Allocated	12:31	Mobile	12:34
First Resource On Scene		Crew On Scene	12:58	Crew Left Scene	13:16
Crew At Hosp		Receiving Hospital	GLASGOW ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E0026212	Ambulance Care Assistant	YES
E9887536	Ambulance Technician	NO

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 07/02/2022 15:28:56
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: CLARE BROWN1

Patient

ID:	2206546116
Last Name:	MOUTREY
First Name:	DAVID
Gender/Age:	Male, 67 years
Birth Date:	22/06/1954

Cartridge

Lot No.:	211216I
S/N:	00000000500265250
Exp. Date:	01/03/2022

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	MINORS
S/N:	20054609

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	41.7	nmol/L	--	--	--	--
pCO_2	6.6	kPa	--	--	--	--
pO_2	3.9	kPa	--	--	--	--
Na^+	140	mmol/L	--	133	146	--
K^+	4.2	mmol/L	--	3.5	5.3	--
Cl^-	105	mmol/L	--	95	108	--
Ca^{++}	1.23	mmol/L	--	1.15	1.27	--
Glu	↑ 9.5	mmol/L	--	3.5	6.0	--
Lac	1.2	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	135	g/L	--	--	--	--
O_2Hb	↓ 50.3	%	--	95.0	98.0	--
COHb	1.3	%	--	0.5	1.5	--
MetHb	0.6	%	--	0.5	1.5	--
HHb	↑ 47.7	%	--	0.0	5.0	--
sO_2	↓ 51.3	%	--	95.0	98.0	--
Derived						
BE(B)	3.9	mmol/L	--	--	--	--
$HCO_3^-(c)$	30.2	mmol/L	--	--	--	--
Hct(c)	41	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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

67♂ PC – Mr Wilkie [illegible]

hill – [illegible] back pain since 2/12
– Yesterday was in bed more than had been
– Pain radiating up to neck
– Became clammy + [illegible], no LOC
– Eye became blurry + reduced vision
for couple of hours
– All now resolved
– No chest pain, no SOB
– No acid reflux, no speech difficulty,
no visual disturbance, no limb weakness or
numbness
– Otherwise well prior to this – [illegible],
no other symptoms
– Ayr Hospital – ECG [illegible] no acute ischaemic
PMH CABG – Aug 2021 – Pericardial effusion,
[illegible] since drained – [illegible]
Asym
Atrial flutter on apixaban

On [illegible] EU

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY
David M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes

Date	Time	Name	Grade	Speciality

Sh
ex-sailor - 3/day 7 years ago
all dark

o/e well
T 36.3 HR 66 BP 170/47 RR 18 O_2 96%

Chest clr
HS 1+2+0

Trace ankle bilat - ? just
[illegible]
no hand tremor

PERRLA, visual fields grossly intact
no nystagmus, no dysmetria
fluent movement generally
Gait ?

no pronator drift

[illegible]

Imp - under care of [illegible]

[illegible]
CXR
?IVU
ECG
?? need CVA work up at [illegible]

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes

Date	Time	Name	Grade	Speciality
	Trg 9	Rpt	18 10	

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC	(11.1)		Na	139		Bil	11		FiO_2		
Hb	136		K	4.2		ALT	37		H^+		
Plat	242		Cl	107		AST	20		$PaCO_2$		
Neut	(8.7)		Ur	7.5		GGT			PaO_2		
DD			Creat	128		A phos	(161)		Bic		
PT			eGFR	(49)		Alb	37		BE		
PTT			Glu			AdjCa	2.28		Lactate		
TT			CRP	12		Amyl			Ethanol		
INR			Mg			TropI HS	(9)		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

My Admission Record

NHS Greater Glasgow and Clyde

Name
Addre
2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
DoB: Bishopbriggs
CHI: Glasgow, Dunbartonshire
G64 1JQ
Affix

Hospital: GRI Ward: 18.15
Date of Admission: 7.2.22 Time:
Information obtained from: Name:
Patient ☐ Relative ☐ Other ☐ _____
Preferred Name:
Age: Telephone Number:
Consultant:

Communication

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

Preferred first contact	Preferred second contact
Name: LAURA KENNEDY.	Name:
Relationship: PARTNER	Relationship:
Address: 11 MONTROSE TERRACE BISHOPBRIGGS.	Address:
Telephone: 07527645433.	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

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 ☑ NKDA

Relevant past medical history

See upr.

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

Power of Attorney / Guardianship / Adult with Incapacity

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

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☐

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

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

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

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

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

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

N
A 2206546116
MOUTREY
– David
– 11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954
Affix patient ID label

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 2206546116
Ac MOUTREY David M 22/06/1954
Dc
Chi:
Affix patient ID label

Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☑ when did you stop? 7 years

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): L. Wilson Signature:

Designation: CN Date: 7/01/22

My Assessment Record

Nam
Add: 2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
DoB: Bishopbriggs
Glasgow, Dunbartonshire
CHI: G64 1JQ
Affix patient ID label

1. Breathing and Circulation

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

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems			HAS GTN not used much. Prev CABG,
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: _____		✓	

N: 2206546116
Ac MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
D G64 1JQ
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?	✓		x 2.
Pain	**Yes** ✓	**No** ✓	Assessment of the patient's pain
Do you have pain?		✓	

Can you describe where and what the pain is like?

Worsening back pain (Low down).

Have you had treatment / intervention for the pain?

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

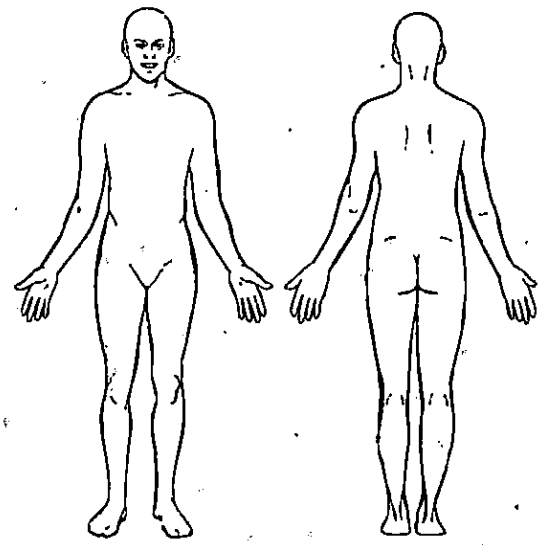
Can you describe any chronic pain that you have?

back pain

What makes the pain better?

paracetamol.

Mark current pain on body chart



Name:
A 2206546116
MOUTREY
David M
22/06/1954
D
C
A

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?

NIL

What do you like to eat and drink?

NIL STATED

What do you not like to eat and drink?

Dislikes 'Green' food

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		

2236546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

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

Enlarged prostate.

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

2206546116
MOUTREY
David
M
22/06/1954
Affix patient ID label

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? 7/1/22

How often in a day/week do you have a bowel movement? Per day 1-2 Per week

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

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

What products do you normally use for this continence issue?

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

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

N: [redacted]
A: 2206546116
MOUTREY
David
M
22/06/1954
D
C
A

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

Personal Hygiene	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's personal hygiene needs
Independent	✓	✓	
Requires assistance with washing and dressing			
Oral Health	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's oral health needs
No problems	✓	✓	
Sore mouth / mucositis / ulcer			
Requires assistance with oral hygiene			
Other (eg dry lips, tongue coated?)			
Dental work	**Yes** ✓	**No** ✓	Description of any dental work
Do you wear dentures?		✓	
Do you have your dentures with you?			
Are your dentures a good fit?			
Do you have any other dental work that we need to be aware of?			
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems			Psoriasis
Skin broken			Await
Skin oedematous			Light tx.
Skin discoloured / red			* not open *

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**		✓

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
Affix patient ID label

8. Mobility

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

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

9. Maintaining a Safe Environment

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

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

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

10. Sleep and Rest

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

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Affix patient ID label

11. Social Circumstances

Do you: PARTNER

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?

NIL

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)?

NIL

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 ☑

Nar 2206546116
Adc MOUTREY M
David 22/06/1954
DoI
CHI:
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.

ALL STATED

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?

SEE front

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 ☐

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
Affix patient ID label

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: _____
A 2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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					

See folder

R&O

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation

See MDR

Name
Addre
DoB:
CHI:
Affix patient ID label

2206546116
MOUTREY
David
M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

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

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY David
M
22/06/1954

v.Riddell

Date & Time 7/2/22 1972 Consultant Ward 60/51

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

67 By TLDT
Gout
HF 30/9/21
LVSD - on GP ref, but LV normal
Angina echo 7/8/21
IHD - Coron bypass 2003
Psoriasis
Atrial Flutt episode - on Apixaban

Bld 7/2

Na, K (N)	LFT. ↑ ALP 166	Hb 136
Cr 128 (base 100)	others (N)	plt 241
eGFR 44	Ca 2.28	WBC 11.1
CRP 12	Alb 0.84	
	POx 0.76	Coag (N)

TnT 9 @ 1513 - note plan for repeat @1810

ECG: SR, HR 98, NAD acute.
No imaging this admission
NEWS 0 stable

PC: blurred vision (L) eye

Woke up - ok all night
While feeding baby - sudden 'blurriness' in (L) eye.
Could see colours + shapes ok. No eye pain. Can't say if double vision.
No redness / dryness for eye

PTO

Ward Review

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

7/2 Dr Glen - Fin

Poss Sx lasted ~ 3 hrs - gradually resolved

At the same time.

Log-standing low back pain, gradually worsened in week - still present

Associated urinary hesitancy/incontinence and nausea (no vomit) and dizziness/feeling shaky for ~2 hrs.

No CP/Abdo pain — No HI,
No SOB. — No LOC
No scalp pain/temporal pain. — No fall

Lives with wife, (I) ADL
Walks, works at Baldoran.
Ex-Smoker

dc. Looks well A+O

AD dem — CN PEARL, eye movements (N)
Hts (+) (+) O — Visual fields (N) a confrontation
quickly SNT — (N) motor + sensory funct

U/S — UL (N) tone, power, sensation
LL (N) power, sensation
No temporal tenderness. — Shuffling walk fm

Imp - Unclear. ?TIA
?? Carotid Acs (pt stable pre Sx did not feel he was)
?RF: GCA

Plan - Rpt TnT (collected)
- Add ESR
- D/w Sen - d/w Dr. Buchanan
↳ Card opinion
↳ hold off images at present

(Dr Glen)
F2R

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.

2206546116
MOUTREY M
David 22/06/1954

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 stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm
(on day of surgery, at the later of either 4h post-op or 6pm)
Reduce Enoxaparin to 20mg if <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: _____

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	withhold	Stop	continue	Reason for alteration
See ECS								
Allergies/adverse events	ECS hospital							

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

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Consultant Review

Back pain
transient monocular visual disturbance

→ significant cardiac history

D/D: nil of note

Δ ?? TIA.

→ CT head
→ mx CV risk factors
(↳ ongoing Aspirin + DOAC.)

Cdunk

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
EDD	

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

Clinical Notes

Nursing days 7/2/22 19:00.
Pt arrived on ward 5D/51 around 16:30 hrs.
Transferred independently from chair to bed.
Skin is intact. Observations as charted - Stable.
Pt to be reviewed by medical team.
Settled at present. Alleviating & made - passed urine -
No complaints offered. Kept safe by staff nurse —

8/2/22 NURSING (NIGHT)
03[30] Observations remain stable. NEWS (0). GCS 15/15.
Medications administered as per Kepma.
Independent & mobile around room & UTT.
Settled & slept overnight. Await consultant review.
Stress (-). R. Shurwell RN.

Nursing Days 8/2/22 11:30.
Pt washed and changed independently this morning around 9am.
Appears happy in mood. Medication administered as per Kepma -
Creams not applied as none on ward - explained to pt but he said
he normally only uses them as required items and didn't feel
he needs them at present. Pt settled. Observations as
charted - news stable - No complaints offered.
Kept safe by staff nurse —

8/2/22 FY1 Nolan evening ward round
18:30
CT head - NAD
Remains clinically well
No changes to meds
Home tonight —

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes

Clinical Notes

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LINDA BOYCE,Springfield Medical Practice,9 Springfield Road,Bishopbriggs, Glasgow, G64 1PJ

Main Switchboard:
Date of Completion: 09-Aug-2021

Dear LINDA BOYCE,

Name	CHI	DoB	Address
David Moutrey	2206546116	22-Jun-1954	11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire, G64 1JQ

Admitted	Type	Discharged	Destination
07-Aug-2021 16:10	IP	09-Aug-2021	

Specialty	Consultant	Ward	Telephone
Cardiology	Shaukat	GRI Ward 43A Cardiology Receiving	

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: Philippa Thornton (Philippa Thornton - CF) on 09 Aug 2021 12:21

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	NEW: apixaban, bisoprolol, atorvastatin. STOPPED: aspirin (no longer required now on apixaban). Patient educated on apixaban, yellow booklet provided. RShannon 9/8/21.					Added
Apixaban 5mg tablets	oral	1 tablet twice daily					Added
Atorvastatin 80mg tablets	oral	1 tablet once daily					Added
Betamethasone valerate 0.1% ointment	topical	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY ALONG WITH CALCIPOTRIOL INSTEAD OF DOVOBET,				Y	
Bisoprolol 1.25mg tablets	oral	1 tablet once daily					Added
Calcipotriol 50microg/ Betamethasone diprop 500microg/g foam (Enstilar (LEO Pharma))	topical	APPLY DAILY,				Y	
Capasal Therapeutic shampoo (Dermal Laboratories Ltd)	topical	APPLY DAILY AS NECESSARY,				Y	
Cetirizine 10mg tablets	oral	1 tablet once daily at night				Y	
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	SPRAY ONE OR TWO DOSES UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN AND THEN CLOSE MOUTH,				Y	
Isosorbide mononitrate 10mg tablets	oral	TWO TO BE TAKEN IN THE MORNING (8AM) AND TWO TO BE TAKEN IN THE AFTERNOON (2PM),				Y	
Lercanidipine 20mg tablets	oral	1 Tab Daily,				Y	
Ramipril 10mg capsules	oral	1 Cap in the morning,				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 by scott Bennett 9/8/21

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
2021-08-09	Aspirin 75mg dispersible tablets	oral	1 Tab In the morning.		Course Completed

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

Clinical Comments:	Mr Moutrey presented with recurrent anginal chest pain. On admission he was in SVT which cardioverted after IV metoprolol. Following optimisation of cardiac meds, an echo (NAD) and an exercise tolerance test (no concerning ST changes) he is now fit for discharge awaiting an urgent CT CA and hot clinic follow-up.
Discharge Comments:	
Follow Up:	Yes OP CT CA Hot clinic post CT CA
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Philippa THORNTON

Prescription Review
Medications reviewed by pharmacist: Rhona Shannon (Clinical Pharmacist)
Checked by: Gillian MCCULLAGH (pharmacy tech)
Discharged by: James HILLS (CT1)

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Printed: 07/08/2021 13:06:10

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 07/08/2021 13:00:32
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: JADE DUNBAR0

Patient

ID:	2206546116
Last Name:	MOUTREY
First Name:	DAVID
Gender/Age:	Male, 67 years
Birth Date:	22/06/1954

Cartridge

Lot No.:	210511K
S/N:	00000000500175839
Exp. Date:	23/08/2021

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	RESUS
S/N:	17030816

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	37.2	nmol/L	--	--	--	--
pCO_2	6.5	kPa	--	--	--	--
pO_2	4.2	kPa	--	--	--	--
Na^+	140	mmol/L	--	133	146	--
K^+	4.1	mmol/L	--	3.5	5.3	--
Cl^-	103	mmol/L	--	95	108	--
Ca^{++}	1.20	mmol/L	--	1.15	1.27	--
Glu	↑ 8.8	mmol/L	--	3.5	6.0	--
Lac	↑ 2.3	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	158	g/L	--	--	--	--
O_2Hb	↓ 49.2	%	--	95.0	98.0	--
COHb	1.1	%	--	0.5	1.5	--
MetHb	↓ 0.4	%	--	0.5	1.5	--
HHb	↑ 49.3	%	--	0.0	5.0	--
sO_2	↓ 48.9	%	--	95.0	98.0	--
Derived						
BE(B)	6.4	mmol/L	--	--	--	--
$HCO_3^-(c)$	31.9	mmol/L	--	--	--	--
Hct(c)	47	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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	Time	Name	Grade	Speciality
7/8/21	1800	EAGLESON	ST6	EM

67 ♂ Chest Pain.

Background CABG 20 yrs ago.
Recurrence of angina type chest pain ~ 1 year
Can occur at rest or on exertion
Seen in ED x2 last 2/12 → re-referred to cardiology as outpatient.
ECGs on previous Healthcare - NSR
On arrival today - narrow complex tachycardia ~ 150 bpm, regular.
Moving between this rhythm & sinus rhythm & chest symptoms correlate with episodes of tachycardia.

PmHx
LHD
psoriasis

Meds - ISMN, lercanidipine HCL, Ramipril, aspirin

Intolerance - Bblocker, Statin

O/E Good colour. No sweating
HR 90 SR. RR 18 Sats 96% BP 150/...

HS 1-11-1

Glasgow Royal Infirmary
Emergency Department

2205546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY, M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Clinical Notes

Date	Time	Name	Grade	Speciality

Glasgow Royal Infirmary
Emergency Department

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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

- Paroxysmal tachycardia - ?flutter ?SVT

Plan - Disc cardiology
- admit - telemetry
- try oral metoprolol.

Nebs mdi 2 puffs

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

Glasgow Royal Infirmary
Acute Medicine Unit

(Part B - Medical Admission)

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	Consultant	Ward

Ward Review (Should be completed within 2hrs of transfer from ED)

Check List

- VTE ☐
- Med - Rec ☐
- Kardex ☐
- CxR ☐
- ECG ☐
- Oxygen ☐
- Patient on Bleeders list ☐

7/8/21 V-DANIELS (Locum SHO) - CLERK IN 1840

PC: Chest pain

HPC: Started ~midday when walking. Usual angina pain, tight (L) side chest radiating to both sides neck. No relief w/ 4 sprays GTN. No SOB. Recently ↑ freq angina last year. Using GTN 4-5 x/day - usually helps. No leg swelling. Pain went after Metoprolol given in A+E.

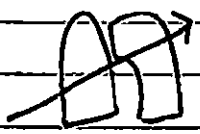
PMH: CABG 2003 (had ↑ freq angina)
Psoriasis

Bloods: FBC/U+E/LFT (N)
Trop I - 11

CXR: Similar to prev. (10/6/21). Blunting (R) costophrenic angle.

ECHO: (Jun '21) Normal LV + RV systolic function.
Mildly dilated LA
No significant valve disease

O/E: Alert + chatting.



HS I+II+0 No peripheral oedema.
Pulse regular.
Abdo SNT

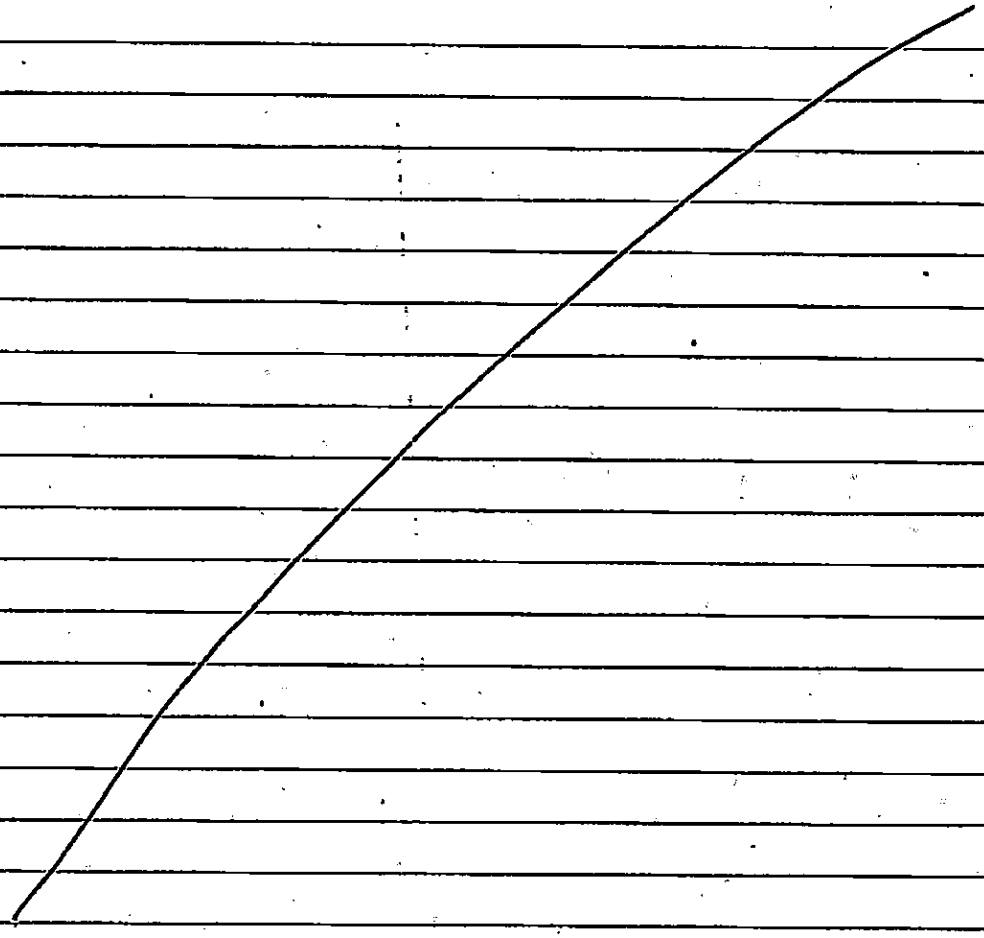
V. DANIELS CONT.

ECG: SVT in A+E

↳ Now in SR on telemetry following PO Metoprolol.

Plan: 1) Rpt Trop
2) Bloods incl TFTs mane
3) Senior r/v mane.

VCDe



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.**

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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 stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10⁹/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery, spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐ — Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <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: _____

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	withhold	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

8/8/21 G70? CABG 2003 LIMA + 4 rad

Remove from min

Vectors (after - full scrub breakfast)

he developed overload min the palpitations

ECG. brief period of dual flutter 2:1 with acidosis → BK

dark clam.

BP 170/100 T = 11,1

P - 65

→ BB

start

NOAK CHADSVASC 3

Echo

Plan to settle

→ GTT thru ED

CARNS

Check List	
VTE	☐
Med - Rec	☐
Kardex	☐
CxR	☐
ECG	☐
Oxygen	☐
EDD	

PRINT NAME	DESIGNATION
SIGNATURE	DATE & TIME

Clinical Notes

7/8/21 Night shift . 23:30hrs.
Pain free, fluid and Diet taken, passed urine.
Mainitaining in SR/SR, NSR 50 - 70 bpm.
Observations stable as charted, NEWS score 0
No new issues, uncomplaining.

8/8/21
0700 slept well overnight.

8/8/21 NURSING day
0605 pt had settled AM independent with all ADL's and personal care.
Mobile + independent
observations stable as per chart
News 0- Remains hypertensive
all medications given as per Kardex
passing urine.
Normal diet + fluids.
telemetry still in STV - SR 50-60's
NO episodes of SVT.
pt 4 hourly Active care
uncomplaining
awaits ward round Review.
NO present issues.
RMCNEOSN

8/8/21 NURSING day
1820 pt had settled day
uncomplaining
NO present issues
RMCNEOSN

Clinical Notes

Dayshift 8/8/21 2309h
Pain free, fluid and diet taken, passed urine.
Observations stable as charted, NEWS score. 0.
Mainstaying on SB, HR 50-58 bpm.
No new issues, uncomplaining.

SB 9/8/21 0700h
Pain free, slept well overnight.

9/8/21 0815 WR SCLE Hunter
43A / 6767 aww 1) Angina
2) Palpitations; AF - Flutter

PMHx: • CABG 2003
• Psoriasis

Commenced Apixaban 5mg bd + BB optimised

- Currently pain free.

1.25mg od.

Note Echo: June '21; preserved LV Fx.

P / 1) Echo.
2) ETT → + Angio. ? IP if symptomatic.

Hunter SCLE.

Clinical Notes

9.9.21 Nursing Day

David was independently showered this morning.
Remains in SR on TTX NR currently 67 BPM.
Tolerating diet and fluids
Mobile independently.
Appears well - awaits ETT.
(CANCELLED)

9/9/21 ETT review

Past ETT — Full Bruce 4mins 60% max
— Stopped due to dyspnoea
— No ST/T Δ on ECG. Echo: N LV/RV
N valves.

→ Sub-maximal test but no sign of ischaemia or chest pain.

Plan/ Home (O/W Dr Bhakar)
Bronchoscopy.
OP CTCA + HCT clinic post CT.

K Gachagga
SPR.

9/8/21 12°°

Pharmacy:
Patient educated on apixaban. Aware aspirin has been stopped. No concerns raised.

R Shannon
#11054

UNIT NO.
2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

BED NUMBER 2/2 · TRANSMITTER No. TTY18

DATE 9/8/21.

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int. QRS	ATRIAL	VENTRICULAR	
08 hrs.	SR					73
09 hrs.	Leads off					Personal care
10 hrs.	SR				67.	
11 hrs.	at ETT — D/C					
12 hrs.						
13 hrs.						
14 hrs.						
15 hrs.						
16 hrs.						
17 hrs.						
18 hrs.						
19 hrs.						
20 hrs.						
21 hrs.						
22 hrs.						
23 hrs						
24 hrs.						
01 hrs.						
02 hrs.						
03 hrs.						
04 hrs.						
05 hrs.						
06 hrs.						
07 hrs.						

MIS 246930

UNIT NO 22065461
MOUTRE[illegible] M
David 22/06/1954

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

BED NUMBER 2/2 UBA TRANSMITTER No. TTX18

DATE 8/8/21

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int. QRS	ATRIAL	VENTRICULAR	
08 hrs.	SR				65	
09 hrs.	SR				60	
10 hrs.	SR				62	
11 hrs.	SR				67	
12 hrs.	SR				75	
13 hrs.	SR				62	
14 hrs.	SR				74	
15 hrs.	SR				69	
16 hrs.	SR				73	
17 hrs.	SR				69	
18 hrs.	SR				70	
19 hrs.	SR				73	
20 hrs.	SR				61	
21 hrs.	SB				56	
22 hrs.	SB				55	
23 hrs	SB				59	
24 hrs.	SB				54	
01 hrs.	SB				55	
02 hrs.	SB				53	
03 hrs.	SB				58	
04 hrs.	SB				59	
05 hrs.	SB				58	
06 hrs.	SB				59	
07 hrs.	SB				58	

MIS 246930

2206546116
MOUTREY
David
M
22/06/1954

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

63A

BED NUMBER 2/2 TRANSMITTER No. 18

Moutrey

DATE 7/8/21.

DIAGNOSIS

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int. QRS	ATRIAL	VENTRICULAR	
08 hrs.						
09 hrs.						
10 hrs.						
11 hrs.						
12 hrs.						
13 hrs.						
14 hrs.						
15 hrs.						
16 hrs.						
17 hrs.	commenced					
18 hrs.	SR				72	
19 hrs.						
20 hrs.	SR				75.	
21 hrs.	SR				72	
22 hrs.	SB				69	
23 hrs	SB				51	
24 hrs.	SB.				54	
01 hrs.	SB				55	
02 hrs.	SB				52	
03 hrs.	SB.				54	
04 hrs.	SB				51.	
05 hrs.	SB				54	
06 hrs.	SB				56	
07 hrs.	SB				59	

MIS 246930

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: .....
Telephone: .....
(Please complete above)

Ref. No: 431885

NHS Greater Glasgow and Clyde

Name of GP
Surgery/Health Centre

to all 4 copies

Patient:
Address:

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

DOB: / /
Weight CHI no:

Ward: Derm OP Tel:
Consultant:
Named Nurse: Christine Flynn
Specialty: Dermatology
Admission date: / /
Mode of admission: Elective ☐ Emergency ☐ Transfer ☐
Source of Admission
Discharge date: / /

NURSE TO COMPLETE
Out Patient appointment date: 24/03/2026
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:
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
Psoriasis	On Acitretin	

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
(1)		Acitretin	O	10mg	✓					Please Supply 4 months	

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

Prescribers name: Christine Flynn Signature: Date 24/03/2026
Designation: CNS Dermatology Pager number:

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by: Date: / /
Checked by:

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

Cat No. 231370

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time		Signature, Print Name & Designation
17/12/25	Psoriasis	
	Acitretin 25mg daily	
	Psoriasis well controlled.	
	Recurrent paronychia (L) thumb & middle finger	
	Trial of reduced dose of Acitretin 10mg daily	
	Bloods FBC, Lipids, LFT.	
		EMcBE (CMS)
	F/u 3/12	DMcE

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: .....

Telephone: .....
(Please complete above)

Ref. No: 431858

NHS Greater Glasgow and Clyde

Name of GP.....

Surgery/Health Centre.....

bel to all 4 copies

Patient: 2206546116 M MOUTREY 22/06/1954 David 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ

Address:.....

DOB:..... Unit no:.....

Weight..... CHI no:.....

Ward:..... Tel:.....

Consultant:.....

Named Nurse:.....

Specialty:.....

Admission date:.../.../...

Mode of admission: Elective ☐ Emergency ☐ Transfer ☐

Source of Admission.....

Discharge date:.../.../...

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:.....

All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
PSORIASIS		

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		ACITRETIN	oral	10mg	✓						4/12

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

PHARMACY USE ONLY

Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by:..... Date:.../.../...

Checked by:

Non-childproof containers required: Yes ☐ No ☐

Medicine compliance aids required: Yes ☐ No ☐

Specify:.....

Medication Collected by:

Prescribers name: E McCABE Signature: [signature] Date 17/12/25

Designation: NIP 2789 Pager number:.....

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** Cat No. 231370

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	Dr Harkins. Psoriasis	Signature, Print Name & Designation
24/7/24	Acitretin 25mg.	
	NO AE's	
	Psoriasis continues to improve.	
	Small plaques lower mid back, dorsum of	
	hands + lower legs	
	Skin dry otherwise - given emollient samples.	
	QV wash as soap substitute.	
	Bloods FBC, Lipids, LFT.	
		EMcTBE (CNS)
	F/u 4/12	EMcTBE

83949 GGC0072

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	Dr Harkins.	Signature, Print Name & Designation
28/2/24	Psoriasis	
	Acitretin 20mg once daily.	
	mild dryness of lips - using lipbalms.	
	Psoriasis has greatly improved since commencing Acitretin.	
	O/E Small partially resolved plaques lower back, arm, elbows.	
	Partially resolved large plaque abdomen.	
	Bloods today FBC, U+E, LFT	
		EMCABE (CNS)
	F/U 5/12	DMCA

NHS SCOTLAND

DERMATOLOGY LIFE QUALITY INDEX

DLQI

Hospital No: 2206546116
Name: MOUTREY David M
Address: 11 Montrose Terrace, Bishopbriggs, Glasgow, Dunbartonshire G64 1JQ

Date:
Diagnosis:
22/06/1954
Score: 28

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick one box for each question. Score 0-3 for each question Maximum score 30

1.	Over the last week, how **itchy**, **sore**, **painful** or **stinging** has your skin been?	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	
2.	Over the last week, how **embarrassed** or **self conscious** have you been because of your skin?	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	
3.	Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **garden?**	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	Not relevant ☐
4.	Over the last week, how much has your skin influenced the **clothes** you wear?	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	Not relevant ☐
5.	Over the last week, how much has your skin affected any **social** or **leisure** activities?	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	Not relevant ☐
6.	Over the last week, how much has your skin made it difficult for you to do any **sport?**	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	Not relevant ☐
7.	Over the last week, has your skin ***stopped*** you from **working** or **studying?**	Yes No	☐ 3 ☑	Not relevant ☐
	If "No", over the last week how much has your skin ***been a problem*** at **work** or **studying?**	A lot A little Not at all	☑ 2 ☐ 1 ☐ 0	
8.	Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives?**	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	Not relevant ☐
9.	Over the last week, how much has your skin caused any **sexual difficulties?**	Very much A lot A little Not at all	☑ 3 ☐ 2 ☐ 1 ☐ 0	Not relevant ☐
10.	Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?	Very much A lot A little Not at all	☐ 3 ☑ 2 ☐ 1 ☐ 0	Not relevant ☐

TOTAL 28

0-1 = no effect at all on patient's life
2-5 = small effect on patient's life
6-10 = moderate effect on patient's life
11-20 = very large effect on patient's life
21-30 = extremely large effect on patient's life

NHS
Greater Glasgow and Clyde

Date 29/11/21

Hospital GRI

Clinic ENT

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Covid Checklist

In the Last 14 days have you, or anyone living with you had:

- **High temperature** Y/N
- **New, continuous cough** Y/N
  (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)
- **Loss or change of sense of smell or taste** Y/N

(Most people with coronavirus have at least 1 of these symptoms).

Scope Checklist

- **Did this patient undergo nasendoscopy/laryngoscopy** Y/N

If so, did they:

- **Cough** Y/N
- **Sneeze** Y/N

Glasgow Royal Infirmary
Dermatology History Sheet

NHS
Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date 1-11-21
Consultant
Seen by: E McCABE

Present History:
Psoriasis for since 6 year old.
Flare approx 18 months ago.

Past History:
Ischaemic heart disease.
Type II diabetes.

Allergies:
Nil

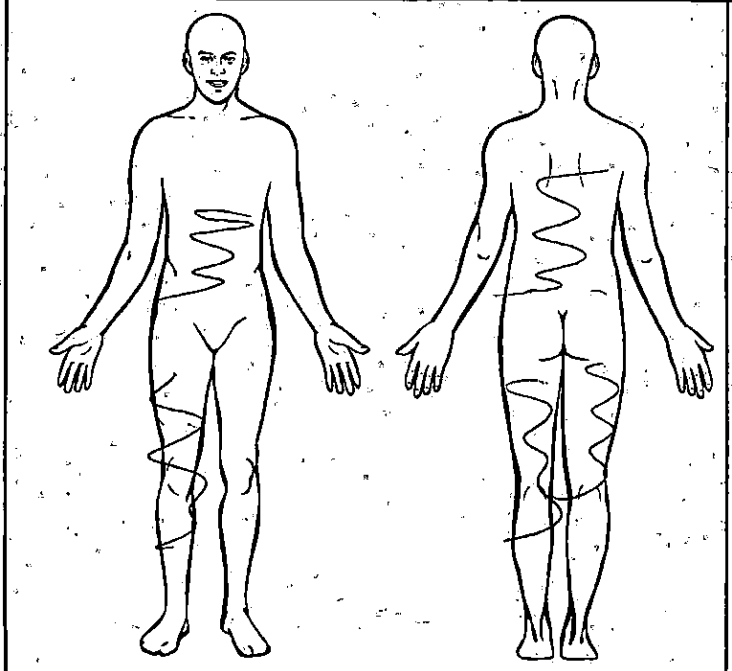
Family History:
Daughter - Psoriasis.

Drugs:
Ramipril. Atorvastatin
Lercanidipine. Apixaban
Bisoprolol. Omeprazole
Isosorbide Mononitrate
Omega 3 fish oil.

Previous Treatment:
Phillips blue light
Enstilar foam.
Epiderm.

Social History/ Occupation/Hobbies
construction worker - bulldozer driver.

On Examination
Widespread small plaques trunk + limbs
Skin dry +++



Investigations:

Recommend UVB, Enstilar, Q Vcream
Nil:
Reassurance:
Information Leaflet:
See Over:

Dismiss:
Return:
Refer UVB.

mi • 241965

NHS
Greater Glasgow and Clyde

Patient Label
2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

The patient attended Dermatology Clinic at GRI.

Hospital on 1-11-21. 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
Enstalor Foam	2x60g.	Daily.	
GV cream	500g	Daily.	

Yours Sincerely

Signature:

Name (print) E Murdoch Grade: CNS. Ext. No:

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

00545 GGC0004

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Information Record; Occupational Therapy and Physiotherapy

Last updated by Karyn HENDRY (Karyn Hendry) 2.5 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	Acute Assessment Unit
Specialty	General Medicine
Consultant	Unknown
Assessment completed by	Occupational Therapist

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	t2dm IHD AF Gout CABG HTN	Reason for referral / management instructions	Mobility assessment
		Risks / precautions / contraindications / allergies / red flags	—
Present complaint / history of present complaint	New onset R U/L numbness, R LL weakness CTB Showed established lacunar infarct R, Plus established lacunar infarct L		

Current / pending investigations	Yes	Details	reviewed by stroke team- continue with medications impression- Left LACI - CTB - reported as established - could be sub-acute For U/S Doppler 24/11/23 and outpatient stroke follow-up For d/c from AAU if PT happy

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Relevant drug history on admission	As per drug prescription chart (Kardex)
Smoker	No

Personal and Social Circumstances

Personal and social circumstances	Details		
Obtained from	Patient		
Lives With	Spouse / Partner	Details	—

Accommodation

Accommodation	Details
Type	4 In a block
Level	Lower floor

Home Information

Home information	Details		
Ownership	Information not required		
Door Entry System	—	Key Safe	No
Telecare	—	Community Alarm	No
Heating	—		
Bedroom location	All on 1 level	Bath/ Shower room location	All on 1 level
Internal stairs	No	External stairs	Yes
		Number	1
		Handrail Ascending	Nil
Ability to negotiate stairs or steps	Independent	Stair lift	No
Further home information	—		

Previous Level of Mobility

Previous mobility	Details		
Indoor	Independent	Further details	—
Outdoor	Independent	Further details	walks good distances , e.g. recently doing 12000 steps on holiday frequently

Previous Transfers

Previous transfers	Details

MOUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

Bed	Yes	Details and Equipment	independent
Toilet or Commode	Yes	Details and Equipment	independent
Bath	Yes	Details and Equipment	over bath independent
Shower	Yes	Details and Equipment	independent
Chair or Wheelchair	Yes	Details and Equipment	independent
Other Transfer	—		
Additional information	—		

Falls

Falls	Details		
How many falls in the last year	0	Any sustained injury	—
		Further Information	—
Mechanism of fall	—		

Sensory Function

Sensory function	Details		
Vision	Intact		
Hearing	Impaired	Further details	L Hearing aid
Communication	Intact		
Additional information	No cognitive or visual deficits identified from medical/stroke review. No communication difficulties.		

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	—
Dressing	Independent	Further details	—
Eating and drinking	Independent	Further details	—
Medication	Independent	Further details	—
Additional information	—		

Domestic Life

Domestic life	Details		
Shopping	—	Further details	shares tasks with wife
Laundry	—	Further details	shares tasks with wife
Housework	—	Further details	shares tasks with wife

Meal preparation	—	Further details	shares tasks with wife
Driving	independent	Further details	has been given driving advice by stroke team
Childcare	—		
Additional information	—		

MCUTREY, David (Mr)
BORN 22-Jun-1954 (71y) GENDER Male
CHI 2206546116

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	previously attended cardiac rehab- now goes to own gym 3 x weekly through live active referral

Lifestyle and Leisure

Lifestyle and leisure	Not completed at this time

Physical Activity

Physical activity	Not completed at this time

Employment

Employment	Details		
Employment Status	Retired	Details	—
Outcome	Information not required		

Finance

Finance	Not completed at this time

Form completed by a student	No

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name: [redacted]	Ward: 6
CHI number: 2208546116 M MOUTREY David 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ	Discharge destination: Home
	Estimated Discharge Date (1) 20 / 10 / 24
	Estimated Discharge Date (2) / /
	Final date of discharge: 17 / 10 / 24

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		AR	
Relative/carer informed	✓		AR	
Relative/carer involved in discharge planning discussions	✓		AR	
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓		AR	
Ambulance: 1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Immediate Discharge Letter completed	✓		AR	
Compliance aids e.g. Dossette Box (involve pharmacist)		✓	AR	
Medication received	✓		AR	
Medication explained to patient and/or relative/carer	✓		AR	
Own medication returned to patient	~~✓~~	✓	AR	
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓	AR	
Informed of discharge				
Social work/ Other agencies		✓	AR	
Homecare		✓	AR	
Homecare request form completed?		✓	AR	
Discharge lounge handover completed?		✓	AR	
Physiotherapist		✓	AR	
Occupational Therapist		✓	AR	
Dietitian		✓	AR	
Speech and Language Therapist		✓	AR	
Clinical Nurse specialist		✓	AR	
Liaison/ District Nurse/Practice Nurse		✓	AR	
Other discharge items				
Access arrangements (e.g. keys, door entry)	✓		AR	
Patients clothing available for day of discharge	✓		AR	
Valuables e.g. cashier		✓	AR	
Intravenous cannula removed		✓	AR	
Equipment ordered (inc. walking aids) in place for discharge		✓	AR	
Part 2 Discharge letter - Required		✓	AR	
- Completed		✓	AR	
Outpatient clinic appointment				
Arranged		✓	AR	
To follow		✓	AR	
If unknown at time of discharge state reason		✓	AR	
Additional information / leaflets / factsheets		✓	AR	
Time of Discharge:	1230			
Nurse's signature: [signature]	Designation: S/N		Date: 17/10/24	

Patient name .

Patient CHI

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

C2 -

(2)

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: fagtop

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: fagtop

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: fagtop

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 ...2206546116
MOUTREY M
David 22/06/1954
Patient CHI ...11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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 [signature] Name M. MUTREY Designation S

Signed _____ Name _____ Designation _____

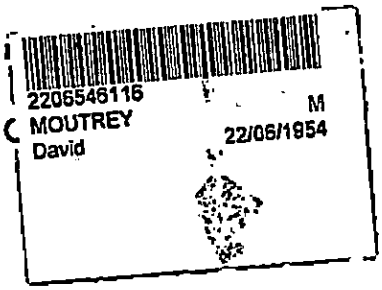
Signed _____ Name _____ Designation _____

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

			Times	12/4/25									
	1	THINK DELIRIUM Is the patient more confused/drowsy than normal? If yes inform registered nurse.		N									
	2	PAIN: ASSESS AND ADDRESS Is the patient distressed or in pain?if yes inform registered nurse.		N									
S	3	SKIN INSPECTION Pressure areas checked?		NT									
		R = RED D = Discloured PU - Pressure Ulcer INT = Intact M = Moisture		I									
K	4	KEEP MOVING Has the patient moved or walked?		I									
		Bed R =Right side (30°) tilt L =Left side (30°) tilt B =Back Chair W/ST = Assist to walk / stand		B									
		ELIMINATION Does the patient need the toilet?		I									
I	5	I = Independent A - Assistance given IC = Incontinent (urine/ faeces)		I									
N	6	FOOD FLUIDS AND NUTRITION Is the patient nil by mouth?		N									
		Drink taken?		N									
		Food, snack, or supplements taken?		N									
		Has oral hygiene been carried out as per care plan?		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 the lowest position?		Y									
	8	INFORMATION Is there anything else I can help you with? Inform the patient of the time of return		NT									
	9	ESCALATION Is there anything else I can help you with? Inform the patient of the time of return		N/A									
		Care provider		MA									
		Role		S/N									

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

Patient i



Patient C

Hospital:	Points to consider:
	• Use within 8 hrs of admission to care area
Ward:	• 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.

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

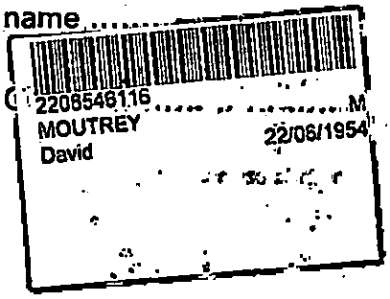
te	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
/ /	:							____hrly	
/ /	:							____hrly	
/ /	:							____hrly	

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

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

Patient name .....

Patient C



NHS
Greater Glasgow and Clyde

Nursing notes cont.

Date and Time		Name/Signature

Patient nar

Patient CH

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

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									
Nursing notes updated including (NEWS, MEWS,PEWS)									
FFN (provide details)									
IVI/IVABs									
Routine Medications prescribed and administered									
Falls risk assessment									
Skin assessed and supported (PURDRA)									
Analgesia assessment									
Nurse call system in place									
SBAR commenced									
Patient/ relatives updated									
Elimination needs met (does the patient know where toilet is)									
If patient not in cubicle space think about patients dignity requirements eg hearing aids, mobility aids, glasses, interpreter									
STOPPS completed									

Patient name

Patient CHI

2205546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

NHS
Greater Glasgow and Clyde

Nursing notes

Date and Time		Name/Signature
18/10/24 1155.	Pt in C2 Awaiting cubicle for medical r/v ~~~~~ P Cairns (S/N).	
13/01/24 12:45	Patient admitted to cubicle 2. NEWS = 5, Resp = 23 O2 Sats 97% on 3LO2, Temp 38.7.	
	ECG ☑	
	LIAT ☑	Jag temp M. Kettle SJ

My Admission Record

NHS Greater Glasgow and Clyde

Hospital: GRI Ward: 51
Date of Admission: 12/6/20 Time: 1830
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 70 Telephone Number:
Consultant:

Na[illegible] M
2205548116 22/06/1954
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ
CHI:
Affix [illegible] ID label

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: Laura Kennedy	Name:
Relationship: partner	Relationship:
Address:	Address:
Telephone: 07	Telephone:
Is this person aware of your admission?	Is this person aware of your admission?
Yes ☑ No ☐	Yes ☐ No ☐
Can we share information with this person?	Can we share information with this person?
Yes ☑ No ☐	Yes ☐ No ☐

Presenting Complaint / Diagnosis

Fracture

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

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

No known allergies ☑

Relevant past medical history

Scaphoid

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

Power of Attorney / Guardianship / Adult with Incapacity

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

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☐

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

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

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

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

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

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

Name: [redacted]
Address 2205546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
DoB: ___ M 22/06/1954
CHI: ___
Affix patient ID label

Carbapenemase-producing enterobacteriaceae (CPE)

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

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

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

MRSA Screening

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

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

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

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

If **YES inform the IPCT** ☐

Name:
Address
2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954
DoB:
CHI:
Affix patie

Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☑ when did you stop? 9 years ago

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): Priyanca

Signature:

Designation: Staff Nurse

Date: 15/10/19

My Assessment Record

Na
Ad
2208546116
MOUTREY
David
M
22/06/1854
Dc
Cl
Affix patient ID label

1. Breathing and Circulation

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

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems			
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: _____			

Nam [redacted]
Addr
2205548116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
DoB: Bishopbriggs
CHI: Glasgow, Dunbartonshire
G64 1JQ
Affix

3. Senses

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

Can you describe where and what the pain is like?

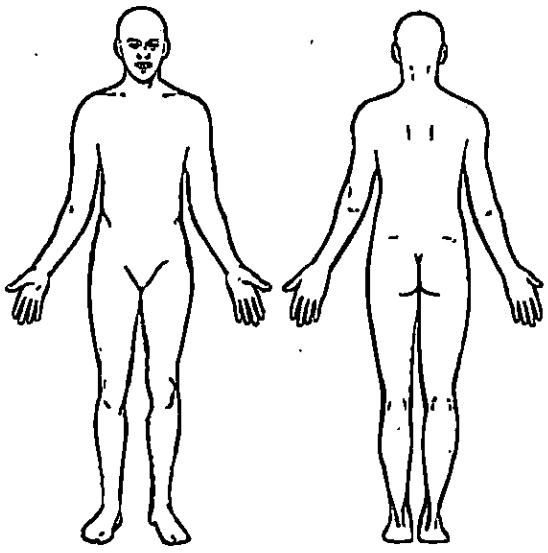
Have you had treatment / intervention for the pain?

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

Can you describe any chronic pain that you have?

What makes the pain better?

Mark current pain on body chart



Name: 2206546116
Addre: MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
DoB: Glasgow, Dunbartonshire
CHI: G64 1JQ
Affix patient ID label

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?

Normal Diet Fluids

What do you not like to eat and drink?

Some Vegetables

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		

N
A 2208546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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		

Name: MOUTREY David M
Addre: 11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
DoB: 22/06/1954
CHI: G64 1JQ
2206548116
Affix patient ID label

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? Today

How often in a day/week do you have a bowel movement? Per day 1 Per week 7

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?			

Nam
Addr 2208546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
DoB Bishopbriggs
CHI Glasgow, Dunbartonshire
Affix G64 1JQ

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

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

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

Pressure ulcer identified on admission: Yes ☐ No ☑

Pressure Ulcer Grade: _____

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

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

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

Nam
Addr
2206546116
MOUTREY
David
11 Montrose Terrace
DoB: Bishopbriggs
CHI: Glasgow, Dunbartonshire
Affix
I
M
22/06/1954
G64 1JQ

8. Mobility

Mobility	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's mobility needs
Fully mobile and independent		✓	uses stick for long distance
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?		✓	

Nai
Adi 2206546116
MOUTREY M
David 22/03/1954
11 Mo
Bi
Do
CH
Affix patient ID label

11. Social Circumstances

Do you:

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

Other please specify_____ ☐

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

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☐ Referred ☐

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

12. Emotional and Spiritual Care

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

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

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

Healthcare Chaplain informed Yes ☐ N/A ☐

Name:
Address
2206546116
MOUTREY M
David 22/05/1954
DoB 11 Montrose Terrace
CHI: Bishopbriggs
Glasgow, Dunbartonshire
Affix G64 1JQ

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.

Cotwell, Cat Lover

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?

Partner

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:
A 2206546116
MOUTREY M
David 22/06/1954
D 11 Montrose Terrace
Bishopbriggs
C Glasgow, Dunbartonshire
A [redacted]

Required Support

Has the patient and / or carer been advised of the hospital Support and Information Service?
Yes ☐ No ☐

Referrals can be made via the central phone number: 0141 452 2387

Has the carer been advised of the Carers Information Line?
Yes ☐ No ☐ Not appropriate at this time ☐

Carers Information Line: 0141 353 6504

Carers Information Leaflet provided?
Yes ☐ No ☐

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

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

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

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

Name: _____

Address: _____

_____

2206546116
MOUTREY M
David 22/08/1954

DoB: __

CHI: __

Affix pat

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

N
A 2208546116
MOUTREY M
David 22/08/1954
11 Montrose Terrace
Bishopbriggs
D Glasgow, Dunbartonshire
C G64 1JQ
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Nam
Addı
2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954
DoB:
CHI:
Affix

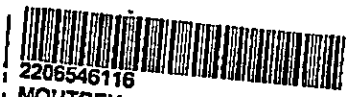
Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate



2206546116
MOUTREY
David M
11 Montrose Terrace 22/08/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time		Signature, Print Name & Designation
	Transferred to ward 6.	
14/10/24	Observations as per NEWS. On 3L O2	
1845	SATs stable.	
	Transferred from chair to chair.	
	Admitted with Flu A +ve, LRTI.	
	PMH: V fib Arrest, PCI x3, CABG, T2DM, A flutter, psoriasis, HTN, BPH, low IV function, TIA Feb '22.	
	Plan: -3L O2	
	- IV Amox	
	- Tamiflu	DK
	- Sputum	L Kinnaird (SN)
15/10/24	Nursing Nightshift	
0445	A - NEWS stable. Remains on 3L O2	
	B - charts up to date	
	C - IV Amox given ✓ Patient refusing to use commode in sideroom despite being flu A +ve. Explained he is putting other patients at risk by using the toilet. He states he does not care. Moved patient into another sideroom with his own toilet. Await sputum sample ☐	
	D - Nil.	R Mackay (SN)

83949 CGC0072

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	
	Nursing Dayshift
15/10/24	Observations stable as per NEWS.
1605	Weaned off O2 + SATs stable.
	Medication accepted as per Hepma.
	IVAST ✓ Commenced on salbutamol neb. Sputum pot for sample on table
	Mobile to bathroom independently.
	Diet and fluids accepted
	Bloods taken - await D-Dimer. — TCh &
	All care as per plan — T. KHALID. (SN)
16/10/24	Nursing Nightshift
03⁰⁰	A= NEWS = 0 Saturating well off oxygen.
	B= Checked and up to date.
	C= Sputum sample Sent ✓
	- IVOSTED to oral amox. Venflon removed ✓.
	- IND to toilet overnight
	- No complaints of pain — CARES
	D- AW d-dimer result. — IARMBALD SN
	Remains barriered for FU tue.
16/10/24	Nursing Day Note.
@15 50	(A)= NEWS 0 BMS Stable.
	(B)= Bedside charts checked + updated as able
	(C)= Pt settled mobilising as able.
	= For home tomorrow
	Remains Barrier nursed
	(D) : Nil — A. Renna S/N

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☑

Please tick ✔ appropriate directorate

2206546116
MOUTREY
David M
22/08/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date & Time	Nursing Nightshift	Signature, Print Name & Designation
17/10/24	A= NEWS=0.	
0252.	B= checked and up to date.	
	C= - Barrier for FIVA +ve count.	
	- No complaints of pain, IND.	CARMS
	- (H) tomorrow.	ARMSTRONG SW
	D= NJ	
	Nursing Day Note.	
-	Pt settled A/W meds for D/C home.	
-	Pt arranged own transport home.	
-	Discharged with IDH + medications required NEWS 0	
	Discharge checklist completed	SW

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

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
18/10/24	Now O2 - 6L via		18/10/24	Getting better admin	
	Mask				
	Known COPD				
16/10/24	Maintaining airway on				
	room air Scale 1 sats.		18/10/24	5. Hydration and Nutrition	
				On normal Diet and	
				fluids - Does not like	
18/10/24	2, 3. Communication and senses			some vegetables	
	Uses hearing aids				
	always				
			13/10/24	6. Elimination	
13/10/24	4. Cognitive status			Continence	
	Alert and oriented				

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
BLWard	Patient male person		BLWard	Declines bedrail use	
	with DOLS.			Patient not risk assessed	
	Needs podiatry review			He is mobile independent with	
	due ingrowing toe nails			DOLS.	
			BLWard	10. Sleep and Rest	
				NO CSS	
BLWard	8. Mobility				
	Supervision while		BLWard	12. Privacy, dignity and sexuality	
	mobilising due to O2 use			Maintained.	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Hospital & Ward:

Peripheral Venous Cannula (PVC) Insertion & maintenance

Please complete insertion details for each PVC inserted

Care & maintenance to be undertaken & documentation completed twice each day.

Modified Visual Infusion Phlebitis (VIP) Score		
PVC site appears healthy	0	No phlebitis: Continue care and maintenance
Either slight pain or redness near site	1	Possible first signs: Observe PVC site
Two or more: pain / redness / swelling	2	Early stage of phlebitis: **Remove and resite PVC**
All: pain / redness / hardening of surrounding area	3	Phlebitis/thrombophlebitis: **Remove and resite PVC**
As above and including: palpable venous cord	4	**Seek further advice**
As above and including: pyrexia	5	

NHS Greater Glasgow and Clyde

Insertion details: Date: 17/10/24 (Day 1) Time: 9:__	**Where inserted:** ☐ ED ☐ Theatre ☐ ITU/HDU ☐ Ward ____ ☐ Unknown	**Insertion site:** ☐ Hand ☐ Arm Other ____	**Side:** ☐ Left ☐ Right	**Size of cannula:** ☐ 26G Purple ☐ 24G Yellow ☐ 18G Green ☐ 23G Blue ☐ 16G Grey ☐ 20G Pink ☐ 14G Orange	**Inserted by:** Print: ____ Signature: ____ Designation: ____
Clinical Indication:	☐ Diagnostics	☐ Resuscitation	☐ IV medications	☐ Fluids	☐ Transfusion
Insertion criteria:	Hand hygiene performed ☐ Yes ☐ No	Skin decontamination (2% chlorhexidine in 70% isopropyl alcohol) ☐ Yes ☐ No	Sterile transparent semi-permeable dressing affixed ☐ Yes ☐ No	PVC explained to patient/carer ☐ Yes ☐ No	

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

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

Signs of local or systemic infection

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

Systemic Infection
- Hypotension
- Tachycardia
- Pyrexia

Adult IVOST Guideline:

Paediatric IVOST Guideline:

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

IV → Oral Antibiotic Switch Therapy (IVOST) Guideline

Review need for IV antibiotics daily
Can antibiotic therapy be stopped? (eg: alternative diagnosis)?
If ongoing antibiotics required - document patient progress/IVOST plan within 72 hours

Switch to oral when:

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

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

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

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

Record the stop date on HEPMA

If IVOST criteria met → Switch to oral
Review MICROBIOLOGY results and NARROW THE SPECTRUM based on cultures
IF not responsive MICROBIOLOGY switch to oral as outlined below

Name: 2206546116 M
Addres MOUTREY David 22/06/1954
CHI:
DOB:
Hospita

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

NHS Greater Glasgow and Clyde

Maintenance – to be completed twice daily (Observe for signs and symptoms of local or systemic infection)													
Date	Need for PVC reviewed today?		Any sign of PVC site infection?		Is the dressing intact?		Before / after PVC procedures; hand hygiene performed?		PVC patent?		What has been done?		Sign: Print: Designation:
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	
Day 1 Insertion Date 13/10/24	☑ Yes ☐ No	☐ Yes ☐ No	VIP 0	VIP	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 2 14/10/24	☑ Yes ☐ No	☑ Yes ☐ No	VIP 0	VIP	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Left in situ ☐ Redressed ☐ Removed	☑ Left in situ ☐ Redressed ☐ Removed	Day Night R. MacKay
Day 3 15/10/24	☐ Yes ☐ No	☑ Yes ☐ No	VIP	VIP 0	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☑ Removed	Day Night
Day 4	☐ Yes ☐ No	☐ Yes ☐ No	VIP	VIP	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 5	☐ Yes ☐ No	☐ Yes ☐ No	VIP	VIP	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 6	☐ Yes ☐ No	☐ Yes ☐ No	VIP	VIP	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☑ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 7	☐ Yes ☐ No	☐ Yes ☐ No	VIP	VIP	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Removed	Day Night

PVCs should be removed on day 7. Reassess ongoing needs and vessel health for most appropriate vascular access device. Date removed 15/10/24					
Reason for removal	☐ Site infection	☐ Infiltration	☐ Extravasation	☑ End of treatment	Other:

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2206545116
MOUTREY
David
M
22/06/1954

Hospital: GRI

Ward: 51
→6

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
8/10/20	18:10	N	N	N	N	N	N	4 hrly	
14/10/20	05:15	N	N	N	N	N	N	4 hrly	
15/10/20	03:10	N	N	N	N	N	N	4 hrly	R. Murray
16/10/20	01:15	N	N	N	N	N	N	4 hrly	
17/10/20	01:20	N	N	N	N	N	N	4 hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

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

Prevention of Pressure Ulcer Interven nal Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

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

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

2206546116
MOUTREY M
David 22/06/1954

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 13/10/2024 Time 08:00 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	5ft 8in cm	☐	☑	
Admission Weight	16st 1lb kg	☐	☑	

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

Patients reported normal weight _____ Unable to Recall ☐

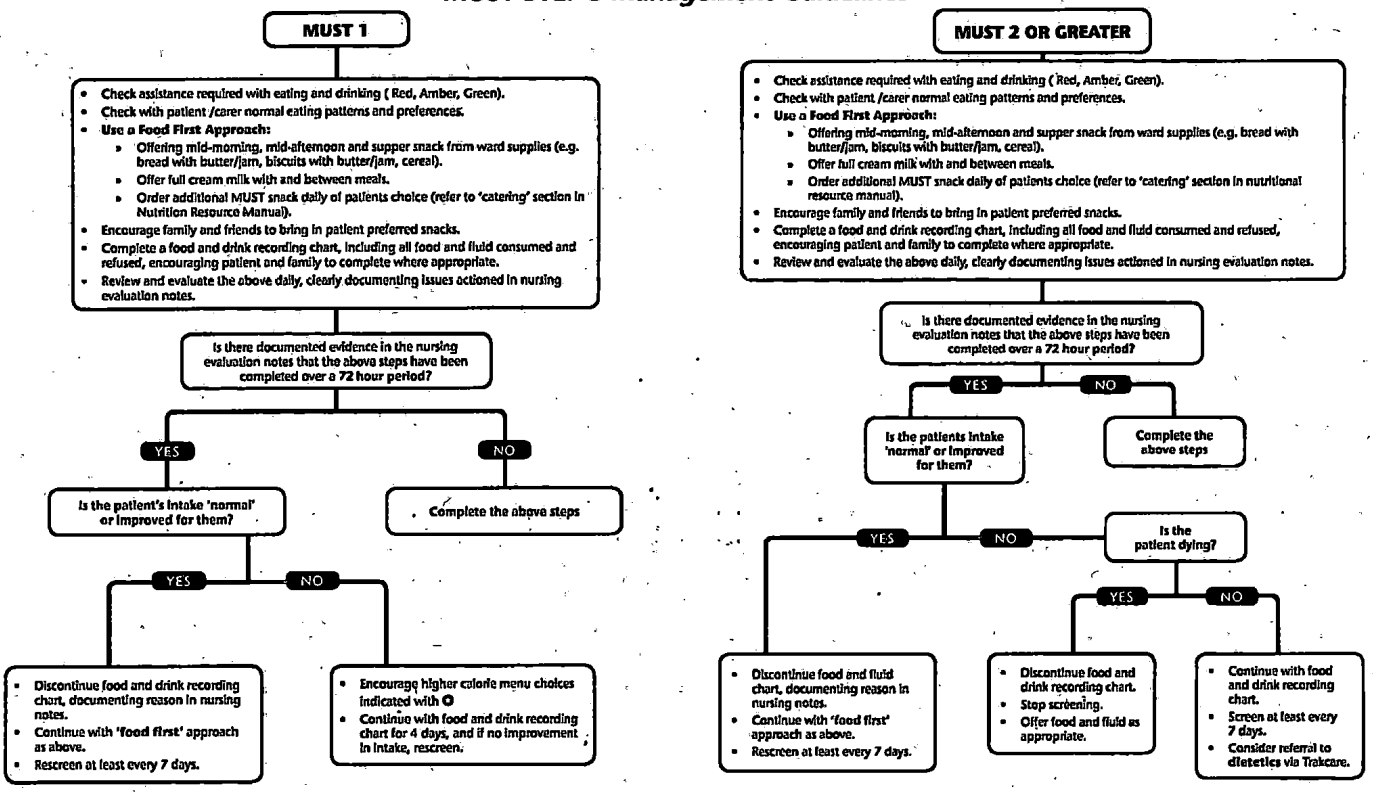
Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☑ Don't Know ☐

Date	03/10/24	15/10/24						
Time	08:10	19:10						
Ward	S1	6						
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)		102.85						
BMI	33	34.5						
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	0	0						
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	0	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	0						
Step 4 Overall Risk of Malnutrition TOTAL	0	0						
Rescreen on	20/10/24	22/10/24						
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

MUST STEP 5 Management Guidelines



DISCHARGE

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

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

mi • 28588 • v3.0 • GGC0250

2208546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

NHS Greater Glasgow and Clyde

AMU

Daily Summary of Fluid Balance

Fluid balance discontinued: date: by:

Routine Urinalysis

Date/Time	13/6/17	13/10						
Bilirubin								
Urobilinogen								
Ketones								
Glucose								
Protein								
Blood								
Nitrite								
pH								
Spec. Grav.								
Leucocytes								
Colour								
Sample(Y/N)	Y	✓						
Comments								
Initial		MM						

Other specimens obtained (eg OPF/MRSA/wound swabs)

Date/Time								
Initial								

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.

2205546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1J

NHS Greater Glasgow and Clyde

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 [illegible] Date & Time 12/10/24 12:45	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	0				
Print initials of assessor	MA				

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)

Affix ID Label

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					

mi • 288912
GGC0138

2208546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1J

Infection Prevention and Control Care Checklist - Influenza

This Care checklist should be used with patients who are suspected of or are known to have influenza, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked √ if in place or X if not, the checklist should be then initialled after completion, daily.

Date isolation commenced: 13/8/24 14/8/24 15/8 16/8 17/8/24

	Patient Placement/ Assessment of Risk.	Daily check (√/x)						
Patient Placement /Assessment of risk	Patient isolated in a single room with *en suite* facilities / own commode. If a single room is not available, an IPCT risk assessment is completed daily. Stop isolation when patient is asymptomatic / back to normal respiratory function for at least 24 hours OR patient has completed a course of antiviral medication. (If patient is ventilated, seek advice from a consultant microbiologist)	✓	✓	✓	✓			
	Place yellow isolation sign on the door to the isolation room	✓	✓	✓	✓			
	Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed (Back page).	✓	✓	✓	✓			
Standard Infection Control & Transmission Based Precautions	**Hand Hygiene (HH)**							
	All staff must use correct 6 step technique for hand washing at 5 key moments	✓	✓	✓	✓			
	HH facilities are offered to patient after using the toilet or during coughing/sneezing episodes and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)	✓	✓	✓	✓			
	Personal Protective Clothing (PPE)							
	Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. HH must follow removal of PPE.	✓ ✓	✓ ✓	✓ ✓	✓ ✓			
	Staff are wearing face protection i.e. goggles/mask where there is a risk of body fluid splashing onto the face or when within 1m of patient.	✓	✓	✓	✓			
	Staff are wearing appropriately fitting FFP3 masks during Aerosol Generating Procedures (AGPs). (See Table 1 below for list of AGPs)	✓	✓	✓	✓			
	Visitors participating in patient care should be offered appropriate PPE.	✓	✓	✓	✓			
	Safe Management of Care Equipment							
	Single-use items are used where possible or equipment is dedicated to patient while in isolation.	✓	✓	✓	✓			
	There are no non-essential items in room. (e.g. Excessive patient belongings)	✓	✓	✓	✓			
	Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of Actichlor Plus (or equivalent)	✓	✓	✓	✓			
	Safe Management of Care Environment							
	Twice daily clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm Actichlor Plus (or equivalent). A terminal clean will be arranged on day of discharge/ end of isolation.	✓	✓	✓	✓			
	Laundry and Clinical/Healthcare waste							
	All laundry is placed in a water soluble bag, then into a clear plastic bag (brown bag in mental health areas), then into a laundry bag	✓	✓	✓	✓			
	Clean linen must not be stored in the isolation room.	✓	✓	✓	✓			
	All waste should be disposed of in the isolation room as clinical/ Healthcare waste	✓	✓	✓	✓			
Information for patients/carers	**Information for patients and their carers**							
	The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available	✓	✓	✓	✓			
	If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry is placed into a water soluble bag and then into a patient clothing bag before being given to carer to take home)	—	✓	✓	✓			
	HCW Daily Initial :	RD	RM	[illegible]	[illegible]			

Date isolation ceased/ Terminal Clean Requested: .....

Care Checklist completed and signed off by: .....

Table 1

List of AGPs

- Intubation, extubation and related procedures e.g. Manual Ventilation
- Tracheostomy/tracheotomy procedures
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non-invasive ventilation (NIV) e.g. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation (CPAP)
- Hi-frequency oscillatory ventilation
- Induction of sputum

Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

2206548116
Pa MOUTREY M
David 22/08/1954

NHS Greater Glasgow and Clyde

Daily Assessment / Review Required

	COMMENTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by *Initials*	RO	[illegible]	15/10	16/10				
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, *C. difficile*, Influenza, pulmonary tuberculosis. *Please state*	Flu A +ve	[illegible]	RM	CA				
Infection Control Risk, e.g. unable to isolate, unable to close door of isolation room. *Please state*	Nursed in a single room, mandating aseptic technique.	[illegible]	RM	CA				
Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. *Please state*	N - A	[illegible]	RM	CA				
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. *Please state*	PPE used always. IPC protocol adhered to.	[illegible]	RM	CA				
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? *Yes / No*			RM	CA				
Summary Detail of Resolution								

Daily risk assessments are no longer required **Signed** _____ **Date** _____

Fluid Balance Chart

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Hospital: QEK
Ward: S1
Date: 13/10/2021

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: _____

NHS Greater Glasgow and Clyde

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input								Running Total	Output						Running Total	Initials
	Oral Fluids		Enteral		IV / Other					Urine	Gastric / Vomit	Bowel	Type	Type	Type		
	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					WF	1000	(b)			300							
19:00																	
20:00																	
21:00																	
22:00										300							
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.

Are any of the risk factors below relevant?

Acute Clinical Condition
- Increasing NEWS Score
- Decreased Urine Output
- Suspected/ Evidence of SIRS/ Sepsis

Excessive Fluid Loss
- Vomiting
- Diarrhoea
- Urine output >200mls/hr
- High output stoma

Clinical Signs of Dehydration
- Dark coloured urine
- Dry Mouth
- Abnormal Urea and Electrolytes

Functional/Cognitive ability to maintain hydration and the requirement to monitor fluid balance
- Dementia
- Muscle Weakness or Trauma.

Underlying condition with high risk of fluid electrolyte imbalance

Commenced or Prescribed IV Fluid Therapy

Commenced or Prescribed Artificial Nutrition Support e.g. Total Parenteral Nutrition, Enteral Nutrition

Routine post operative management

None are applicable or relevant → Reassess daily or if clinical condition changes

One or more are applicable or relevant → Consider commencement of Fluid balance chart*

Able to manage Oral Intake
- Ensure patient is aware of importance of taking fluids
- Identify patient preferences for oral fluids e.g. drinks only tea
- Ensure fluid balance chart is accurately completed at all times
- Use red lid water jug to identify to staff that patient requires fluid intake to be monitored

Unable to manage oral Intake sufficiently
- Ensure review of patient condition by medical staff to consider supplementary fluids e.g. IV 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

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1J

Hospital: GRI
Ward: 51
Date: 14/10/24

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? NHS Greater Glasgow and Clyde
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

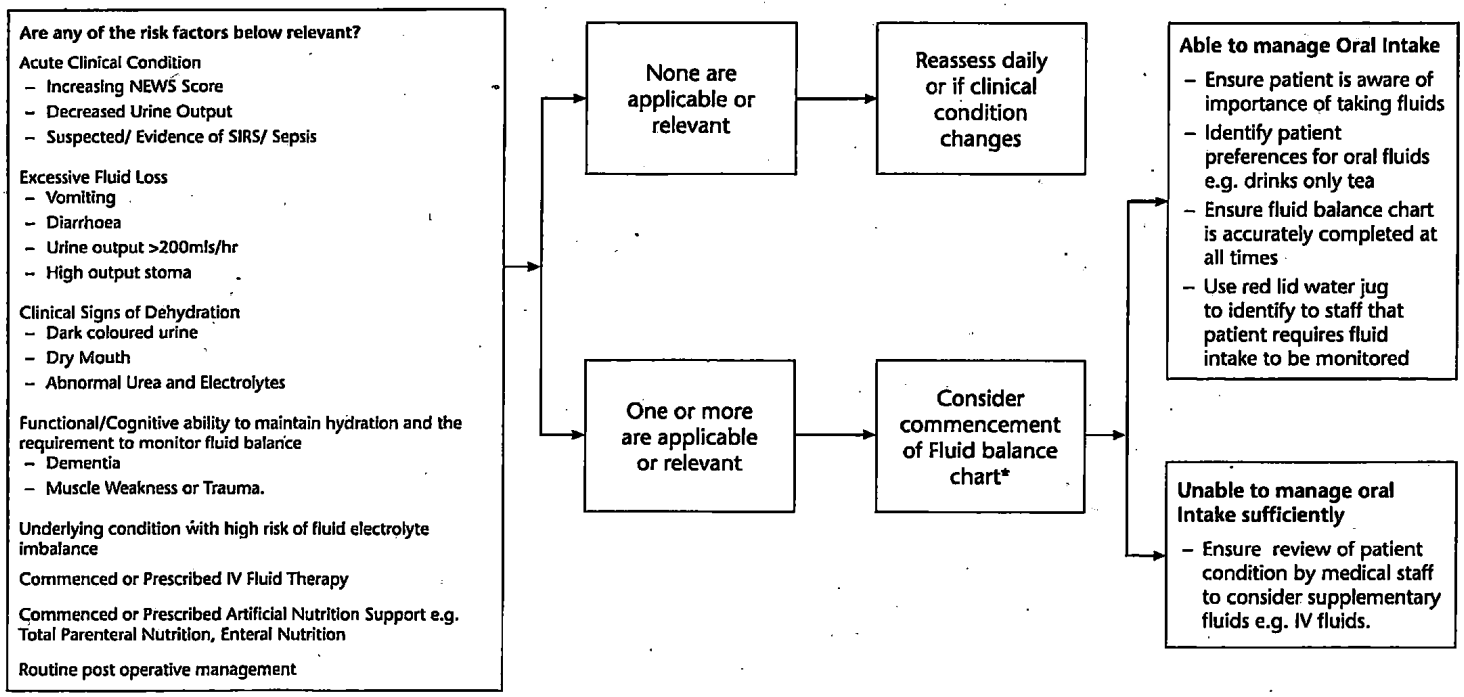
Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total INPUT	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume									
00:00					IVF	500											
01:00																	
02:00										300							
03:00																	
04:00																	
05:00																	
06:00										300							
07:00																	
08:00																	
09:00										250							
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

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: 18/10/2014

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

NHS Greater Glasgow and Clyde

Attach Address:

Ward: 51

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

1. Signed _____ Name _____ Designation SW
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	0815	1500																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N																		
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	N	I																		
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	I																		
		Chair Assist to walk or stand (W/ST)	/	I																		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N																		
		Drink taken?	N	Y																		
		Food, snack, or supplement taken?	N	N																		
		Has oral hygiene been carried out as per care plan?	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																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	N																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA																		
		Care provider / role	[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

m1 • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 14/10/24

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 WATSLOP Name WATSLOP Designation SIN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach [redacted]
2208546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Ward: Glasgow, Dunbartonshire
G64 1J

NHS Greater Glasgow and Clyde

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

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

		Times	08:00	10:00	18:30	12:50	20:00
	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:	I	I	I	I	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I			
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					
		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	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N
		Drink taken?	Y	Y	Y	Y	Y
		Food, snack, or supplement taken?			Y	Y	Y
		Has oral hygiene been carried out as per care plan?					I
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y
	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
		Care provider / role	MW	MW	SW	SW	W

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: 15/10/24

Attach A

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Ward: Glasgow, Dunbartonshire
G64 1JQ

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 R.Mackay Name Rhea Mackay Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:
"Help make me feel better"

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

		Times	08	08	08	12	16	16	20											
	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:	NT	NT	NT	NT	NT	NT	NT											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	✓	✓	I	I	I	I	I											
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L	D	B	B	B	B	B											
		Chair Assist to walk or stand (W/ST)	✓	T	W	W	W	W	W/T											
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	I											
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N											
		Drink taken?	Y	N	Y	Y	Y	Y	N											
		Food, snack, or supplement taken?	N	N	Y	Y	Y	Y	Y											
		Has oral hygiene been carried out as per care plan?	N	N	I	I	I	I	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.	NT	NT	NT	NT	NT	NT	NT											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA	NA											
		Care provider / role	LW	LW	LW	LW	LW	LW	LW											

Care Rounds Variance Sheet

Attach 
2206546116
MOUTREY M
David 22/08/1954
11 Montrose Terrace
Bishopbriggs
Ward: Glasgow, Dunbartonshire
G64 1JQ

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

CGC0098 • v2.1 • 278936

Care Rounds Checklist

Date: 16/10/24

Attach A
220546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JT
22/06/195
Ward: 6

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 K MURRAY Designation HCSW
2. Signed _____ Name CARYS ARCHIBALD Designation SIN
3. Signed _____ Name _____ Designation _____

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

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

		Times	22	06	09	15	20	14	18											
	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:	NT	NT	M	NA	M	NT	M											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	/	/	I	I	I	I	I											
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B	B	W	B	W	B											
		Chair Assist to walk or stand (W/ST)	T	W	W	ST	W	I	W											
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	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	Y											
		Food, snack, or supplement taken?	N	N	Y	Y	Y	Y	Y											
		Has oral hygiene been carried out as per care plan?	N	N	I	I	I	I	I											
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y	Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT	N	NT	N	NT											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	N	NA	N	NA											
		Care provider / role	KM	KM	CA	RN	CA	RN	CA											

Care Rounds Variance Sheet

Attach A



2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Ward: Glasgow, Dunbartonshire
G64 1JC

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 • GCC0098

Care Rounds Checklist

Date: 17/10/24

Attach Ad 2205546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Ward: Glasgow, Dunbartonshire
G64 1JQ

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 CARYS ARCHIBALD Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient here is anything they want specifically done today:
Get home.

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

		Times	08:00	10:00	12:00	14:00	16:00	18:00	20:00	22:00	00:00	02:00	04:00	06:00
	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:	NT	I	I	I								
		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	Y								
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	R	R	L	-								
		Chair Assist to walk or stand (W/ST)	I	I	-	-								
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	-	-								
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N								
		Drink taken?	Y	Y	Y	Y								
		Food, snack, or supplement taken?	Y	Y	Y	Y								
		Has oral hygiene been carried out as per care plan?	I	I	-	-								
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y								
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NA	NA		N								
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA		N								
		Care provider / role	CA	CA		CA								

Care Rounds Variance Sheet

Atta
2208546118
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Warc Bishopbriggs
Glasgow, Dunbartonshire
G64 1J

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

2206546116
MOUTREY
David M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1J

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: GR1 Date: 13/10/24 Time: 15:10	Ward: B6 Date: 15/10/24 Time: 03:00	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	Completed	Independent			
2. Check walking aid (if required) is in reach and in use.	N-A	N/A			
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	Yes	✓			
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	Yes	safe ✓			
5. If glasses are worn, check they are available and in use.	N/A	N/A			
6. If hearing aid/s are worn, check they are working and in use.	Yes	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			R.Mackay							

Highlight risk of fall at the ward safety brief.

Patient Details	FALLS INTERVENTIO CHECKLIST	NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

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

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

NHSGGC Bedrail Risk Assessment

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

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

Patient Name:

CHI Number:

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	13/10/24		15/10/24				
	TIME	1800		0810				
	WARD	5B		6				
	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:								
16	Bedrails checked by:	RP		RM					
17	Date	13/10/24		15/10/24					

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

Person Specific (Inpatient) Moving and Handling

2208546116
MOUTREY
David
M
22/06/1954

Person's Name:		Named Nurse:	

1. General Information

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

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	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:	15/10/24	15/10/24	
Assessor's signature:		R. MacKay	
Proposed Review date:		22/10/24	

Continuation Sheet

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

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

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

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

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2205546116
MOUTREY
David M
22/08/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

	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: .....

Pupil Reaction and size
B = sluggish
S = reaction
N = no reaction
C = eyes closed
Pupil Size (mm) 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Date:				
Time:	1101			
	1120			
EYES Open closed by swelling = NT		Spontaneously	4	
		To word	3	
		To pressure	2	
		None	1	
		Not Possible	NT	
VERBAL Endotracheal tube or tracheostomy = NT		Orientated	5	
		Confused	4	
		Words	3	
		Sounds	2	
		None	1	
		Not Possible	NT	
MOTOR Always record the best response		Obeys command	6	
		Localising pressure	5	
		Normal flexion	4	
		Abnormal flexion	3	
		Extension	2	
		None	1	
		Not Possible	NT	
TOTAL	15			
PUPIL Right size: Right reaction: Left size: Left reaction:				
ARMS Record right (R) and left (L) arms separately if there is a difference between the two sides		Normal power		
		Mild weakness		
		Severe weakness		
		Spastic flexion		
		Extension		
		No response		
LEGS Record right (R) and left (L) legs separately if there is a difference between the two sides		Normal power		
		Mild weakness		
		Severe weakness		
		Spastic flexion		
		Extension		
		No response		

2205546116
MOUTREY
David M
22/08/1954

Pain	Function Score
A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. Seek Advice
D	Severe limitations, unable to or refuses to perform because of pain. Urgent Review Required

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

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

CMI • 316654 v5.1 • GCC0264

(2)

DAVID MOUTREY.

NEWS 2 Key | 1 | 2 | 3

| | | |

My Admission Record

NHS Greater Glasgow and Clyde

Name:
Ad
2206546116
MOUTREY M
David 22/06/1954
Do 11 Montrose Terrace
Bishopbriggs
CH Glasgow, Dunbartonshire
Aff G64 1JQ

Hospital: GRI Ward: 43A
Date of Admission: Time: 1745
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐
Preferred Name: Davie David
Age: 68 Telephone Number:
Consultant:

Communication

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

Preferred first contact

Name: Laura Kennedy
Relationship: partner
Address: same
Telephone: 07527 645433
Is this person aware of your admission?
Yes ☑ No ☐
Can we share information with this person?
Yes ☑ No ☐

Preferred second contact

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

Presenting Complaint / Diagnosis

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

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

No known allergies ☑

Relevant past medical history

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

Power of Attorney / Guardianship / Adult with Incapacity

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

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

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☑

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

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

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

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

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

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

Carbapenemase-producing enterobacteriaceae (CPE)

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

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

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

MRSA Screening

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

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

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

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

If **YES Inform the IPCT** ☐

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

Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☑ when did you stop? 7½ years ago

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): DEBORA SUESS Signature: [signature]

Designation: STAFF NURSE Date: 4/6/22

My Assessment Record

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

1. Breathing and Circulation

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

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems	✓		
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?		✓	wears hearing aids
Do you have any difficulties with your speech?		✓	
Do you have a Learning Disability?		✓	
Do you have support from a Learning Disability Team? Contact details: _____		✓	

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

3. Senses

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

Can you describe where and what the pain is like?

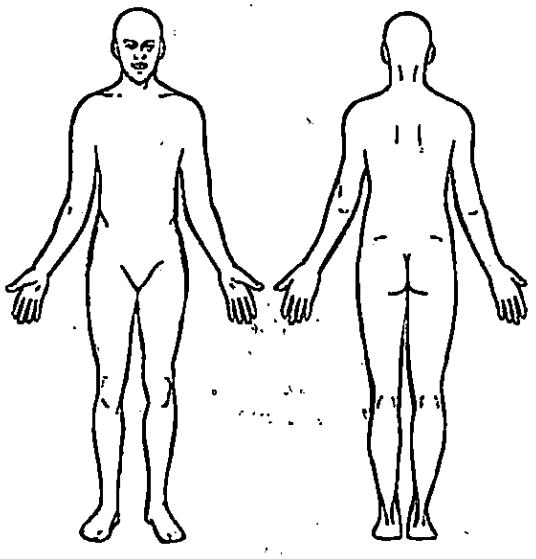
Have you had treatment / intervention for the pain?

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

Can you describe any chronic pain that you have?

What makes the pain better?

Mark current pain on body chart



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

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 not diet o. fluids

What do you like to eat and drink?

does not like vegatables

able to choose from menu

What do you not like to eat and drink?

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		

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
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		

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

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? yesterday

How often in a day/week do you have a bowel movement? Per day 1 Per week 7+

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?			

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

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		✓	Psoriasis
Skin broken			
Skin oedematous			
Skin discoloured / red			

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

Pressure ulcer identified on admission: Yes ☐ No ☑

Pressure Ulcer Grade: _____

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

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

Wound Care	Yes ✓	No ✓	Name: _____ Address: _____ _____ _____ DoB: _____ CHI: _____ Affix patient ID label
Do you have any wounds? **N.B. If yes, complete an assessment chart for wound management**			

8. Mobility

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

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

9. Maintaining a Safe Environment

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

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

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

10. Sleep and Rest

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

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

11. Social Circumstances

Do you:

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

Other please specify Partner ☐

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

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☐ Referred ☐

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

12. Emotional and Spiritual Care

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

no requirement

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

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

Healthcare Chaplain informed Yes ☐ N/A ☐

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
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.

to get out D

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?

partner and friends

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

Required Support

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

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

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

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

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

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

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
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
4/6/22 18:45	Transferred over from GJNH, obs stable, pain free. Commenced on telemetry. All assessments completed. PVC in situ. Covid swab obtained and sent. Done	SNC RGN D.SNEDDON

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

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
4/6/22 18:45	highlighted that his partner tested positive for covid yesterday → side room allocated, all precautions in place. Buzzer to be used later guided. Referred to cardiac who to monitor at present	

Nar
Adc 2206546116
MOUTREY M
David 22/06/1954
DoI
CHI
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Acute Services Division

Disch

NHS Greater Glasgow and Clyde

Patient's na: 2206546116 MOUTREY M David 22/06/1954 11 Montrose Terrace CHI numbe: Bishopbriggs Glasgow, Dunbartonshire G64 1JQ Apply addressograph label	Ward: UB4 Discharge destination: Home Estimated Discharge Date (1) 7/6/22 Estimated Discharge Date (2) / / Final date of discharge : / /

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓			
Relative/carer informed	✓		CM	By Patient
Relative/carer involved in discharge planning discussions				
Others informed: Care Home				
Transport arranged				
Own transport (preferred option)	✓		CM	
Ambulance: 1 man/ 2 man am/pm				
Other: Flight, Air ambulance etc.				
Discharge medication				
Immediate Discharge Letter completed	✓		CM	
Compliance aids e.g. Dossette Box (involve pharmacist)		✓	CM	
Medication received	✓		CM	
Medication explained to patient and/or relative/carer	✓		CM	
Own medication returned to patient		✓	CM	
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓	CM	
Informed of discharge				
Social work/ Other agencies		✓		
Homecare		✓		
Homecare request form completed?		✓		
Discharge lounge handover completed?		✓		
Physiotherapist		✓		
Occupational Therapist		✓		
Dietitian		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist		✓		
Liaison/ District Nurse/Practice Nurse		✓	CMurd	
Other discharge items				
Access arrangements (e.g. keys, door entry)	✓		CM	
Patients clothing available for day of discharge	✓		CM	
Valuables e.g. cashier		✓	CM	
Intravenous cannula removed	✓		CM	
Equipment ordered (inc. walking aids) in place for discharge		✓	CM	
Part 2 Discharge letter - Required		✓	CM	
- Completed				
Outpatient clinic appointment				
Arranged	✓		CM	see dc letter.
To follow				
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				
Time of Discharge:				
Nurse's signature: C. Murd	Designation: DAN		Date: 7/6/22	

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write or affix

2206546116
Name: MOUTREY
DOB: David 22/06/1954 M
Ward: 11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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: 3/6/22 Hospital: GJNH 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: Verbal

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 4/6/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☑ N/A ☐	
Day 1 Check 2 Night 4/6/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	
Day 2 Check 1 Day 5/6/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	SM
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: 5/6/22

*Reason For Removal: not required

Modified Visual Infusion Phlebitis (VIP) Score

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

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

2206946116
MOUTREY M
David [redacted] 22/06/1954
11 Montrose Terrace [redacted]
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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
4/6/22	No issues		4/6/22	Family getting out	
DM					
				5. Hydration and Nutrition	
				Normal diet and fluids	
	2, 3. Communication and senses				
	Able to communicate well, keeps glasses and hearing aids				
				6. Elimination	
	4. Cognitive status			Continent no issues!	
	Alert and orientated				

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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
4/6/22	Independent with all ADL		4/6/22	Alert, buzzer to hand	
				10. Sleep and Rest	
				Normally sleeps well	
	8. Mobility				
	Independent, no [illegible]			12. Privacy, dignity and sexuality	
				Male, no issues	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2206546116 MOUTREY M David 22/06/1954 11 Montrose Terrace [illegible] Bishopbriggs Glasgow, Dunbartonshire G64 1JQ	Hospital: GRI Ward: 43A	**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
4/6/22	1850	N	N	N	N	N	N	2 hrly	
5/6/22	02:00	N	N	N	N	N	N	4 hrly	
6/6/22	01:00	N	N	N	N	N	N	4 hrly	
7/6/22	0230	N	N	N	N	N	N	4 hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

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

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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

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

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan: 5/6/24	Check: • Pressure areas 24 hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: ✓ • Cushion: • Detail additional pressure redistributing equipment:	• Reposition 1st hourly in bed and chair. • Overnight patient / carer has agreed to repositioning 1st hourly • Specify any manual handling equipment used:	• Skin care to be carried out 24 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 ☑	1st 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: ____

2206546116
MOUTREY M
David 22/06/1954

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 4/6 Time 18:10 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	168 cm	☑	☐	
Admission Weight	107 Kg	☑	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

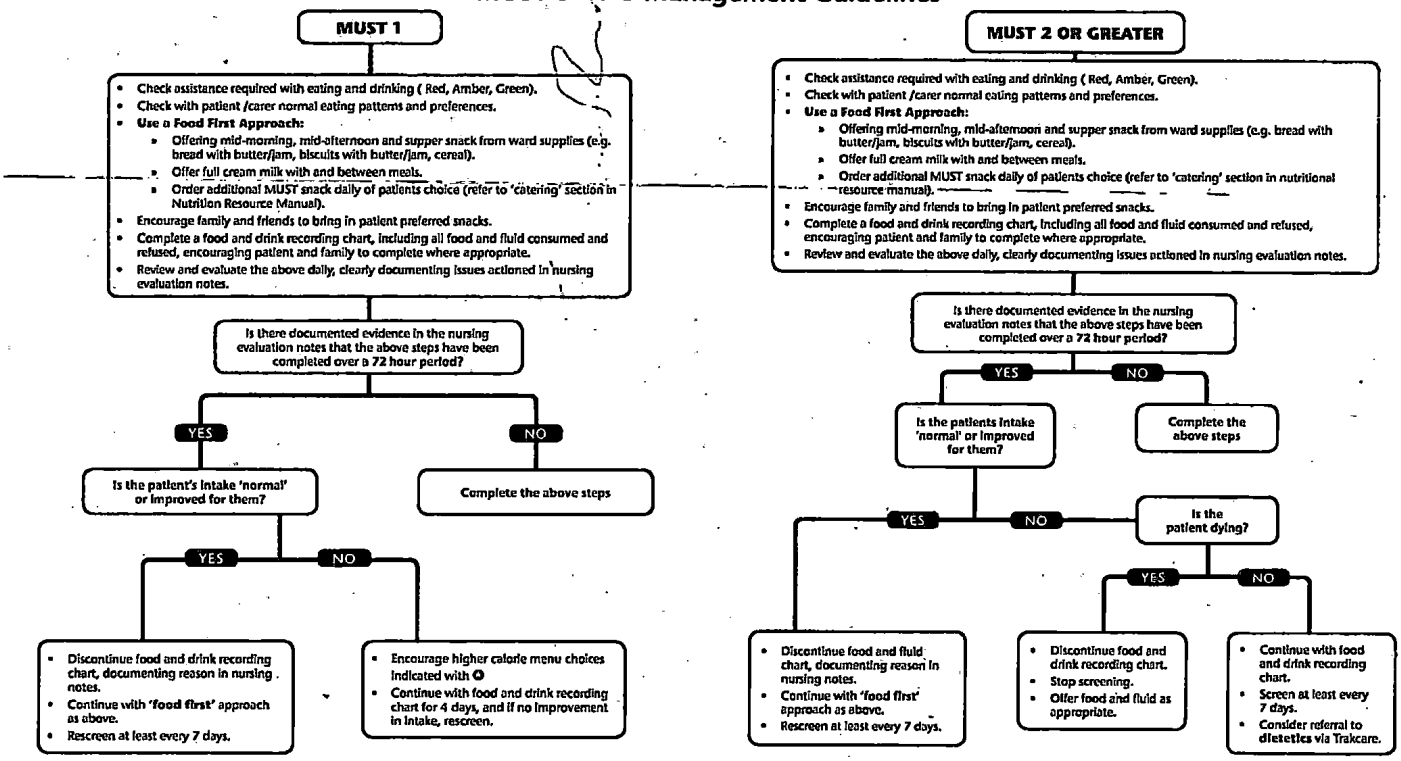
Any unplanned weight loss in the last 6 months Yes ☐ how much_____ No ☐ Don't Know ☐

Date	4/6							
Time	18:10							
Ward	43A							
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)	107							
BMI	38							
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	11/6							
Signature								

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

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

MUST STEP 5 Management Guidelines



DISCHARGE

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

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

mi • 285884 v3.0 • CGC0250

2206546116
MOUTREY, David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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: 434 Date: 4/6 Time: 18:10	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----	Ward: Date: Time: ----:----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	Y				
2. Check walking aid (if required) is in reach and in use.	N/A				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	Y				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	Y				
5. If glasses are worn, check they are available and in use.	Y				
6. If hearing aid/s are worn, check they are working and in use.	Y				

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

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

2206546116
MOUTREY
David M
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ
22/06/1954

Pe[illegible]ent) Moving and Handling Assessment Form

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

1. General Information

Body Build			
Weight	Height	Problems with comprehension, behaviour, co-operation (specify):	
107 Kg	168 cm	None	
38 BMI		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):	
Risk of Falls: Yes	No	None	

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	4/6/22		
Assessor's signature:	[signature]		
Proposed Review date:	11/6/22		

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		
BMI	cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
Risk of Falls: Yes	No	

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

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

NHSGGC Bedrail Risk Assessment

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/08/1954

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

Patient Nai
CHI Numb

Use guidance on the reverse of this document when completing this Risk Assessment	DATE	4/6/22							
	TIME	18:40							
	WARD	L3A							
	HOSPITAL	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]							
16	Bedrails checked by:								
17	Date	4/6/22							

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

Valuables Checklist

Pa

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date: 4/6/22

Does the Patient have Capacity Yes☑ No☐

Patient with Capacity

Patient informed and understands that hospital

Does not accept responsibility for any valuables

Brought into hospital Yes ☐ No☐

If Patient requires their valuables secured, please follow hospital protocol

Patient with Incapacity

Valuables on Patient Yes ☐ No☐

Valuables stored by ward Yes ☐ No☐

NOK Aware Yes ☐ No☐

Return of Valuables

Patient/ Relatives signature _____

Signature of patient if able : _____

Signature of Nurse : _____

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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

	Ward 334 Date & Time 4/6/22 13:00	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
(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**					
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	0				
Print initials of assessor	LM				

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)

TIME checklist to guide Delirium risk reduction, Identification and Management

The TIME checklist is a joint medical and nursing responsibility.

Affix ID Label

NHS Greater Glasgow and Clyde

	Triggers, Investigate, Manage and Engage	Date	Date	Date	Date	Date
	Think possible triggers for delirium	Tick box	Tick box	Tick box	Tick box	Tick box
Triggers	**Is the patient in pain?** Start pain chart, review analgesia and consider need for an aperient					
	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					

Care Rounds Checklist

Date: 07/06/22

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 _____

At
2206546116
MOUTREY M
David 22/06/1954
W.

NHS Greater Glasgow and Clyde

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

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

| | | Times | 8am | 5pm | | |

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • CGC0098

Care Rounds Checklist

Date: 6/6/22 (7)

Attach Addressograph

2205546116
MOUTREY
David
M
22/06/1954

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 GdP Name J. Delapena Designation S/N
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Ward: 12A

'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 00	06 00	10 00	14 00	18 00	22 00
	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:	I	I	N	Y	N	N
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	✓	✓	✓	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	L	B				
		Chair Assist to walk or stand (W/ST)	✓	✓	W	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?	N	N	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	✓	✓	✓	✓
	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.	S	NT	NT	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA
		Care provider / role	GdP	GdP	SN	SN	SN	SN HCA

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: 5/6/22

Attach Ad

2208546116 M
MOUTREY
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Ward: LYBA

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 GdP Name T-Delafera Designation SIN
2. Signed S Molloy Name S Molloy Designation DCN
3. Signed _____ Name _____ Designation _____

'Must dos' f... ...e. 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	08:00	08:00	10:00	14:00	18:00	22:00
	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	Y	Y	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		—	—	I	INT	Int	I
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		L	S	B	B	R	
		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	I	I	I	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		✓	✓	N	N	N	N
		Drink taken?		✓	✓	N	Y	Y	Y
		Food, snack, or supplement taken?		✓	✓	Y	Y	N	N
		Has oral hygiene been carried out as per care plan?		I	I	I	R	I	I
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?		✓	✓	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		✓	✓	N	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		✓	✓	N	NA	NA	NA
		Care provider / role		RN	RN	RN	CA	SW RN	SCA

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: 4/6/22

Attach Add

DA

MC

Ward: 43A L

2206546116
MOUTREY
David
M
22/06/1954

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 Deborah O'Neill Designation RGN
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	17/22																			
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N																			
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N																			
S	3	**SKIN INSPECTION** Pressure areas checked:		Y																			
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I																			
K	4	**KEEP MOVING** Has the patient moved or walked?		Y																			
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		I																			
		Chair Assist to walk or stand (W/ST)		I																			
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		I																			
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N																			
		Drink taken?		Y																			
		Food, snack, or supplement taken?		Y																			
		Has oral hygiene been carried out as per care plan?		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																			
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		Y																			
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N																			
			Care provider / role	DO																			

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

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2205546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

	Date	Ward	Time
Admitted			
Transferred	4/6/22	17	1043
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

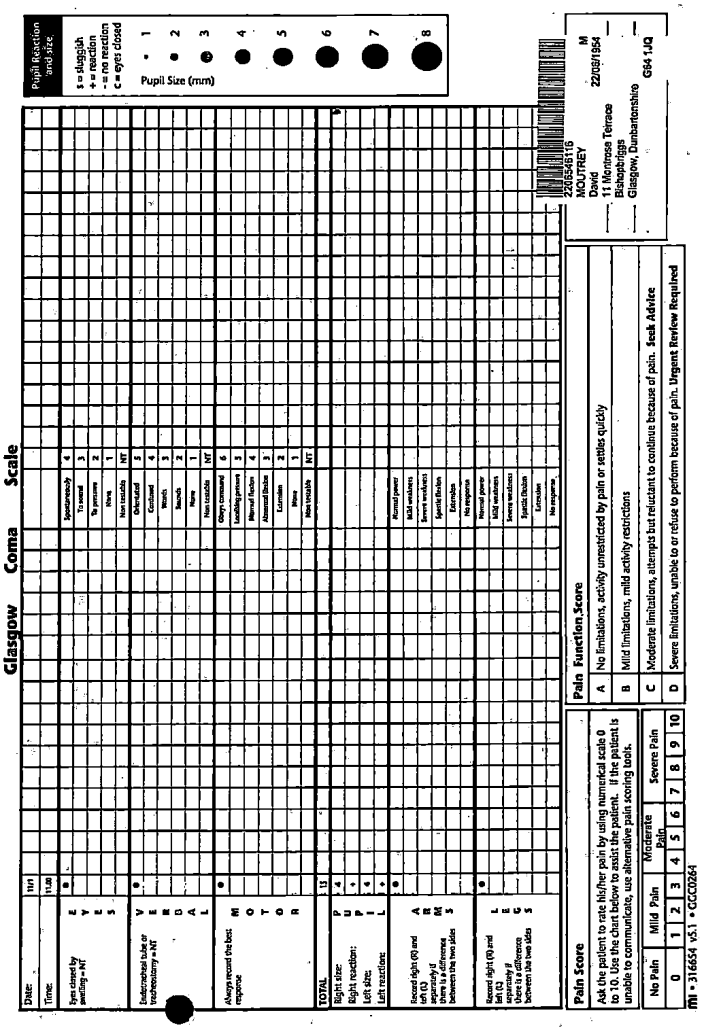
Discontinuation of NEWS

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

Signed.....

Medical: .....

Date: .....



DAVID MOUTREY

NEWS 2 Key	1	2	3

Date	1/11	4/6	4/6	5/6	6/6	6/6	7/6
Time	11.00	17.00	20.30	10.45	08.00	13.30	08.10

A + B
Respirations
Breaths/min

•	•	X	X	•	X	X	X	X	X

≥25	3
21-24	2
12-20	0
9-11	1
≤8	3

A + B
SpO2 Scale 1
Oxygen saturation (%)

97	93	96	96	96	97	97	96	97	97

≥96	0
94-95	1
92-93	2
≤91	3

SpO2 Scale 2
Oxygen saturation (%)
Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure.
Only use scale 2 under direction of qualified clinician

≥97 on O2	3
95-96% on O2	2
93-94% on O2	1
≥93 on air	0
88-92	0
86-87	1
84-85	2
≤83	3

Air or oxygen?

A	(A)	A	A	A	A	A	A	A	A

Air (A) or O2 device	0
O2 L/min 2	2

C
Blood Pressure mmHg
(Score uses systolic BP only)

135	163	147	171	159	141	157	143
81	79	78	85	87	95	80	93

≥220	3
201-219	0
181-200	0
161-180	0
141-160	0
121-140	0
111-120	0
101-110	1
91-100	2
81-90	3
71-80	3
61-70	3
51-60	3
≤50	3

C
Pulse
Beats / min

•	67	60	61	•	69	68	74	73	74

≥131	3
121-130	2
111-120	2
101-110	1
91-100	1
81-90	0
71-80	0
61-70	0
51-60	0
41-50	1
31-40	3
≤30	3

D
Any changes in neuro response, do GCS, immediate medical review. Check Blood Glucose. Think Delirium.

•	(A)	A	A	A	A	A	A	A	A

A Alert	0
C New Confusion	3
V Verbal	3
P Pressure	3
U Unresponsive	3

E
Temperature

•	36.6	X	X	•	X	X	37	X	X

≥39	2
38.1-39.0	1
37.1-38.0	0
36.1-37.0	0
35.1-36.0	1
≤35.0	3

NEWS Total	0	1	0	0	0	0	0	0	0	0

Blood glucose	7.0	N	✓	✓	N/D	✓	✓	N/A	✓	✓
Pain / function score	0A	0	0	0	0	0	0	0/10	0	0
Time Pt last passed urine	10.20	Y	✓	✓	U/D	PU	PU	PU	PU	PU
Fluid balance chart indicated Y/N	N	N	N	N	N	N	N	N	N	N
GCS indicated Y/N	N	N	N	N	N	N	N	N	N	N
Time NEWS due	23.00	22:00	23:00	23:00	21:00	23:00	23:00	23:00	16:00	23:00
Escalation of care Y/N	N	N	N	N	N	N	N	N	N	N
Initials	AB	DC	SP	SP	SP	SP	SP	KM	SP	SP

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)

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
22/08/1854 M

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
22/08/1854 M

Patient details			
Name	David Moutrey		
CHI	2206546116 (67yrs)		
Contact number	01415634090, m07930128557		
NOK	Laura Kennedy, partner	NOK contact number	07527645433

Patient History	
Presenting complaint/diagnosis	Date of admission - 03/06/2022 Diagnosis - Inferior STEMI - VF arrest pre-PCI. Trop T - 33 then 866 Echo - ? bedside at GJNH (no formal ECHO on portal) - mild - moderate LVSD, EF 45%, mild MR as per transfer letter. Await departmental ECHO. Angiogram - 1 x DES SVG (RPDA) 1 x DES prox LCx, 1 x DES distal LCx with complete success.
Medical history	Prev CABG 2003 2021 - AF > DOAC Angina Psoriasis IHD HTN Recent Urology referral for nocturia/reduced urinary flow
Current medication	Patient is aware of the need for secondary prevention medications. DAPT duration: (1 month triple therapy) 1 month aspirin, 12 months clopidogrel, lifelong Apixaban
Social / domestic history	Lives with partner - good home support Employment/Carer status - heavy plant operator, works full time, not paid when off, FI information posted and discussed accessing benefits. States he will likely now retire, does not plan to return to work. Mobility - mobile and independant Hobbies - enjoys ten pin bowling on occasions, aware not to partake at present.

Smoking History:	ex smoker > 6 months	Cigarettes per day: stopped over 7yrs ago (prev smoked 40cpd)	Years of smoking:	□□□□□
Alcohol History	Units per day Units per week:	rarely - occ glass of red wine. 0	Occasions in last month > 8upd	□□□□□

Patient Name David Moutrey

Patient CHI 2206546116 (67yrs)

CARDIAC REHABILITATION ASSESSMENT	**Page 2**
Clinical impression / management plan	Introduced to Cardiac Rehab service and verbal consent to input via telephone consultation today. Written Information Provided/Education Covered Diagnosis - Inferior STEMI, PPCI Chest pain management and GTN spray discussed. Return to everyday activity and appropriate walking plan issued Driving - 4 week driving restrictions advised and aware to contact his car insurance company. He does not have an HGV licence but has a CPC licence and will discuss this with his work, if her decides to return. Holiday - holiday planned to Spain next week, this has already been cancelled. Plan: Refer to Pharmacy LVSD clinic (dept ECHO awaited) Patient preference for PMIC: wishes a F2F consultation with CR MDT at Stobhill ACH please.
Further information	BP/HR unknown as TC for phase 1 Chol: 3.8mmols Trig: 1.2mmols on 03/06/2022

Date & Time	06/06/2022	CR Professional Name	Susan Hutchison	Designation	CNS

17

Emergency Department Nursing Documentation

Presenting Complaint - BLURRED VISION

Date: 07/02/22 Time: 1435

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JP

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? - (cetails)	NO
GMAWS	Y/N	Date - 07.02.22 Time - 1435 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	Functional impairment (new or worsening) eg difficulty with self care		
R	Resident in a care home?		
A	Altered mental state such as acute confusion or dementia use the 4AT		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	Likely 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	
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.

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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
07.02.22 1435	Pt SIBA – had episode of blurred vision after back pain. Able to mobilise. ECG obtained. Awaits first r/v	CRG Jr

Nursing Notes		
Date and Time		Print Name and Signature

Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)

NHS Greater Glasgow and Clyde

2206546116 M
A MOUTREY 22/06/1954
David
... 11 Montrose Terrace
Dc Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ
CH
patient data label

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

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

Can the patient:

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

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

→ **No** ✓

Keep Nil By Mouth and alert medical staff.

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

Sign: _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓ **Yes – Proceed to Part 2** ✓

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

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

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

↓ **No – Proceed to Part 3** ✓

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

Sign: _____ Print: _____ Grade: _____

Date: _____ Time: _____

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

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

→ **No**

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

Sign Print: _____ Grade: _____

Date: _____ Time: _____

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

Sign _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓ **Yes** ✓

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

→ **No**

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

Sign _____ Print: _____ Grade: _____

Date: _____ Time: _____

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

Sign _____ Print: _____ Grade: _____

Date: _____ Time: _____

↓ **Yes - PASS** ✓

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

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

Sign: [signature] Print: C Brown Grade: RN Date: 07.02.22 Time: 14.40

Care Rounds Checklist

Date: 7/01/22

Attach A
Mr D Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Ward:

NHS Greater Glasgow and Clyde

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

1. Signed C Name L. Wilson Designation C
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	19	20																	
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N																	
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N	N																	
S	3	**SKIN INSPECTION** Pressure areas checked:		NT	I																	
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		—																		
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B																		
		Chair Assist to walk or stand (W/ST)		W	CH																	
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		I	I																	
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N																	
		Drink taken?		Y	Y																	
		Food, snack, or supplement taken?		N	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																	
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		Y	N																	
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N/A																		
		Care provider / role		C	SW																	

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: 8-2-22

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 R.Shinnell Name R.SHINNELL Designation RN.
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Att:
2206546116
MOUTREY
David
M
22/06/1954
War

NHS Greater Glasgow and Clyde

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

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

		Times	0300	0600	1000	1400	1800																
	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:	-	1	1	1	1																
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	1	1	1	1	1																
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	-	-	-	/	/																
		Chair Assist to walk or stand (W/ST)	-	W	W	W	CI																
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																
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N																
		Drink taken?	-	Y	Y	Y	I																
		Food, snack, or supplement taken?	-	Y	Y	Y	I																
		Has oral hygiene been carried out as per care plan?		-	/	/	I																
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y																
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	N	N	N	NT																
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	N	N	N	NT																
		Care provider / role	B	B	B	B	RN																

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

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

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

Fluid Balance Chart

Mr D Mowtrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

Dr I M Bowie

Hospital: GRI

Ward: 5015

Date: 7 | 1 | 22

Reason for Fluid Balance Chart Initial

Is patient fluid restricted? Yes ☐ No ☐

If yes how many mls in 24 hours? _____

Fluid balance from previous 24hrs +/- _____

Does patient require thickened fluids?
Yes ☐ No ☐ Stage _____

NHS Greater Glasgow and Clyde

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

Signature: _____ 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		Commenced															
20:00																	
21:00																	
22:00																	
23:00																	
								*Total Intake	[redacted]						*Total Output	[redacted]	

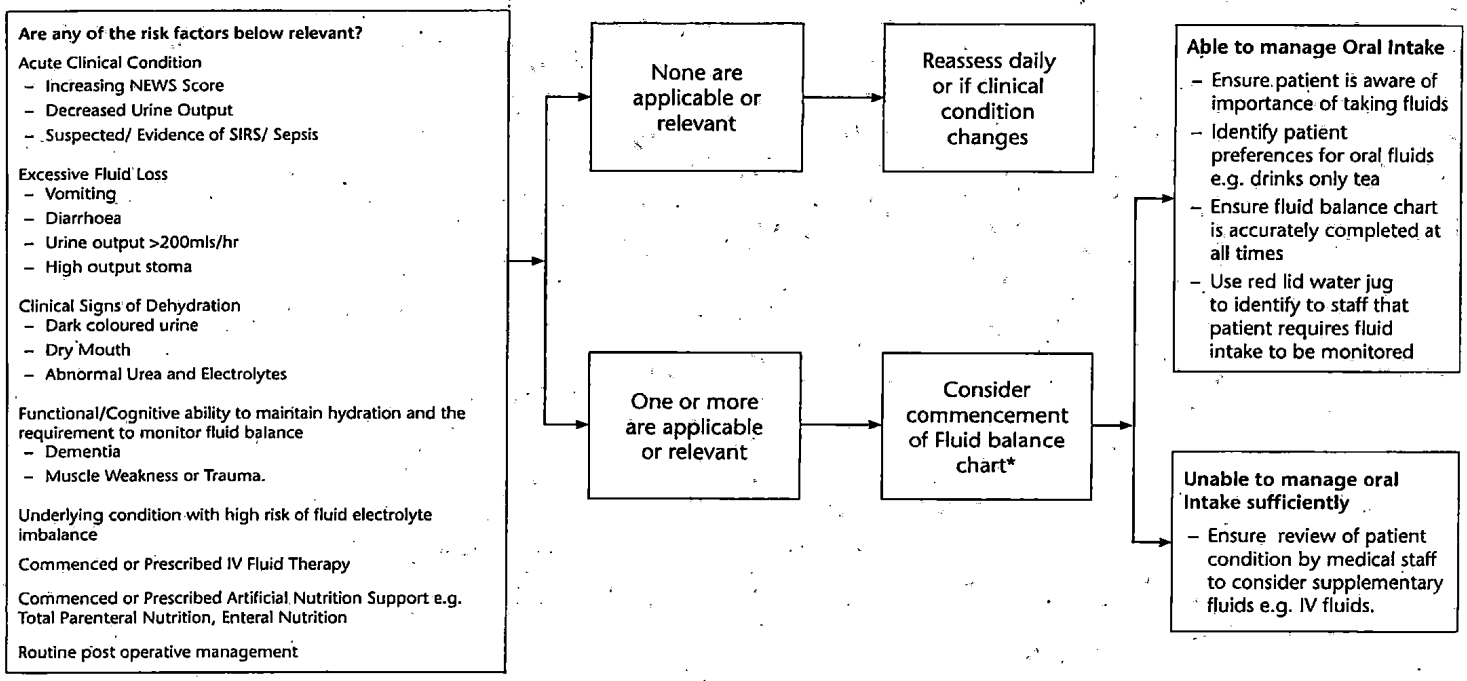
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

2206546116
MOUTREY
David
M
22/06/1954

Hospital: GRI
Ward: SO-S1
Date: 8-2-22

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: _____

NHS Greater Glasgow and Clyde

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total INPUT	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume									
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
08:00																	
09:00																	
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.

Are any of the risk factors below relevant?

Acute Clinical Condition
- Increasing NEWS Score
- Decreased Urine Output
- Suspected/ Evidence of SIRS/ Sepsis

Excessive Fluid Loss
- Vomiting
- Diarrhoea
- Urine output >200mls/hr
- High output stoma

Clinical Signs of Dehydration
- Dark coloured urine
- Dry Mouth
- Abnormal Urea and Electrolytes

Functional/Cognitive ability to maintain hydration and the requirement to monitor fluid balance
- Dementia
- Muscle Weakness or Trauma.

Underlying condition with high risk of fluid electrolyte imbalance

Commenced or Prescribed IV Fluid Therapy

Commenced or Prescribed Artificial Nutrition Support e.g. Total Parenteral Nutrition, Enteral Nutrition

Routine post operative management

None are applicable or relevant → Reassess daily or if clinical condition changes

One or more are applicable or relevant → Consider commencement of Fluid balance chart*

Able to manage Oral Intake
- Ensure patient is aware of importance of taking fluids
- Identify patient preferences for oral fluids e.g. drinks only tea
- Ensure fluid balance chart is accurately completed at all times
- Use red lid water jug to identify to staff that patient requires fluid intake to be monitored

Unable to manage oral Intake sufficiently
- Ensure review of patient condition by medical staff to consider supplementary fluids e.g. IV 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

Mr D Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

NHS Greater Glasgow and Clyde

AMU

Daily Summary of Fluid Balance

Date	Fluid Balance In	Fluid Balance out	Balance (+ve/-ve)	Weight

Fluid balance discontinued : date: by:

Routine Urinalysis

Date	7/2/22						
Bilirubin							
Urobilinogen							
Ketones							
Glucose							
Protein	+						
Blood							
Nitrite							
pH							
Spec. Grav.							
Leucocytes							
Colour							
Sample(Y/N)	N						
Comments							
Initial	[illegible]						

Other specimens obtained(eg CPE/MRSA/wound swabs

Date						
Sample						

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

W: 2206546116
MOUTREY
Na David
M
22/06/1954
CHI:
Dc 11 Montrose Terrace
Bishopbriggs
Address:
W: Glasgow, Dunbartonshire
Hospital:
G64 1JQ

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: 7/1/22 Hospital: GRI 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 Check 1 Day 8/1/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	EJ
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
As above including: palpable venous cord	4	Seek further advice
As above including: pyrexia	5	

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2206546116 MOUTREY David M 22/06/1954 Created on 07 Feb 2022 14:07 by Isla	Hospital: GRI Ward: 50/57	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
/ /	psoriasis on body		/ /		
/ /			/ /		
/ /			/ /		

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
7/2/22	19:00	N	N	N	N	Y	N	4 hrly	
8/2/22	08:00	N	N	N	N	N	N	4 hrly	RB
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

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

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

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

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

Mr D Moutrey
11 Montrose Terrace
Bishopbriggs
Glasgow
Dunbartonshire
G64 1JQ

PATIENT DETAILS:
NAME: *[PLACE ID LABEL HERE IF AVAILABLE]*
DOB:
UN:

CORE CARE PLAN

Date	No.	Problem/Need	Patient Goal/Nursing Outcome	Action	Eval date	Sig
7/10	1	Orientation. 4AT: AMT:	•Familiarise patient with new surroundings. Detect signs of new/increasing confusion. Treat cause(s) of confusion.	•Introduce yourself and other staff on admission. •Show patient ward layout as soon as mobile. •Observe for changes in mental state-consider behaviour chart. •Carry out relevant investigations. •Commence TIME bundle.		
7/10	2	Observations.	•Record NEWS. Detect abnormalities and escalate as per deteriorating patient protocol.	•Ensure appropriate baseline observations are obtained, then repeated as indicated on NEWS chart. •Ensure frequency of recordings is marked on observation chart and reviewed following each NEWS score. •Use variance section on back page if required.		
7/10	3	Hydration and Nutrition.	Ensure fluid and nutrition requirements are met.	•Complete MUST •If problems are detected: •Refer to dietician ☐ date: •If patient requires special diet, ensure this is ordered and available ☐ date: •Assess RAG status ☐ date: •Consider 3 day food chart ☐ date:		

Date	No	Problem/Need	Patient Goal/Nursing Outcome	Action	Eval date	Sig
03/10	4.	Elimination.	• Maintain normal elimination where possible and assess need for appropriate intervention where required.	• Bristol Stool Chart ☐ • Urinary Catheter Care Plan ☐ • Maintain privacy and dignity at all times. • Promote hand hygiene following use of toilet.		
03/10	5.	Mobility	• Optimise mobility. Independent	• Assess and record baseline mobility on M+H assessment. • If potential for improvement, refer to physio: Referred to physio: ☐ Date:		
03/10	6.	Patient Hygiene.	☐ Independent with ADLs.	• Provide any supplies required and inform of options for washing		
			☐ Requires some assistance with ADLs.	• Assess patient and offer either: • Assisted wash at bedside or, • Assisted shower / bath.		
			☐ Requires all care	• Provide bed-bath and oral hygiene with two nurses.		
03/10	7.	Oral Hygiene	☐ Independent with ADLs.	• Provide any supplies		
			☐ Requires some assistance with ADLs.	• Assist with tooth brushing/denture cleaning/mouth care as require. Delete as appropriate.		
			☐ Requires all care	• Ensure 2-3 hour mouth care is completed using pink sponges and appropriate cleansing agent. • Apply lubricant to lips.		

Written by:
30/06/20 Review date:

NHSGGC Bedrail Risk Assessment

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

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

2206546116 M
MOUTREY 22/05/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Patient Name:

CHI Number:

NHS Glasgow Clyde

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	7.11.22						
	TIME	1900						
	WARD	501J7						
	HOSPITAL	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:								
16	Bedrails checked by:								
17	Date	7/11/22							

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

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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: 5013 Date: 7-10-12 Time: 1625	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	Complete				
2. Check walking aid (if required) is in reach and in use.	Nil				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	Explained 1 in reach.				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	Socks				
5. If glasses are worn, check they are available and in use.	Nil				
6. If hearing aid/s are worn, check they are working and in use.	Nil.				

RISK ASSESSMENT

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

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

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

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

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

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

F 2206546116 tient) Moving and Handling Assessment Form

Person Name:	MOUTREY David 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ	M 22/06/1954	Named Nurse:		Person is totally independent (tick here and go to data box)	

1. G

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

Weight	Height
Kg	cm
BMI	

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

Risk of Falls: Yes ☐ No ☐

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	7/01/22		
Assessor's signature:			
Proposed Review date:	14/01/22		

Continuation Sheet

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

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

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

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

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2206546116
MOUTREY M
David 22/05/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

	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
Min 12 Hourly Observations	Low Clinical Risk Min 4 Hourly Observation Inform Registered Nurse Agree Frequency of Observation Required	Medium Clinical Risk Min Hourly Observations Urgent Assessment by Medical Team ACE Response in Medical Notes Think Sepsis if Suspicion of Infection	High Clinical Risk Continuous Monitoring Urgent Assessment by Senior Medical Team ACE Response in Medical Notes 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

| | | |

17

DAVID MOUTREY

NEWS 2 Key | 1 | 2 | 3

| | | |

J'8½ R arm

My Admission Record

NHS Greater Glasgow and Cyde

Ni
Ac 2206546116
— MOUTREY M
— David 22/06/1954
11 Montrose Terrace
D Bishopbriggs
C Glasgow, Dunbartonshire
A:.... .... G64 1JQ

Hospital: GRI Ward: 43A
Date of Admission: 7/8/21 Time:
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 67 Telephone Number: 07930128 557
Consultant:

Communication

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

Preferred first contact	**Preferred second contact**
Name: Laura	Name:
Relationship: Partner	Relationship:
Address:	Address:
Telephone: 07527 645433	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

Chest pain, Palpitations
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 ☐ Beta blocker

Relevant past medical history

PREV CABG IHD
severe LVSD

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

2206546116
MOUTREY
David
M
22/06/1954

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** ☐

2205546116
MOUTREY M
David 22/06/195

Lifestyle

Smoking

Are you a: smoker ☐ ex- smoker ☐ when did you stop? _____

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): R. McNeil Signature: RMcNeil

Designation: SN Date: 7/8/21

My Assessment Record

N
A
—
—
D
C

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Affix patient ID label

1. Breathing and Circulation

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

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

2. Communication

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

Name:
Adc
2206546116
MOUTREY
David
DoI
CH
Affi
M
22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

3. Senses

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

Can you describe where and what the pain is like?

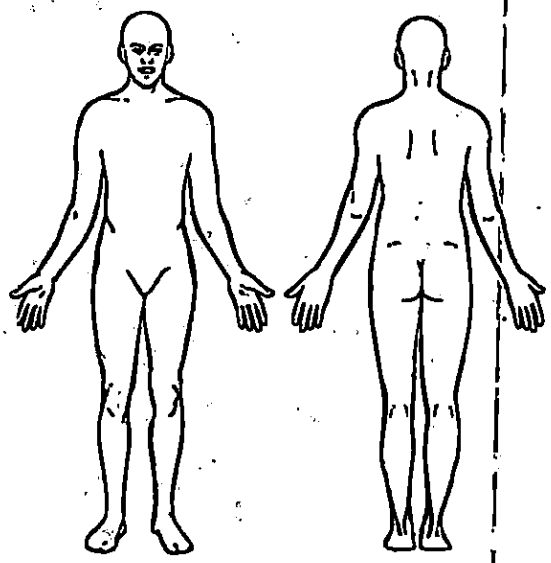
Have you had treatment / intervention for the pain?

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

Can you describe any chronic pain that you have?

What makes the pain better?

Mark current pain on body chart



N
A 2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
D Glasgow, Dunbartonshire
C G64 1JQ

Affix patient ID label

4. Cognitive Status THINK DELIRIUM

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

N.B. Think Delirium

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

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

and follow the guidance

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

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

None

What do you like to eat and drink?

Not fussy

What do you not like to eat and drink?

Not fussy

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

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

Na
Ac
2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Dc Bishopbriggs
Cl Glasgow, Dunbartonshire
Afi G64 1JQ

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		

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

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? this morning

How often in a day/week do you have a bowel movement? Per day 1 Per week ☐

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

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

What products do you normally use for this continence issue?

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

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

Name: _____
A [redacted]
— 2206546116
— MOUTREY M
David 22/08/195-
D 11 Montrose Terrace
C. Bishopbriggs
Al Glasgow, Dunbartonshire G64 1JQ

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**		✓

Nan
Add 2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
DoB Glasgow, Dunbartonshire
G64 1JQ
CHI:
Affix patient ID label

8. Mobility

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

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

9. Maintaining a Safe Environment

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

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

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

10. Sleep and Rest

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

Nar
Add
2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
DoB Glasgow, Dunbartonshire
CHI: G64 1JQ
Affix patient ID label

11. Social Circumstances

Do you:

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

Other please specify_____ ☐

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

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☑ Referred ☐

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

12. Emotional and Spiritual Care

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

NONE

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

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

Healthcare Chaplain informed Yes ☐ N/A ☑

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

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.

getting home

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 ☐

Nat
Ad 2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Di Glasgow, Dunbartonshire
Ci
G64 1JQ
Affix patient

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 ___/___/___

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

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	✓		✓		RMCN 7/8
Getting to Know Me – Relatives to complete		✓			
What Matters to Me		✓			
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)		✓			
Malnutrition Universal Screening Tool (MUST)	✓		✓		RMCN 7/8
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan		✓			
Bristol Stool Chart		✓			
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓		✓		RMCN 7/8
Adult Wound Assessment and Management Chart		✓			
Moving and Handling Assessment	✓		✓		RMCN 7/8
Falls Risk Assessment	✓		✓		RMCN 7/8
Bedrail Risk Assessment	✓	✓	✓		RMCN 7/8

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
7/8/21 1900	Pt admitted with chest pain. - tachycardic ?SVT	
	DMH ao front of chart	
	observations stable as	
	per chart. NKDA.	
	passing urine	

2205546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
	tolerates normal diet + fluids.	
	independent + mobile	
	ventilation in situ upa.	
	No pain on airway	
	to ward	
	telemetry now in situ	
	awaits med review.	
	uncomplaining	RMCN SN

Name: _
Address: 2206546116
MOUTREY M
David 22/06/195
11 Montrose Terrace
Bishopbriggs
DoB: ___ Glasgow, Dunbartonshire
CHI: ___ G64 1JQ
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Emergency Department Nursing Documentation

Presenting Complaint -

Date: 2/8/21 Time: 1300

2206546116
MOUTREY M
David 22/06/1954
bel

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print) MEL / TRACY.

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	☐	Toxicology	☐				
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 - Time - 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	Functional impairment (new or worsening) eg difficulty with self care		
R	Resident in a care home?		
A	Altered mental state such as acute confusion or dementia use the 4AT		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	Likely 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:

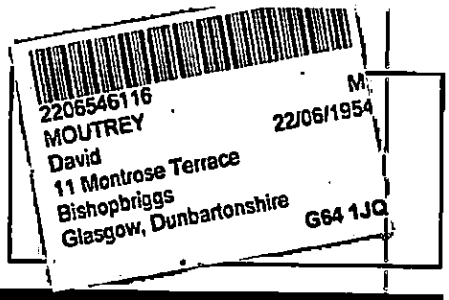
- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

Screening Tools / ACTIVE CARE

(Please tick/circle when completed)

		Y/N	Date	Location of Redness/Ulcers	Grade of Ulcer
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					
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.



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
	Nursing notes:	
	Present with CP - pale / clammy.	
	Brought to Resus - ECG ? ST? flutter.	
	quickly changing into SR.	
	PVC + bloods sent to labs - M. Gallagher	
7/8/21 1420	Lumira POCT taken.	D Dalrymple

Nursing Notes		
Date and Time		Print Name and Signature

Adult Peripheral Va

Insertion and M
Care Pl



ient label

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

M
22/06/195

CHI: _____
Address: _____
Hospital: _____

NHS Greater Glasgow and Clyde

plete 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: 7/8/21 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: verbal

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 8/8/21	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	EM
Day 1 Check 2 Night 8/8/21	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☐ No ☑	Yes ☐ No ☐ N/A ☑	EM
Day 2 Check 1 Day 9/8/21	Yes ☐ No ☑ If No, remove PVC and record date and reason*.	VIP: 1	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	SM
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: 9/8/21

*Reason For Removal: Slightly red at site

Modified Visual Infusion Phlebitis (VIP) Score

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

DRIFT

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

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

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

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

Are all of the following IVOST criteria met?

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

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

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

YES

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

NO

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2206546116 MOUTREY David M 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ	Hospital: GRI Ward: 43A	**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
7/8/21	18:00	N	N	N	N	N	N	4hrly	
8/8/21	22:00	N	N	N	N	N	N	4hrly	
9/8/21	06:30	N	N	N	N	N	N	4hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

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

Prevention of Pressure Ulcer Interven ɔnal Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

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

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

2206546116 M
MOUTREY 22/06/1954
1 David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 7/8/21 Time 18[illegible] 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	172 cm	☐	☑	
Admission Weight	104·8 Kg	☑	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

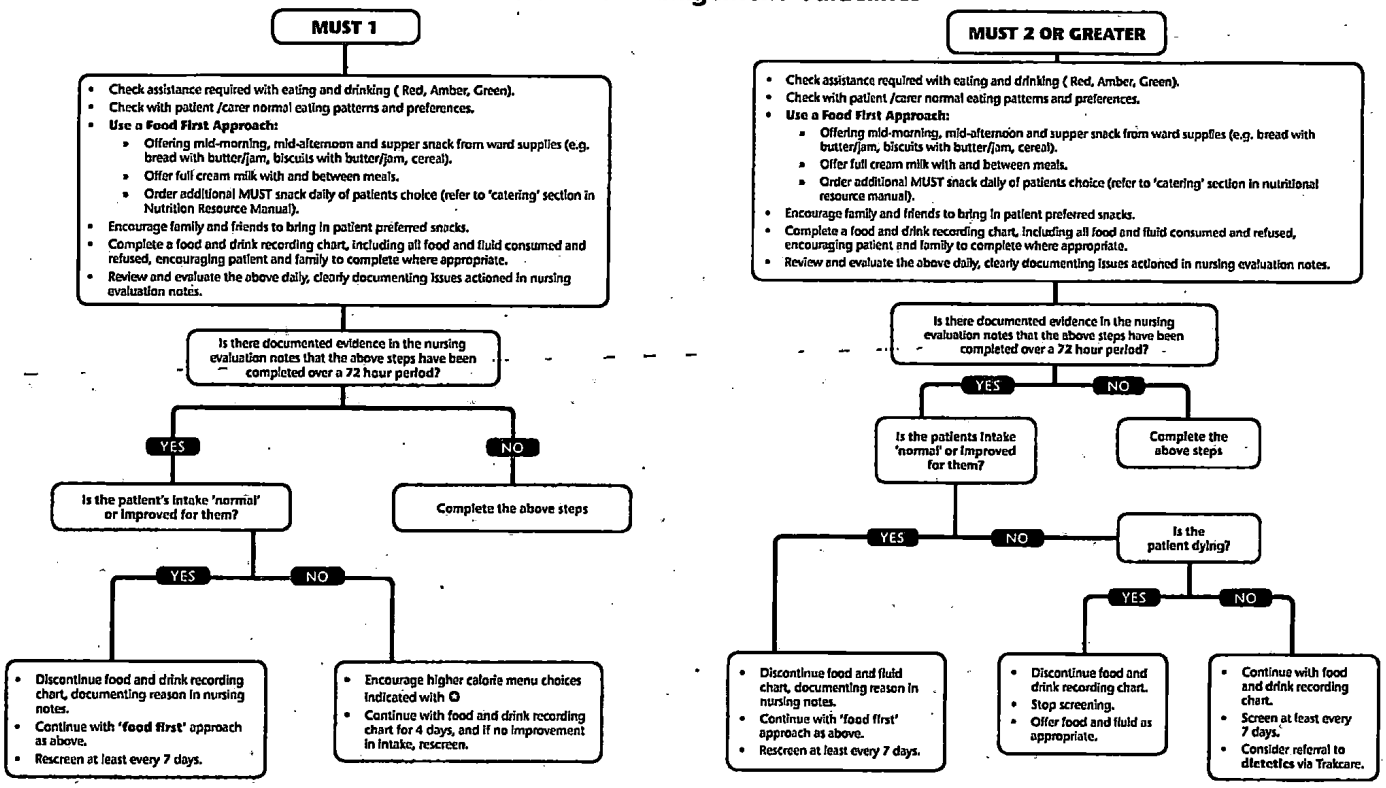
Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☐ Don't Know ☐

Date	7/8/21							
Time	18[illegible]							
Ward	43A							
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)	104·8							
BMI	35							
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	14/7							
Signature	RM							

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

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

MUST STEP 5 Management Guidelines



DISCHARGE

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

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

mi • 285884 v3.0 • GGC0250

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

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

GENE[illegible] 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: 43A Date: 7/8/21 Time: 15:00	Ward: Date: Time: ----:----	Ward: Date: Time: ----: ----	Ward: Date: Time: ----: ---	Ward: Date: Time: ----:----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	In situ				
2. Check walking aid (if required) is in reach and in use.	NA				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	In Reach				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	In situ				
5. If glasses are worn, check they are available and in use.	In situ				
6. If hearing aid/s are worn, check they are working and in use.	In situ				

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	RMcNeil 14/7/21									

Highlight risk of fall at the ward safety brief.

Patient Details	**FALLS INTERVENTION CHECKLIST**	NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

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

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

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

Perso... Moving and Handling Assessment Form

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Person's Name:		Person is totally Independent (tick here and go to date box)	✓

1. General

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

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	14/8/21		
Assessor's signature:	[signature]		
Proposed Review date:	14/8/21		

Continuation Sheet

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

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

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

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

3. Toileting

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

4. Move on / off bed pan

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

5. Move up / down bed

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

6. Lateral Transfer to / from trolley / bed

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

7. Sit up over side of bed

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

8. Into Bath or Shower

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

9. Walking

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

10. Other Instructions / Observations / Equipment Used

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

NHSGGC Bedrail Risk Assessment

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

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

Patient Name:

CHI Number:

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Use guidance on the reverse of this document when completing this Risk Assessment		
	DATE	7/8/24
	TIME	1200
	WARD	USA
	HOSPITAL	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: TMac								
16	Bedrails checked by: TMac								
17	Date 7/8/24								

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

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.

2206546116
MOUTREY
David M
11 Montrose Terrace 22/08/195
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

NHS Greater Glasgow and Clyde

4AT	Ward 434 Date & Time 7/8/21 1000	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
(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**					
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	0				
Print initials of assessor	KM				

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)

Affix ID Label

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					

Care Rounds Checklist

Date: 7·8·21

Attach A

2206546116
MOUTREY
David
M
22/06/1954

Ward: 43A

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 _____

'Must dos' for me. Ask this 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 21 00																			
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N																			
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N																			
S	3	**SKIN INSPECTION** Pressure areas checked:	N																			
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	–																			
K	4	**KEEP MOVING** Has the patient moved or walked?	1																			
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	1																			
		Chair Assist to walk or stand (W/ST)	1																			
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	N																			
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	Y																			
		Drink taken?	Y																			
		Food, snack, or supplement taken?	–																			
		Has oral hygiene been carried out as per care plan?	Y																			
	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																			
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N																			
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N																			
		Care provider / role	N																			

Care Rounds Variance Sheet

Attach Addressograph

2206546116 M
MOUTREY, David
22/08/1954
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: 8-8-21

Attach Ad

2205546116
MOUTREY
David
M
22/06/1954

NHS Greater Glasgow and Clyde

Ward: 45A

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

1. Signed _____ Name _____ Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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

No Requests

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

		Times	07/06	05 00	08 00	12 00	16 00	20 00														
	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:	N	N	N	N	N	N														
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	-	-	I	I	I	I														
K	4	**KEEP MOVING** Has the patient moved or walked?	S	S	I	I	Y	Y														
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	I-	I-			/	B														
		Chair Assist to walk or stand (W/ST)	I	I	W	W	CH	/														
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?	S	S	Y	Y	Y	Y														
		Food, snack, or supplement taken?	S	S	Y	Y	Y	Y														
		Has oral hygiene been carried out as per care plan?	-	-	I		I	/														
	7	**ENVIRONMENT Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position?	Y	Y	Y	Y	Y	Y														
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	S	S	no	no	NK	NT														
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	S	S	no	no	NK	NA														
		Care provider / role																				

Care Rounds Variance Sheet

Attach / 2205546116
MOUTREY
David
M
22/08/1954
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

2206546116
MOUTREY M
David 22/06/1954

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
7/8/24 RMCN	independent with all personal care.		7/8/24 RMCN	NURSE call button to hand at all times	
				10. Sleep and Rest	
			7/8/24 RMCN	NO ISSUES	
	8. Mobility				
7/8/24 RMCN	independent + mobile			12. Privacy, dignity and sexuality	
			7/8/24 RMCN	maintain at all times	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

mi • 285668 Version 1_0 • GGC0127

2206546116
MOUTREY M
David 22/06/1954

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: not Present		
Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
7/8/21 RMCN	observations stable as per chart		7/8/21 RMCN	Can let staff know any ~~ea~~ wants or needs.	
				5. Hydration and Nutrition	
			7/8/21 RMCN	No issues independent	
	2, 3. Communication and senses				
7/8/21 RMCN	independent ~~ANT~~ wears glasses for distance + reading				
				6. Elimination	
	4. Cognitive status		7/8/21 RMCN	independent No issues	
7/8/21 RMCN	Alert + oriented ~~4AT~~ 0				

Care Rounds Checklist

Date: 9/8/21

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

1. Signed [signature] Name [illegible] Designation SN
2. Signed S Molloy Name S MOLLOY Designation DSCN
3. Signed _____ Name _____ Designation _____

Attach [barcode]
2206546118 M
MOUTREY 22/08/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ
Ward: G3IA

NHS Greater Glasgow and Clyde

'Must do' for me. Ask the patient if there is anything they want specifically done today:
No Requests.

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

		Times	10	20	07	11 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:	Y	N	n	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	L	R		–																
		Chair Assist to walk or stand (W/ST)		/	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	S	Y	N																
		Food, snack, or supplement taken?	N	S	X	N																
		Has oral hygiene been carried out as per care plan?	N	S		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	S	NT	NT																
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	N	NA	NA																
		Care provider / role	[illegible]	[illegible]	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 • 27936 v2.1 • CGC0098

NHS GG&C NURSING CARE PLAN - DISCHARGE LOUNGE

IDL Yes/No Pharmacy Review/Dispensing/Complete/Medication with Patient
Pharmacy Telephone Yes/No

Patients Name: David Moodrie Date: 9/8/21

Address: 11 Montrose Terrace G64 1JQ.

CHI 2206546116 Hospital: CRI Ward/Area/Clinic: L3A

Description of Patient:

HANDOVER FROM WARD

Patient's Mobility : independent ☑ **walks with zimmer** ☐ **walks with stick** ☐ **hoist: specify type**
Falls Risk/Seated in obs area ☐
Zimmer to go home · Yes ☐ No ☐

Known relevant medical history e.g. patient diabetic / epileptic / asthmatic / covid/ allergies
CABG 20yrs IHD -

Nursing intervention required e.g. assistance required with eating/drinking,/ catheter in situ/Oxygen
Continent Incontinent/pad & pants Normal diet & fluids/modified diet
NBOR

Any other relevant information e.g. patient does not speak English, patient has been distressed etc
Alert + orientated/ cognitively impaired.
DTO

Time Arrived: 1425

Time Departed: 1545

Discharge ☑ Transfer ☐ OPD ☐

Transport:
SAS ☐
Own Transport ☑ NOK -
Red Cross ☐
Private Ambulance ☐
Internal Porter ☐
Transfer Vehicle ☐ (QEUH)

DNACPR form active, completed and with patient:
Yes ☐ N/A ☐
AWI Section 47 form with patient notes:
Yes ☐ N/A ☐

Access
House Keys: with patient ☐
Other giving access ☐

Contact details.....

Key box number & special instructions.....

Package of care confirmed Yes ☐ No ☐ N/A ☐

Name of ward staff giving handover:

Signature of Discharge Lounge staff taking handover:

Print Name.....

Designation SN

Discharge Lounge Checklist

Checklist	Yes	No	N/A	Comments
Welcome the patient; explain the reason for moving to the lounge.	✓			
Explain that there are toilet and changing facilities.	✓			
Discharge checklist received	✓			
Drug kardex received	✓			
Venflon removed in Discharge Lounge		✓		
Discharge medication & IDL given in ward		✓		
Discharge medication & IDL given in Discharge Lounge	✓			
Suitable clothing	✓			
Clothing offered		✓		
Blanket offered		✓		
Emergency food bag with patient		✓		

Additional Information:
PXO comp
IDL Reel

Signature of Discharge Lounge staff clerking patient in: Joanne Stewart

Print Name: JOANNE STEWART

Designation: HCSN

Document if refreshments have been offered to the patient and declined. Document all refreshments and snacks taken during the patient's stay. Document all nursing interventions carried out during patient's stay. ☐ Patient fully mobile and independent with all ADL's in the lounge			
DATE	**TIME**	**NURSING NOTES/EVALUATION**	**SIGNATURE & PRINT NAME**
9/8/21	1425	Patient attended discharge lounge	Practitioner
		Diet & fluid taken.	
9/8/21	1525	Meds given & explained.	

Valuables Checklist

Patie 
2206546116
MOUTREY M
David 22/08/195
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Date: 7/8/24.

Does the Patient have Capacity Yes☐ ✓ No☐

Patient with Capacity

Patient informed and understands that hospital

Does not accept responsibility for any valuables

Brought into hospital Yes ☐ ✓ No☐

If Patient requires their valuables secured, please follow hospital protocol

Patient with Incapacity

Valuables on Patient Yes ☐ No☐

Valuables stored by ward Yes ☐ No☐

NOK Aware Yes ☐ No☐

Return of Valuables

Patient/ Relatives signature _____

Signature of patient if able : _____

Signature of Nurse : _____

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's n 2206546116 MOUTREY M CHI numb David 22/06/1954 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ	Ward: 43A Discharge destination: Home Estimated Discharge Date (1) / / Estimated Discharge Date (2) / / Final date of discharge : / /

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

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

2206548119
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

	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

Pupil Reaction and size
s = sluggish
f = fixed
n = no reaction
c = eyes closed

Pupil Size (mm) 1 2 3 4 5 6 7 8

Affix Patient ID

Pain Function Score

A	No limitations, activity unrestricted by pain or easily quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. Seek Advice
D	Severe limitations, unable to or refuse to perform because of pain. Urgent Review Required

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

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

MI • 316654 v5.1 • GGC0264

NEWS 2 Key	1	2	3

| | | |

Physiotherapy Functional Assessment– Incremental Shuttle Test	NHS Greater Glasgow and Clyde

Details			
Patient Name:	David Moutrey		
CHI / DOB:	22065446116		
Exercise Professional Name	V Kerr	**Date and time of assessment**	23/06/22

Functional test check list

		Initial
1.	Blood pressure adequately controlled SBP<180mmHg DBP<100mmHg	yes
2.	Resting pulse regular and less than 110bpm.	yes
3.	Any features of unstable angina	no
4.	Patient has taken all prescribed medication.	yes
5.	Patient has stable diabetes	not applicable
6.	Patient free from temporary/pyrexial illness or systemic infection.	yes
7.	Any excessive alcohol consumption in past 24 hours.	no
8.	Test performed at least 2 hours after heavy food consumption	yes
9.	Has patient done any vigorous activity immediately prior to test.	no
10.	Patient has consented	yes

ADDITIONAL COMMENTS

□□□□□

Physiotherapy Functional Assessment– Incremental Shuttle Test

NHS Greater Glasgow and Clyde

Patient Details	
Name:	David Moutrey
CHI / DOB:	22065446116

Beta blocked Yes ☒ No ☐ 85%HR max: □□□□□

Incremental Shuttle test

		HRrest 68	BP 111/78
	Shuttles	**HR**	**RPE**
1	1 ☐ 2 ☐ 3 ☐	70	□□□□ □
2	4 ☐ 5 ☐ 6 ☐ 7 ☐	74	□□□□ □
3	8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐	□□□□ □	□□□□ □
4	13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐	82	□□□□ □
5	19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐	86	□□□□ □
6	26 ☐ 27 ☐ 28 ☒ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐	91	4
7	34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐	□□□□ □	□□□□ □
8	43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐	□□□□ □	□□□□ □
9	53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐	□□□□ □	□□□□ □
10	64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐	□□□□ □	□□□□ □
11	76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐	□□□□ □	□□□□ □
12	89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100 ☐ 101 ☐ 102 ☐	□□□□ □	□□□□ □
	Recovery at 1min	**HR 84**	**BP 123/78**

Distance completed:	280metres
METS/endurance:	5.6
Test stopped due to	
Failure to keep set pace:	☒ □□□□□
Achieved RPE 5 (0-10scale) 15 (6-20scale):	☐ □□□□□
Achieved 85% HR Peak:	☐ □□□□□
Breathlessness:	☒ □□□□□
Angina:	☐ □□□□□
Muscle pain fatigue:	☒ □□□□□
Other:	back pain /buttock pain from level 3 . breathless -but not limiting from level 5

Training heart rate: 98-104-110 50-60-70%
Calculation method used: % HRR □□□□□

Cardiac Rehabilitation Physiotherapy Assessment and Exercise Consultation	NHS Greater Glasgow and Clyde

Patient Details

Name:	David Moutrey		**CHI / DOB:** 2206546116
Next of Kin	partner Laura	**Tel** 07527645433	**Patient Contact number/ email** □□□□□

Therapist Name and Designation:	V Kerr PT	**Date/Time:**	23/06/22

(Face to face appointments only) Covid Screening Questions completed and all negative ☒ **N/A** ☐

Interpreter present ☐ □□□□□	**Consent to assessment obtained** ☒ □□□□□	**Pre CR** ☒ **Post CR** ☐

DIAGNOSIS/ REASON FOR REFERRAL

inferior STEMI **Date** 3/6/22

CARDIAC STATUS

Symptoms: Generally well with CP, SOB, or alpitations. Noticing some postural dizziness

Ischaemic Burden: PCI with DES x1 SVG-PDA, DES x1 pCx, DES x1 dCx.

Arrhythmic potential : □□□□□

Ventricular function: mild LVSD. EF 45%

Post event complications: VF arrest on transfer to angio table

Functional capacity/DASI: level 6 -limited by back pain- 5.6 mets

Valve disease: □□□□□

Cardiac history CABG 2003, atrial flutter,

Other Exercise considerations : chronic low back pain -limits walking to 500yds -intermittent -seen at ortho 2018 ?spinal claudication ruled out . GP referred back to physio March this year -hasn't been appointed yet
1 month triple atiplatelet therapy -lifelong Apixiban
BMI 35.5 HbA1c 48 (? new diabetes) on DAPA -MI study

Exercise Risk Stratification Summary: moderate

Cardiac Rehabilitation Physiotherapy Assessment and Exercise Consultation

NHS Greater Glasgow and Clyde

Patient Details

Name:	David Moutrey
CHI / DOB:	2206546116

WHAT MATTERS TO YOU CONVERSATION

want to be able to go on holiday -Spain -end of summer

EXERCISE/ACTIVITY HISTORY/HOBBIES/ACTIVITIES OF DAILY LIVING

Is the patient achieving the current MVPA guidelines? no

Details of current Physical Activity Levels: managing 15 minute walks -stopping intermittently with back pain

Carer: □□□□□ **Current employment:** intends to retire now from construction industry

Return to Work discussion: /

Physical Activity history: work life had been tiring -bbut mainly sedentary -operating fork lifs etc -increasingly sedentary leisure time past 2 years esp

Non Cardiac Past Medical history: psoariasis, HTN

Social history: l/w partner

Exercise beliefs/misconceptions:□□□□□

Available home ex equip/resources: □□□□□

Personal barriers to becoming more active (eg Do you find yourself avoiding places or activities and does this cause you a problem?): □□□□□

Physical Activity Stage of Change: Considering becoming more active **Importance** □□□□□ **Confidence**□□□□□

EQ VAS score for Health today *(0=worst 100=best)* **:** □□□□□

Personal Goals/Changes	**Timescales:**
Prioritising weight loss-/dietry change	□□□□□
build stamina -exercise endurance -be able to take longer walks -like to be able to eg walk around Hogganfield Loch	□□□□□
	□□□□□
CR exercise class weekly -supplemented with HEP -and consider options for long term maintenance	
heve more energy /stamina -aim to go Spain August	
□□□□□	

Cardiac Rehabilitation Physiotherapy Assessment and Exercise Consultation	NHS Greater Glasgow and Clyde

Patient Details	
Name:	David Moutrey
CHI / DOB:	2206546116

ADDITIONAL INFORMATION
Keen to lose weight , address new diabetes, improve execise tolerance. Will start L2 programme 7/6/22

Cardiac Rehabilitation Physiotherapy Assessment and Exercise Consultation	NHS Greater Glasgow and Clyde

Patient Details	
Name:	David Moutrey
CHI / DOB:	2206546116

	Physiotherapy Plan		
		Completed	**Comments**
1.	Benefits of and barriers to regular exercise	☒	
2.	FITT principles of exercise, warm up and cooldown	☒	
3.	Exercise contraindications and managing symptoms	☒	
4.	Return to everyday activity	☒	
5.	Active hobbies/Sport	☐	
6.	Self monitoring : Talk test Perceived Exertion Manual pulse taking Smartphone app Wearable technology Other	 ☐ ☐ ☒ ☐ ☐ ☐	
7	Home exercise Programme Options	☐	
8.	Activate Your Heart Online	☐	
9.	Walking Group	☐	
10	Face to face class	☒	
11	Phase 4 exercise options	☐	
12	Education Over activity Rest cycle / Pacing	☐	
13	Relaxation	☐	

Patient name: 2206546116 MOUTREY David M

Date of birth: 22/06/1954

CHI No: 11 Montrose Terrace Bishopbriggs Glasgow, Dunbartonshire G64 1JQ

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
13/10		HARTMANN'S	500	IV	2°		F. REA SHO		13/10/24	13:05			
13/10/24	1630	Hartmann's	1000	IV	6°		E. HAMILL LAT3		13/10/24	16:55			
13/10/24	23:55	HARTMANNS	500	IV	8°				13/10	23:55			

*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 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)
13/10	SALBUTAMOL	5MG	NEB		F. REA		10:05
13/10	OSELTAMIVIR	75MG	PO		F. REA		14:45
13/10	CLARITHROMYCIN	500MG	PO		F. REA		15:40
13/10	AMOXICILLIN	1G	IV		F. REA		15:40

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98% | 88–92% (e.g. in hypercapnic respiratory failure) | Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

	DATE →																							
	MONTH →																							
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																							
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																								
SIGNATURE OF ASSESSOR																								
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N																								

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

A DRUG Amoxicillin

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** ☐

B 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** ☐

C 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 →

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 ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G 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 →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

H 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
City:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

J 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
City:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K 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
City:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L 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
City:
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 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

R 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

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

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: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
NEW MEDICATION ☐	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: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
NEW MEDICATION ☐	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 ☐	NN	DRUG	STOPPED DATE: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
NEW MEDICATION ☐	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 ☐	PP	DRUG	STOPPED DATE: INITIALS:
NEW DOSE ☐	DOSE	ROUTE / INDICATION	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine: 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
	DOSE	ROUTE / INDICATION		TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
	DOSE	ROUTE / INDICATION		TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
	DOSE	ROUTE / INDICATION		TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED DATE: INITIALS:	DATE		For Use Y/N
	DOSE	ROUTE / INDICATION		TIME		Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	DOSE		Date:
				GIVEN BY		Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					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.

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Name

CHI No

Drug ~~Allergies / Sensitivities~~ None Known ☑ Yes ☐ (provide details below)

x

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

Inpatient prescription & administration record for David Moutrey (2206546116) Admission: 13/10/2024 => 17/10/2024

04:00
20/10/24

Patient Demographics

MOUTREY David (2206546116)
DOB: 22/06/1954
11 Montrose Terrace, Bishopbriggs,
Glasgow,
Dunbarto,
G64 1JQ

Admitted: 13/10/2024 18:13
Discharged: 17/10/2024 12:48

Transfer history

Admission	2024-10-13 10:51:00	RAE GRI ED
Transfer	2024-10-13 18:13:00	R51 GRI WARD 51
Transfer	2024-10-14 18:23:00	R6 GRI WARD 6

Responsible Consultant history

Assigned No Consultant	13/10/24	18:13
Ruth Gillespie	13/10/24	18:37
Hemanth Karayi	14/10/24	09:43
Mark Cotton	15/10/24	07:12

Allergy

Admission Allergy Check performed by:

Current recorded allergy (reaction): HMG-COA REDUCTASE INHIBITORS (STATINS) (Other (see medical notes)); BETA ADRENOCEPTOR ANTAGONISTS (BETA BLOCKERS) (Other (see medical notes))

Allopurinol 100 mg Tablets

☒ 14/10/24 07:00 100 mg ONCE daily at 7am (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:00	Iqra Hamid
16/10/24	07:00	16/10/2024	08:46	Ellie Fingland
17/10/24	07:00	17/10/2024	09:03	Alix Kenna

AMOXICILLIN 500 mg Capsules

☒ 15/10/24 22:00 500 mg THREE times daily - 7am;12pm;10pm (Oral) for 3 day(s) — GRI716 Doc2

15/10/24	22:00	15/10/2024	21:22	Carys Archibald
16/10/24	07:00	16/10/2024	08:54	Ellie Fingland
16/10/24	12:00	16/10/2024	12:39	Alix Kenna
16/10/24	22:00	16/10/2024	21:36	Carys Archibald
17/10/24	07:00	17/10/2024	09:09	Alix Kenna
17/10/24	12:00		SYSTEM	Not Charted prior to Discharge

AMOXICILLIN 1000mg (1g) Injection

☒ 13/10/24 22:00 1,000 mg THREE TIMES DAILY 7am:12pm:10pm (Intravenous Slow Bolus Injection) for 5 day(s) — Sebastian Tkach

13/10/24	22:00	13/10/2024	22:55	Wendy Hislop/ Eirini Leventi
14/10/24	07:00	14/10/2024	06:20	Eirini Leventi/ Wendy Hislop
14/10/24	12:00	14/10/2024	12:58	Riyaka Otorkpa/ Mhairi Buchanan
14/10/24	22:00	14/10/2024	22:37	Rhea Mackay/ Pravin Londhe
15/10/24	07:00	15/10/2024	06:35	Rhea Mackay/ Pravin Londhe
15/10/24	12:00	15/10/2024	12:33	Iqra Hamid/ Kirsty Messenger

Discontinued on: 15/10/2024 12:43:00 by: GRI716 Doc2 . Reason: Formulation/Route Change

APIXABAN 5 mg Tablets

☒ 13/10/24 22:00 5 mg TWICE daily at 7am and 10pm (Oral) — Sebastian Tkach

13/10/24	22:00	13/10/2024	21:55	Wendy Hislop
14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
14/10/24	22:00	14/10/2024	21:08	Rhea Mackay
15/10/24	07:00	15/10/2024	09:00	Iqra Hamid
15/10/24	22:00	15/10/2024	21:20	Carys Archibald
16/10/24	07:00	16/10/2024	08:48	Ellie Fingland
16/10/24	22:00	16/10/2024	21:35	Carys Archibald
17/10/24	07:00	17/10/2024	09:04	Alix Kenna

ATORVASTATIN 80 mg Tablets

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

ATORVASTATIN 80 mg Tablets *(Continued)*

☒ 13/10/24 22:00 80 mg ONCE daily at 10pm (Oral) — Sebastian Tkach

13/10/24	22:00	13/10/2024	21:55	Wendy Hislop
14/10/24	22:00	14/10/2024	21:07	Rhea Mackay
15/10/24	22:00	15/10/2024	21:19	Carys Archibald
16/10/24	22:00	16/10/2024	21:35	Carys Archibald

Bisoprolol 1.25 mg Tablets

☒ 14/10/24 07:00 1.25 mg ONCE daily at 7am (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:00	Iqra Hamid
16/10/24	07:00	16/10/2024	08:46	Ellie Fingland
17/10/24	07:00	17/10/2024	09:03	Alix Kenna

CETIRIZINE 10 mg Tablets

☒ 14/10/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:02	Iqra Hamid
16/10/24	07:00	16/10/2024	08:53	Ellie Fingland
17/10/24	07:00	17/10/2024	09:08	Alix Kenna

CLARITHROMYCIN 500 mg Tablets

☒ 14/10/24 22:00 500 mg TWICE daily at 7am and 10pm (Oral) — Thatayaone Werna

14/10/24	22:00	14/10/2024	21:08	Rhea Mackay
15/10/24	07:00	15/10/2024	09:02	Iqra Hamid
15/10/24	22:00	15/10/2024	21:21	Carys Archibald
16/10/24	07:00	16/10/2024	08:54	Ellie Fingland
16/10/24	22:00	16/10/2024	21:36	Carys Archibald
17/10/24	07:00	17/10/2024	09:09	Alix Kenna

☒ 14/10/24 09:54 500 mg (Oral) — Thatayaone Werna

14/10/24	09:54	14/10/2024	10:41	Riyaka Otorkpa

Clopidogrel 75 mg Tablets

☒ 14/10/24 07:00 75 mg ONCE DAILY MORNING 7am (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:02	Iqra Hamid
16/10/24	07:00	16/10/2024	08:50	Ellie Fingland
17/10/24	07:00	17/10/2024	09:07	Alix Kenna

COLECALCIFEROL 1000 units Tablets

☒ 14/10/24 07:00 1,000 unit ONCE daily at 7am (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:02	Iqra Hamid
16/10/24	07:00	16/10/2024	08:49	Ellie Fingland
17/10/24	07:00	17/10/2024	09:07	Alix Kenna

..rrous fumarate 210 mg Tablets

☒ 15/10/24 07:00 210 mg ONCE DAILY MORNING 7am (Oral) — Lauren Wells PIP

15/10/24	07:00	15/10/2024	09:02	Iqra Hamid
16/10/24	07:00	16/10/2024	08:50	Ellie Fingland
17/10/24	07:00	17/10/2024	09:09	Alix Kenna

FINASTERIDE 5 mg Tablets

☒ 14/10/24 07:00 5 mg ONCE DAILY MORNING 7am (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:01	Iqra Hamid
16/10/24	07:00	16/10/2024	08:49	Ellie Fingland
17/10/24	07:00	17/10/2024	09:05	Alix Kenna

Isosorbide mononitrate 10 mg Tablets

☒ 14/10/24 07:00 10 mg TWICE daily at 7am and 1pm (Oral) — Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa
14/10/24	13:00	14/10/2024	12:53	Riyaka Otorkpa
15/10/24	07:00	15/10/2024	09:00	Iqra Hamid
15/10/24	13:00	15/10/2024	12:34	Iqra Hamid/ Kirsty Messenger
16/10/24	07:00	16/10/2024	08:47	Ellie Fingland
16/10/24	13:00	16/10/2024	12:40	Alix Kenna

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

Isosorbide mononitrate 10 mg Tablets *(Continued)*

17/10/24	07:00	17/10/2024	09:04	Alix Kenna	

Lansoprazole 30 mg Capsules

☒ 14/10/24 07:00 30 mg ONCE DAILY MORNING 7am (Oral) Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa	
15/10/24	07:00	15/10/2024	09:01	Iqra Hamid	
16/10/24	07:00	16/10/2024	08:52	Ellie Fingland	
17/10/24	07:00	17/10/2024	09:06	Alix Kenna	

LERCANIDIPINE 10 mg Tablets

☒ 14/10/24 07:00 20 mg ONCE DAILY MORNING 7am (Oral) Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa	
15/10/24	07:00	15/10/2024	09:04	Iqra Hamid	
16/10/24	07:00	16/10/2024	08:52	Ellie Fingland	
17/10/24	07:00	17/10/2024	09:05	Alix Kenna	

Oseltamivir 75 mg Capsules

☒ 13/10/24 22:00 75 mg TWICE DAILY 7am:10pm (Oral) for 5 day(s) Sebastian Tkach

13/10/24	22:00	13/10/2024	21:55	Wendy Hislop	
14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa	
14/10/24	22:00	14/10/2024	21:08	Rhea Mackay	
15/10/24	07:00	15/10/2024	09:02	Iqra Hamid	
15/10/24	22:00	15/10/2024	21:20	Carys Archibald	
16/10/24	07:00	16/10/2024	08:53	Ellie Fingland	
16/10/24	22:00	16/10/2024	21:35	Carys Archibald	
17/10/24	07:00	17/10/2024	09:08	Alix Kenna	

RAMIPRIL 10 mg Capsules

☒ 14/10/24 07:00 10 mg ONCE DAILY MORNING 7am (Oral) Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa	
15/10/24	07:00	15/10/2024	09:04	Iqra Hamid	
16/10/24	07:00	16/10/2024	08:52	Ellie Fingland	
17/10/24	07:00	17/10/2024	09:05	Alix Kenna	

SALBUTAMOL 5 mg in 2.5mL Nebuliser Solution

☒ 15/10/24 12:00 2.5 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Nebulised) GRI716 Doc2

15/10/24	12:00	15/10/2024	12:34	Iqra Hamid/ Kirsty Messenger	
15/10/24	17:00	15/10/2024	17:39	Iqra Hamid	
15/10/24	22:00	15/10/2024	21:22	Carys Archibald	
16/10/24	07:00	16/10/2024	08:55	Ellie Fingland	
16/10/24	12:00	16/10/2024	12:39	Alix Kenna	
16/10/24	17:00	16/10/2024	17:11	Alix Kenna	
16/10/24	22:00	16/10/2024	21:36	Carys Archibald	
17/10/24	07:00	17/10/2024	09:10	Alix Kenna	
17/10/24	12:00			SYSTEM	Not Charted prior to Discharge

MSULOSIN 400 micrograms Modified Release Capsules

☒ 14/10/24 07:00 400 microgram ONCE daily at 7am (Oral) Sebastian Tkach

14/10/24	07:00	14/10/2024	07:59	Riyaka Otorkpa	
15/10/24	07:00	15/10/2024	09:00	Iqra Hamid	
16/10/24	07:00	16/10/2024	08:47	Ellie Fingland	
17/10/24	07:00	17/10/2024	09:03	Alix Kenna	

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

Inpatient prescription & administration record for David Moutrey (2206546116)

Admission: 04/06/2022 => 07/06/2022

04:00
09/06/22

Patient Demographics

MOUTREY David (2206546116)
DOB: 22/06/1954
11 Montrose Terrace, Bishopbriggs,
Glasgow,
Dunbarto,
G64 1JQ

Admitted: 04/06/2022 17:25
Discharged: 07/06/2022 17:01

Transfer history

Admission 2022-06-04 17:25:00 R43A GRI WD 43A

Responsible Consultant history

Pardeep Jhund	04/06/22	17:25
Karen Hogg	06/06/22	09:07

Allergy

Admission Allergy Check performed by:

Current recorded allergy (reaction): HMG-COA REDUCTASE INHIBITORS (STATINS) (Other (see medical notes)); BETA ADRENOCEPTOR ANTAGONISTS (Other (see medical notes))

ALLOPURINOL 100 mg Tablets

☒ 05/06/22 07:00 100 mg ONCE daily at 7am (Oral) — ROBERT SYKES

05/06/22	07:00	05/06/2022	09:29	Sharon Molloy
06/06/22	07:00	06/06/2022	09:23	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:42	Cara Muir

APIXABAN 5 mg Tablets

☒ 04/06/22 22:00 5 mg TWICE daily at 7am and 10pm (Oral) — ROBERT SYKES

04/06/22	22:00	04/06/2022	21:41	Johanna Dela Pena
05/06/22	07:00	05/06/2022	09:29	Sharon Molloy
05/06/22	22:00	05/06/2022	21:10	Johanna Dela Pena
06/06/22	07:00	06/06/2022	09:22	Helen Mcmillan
06/06/22	22:00	06/06/2022	21:07	Johanna Dela Pena
07/06/22	07:00	07/06/2022	07:42	Cara Muir

ASPIRIN 75 mg Dispersible Tablets

☒ 05/06/22 07:00 75 mg ONCE daily at 7am (Oral) — ROBERT SYKES

05/06/22	07:00	05/06/2022	09:27	Sharon Molloy
06/06/22	07:00	06/06/2022	09:21	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:41	Cara Muir

ATORVASTATIN 80 mg Tablets

04/06/22 22:00 80 mg ONCE daily at 10pm (Oral) — ROBERT SYKES

04/06/22	22:00	04/06/2022	21:39	Johanna Dela Pena
05/06/22	22:00	05/06/2022	21:10	Johanna Dela Pena
06/06/22	22:00	06/06/2022	21:07	Johanna Dela Pena

BISOPROLOL 1.25 mg Tablets

☒ 05/06/22 07:00 1.25 mg ONCE daily at 7am (Oral) — ROBERT SYKES

05/06/22	07:00	05/06/2022	09:29	Sharon Molloy
06/06/22	07:00	06/06/2022	09:22	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:41	Cara Muir

CLOPIDOGREL 75 mg Tablets

☒ 05/06/22 07:00 75 mg ONCE DAILY MORNING 7am (Oral) — ROBERT SYKES

05/06/22	07:00	05/06/2022	09:28	Sharon Molloy
06/06/22	07:00	06/06/2022	09:22	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:41	Cara Muir

DAPA-MI TRIAL Dapagliflozin/Placebo 10 mg Tablets

☒ 07/06/22 07:00 10 mg ONCE DAILY MORNING 7am (Oral) — Joanna Osmanska

07/06/22	07:00	Cara Muir	Prescription Clarification 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

DAPA-MI TRIAL Dapagliflozin/Placebo 10 mg Tablets *(Continued)*

☒ 06/06/22 13:16 10 mg (Oral) Joanna Osmanska

06/06/22	13:16	06/06/2022	13:16	Joanna Osmanska

FUROSEMIDE 40 mg Tablets

☒ 07/06/22 07:00 40 mg ONCE DAILY MORNING 7am (Oral) David Hunter

07/06/22	07:00	07/06/2022	07:44	Cara Muir

☒ 06/06/22 09:13 40 mg (Oral) David Hunter

06/06/22	09:13	06/06/2022	09:28	Helen Mcmillan

ISOSORBIDE MONONITRATE 20 mg Tablets

☒ 05/06/22 07:00 20 mg ONCE DAILY MORNING 7am (Oral) ROBERT SYKES

05/06/22	07:00	05/06/2022	09:31	Sharon Molloy
06/06/22	07:00	06/06/2022	09:25	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:43	Cara Muir

LERCANIDIPINE 10 mg Tablets

☒ 04/06/22 22:00 20 mg ONCE DAILY NIGHT 10pm (Oral) ROBERT SYKES

04/06/22	22:00	04/06/2022	21:42	Johanna Dela Pena
05/06/22	22:00	05/06/2022	21:14	Johanna Dela Pena
06/06/22	22:00	06/06/2022	21:08	Johanna Dela Pena

OMEPRAZOLE 20 mg Capsules

☒ 05/06/22 07:00 20 mg ONCE DAILY MORNING 7am (Oral) ROBERT SYKES

05/06/22	07:00	05/06/2022	09:30	Sharon Molloy
06/06/22	07:00	06/06/2022	09:24	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:43	Cara Muir

RAMIPRIL 10 mg Capsules

☒ 05/06/22 07:00 10 mg ONCE DAILY MORNING 7am (Oral) ROBERT SYKES

05/06/22	07:00	05/06/2022	09:30	Sharon Molloy
06/06/22	07:00	06/06/2022	09:23	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:42	Cara Muir

SANDO-K 12 mmol Effervescent Tablets

☒ 04/06/22 22:00 2 Tablet THREE TIMES DAILY 7am:12pm:10pm (Oral) ROBERT SYKES

04/06/22	22:00	04/06/2022	21:39	Johanna Dela Pena
05/06/22	07:00	05/06/2022	09:29	Sharon Molloy
05/06/22	12:00	05/06/2022	12:51	Sharon Molloy
05/06/22	22:00	05/06/2022	21:12	Johanna Dela Pena
06/06/22	07:00	06/06/2022	09:22	Helen Mcmillan
06/06/22	12:00			Helen Mcmillan Other - see patient nursing notes

Discontinued on: 06/06/2022 14:46 by: Cara McLaughlin . Reason: Course Complete

SENNOSIDES (SENNA) 7.5 mg Tablets

05/06/22 22:00 15 mg ONCE daily at 10pm (Oral) Conor Kelly

05/06/22	22:00	05/06/2022	21:14	Johanna Dela Pena
06/06/22	22:00	06/06/2022	21:08	Johanna Dela Pena

SPIRONOLACTONE 25 mg Tablets

☒ 06/06/22 09:00 25 mg 1x 9am (Oral) Conor Kelly

06/06/22	09:00	06/06/2022	09:25	Helen Mcmillan
07/06/22	09:00	07/06/2022	13:21	Cara Muir

☒ 05/06/22 12:48 25 mg (Oral) Conor Kelly

05/06/22	12:48	05/06/2022	12:51	Sharon Molloy

TAMSULOSIN 400 micrograms Modified Release Capsules

☒ 05/06/22 07:00 400 microgram ONCE daily at 7am (Oral) ROBERT SYKES

05/06/22	07:00	05/06/2022	09:30	Sharon Molloy
06/06/22	07:00	06/06/2022	09:24	Helen Mcmillan
07/06/22	07:00	07/06/2022	07:43	Cara Muir

BENZALKONIUM CHLORIDE 0.5 % Shampoo as required

☒ 04/06/22 17:32 1 Application (Topical) Shampoo substitute ROBERT SYKES

BETAMETHASONE 0.1 % Cream 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

BETAMETHASONE 0.1 % Cream as required *(Continued)*

☒ 04/06/22 17:33 1 Application every 12 hours (Topical) psoriasis ROBERT SYKES

CAPASAL Shampoo as required

☒ 04/06/22 17:32 1 Application ONCE daily at 7am (Topical) FOR DRY SCALP ROBERT SYKES

CETIRIZINE 10 mg Tablets as required

☒ 04/06/22 17:31 10 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) Itching ROBERT SYKES

CO-CODAMOL 30/500 Tablets as required

☒ 04/06/22 22:39 2 Tablet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN Elisha Khoo

2.00 Tablet 04/06/2022 22:44 Johanna Dela Pena

ENSTILAR FOAM as required

☒ 04/06/22 17:34 1 Application ONCE daily at 7am (Topical) psoriasis ROBERT SYKES

GLYCERYL TRINITRATE 400 micrograms per Sublingual Spray as required

☒ 04/06/22 17:30 800 microgram (Sublingual) FOR CHEST PAIN ROBERT SYKES

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

NHS
Greater Glasgow and Clyde

STUDY INFORMATION AND INFORMED CONSENT FORM

Study Code: D169DC00001
Centre no: 2879

Subject Initials: DM
Enrolment Code: E2879003

There are 4 parts to this document:

Part I: the "**Study Information**" essential to your decision to take part in the clinical study,

Part II: the "**Future Research Information**" which explains the possibility to contribute to future research,

Part III: your "**Consent Form**" which summarise what you may agree to.

Part IV: supplementary information in the "**Additional information for patients**" section, including a glossary.

PART I: STUDY INFORMATION

Study number: D169DC00001

Study medication: Dapagliflozin

Title of study: A Registry-based, Randomised, Double-blind, Placebo-Controlled Cardiovascular Outcomes Trial to Evaluate the Effect of Dapagliflozin on the Incidence of Heart Failure or Cardiovascular Death in Patients without Diabetes with Acute Myocardial Infarction at Increased Risk for Subsequent Development of Heart Failure

Short study title: The DAPA-MI study

You are invited to take part in this study because you have recently had a heart attack. Participation requires your written consent.

The study will use 2 high-quality, population-based National Quality Registries that record information on heart attack patients in Sweden and the United Kingdom (UK): the SWEDEHEART (Swedish Web-system for Enhancement and Development of Evidence-based care in Heart disease Evaluated According to Recommended Therapies; Sweden)

and the NICOR/MINAP (The National Institute for Cardiovascular Outcomes Research / Myocardial Ischaemia National Audit Project; UK) registries (see Glossary for more detail).

Before you decide whether you want to participate in this study, you will be given an explanation about what the study involves.

The overall description of this study (including the collection, storage and use of your data as well as this document) has been reviewed in the UK by an independent Ethics Committee to ensure that the rights, safety and well-being of study participants are protected.

The information we get from this study might help other patients with the same condition in the future.

1 What is this study about?

We are doing this study to explore whether the oral medication dapagliflozin is beneficial in patients without diabetes who recently experienced a heart attack and have sustained damage to their heart muscle function. The study also aims to better understand health problems following a heart attack. Dapagliflozin is a drug that was originally developed for the treatment of type 2 diabetes. It has been approved to improve blood sugar control in patients with type 2 diabetes and to reduce the risk of hospitalization for heart failure in some patients both with and without type 2 diabetes at higher risk of this.

Following a heart attack with damage to the heart's pumping action, there is an increased risk for developing heart failure and other cardiovascular events. There are several treatments to minimize these risks, which now are standard treatment for heart attack patients, but there is still a risk for such events. Therefore, we are exploring further treatment that could prevent the development of heart failure and other health problems.

Approximately 6,400 patients like you will participate in the study. The study will be conducted in Sweden and the UK.

2 Do I have to take part?

You have a choice whether or not to participate. Please take as much time as you need to make a decision about whether or not you would like to take part in this study. It may be helpful to talk with your friends and family as you make this decision.

If you join the study, you can leave at any time (see "section 13" for more details). Leaving will not affect your care. If you choose to leave the study, please let your study doctor know as soon as possible.

If you don't join the study, you will continue to receive care according to local routine.

Once you have provided your consent your GP will be informed about your participation in the study. By signing the consent form you are agreeing to this.

Your study doctor may contact your GP to request additional information about your current health and medical history.

You will receive a patient participation card, which indicates that you are participating in a study. You should carry this card with you during the study and should show it when you visit other doctors.

3 What will happen if I join the study?

You will be in the study for approximately 1-3 years depending on when you start to participate. Your participation in the study may need to be longer to get better answers to the study questions.

Before you can start the study drug, dapagliflozin or placebo, you will undergo an evaluation to see if you can participate. If you meet the study eligibility criteria, you will be randomly assigned a study treatment. "Randomly assigned" means that whatever treatment you get will be by chance, like flipping a coin. If you don't meet the study criteria, the reasons will be explained. Your study doctor or treating doctors will talk to you about other possible treatments. There will be 2 treatment arms, dapagliflozin or placebo, and you will have a 50% chance of receiving dapagliflozin and a 50% chance of receiving placebo.

You will have up to approximately 5 visits in this study with additional blood test visits. The first visit will be scheduled 6-10 weeks after you are discharged from hospital. The following visits will be at 10 month intervals with additional blood tests every 5 months. At these visits, you will be asked if you have been hospitalised or have undergone any heart procedures. An electrical heart tracing (electrocardiogram or ECG) and a blood sample for blood sugar control and kidney function will be taken. You will be asked about your medication, activities of daily life and any symptoms of breathlessness or chest pain. Your blood pressure and weight will be measured. You will return any remaining study medication and be provided with new study medication to last until the next visit.

If you cannot come to a visit, you must tell your study doctor.

You will only be given study medication while the study is ongoing but not after it has ended. The study medication should be taken once daily. You will be given a bottle with the study medication, where an ordinary cap will be replaced with a device called CleverCap. The CleverCap device will record every time the bottle is opened and closed, and also the battery level and charging state will be monitored. We will gather this information via mobile 3G communication. You will receive instructions how to use and charge the CleverCap and the research team will support you with cap replacement and any issues you may have while using the Cap. At every study visit, you must bring the study medication bottle and CleverCap with you.

Your study doctor may contact you when irregular study drug bottle accesses are observed to ensure you are taking the study drug correctly (once a day). You will also be contacted if the battery is running low.

Please note that the study, and your participation in the study, may be stopped earlier than expected, for example for scientific or safety reasons (see "section 8" for more details).

If your study doctor cannot get in touch with you during the study, he/she will try to get information about you and your health elsewhere, such as contacting your GP or searching in public registers, in accordance with local regulations, since it is important for us to know what has happened to you. Your study doctor may ask for help from a search agency to find out where you are. If your personal information is given to a search agency, it will be kept until the necessary information for the trial has been found and then destroyed.

4 What are the required tests and procedures?

To conduct the study, some tests and procedures will have to be performed on you.

The following tests and procedures will be included:

Study Procedures:

- Signing and dating the informed consent form
- We will check the criteria for the study to see if you are eligible for participation
- We will collect information from you regarding your medical history and personal details such as date of birth, sex, and ethnicity
- We will record any cardiovascular or blood sugar lowering medication you are taking
- We will record the results of any physical examination that has been performed as part of normal routine practice

- We will record your blood pressure, height and weight
- We will record the results of ECGs and blood tests that have been performed as part of normal clinical routine
- A blood sample for blood sugar control and kidney function will be taken
- At the follow-up visits, we will perform a further ECG. This measures the electrical activity of your heart. Sticky patches or electrodes are attached to your chest and shoulders and connected to wires that go to a machine.
- On the first day of study treatment, we will randomly assign and administer the study medication
- For women who are able to have children, we will perform a pregnancy test before randomly assigning the study medication. You cannot take part in this study if you are pregnant.

Sample testing results will be reviewed by the study doctor or study staff and these will be discussed with you as per normal clinical practice.

The complete list of tests and procedures, including their detailed schedule is available in "part IV: *Additional Information for Patients*".

5 What are the risks of joining the study?

The safety profile of dapagliflozin has been evaluated in clinical studies involving more than 24,000 patients with diabetes or heart failure. In these studies, dapagliflozin was generally safe and well tolerated.

Dapagliflozin may cause some side effects. You may experience none, some, or all of those listed in the table below. There may be risks involved in taking dapagliflozin that have not been identified in the studies performed so far. There is always a risk involved in taking a new medication and you are encouraged to report anything that is troubling you. If you have severe side effects from the study medication, the study doctor may ask you to stop it.

How common is it?	*Side effect(s)*
Common (seen in more than 1 in 100 people)	*Urinary tract infections (UTIs)* *Genital infections* *Back pain* *Increased urine volume*
Rare (seen in less than 1 in 1,000 people)	*Diabetic ketoacidosis in patients with type 2 diabetes*
Side effects from post marketing reports of unknown frequency	*Rash*

To read more about the risks, turn to the additional risk information provided in part *IV*: "*Additional information for patients*".

General risks of participating in this study

Additional information

As the study drug may contain lactose, you may feel some discomfort in your stomach and bowels if you are lactose-intolerant.

Allergic reaction

Sometimes people have allergic reactions to drugs. If you have a very bad allergic reaction, it could be life-threatening. Some things that happen during an allergic reaction and could be a sign or symptom of a life-threatening allergic reaction (anaphylaxis) are:

- a rash
- having difficulty with breathing
- wheezing
- a sudden drop in blood pressure (making you feel dizzy or lightheaded)
- swelling around the mouth, throat, or eyes
- a fast pulse
- sweating

You should get medical help and contact the Study Doctor or study staff if you have any of these or any other side effects during the study.

Study tests

Drawing blood will be performed according to clinical routines and may result in pain, irritation, bruising, bleeding, or irritation at the site of the needle stick. There is also a possibility of fainting or infection.

Risks associated with ECGs

ECGs are a painless and routine procedure that record the electrical activity of the heart. Small sticky pads (discs) will be stuck to your chest, wrists and ankles and a machine will measure the activity of your heart. You will be asked to lie down for 10 minutes before the test. The sites on your body where the discs are placed need to be clean and sometimes any hair in the area may have to be shaved or clipped. The discs may feel cold when they are placed on your skin and, in rare situations, a localised rash or irritation may appear. Otherwise, there are no risks associated with this procedure.

6 Are there any other considerations or risks I need to know about?

Pregnancy, contraception, and breast-feeding.

Because the effects of dapagliflozin on an unborn child or infant are not known, you must not get pregnant or breastfeed a child during the study. You must use an effective birth control method throughout the study and up to 4 weeks after your last dose of study drug.

The study doctor can discuss acceptable birth control methods with you.

If you become pregnant, you must tell the study doctor immediately. You will have to stop taking the study medication immediately. The study doctor will follow the pregnancy and report the outcome for you and the baby to the Sponsor of this study.

Other considerations

You are not allowed to take part in any other research study with a non-approved investigational drug or blinded treatment with a cardiovascular or blood sugar-lowering medication while you are in this research study. If you have any health care contact such as with a doctor or a dentist, tell them that you are in this research study.

7 What are the possible benefits of taking part?

There are known benefits of dapagliflozin for patients with type 2 diabetes and for patients with heart failure with and without type 2 diabetes. The beneficial effect includes reduced risk of hospitalisation for heart failure. The information the study sponsor receives from this study may improve treatment of patients following heart attack in reducing the risk of developing heart failure.

It is not certain that you will directly benefit from the participation in the study. Your participation may, however, help other patients in the future by improving the knowledge of diseases and improving medical care.

8 What happens if something changes while I am in the study, e.g., if new information is found?

Changes may happen in the study that could make you change your mind about continuing to take part. If something changes, we will tell you as soon as possible.

You can choose to leave the study at any time. For more details, see section 13 below.

The study doctor can also choose to take you out of the study if they believe that it is best for you.

If you or the study doctor decide that you should stop taking study medication earlier than planned according to the study schedule, you will be asked to attend a visit as soon as possible after you took the last dose. You will be recommended by your doctor to continue to attend study visits as planned to follow up on your health. If, for any reason, you cannot attend the clinic in person, your study doctor will discuss and recommend other options for follow-up.

Your participation in the study may also stop if the Sponsor, health authorities, or the ethics or regulatory agencies decide that the study must be stopped.

9 What happens if I am harmed or injured during the study?

If there is an emergency, call the emergency services or go to the accident and emergency department right away. Contact your study doctor as soon as you can. All relevant contact details can be found in part IV: "*Additional information for patients*".

If you become ill or are injured while you are in this research study, you must tell your study doctor straight away.

Injuries that have been caused by the study medication, tests or procedures are called 'research injuries'. Injuries caused by your usual medical care or your underlying disease are not research injuries.

The Sponsor has insurance to cover the costs of research injuries as long as you have followed your study doctor's instructions. The Sponsor will pay any costs of medical treatment for research injuries, provided that the costs are reasonable and you did not cause the injury yourself.

If you have private medical insurance, protection insurance (life insurance, income protection, critical illness cover) or travel insurance, you should let the insurers know that you intend to take part in a research study. They will be able to tell you if this will affect these insurance policies. The Sponsor may compensate you in accordance with UK law and by signing this form you do not give up any legal rights that you may have.

The Sponsor will provide compensation for any injury caused by taking part in this study in accordance with the guidelines of the Association of the British Pharmaceutical Industry (ABPI). Compensation will be paid where the injury probably resulted from:

- A drug being tested or administered as part of the trial protocol;
- Any test or procedure you received as part of the trial.

Any payment would be without legal commitment. The Sponsor would not be bound by these guidelines to pay compensation where the injury resulted from a drug or procedure outside the trial protocol or where the protocol wasn't followed.

10 What will happen to my data and blood sample results gathered in the study?

a. Which data and blood sample results are collected?

In order to conduct the study, the study team will have to collect and register information about your identity (such as your name, address, telephone number, and health insurance number) as well as data that is necessary to assess your medical condition, medical history (this may include information from your medical records), your lifestyle, your demographics (age, gender, ethnicity), and investigation results as applicable (e.g. x-rays). Some of the medical information will be collected by retrieving data from the quality register that is routinely used by the hospital for collecting information on patients who have experienced a heart attack, the NICOR/ MINAP registry (see Glossary). The data will be collated and

extracted by NHS Digital (see Glossary), who will combine these data with the administrative coding data it collects from hospitals as well as the data from the Office of National Statistics (ONS) that records the vital status of patients. A similar process will be developed for patients participating in Scotland, Wales and Northern Ireland. NHS Digital will send on coded data to Uppsala Clinical Research Center in Sweden, the coordinating centre for the study. The coded data will then be analysed by the sponsors of the trial, AstraZeneca. Your answers to questionnaires using a smartphone or handheld device will also be collected. For more details about data that are collected in the study, see further details at the end of this document in "part 3: Additional information for patients".

In addition, the study team will collect blood samples from you and the results of the analysis will be part of your coded data. While participating in this study, you will have an optional opportunity to download an electronic application (App). It will be available in first half of the year 2021. It is to be installed on your mobile device (e.g. mobile phone or tablet). The application will support you during the trial and give you access to educational content relating to the disease and medication, clinical visit reminders, reminders about administration of the study medication, and health-related questionnaires. It will allow you to report hospitalizations due to heart failure, if any occur.

Some data from the electronic application may be shared with your study team. The data collected from the App will be securely sent to the AstraZeneca Digital Medical Device Platform which means that IT personnel at AstraZeneca will have access to these data but will only use them for support purposes. Your data are subject to the same data protection standards as other personal information. You will get instructions on how to use the App.

You will be provided with a link to download the App. This link will be sent to the email address that you shared with your study team. If you choose to use the App, you will be provided with additional information about how data will be collected, stored and processed in the App.

b. What are my data and blood sample results needed for?

Your data and blood sample results are needed for the Sponsor to develop the drug, get permission to introduce and keep it on the market, monitor its safety and get it reimbursed by governments i.e., throughout the drug development programme. Therefore, they will be used as planned in this study as well as within related research activities necessary for this drug development programme in order to:

- understand how the study drug(s) and similar drugs work in the body (i.e., evaluate the study drug mode of action, alone or in combination with other study drugs)
- better understand the studied disease and associated health problems
- learn from past studies to plan new studies or improve scientific analysis methods
- publish research results in scientific journals or use them for educational purposes.

The legal basis for the use of your data for the above purpose is based on the Sponsor's legal requirements that cover the conduct of clinical studies and public interest. (Further details can be found at the end of this document in part IV: "Additional information for patients")

c. Who can access my data and blood sample results?

Only at the study site will your name and contact details be accessible to the study team to conduct the study. Non-medical personnel acting on behalf of the Sponsor and being bound by a duty of confidentiality, as well as Health authorities and Ethics Committees, may also be given access to these data either at the study site or remotely via a secure connection only to verify that the study is carried out in compliance with legal and quality requirements. Relevant staff at NHS Digital who will manage collection of data from the MINAP / NICOR registry will have access to your name and your National Health Service (NHS) number. This is needed in order to be able to retrieve relevant information from the MINAP / NICOR registry. The coded data will be passed on to Uppsala Clinical Research Center (the coordinating organisation for the trial) and then made available for analysis by the trial sponsor, AstraZeneca..

The study site will share your data and blood sample results with the sponsor but only after they have been coded (which means that your name, contact details or health insurance number, have been replaced by a code). This is a process of de-personalisation (see Glossary) that ensures that those having access to the trial database for analysis cannot identify which patients have agreed to participate in the trial. For more information about coding, see details at the end of this document in *part IV: "Additional information for patients"*).

The sponsor may share your coded data and blood sample results with its Research partners and Service providers for the purposes of the drug development programme.

In order to ensure proper conduct and accurate results of the study and to get permission to market the drug, the sponsor will share your coded data with authorities and possibly with Ethics Committees. They may also be shared with scientific journals, so the study results can be reviewed by independent scientists and to ensure the accuracy of results.

In **none** of these cases will your identity be revealed.

Some of the above-mentioned persons may be located outside your country. If this other country does not have equivalent personal data protection standards to the UK, appropriate Safeguards (such as contracts and technical Security measures) will be adopted to protect and maintain the confidentiality of your data and blood sample results, as further described at the end of the document in part *IV: "Additional information for patients"*.

In case another organisation takes over development or commercialisation of the study drug, your coded data or your coded blood sample results may be transmitted to them. They will then have to protect your data and blood sample results in the same way as described herein.

d. Who else may have access to my contact information and why?

Your name or contact details may be shared with service providers, in order to:

- Allow the service provider to reach out to you either during or after the Study, to ask your opinion on the provided Clinical Trial Transparency materials such as the Thank you card, Trial Result Summary or Study Arm Postcard
- Providing support for mobile application that is used in the study
- Collect information on whether you are alive or not ("vital status information").

e. How long will my coded data and coded blood sample results be kept?

The study site and the sponsor are obliged to keep all study data for 15 years after the end of the study, unless there is a legal requirement for keeping them longer. Your coded data will then be deleted or anonymised. For more details about anonymising, see part I section 10 g:*"What does anonymised data mean?"* or internal Document Retention policy at www.astrazenecapersonaldataretention.com. You might also like to review independent details available at https://understandingpatientdata.org.uk/what-does-anonymised-mean.

f. What are my rights under data protection law?

You have the right to review which of your data are collected and being used; you can also ask for a copy of these data, ask for restriction of use of these data, or ask to have incorrect data rectified. You may also ask the study doctor to receive a copy of the data you have provided for the future research in a standardised electronic format or to have them transmitted to another person of your choice.

To ensure the scientific integrity of the study, you will not be able to review some of the data or receive a copy of it until the study ends, because in this study, neither you nor the study doctor know if you are receiving dapagliflozin or placebo.

To exercise these restricted rights, please contact preferably the study doctor.

Contact details of the Data Protection Officer (DPO) are provided in part IV: "Additional information for patients". If there are issues related to the use of your data, you have the right to file a complaint with your local data protection authority or with the sponsor's one: **The Information Commissioner's Office,** Water Lane, Wycliffe House, Wilmslow - Cheshire SK9 5AF, Tel. +44 1625 545 745, e-mail: international.team@ico.org.uk Website: https://ico.org.uk

g. What does anonymised data mean?

Health authorities as well as pharmaceutical companies believe that access to clinical study data advances clinical science and medical knowledge and is in the best interest of patients and public health, provided that patient privacy is protected. Therefore, the sponsor may generate and share internally or with other researchers an anonymised set of your data collected in the study (e.g., on www.clinicalstudydatarequest.com). This means your coded data will be stripped of your Patient code as well as of any other information that could reasonably be used to identify you such as your date of birth (see also, section 10e above, and the Glossary).

11 What are the costs of taking part?

Participating in this study will not cost you anything. Study drug, study visits, tests and examinations are free of charge.

If applicable, you may be reimbursed for reasonable expenses incurred due to your participation in the study. Receipts should be provided where possible.

- Reasonable travel costs for attending study visits (e.g. reimbursement of car mileage at 45 pence per mile and reimbursement of parking costs)

- Expenses of approximately £10 for refreshments/meals (e.g. if time to travel and attend a study visit coincides with meal times). If a carer is attending with you, they can also claim this same amount for meals.

- If the participant is a carer, they will be reimbursed the cost of finding cover for the person they care for when attending visits for this clinical trial i.e. reimbursement of nursery fees for the day for pre-school aged children or reimbursement of the cost of a carer for a dependent relative at home - up to £15 per hour.

The sponsor of this study will pay the hospital for including you in this study.

12 How to find out more after the study?

A short and easy to understand summary of the results of this study will be added to www.trialsummaries.com within 1 year of the last study participant's last site visit. You can visit www.trialsummaries.com website anytime to sign up to be notified via email when the trial results summary of your study is available. Alternatively, please let your study doctor know if you need a printed copy of the document. You will also receive information on the treatment you received in this study. This will be shared with you around the same time as the trial results summary.

Technical information about this research study will be posted on http://astrazenecaclinicaltrials.com, http://www.clinicaltrials.gov and https://www.clinicaltrialsregister.eu/. These websites do not contain any information about you.

13 What will happen if I want to quit the study?

Your participation in the study is voluntary which means you can stop your participation at any time. If you want to stop taking the study medication, want to have a modified visit schedule or want to stop your participation, you should tell the study doctor. If you stop participating in the study, the study doctor will stop the collection of your data but your previously collected data and blood sample results will be kept and used to guarantee the validity of the study and comply with regulatory requirements, as allowed by law. The study doctor will then invite you to have an end of study examination to check your wellbeing. If you don't show up at a planned visit, the study doctor will try to reach you. If the study doctor cannot reach you, public sources will be consulted to verify your wellbeing. This is important for study results. It is not mandatory but would be helpful for the study if you

explain to your study doctor why you wish to stop your participation, in particular if you have experienced any discomfort.

If you decide to stop taking part in this research study altogether, information on you will be collected from publicly available sources at study closure. This will be done because this is a type of study for which it is very important to have vital status when the study is completed to get a correct study result. If collection of such information is objectionable to you, we ask that you do not participate in this study.

14 Who can answer any questions I may have?

Please ask any questions you may have at any time. It is your right to be fully informed before deciding to take part in this study. You can contact the study doctor at any time at the telephone number indicated in part *IV: "Additional information for patients"*.

NHS
Greater Glasgow and Clyde

PART II: FUTURE RESEARCH INFORMATION

In addition to participating in the clinical study, we would like to know if you would be willing that your coded data are used in future research projects with appropriate ethical approval.

You are free to consent to the use of your coded data and coded blood sample results for future research. If you decide not to do so, you may still take part in the clinical study.

1 What is future research?

Future research is important to advance science and public health. At present, however, it is not possible to foresee all details of future scientific research projects. These future scientific research projects are beyond the scope of the clinical study and may include use of sample results and data as outlined in part I, either whilst the study is ongoing or after the study has finished.

Your coded data may only be used for scientific health-related research to find new ways to detect, treat, prevent or cure health problems.

They may also be used jointly with information from other sources outside typical clinical research settings, e.g. from public research databases. However, they will not be combined with other information in a way that could identify you. Your coded data may also be anonymised for some of the future scientific research.

2 May my coded data be shared?

The sponsor may share your coded data with research partners or deposit them in scientific databases as described at the end of the document in part *IV: "Additional information for patients"*. This may include researchers from universities, research hospitals, and companies.

Some of the above-mentioned recipients may be located outside the UK. The data protection laws that apply in those countries may not be as stringent as UK laws. Nevertheless, appropriate safeguards and security measures will be taken in order to protect and maintain the confidentiality of your coded data as described at the end of the document in part IV: *"Additional information for patients"*.

3 How will my privacy be protected?

Your coded data will be subject to appropriate safeguards, as specified in part *IV: "Additional information for patients"*, and will only be used for the purpose of scientific health related research. They will not be used to contact you or to affect your care or any other decision affecting your life such as insurance rates or employment opportunities.

You have the same rights as the ones described in the section *"What are your rights under data protection law?"*.

4 What if I want to withdraw from future research?

Your participation in future research is voluntary. You are entitled to withdraw your consent for future research at any time, without giving a reason and without a negative effect on your standard of medical care. If you wish to withdraw, please inform your study doctor.

You may still continue to participate in the clinical study even if you choose to withdraw from future research.

If you withdraw from future research, your coded data will not be used for future research. Your coded data (either copied from the clinical study database or newly generated) will also be destroyed unless this information is already included in analyses or used in scientific publications or if the coded data has been anonymised and therefore we can't identify your data.

5 Results from Future Research?

We may have to collect study coded data from many people over many years before we can know if the results of future research are meaningful.

Therefore, you should not expect to receive individual results from future research projects. We will not give any such data to your doctor and we will not put them in your medical record as they are not individual valid results.

You are free to consent to the use of your coded data for FUTURE RESEARCH. If you agree, you can indicate this in the CONSENT FORM.

NHS
Greater Glasgow and Clyde

PART III: CONSENT FORM

Study Code:	**D169DC00001**	**Centre No:**	2879
E-code:	E2879003		
Short Study Title:	**The DAPA-MI study**		

I confirm that

Please initial the boxes

1. The study doctor or study personnel delegated by the study doctor has explained the study to me comprehensively — DM
2. I have had the opportunity to discuss the study with the study doctor and all my questions were answered. — DM
3. I have had an adequate amount of time to consider the study. — DM
4. I have read and understood all the above information related to the study. — DM
5. I understand that I will receive a copy of this document once I have signed it. — DM
6. I understand that my decision to take part in the study is entirely voluntary. If I decide not to participate in the study or to stop my participation during the study, this will not affect my standard medical care. — DM
7. I have truthfully answered all questions about my medical history and will follow all rules listed in the document. — DM

I consent to take part in the clinical study and study procedures described herein. I understand that my participation also entails:

Please initial the boxes

8. My name and contact details being collected during the study as described to me, and accessed and reviewed by listed authorised people; — DM
9. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the sponsor — DM

company, from regulatory authorities or from the NHS Trust/Health Board or Research Institution, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records;

10. I agree to my General Practitioner being informed of my participation in the study, including any necessary exchange of information about me between my GP and the research team; DM

11. My coded data being linked with the data from the other national registries as described; DM

12. My coded data being used by the sponsor or by people or companies acting on its behalf or working with the sponsor; DM

13. My coded data being used by persons or organisations located in countries that do not have data protection rules equivalent to those of the UK. I understand that the sponsor monitors these uses and takes all possible measures to protect my privacy; DM

14. My blood samples being collected and analysed as described herein DM

I further understand that I can make a choice about the topics listed below and that by ticking "Yes" I do give consent and that by ticking "No" I do not give consent:

15. The use of my coded data for future research, as described in part II: *"Future Research Information"* Yes DM No ☐

	STUDY PARTICIPANT
FULL NAME (capital letters)	DAVID MOUTRAY
DATE (dd-Mmm-Year)	6-6-22
SIGNATURE	DM

NHS
Greater Glasgow and Clyde

	Signature of person conducting the informed consent discussion
FULL NAME (capital letters)	JOANNA OSMANSKA
DATE (dd-Mmm-Year)	6/6/2022
SIGNATURE	

1 copy for participant, 1 copy for researcher, 1 copy to be kept in the participants medical records

NHS
Greater Glasgow and Clyde

PART IV: ADDITIONAL INFORMATION FOR PATIENTS

1 Contact details

Study doctor: Dr Stuart Watkins	Study Coordinator (e.g. nurse appointed to the study): Research Nurse
Phone No.: 0141 201 3770	Phone No.: 0141 201 3770
Address:Glasgow Clinical Research Facility, Glasgow Royal Infirmary	Address: Glasgow Clinicial Reseacrch Faciliry, Glasgow Royal Infirmary
Email address: CRF.Glasgow@ggc.scot.nhs.uk	*Email address*: CRF.Glasgow@ggc.scot.nhs.uk
24 Hour contact No.: 0141 201 1100 (ask for Dr Stuart Watkins)	

If you have a concern about any aspect of this study, you should ask to speak to the researchers listed above who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this by contacting Patient Advice and Support Service (PASS) on 0141 201 4500 or email: complaints@ggc.scot.nhs.uk.

NHS
Greater Glasgow and Clyde

2 Detailed list of visits and tests/procedures

Procedure	Screening	Intervention period							Study Closure Visit (SCV)
		Day 1	Week 8 (±14 days)	Month 7 (±1 month)	Year 1 (±1 month)	Month 17 (±1 month)	Month 22 and onwards (±1 month)	Month 27 and onwards (±1 month)	
Visit	**NA**	**1**	**2**	**2a**	**3**	**3a**	**4+**	**4a+**	
Visit type		Randomisation	1st study follow-up visit	Lab test visit	2nd study follow-up visit	Lab test visit	Study visit every 10th month until SCV	Lab test visit	
Informed consent	X								
Inclusion and exclusion criteria; Demography; Medical history; Height; Record heart function assessment if part of clinical routine; Pregnancy test if applicable		X							
Relevant risk factors; Blood pressure measurement; Weight; ECG; Safety events		X	X		X		X		X
Symptoms of heart failure; Symptoms of chest pain; Clinical events			X		X		X		X
Current medication		X	X		X		X		X
Blood sample to measure blood sugar control and kidney function		X	X	X	X	X	X	X	X
Study drug dispensation		X	X		X		X		X

* only HbA1c and creatinine tests

** only HbA1c test .

Estimated blood volume to be taken for blood samples:

Visit 1 = Creatinine (to check your kidney function) 5mL, HbA1c (to test for diabetes) 2mL and pregnancy test 3mL (if applicable), therefore up to 10mL in total

Visit 2 (and onwards until Study Closure Visit) = Creatinine (to check your kidney function) 5mL, HbA1c (to test for diabetes) 2mL and glucose (to test leveis in your blood) 3mL (10 mL per visit).

Study Closure Visit = HbA1c (to test for diabetes) 2mL

NHS
Greater Glasgow and Clyde

3 Complete List of Risks, Side Effects, and discomforts

Table 1 Additional information on side effects

Side effect	*Descriptions*
Urinary tract infection (UTIs)	Urinary tract infection (UTIs) where symptoms may include discomfort with passing urine, increased urge to urinate, or fever.
Genital infections	Genital infections such as yeast infections of the vagina, vulva or penis (thrush) are more common in women and in people with a history of such infections. Symptoms may include irritation or pain, itching, unusual discharge or odour, or a rash.
Increased urine volume	Increased urine volume due to higher levels of sugar in the urine may lead to larger amounts of urine or increase in urination frequency. Signs of losing too much body fluid could be low blood pressure or dizziness.
Diabetic ketoacidosis	In rare cases, patients with type 2 diabetes can develop diabetic ketoacidosis. This is a serious condition that may require hospitalization. Symptoms of diabetic ketoacidosis could include nausea, vomiting, abdominal pain, excessive thirst, frequent urination, weakness or fatigue/tiredness shortness of breath, fruity-scented breath and confusion. More specific signs of diabetic ketoacidosis include high ketone levels in your blood or urine and most often high blood sugar level (hyperglycaemia). It is important to know that you may develop diabetic ketoacidosis even though your blood sugar values are normal or near normal (less than 14 mmol/L). Your study doctor/nurse will instruct you of signs and symptoms of diabetic ketoacidosis. Contact your study doctor, and seek medical attention, if you experience any of the symptoms listed above.

4 Complete List of Personal Data collected

IP address, location data, device ID, NHS number, personal contact details (email address, telephone number), name (may be part of email address), app account information, eCode, health (EQ5D5L answers, hospitalisation report), language(-s) spoken.

5 Glossary

Your coded data or De-personalised data and Anonymised data	All your data collected at the study site with your name and contact details have been replaced by a code. This is done by NHS Digital and Uppsala Clinical Research Center who keep the link between your name / contact details and the code to ensure your safety and confidentiality. Coded information cannot identify you unless your study doctor provides your name or contact details, where allowed by applicable law. Coded data is just another term for "pseudonymised data", which is used in the GDPR, which was preferred to render the document more readable. This is a process whereby the data are 'de-personalised'. If linked back to the coding process, it would be possible to re-identify someone, and this may be important in some circumstances (e.g. a safety issue). Anonymised data are data where information from many people are combined together with no means of identifying each individual and with no access to the processes of re-identification. See also the links provided in section 10e.
Sponsor details	Sponsor: *AstraZeneca AB, 151 85 Södertälje, Sweden* The sponsor has the overall responsibility for a clinical study.
Study site details	The place where the clinical study is taking place and where you will have to go for the planned visits.

Health authorities	Authorities who supervise the study, who approve the commercialisation of the drug or who receive the adverse events reporting, whether in your country or in other countries.
Research partners	Any organisation which collaborates with the sponsor within the drug development programme or for future research.
Service providers	Any organisation bound to the sponsor by a contract, which may conduct activities on behalf of the sponsor under its strict instructions. This may include other researchers including so-called "contracted research organisations" (CROs) and IT companies hosting clinical data or providing IT services.
MINAP	Myocardial Ischaemia National Audit Project (MINAP) is the national registry that collects information on patients who have been admitted to hospital with a heart attack. It is one of the domains of the National Cardiac Audit Programme (NCAP), administered by the National Institute of Cardiovascular Outcomes Research (NICOR). MINAP provides an annual report on the performance of the NHS with regard to the treatment of heart attacks and feeds back information to each hospital on how well they are performing. For more information, see https://www.nicor.org.uk/national-cardiac-audit-programme/myocardial-ischaemia-minap-heart-attack-audit/

NCAP	The National Cardiac Audit Programme is the overarching national registry for monitoring the performance of each hospital with regard to their treatment of patients with cardiovascular disease. The NCAP is administered by the National Institute for Cardiovascular Outcomes Research. Although a single programme (registry), there are 6 different domains: The National Congenital Heart Disease Audit (NCHDA); Myocardial Ischaemia National Audit Project (MINAP); National Audit of Percutaneous Coronary Interventions (NAPCI); National Adult Cardiac Surgery Audit (NACSA); National Heart Failure Audit (NHFA); National Audit of Cardiac Rhythm Management (NACRM. For more information, see https://www.nicor.org.uk/national-cardiac-audit-programme/
NICOR	National Institute for Cardiovascular Outcomes Research (NICOR) administers the National Cardiac Audit Programme. It is located at Barts Health NHS Trust in London. For more information, see https://www.nicor.org.uk/
NHS Digital	NHS Digital is the national information and technology partner to the health and care system. It collects administrative (coding) information from hospitals on the types of patients admitted as well as having access to the Office for National Statistics data that documents vital status of all patients. For more information, see https://digital.nhs.uk/
UCR	Uppsala Clinical Research Center, Uppsala University, Sweden. UCR is the clinical coordinating centre for the DAPA-MI trial. For more information, see https://www.ucr.uu.se/en/

Safeguards	Appropriate safeguards will be implemented to protect coded data during and after the study and may include that: – Access to the coded data will be limited to specific individuals subject to confidentiality obligations (including the obligation to not attempt to re-identify individuals/decode the clinical data). – The coded data will be protected with security measures to avoid data alteration, loss and unauthorised accesses and further de-identification techniques may be applied. – A data protection impact assessment (DPIA) will apply to identify and mitigate privacy risks, if any, associated with each scientific research. – When required by applicable law, scientific research is subject to the approval of Ethics Committees. – The coded data will not be shared for direct marketing purposes or other purposes that are not legal duties or are not considered scientific research according to the applicable data protection legislation. In particular, it will not be used to make decisions about future services available to you, such as insurance.

Security measures: How is my data protected in other countries?	The processing of your data starts at the study site. Your data will then be transferred to several data experts to be verified and for results to be calculated. In addition to having your data and blood sample results coded, your data are also protected by high standard technical security means such as strong access control and encryption. They are also protected legally by the following means: • Within the European Economic Area (EEA), the data privacy laws and regulations are the same as the UK • Outside the EEA, those countries are recognised by the European Commission as providing an equivalent level of data protection: Andorra, Argentina, Canada, Faroe Islands, Guernsey, Israel, Isle of Man, Jersey and New Zealand: *https://ec.europa.eu/info/law/law-topic/data-protection/data-transfers-outside-eu/adequacy-protection-personal-data-non-eu-countries_en.* • Within the sponsor group, your coded data are protected by Binding Corporate Rules (BCR). You can find more information about the Sponsors BCRs here: www.astrazenecabindingcorporaterules.com . • In all other cases, your coded data are protected by contractual arrangements, Codes of Conduct or certifications which set the rules for personal information protection to those available in European countries (this could for instance be the case if the sponsor stores all its data with a US hosting company) or other alternatives set forth in the law. • You may obtain further information as well as a copy of these measures by asking your study doctor.
Restricted rights	Please note that the rights provided by the GDPR to get data discarded (i.e., the right to be forgotten) *as well as to get data transmitted in a standard electronic format (i.e., right of portability)* do not apply to such studies.

DPO (Data Protection Officer) details	Study site DPO: Data Protection Officer, NHS Greater Glasgow and Clyde, 1 Smithhills, Level 2, Paisley, PA1 1EB; Data.Protection@ggc.scot.nhs.uk. If you wish to contact the DPO of the sponsor, please be aware that your name is not known there. You would need to link your identity to your study participant number which may compromise the coding of your data. Sponsor DPO: AstraZeneca has assigned a data protection officer responsible for overseeing AstraZeneca's compliance with EU data protection law, which you may contact at privacy@astrazeneca.com.
Scientific research	Scientific research includes technological development and demonstration, fundamental research, applied research and privately funded research as well as studies conducted in the public interest in the area of public health. This means that we may use the data to advance our understanding of how to make new medicines, medical devices, diagnostic products, tools and/or other therapies, to treat diseases. We may also use these data to improve the design and execution of future clinical studies, services and treatments, for outcome research activities and to aid in pricing and reimbursement activities.

Deposit in scientific databases	To do more powerful research, it is helpful for researchers to share data by placing data into one or more scientific databases. Researchers can then study the data combined from several research projects and learn even more about health and disease. If you agree to take part in future research, some of your coded data might be placed into one or more scientific database. Researchers with an approved scientific research project may be able to see and use your coded data, along with that from many other people. Your name and other information that could directly identify you (such as address or social security number) will never be placed into such a scientific database. Researchers will always have a duty to protect your privacy and to keep your information confidential.
Binding Corporate Rules	Internal rules of multinational groups which set the minimum rules for data protection to those available in European countries. You can find more information about AstraZeneca's BCRs here http://www.astrazenecabindingcorporaterules.com/
EEA (European Economic Area)	All European Union Member States as well as Norway, Liechtenstein and Iceland.
Trial Result Summaries	Also referred to by the EU as Lay Language Summaries

Legal basis	You will participate in the clinical study only if you consent to it. If you do so, data related to your health and to the study drug must be collected and processed to evaluate the efficacy and the safety of the tested drug, in accordance with legal requirements from: • The clinical trials (i.e., the EU clinical trial regulation 536/2014 which requires the sponsor to collect and analyse such data before they are submitted to health authorities), • The EU regulations on pharmacovigilance[3] which requires follow-up and reporting of adverse events to the health authorities, and • Any other applicable law. The use of your coded data and blood sample results for future research will only be possible if you provide optional consent for it.

Moutrey, David ID:2206546116 13-OCT-2024 12:33:34 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

22-JUN-1954 (70 yr)	Vent. rate	85	BPM	Atrial flutter
Male Unknown	PR interval	*	ms	Left axis deviation
	QRS duration	168	ms	Right bundle branch block
Room:	QT/QTc	378/449	ms	Abnormal ECG
Loc:201	P-R-T axes	255 -87	12	

Technician: ma
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1506

SID: 2878616 EID:13 EDT: ORDER:

Moutrey, David ID:2206546116 22-NOV-2023 17:13:10 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

22-JUN-1954 (69 yr)
Male Unknown

Room:
Loc:202

Vent. rate	62	BPM	Normal sinus rhythm
PR interval	188	ms	Left axis deviation
QRS duration	148	ms	Right bundle branch block
QT/QTc	434/440	ms	Inferior infarct., age undetermined
P-R-T axes	53 -66	55	Abnormal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 CID: 114

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 22-NOV-2023 17:12:49 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

22-JUN-1954 (69 yr)
Male Unknown

Room:
Loc:202

Vent. rate	62	BPM	Sinus rhythm with occasional premature ventricular complexes
PR interval	172	ms	Right bundle branch block
QRS duration	164	ms	Left anterior fascicular block
QT/QTc	466/472	ms	*** Bifascicular block ***
P-R-T axes	53 -63	47	Abnormal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 CID: 114

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 25-AUG-2023 17:37:17 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

22-JUN-1954 (69 yr)
Male Unknown

Room:
Loc:202

Vent. rate	68	BPM
PR interval	174	ms
QRS duration	164	ms
QT/QTc	462/491	ms
P-R-T axes	28 -64	58

Normal sinus rhythm
Left axis deviation
Right bundle branch block
Abnormal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 CID: 114

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 07-JUN-2022 08:57:20 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

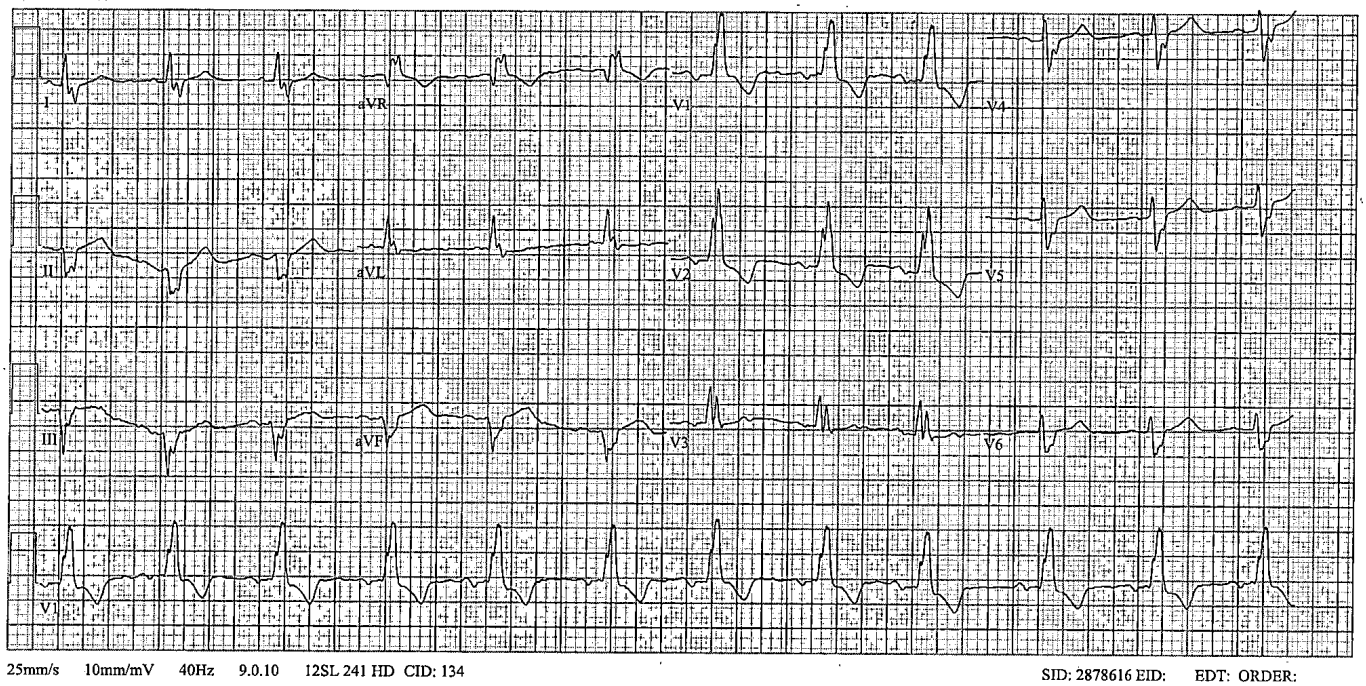
Room:
Loc:203

Vent. rate	69	BPM	Normal sinus rhythm with sinus arrhythmia
PR interval	188	ms	Left axis deviation
QRS duration	150	ms	Right bundle branch block
QT/QTc	428/458	ms	Inferior infarct , age undetermined
P-R-T axes	34 -70	61	Abnormal ECG

Technician: 239
Test ind:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 134

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 06-JUN-2022 09:21:31 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:203

Vent. rate	65	BPM
PR interval	174	ms
QRS duration	104	ms
QT/QTc	422/438	ms
P-R-T axes	22 -30 -59	

Sinus rhythm with fusion complexes
Left axis deviation
Inferior infarct , age undetermined
Abnormal ECG

Technician:GRI 215
Test ind:

Unconfirmed

COMMENTS:

COMMENTS: ,



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 136

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 04-JUN-2022 16:38:56 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:203

Vent. rate	60	BPM
PR interval	176	ms
QRS duration	100	ms
QT/QTc	418/418	ms
P-R-T axes	11 -14	72

Normal sinus rhythm
Inferior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 04-JUN-2022 16:33:22 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:203

Vent. rate	0	BPM
PR interval	*	ms
QRS duration	0	ms
QT/QTc	0/0	ms
P-R-T axes	* 0	0

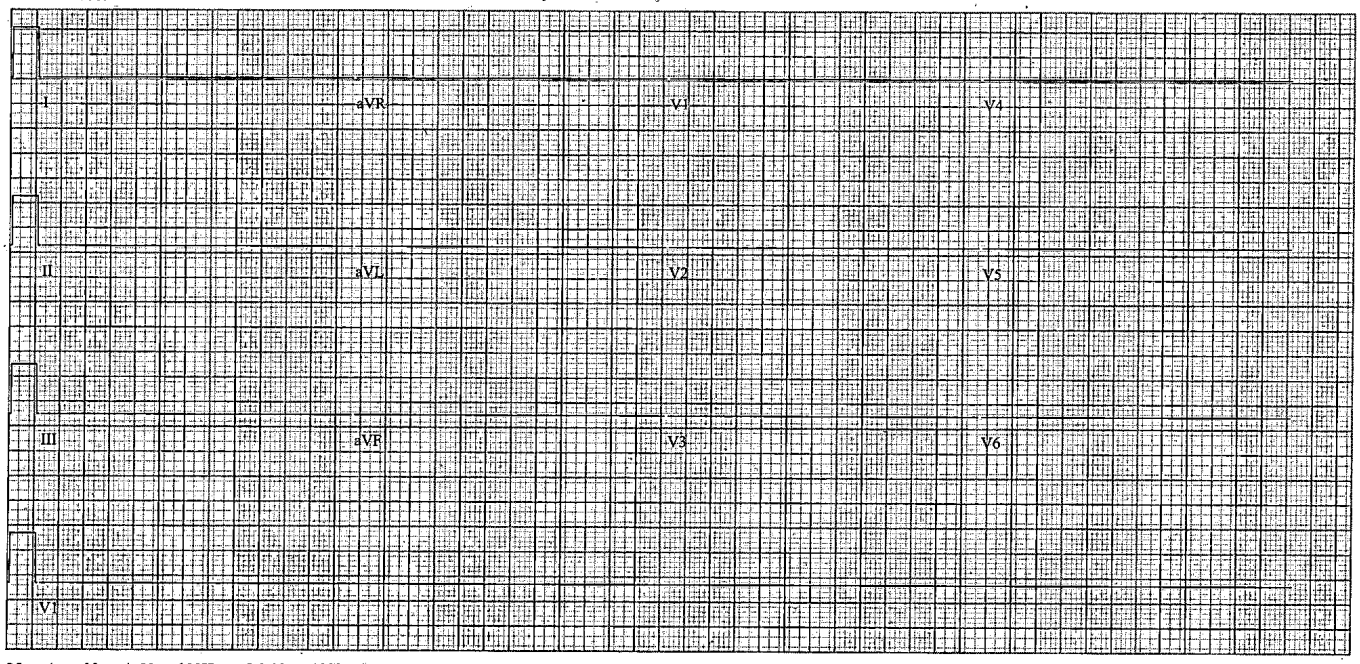
** No QRS complexes found, no ECG analysis possible **

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 04-JUN-2022 16:32:51 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:203

Vent. rate	0	BPM
PR interval	*	ms
QRS duration	0	ms
QT/QTc	0/0	ms
P-R-T axes	* 0	0

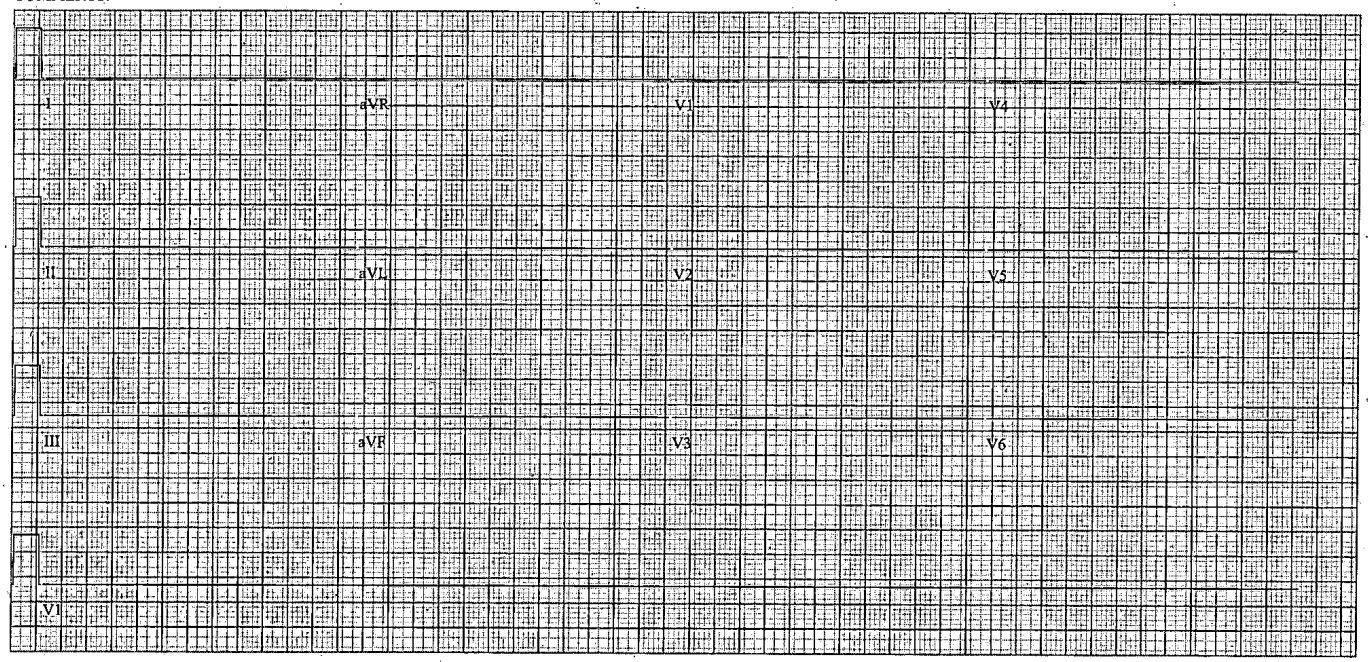
** No QRS complexes found, no ECG analysis possible **

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2878616 EID: EDT: ORDER:

Glasgow Royal Infirmary
--
--

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Moutrey, David
Patient ID: 2206546116
Height: in
Weight: lb

DOB: 22-Jun-1954
Age: 67 yr
Gender: Male
Race: Caucasian

Study Date: 09-Aug-2021
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: Daniels
Attending Physician: --
Technician: LB

Medications:
--

Medical History:

Reason for Exercise Test:

Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	02:25	1.0	0.0	63	145/81	
Exercise	STAGE 1	03:00	1.7	10.0	86	180/72	02:53 Dyspnea
	STAGE 2	01:00	2.5	12.0	92		
Recovery		04:12	0.0	0.0	66	170/80	

The patient exercised according to the BRUCE for 04:00 min:s, achieving a work level of Max. METS: 5.7. The resting heart rate of 60 bpm rose to a maximal heart rate of 93 bpm. This value represents 60 % of the maximal, age-predicted heart rate. The resting blood pressure of 145/81 mmHg , rose to a maximum blood pressure of 194/77 mmHg. The exercise test was stopped due to Dyspnea, Hip pain.

Interpretation

Summary: HR Response to Exercise: attenuated secondary to medication. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: ventricular premature beats. ST Changes: none.

Conclusions

Physician_____ Technician_____

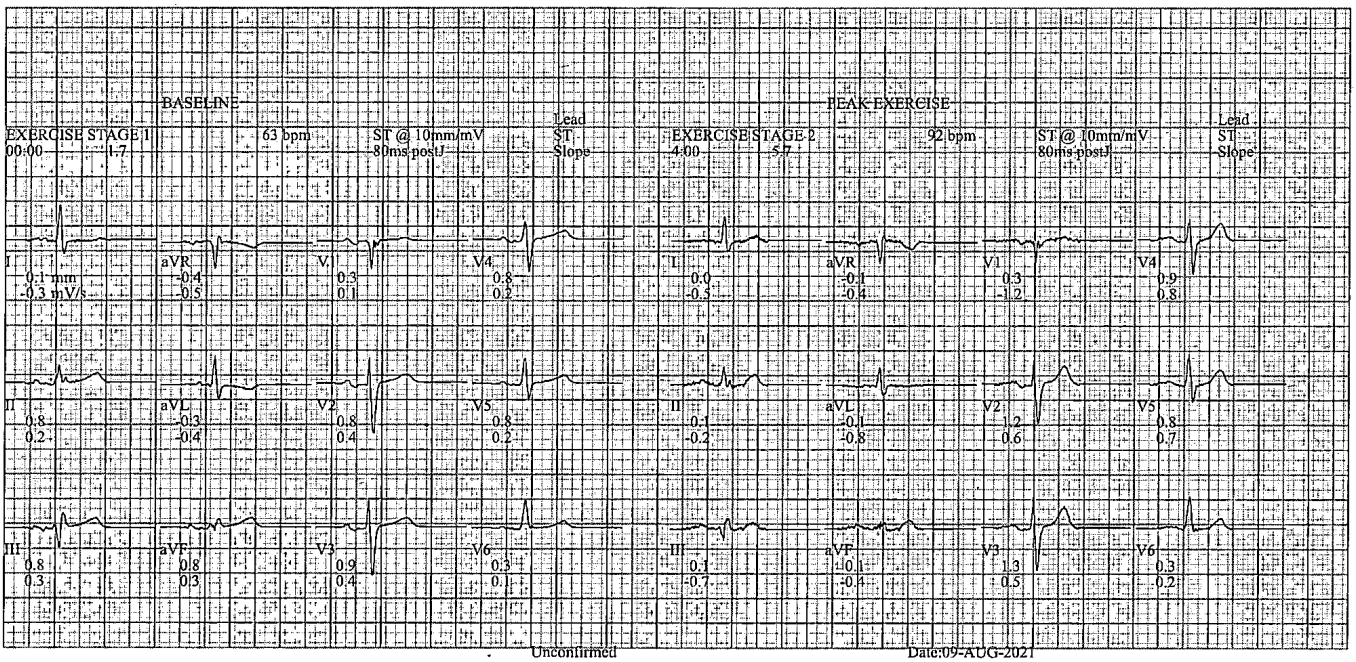
Moutrey, David ID:2206546116 09-AUG-2021 11:40:51 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

GRADED EXERCISE SUMMARY

22-JUN-1954 (67 yr) Caucasian Male BRUCE Total Exercise Time:4:00
Wt: Ht: Max HR: 93 bpm 60% of Max Predicted 153 bpm
Med: Max BP: 194/77 Maximum Workload: 5.7

25mm/s
10mm/mV
150Hz

Referred by: Daniels
Technician:LB
Test ind: Screening for CAD
Test type: Treadmill Stress Test



9.0.10 CASE V6.51-0.0 SID: 2878616 EID: EDT:11:40 09-AUG-2021 ORDER:

TABULAR SUMMARY REPORT

22-JUN-1954 (67 yr) Caucasian Male BRUCE Total Exercise Time:4:00
Wt: Ht: Max HR: 93 bpm 60% of Max Predicted 153 bpm
Med: Max BP: 194/77 Maximum Workload: 5.7

Referred by: Daniels
Technician:LB
Test ind: Screening for CAD
Test type: Treadmill Stress Test

Phase	Stage	Time in Stage	Speed mph	Grade %	METS	HR bpm	BP mmHg	RPE	PVC VE/min
PRETEST	SUPINE	2:25	1.0	0.0	1.7	63	145/81	9	0
EXERCISE	STAGE 1	3:00	1.7	0.0	4.6	86	180/72	154	2
	STAGE 2	1:00	2.5	2.0	5.7	92			2
RECOVERY		4:12	0.0	0.0	1.0	66	170/80	112	0

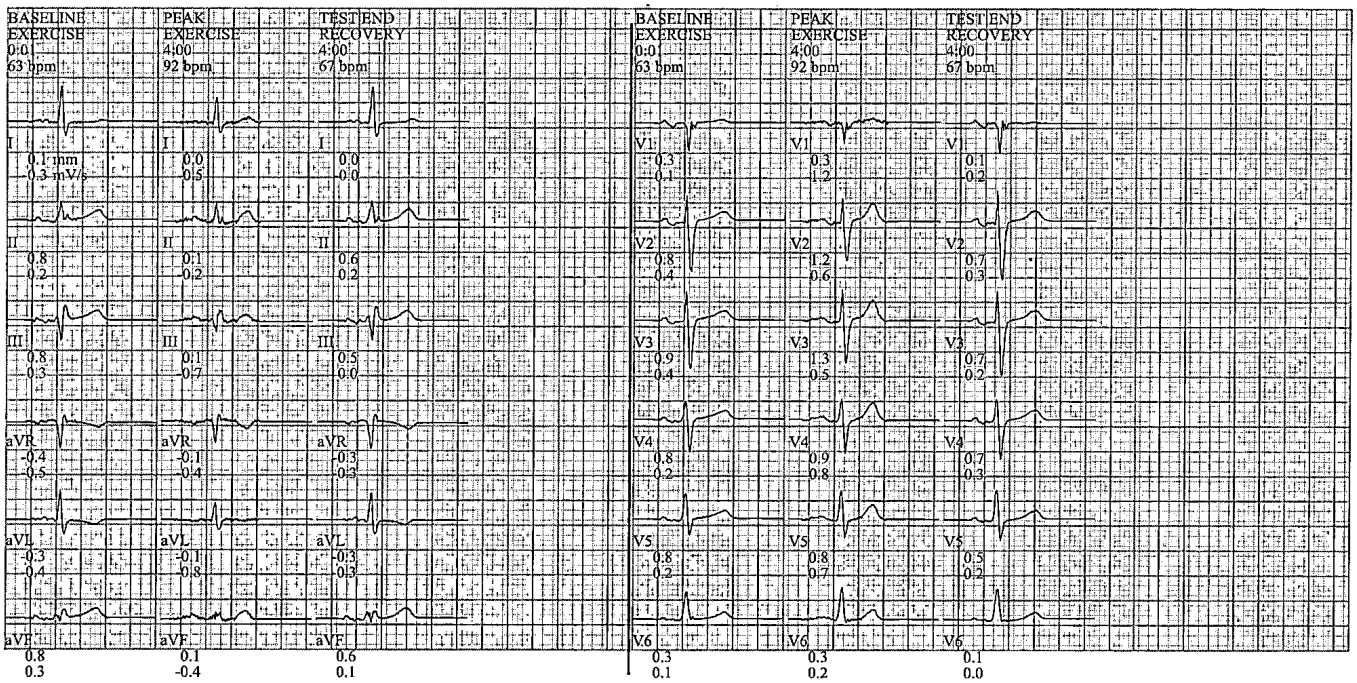
Unconfirmed Date:09-AUG-2021

Moutrey, David ID:2206546116 09-AUG-2021 11:40:51 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SELECTED MEDIANS REPORT

22-JUN-1954 (67 yr) Caucasian Male BRUCE Total Exercise Time:4:00
Wt: Ht: Max HR: 93 bpm 60% of Max Predicted 153 bpm
Med: Max BP: 194/77 Maximum Workload: 5.7

Referred by: Daniels
Technician:LB
Test ind: Screening for CAD
Test type: Treadmill Stress Test

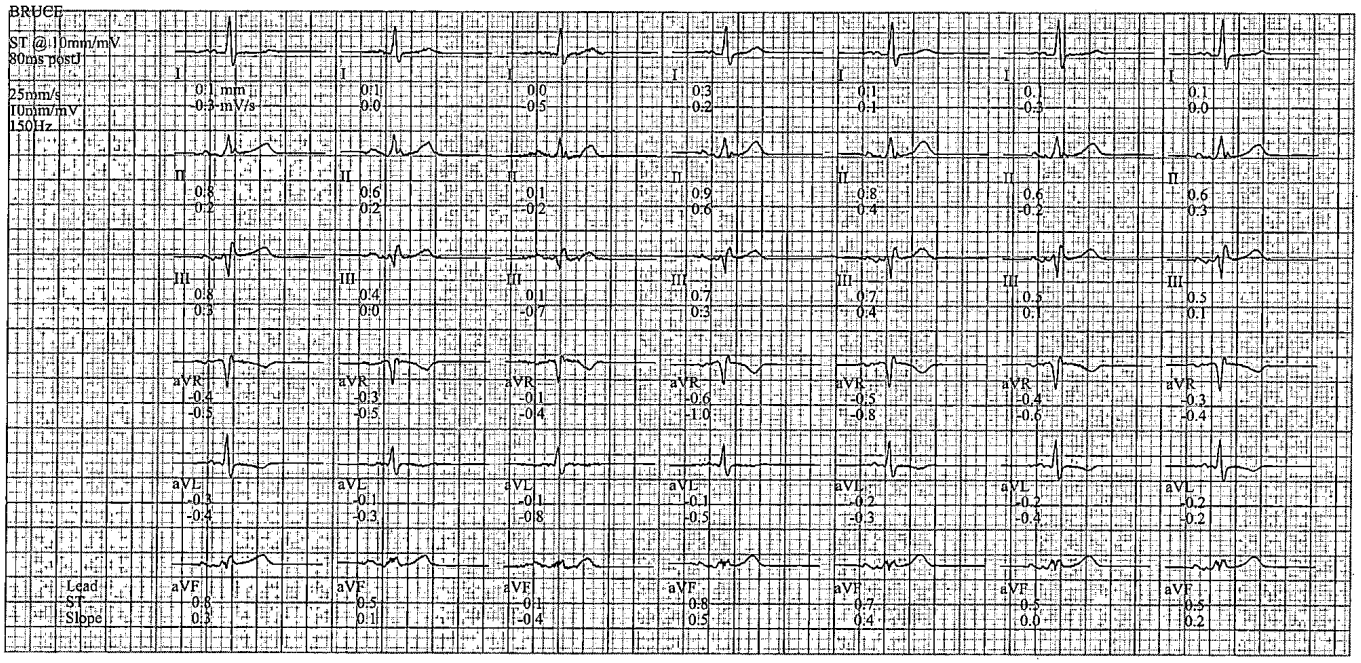


9.0.10 CASE V6.51-0.0 SID: 2878616 EID: EDT:11:40 09-AUG-2021 ORDER:

Moutrey, David ID:2206546116 09-AUG-2021 11:40:51 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

	EXERCISE STAGE 1	EXERCISE STAGE 1	EXERCISE STAGE 2	RECOVERY	RECOVERY	RECOVERY	RECOVERY
	0:01	2:50	4:00	0:50	1:50	2:50	3:50
	63 bpm	86 bpm	92 bpm	87 bpm	71 bpm	69 bpm	68 bpm
		180/72		194/77	194/77	194/77	170/80
	1.7	4.6	5.7	3.8	1.5	1.0	1.0
			Dyspnea 02:53				



BASELINE PEAK

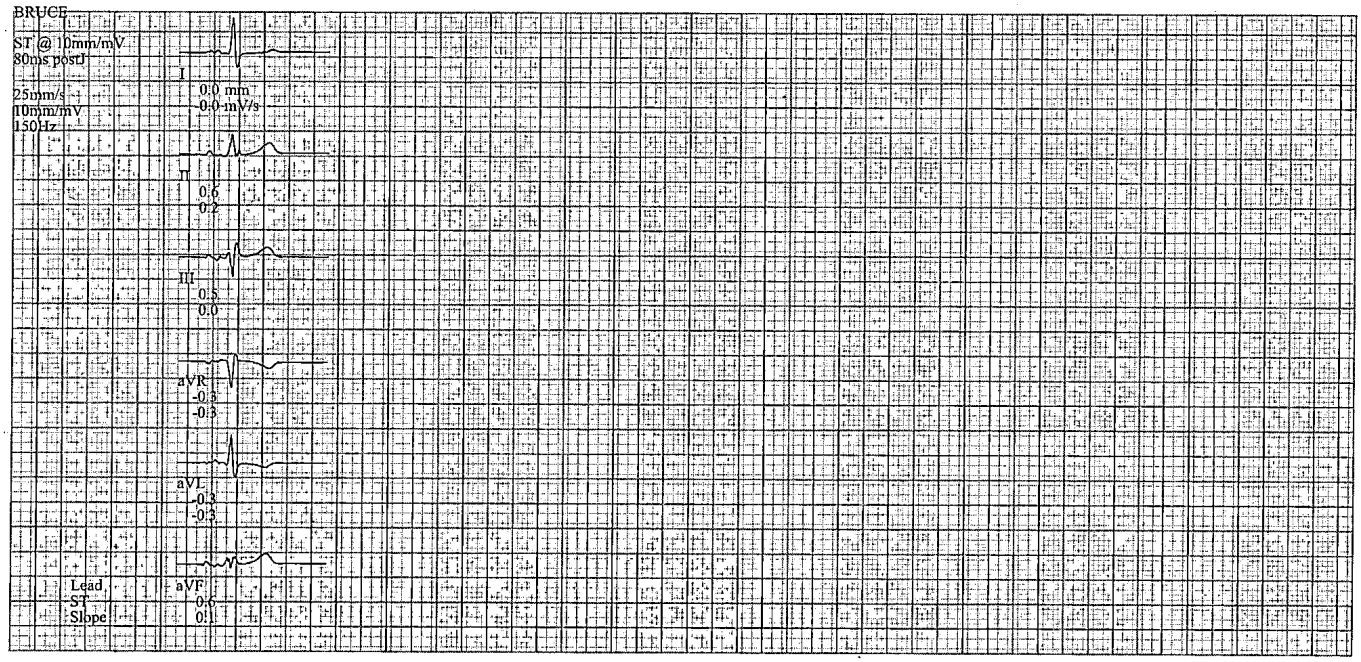
9.0.10 CASE V6.51-0.0 SID: 2878616 EID: EDT:11:40 09-AUG-2021 ORDER:

Moutrey, David ID:2206546116 09-AUG-2021 11:40:51 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

RECOVERY

4:00
67 bpm
170/80
1.0

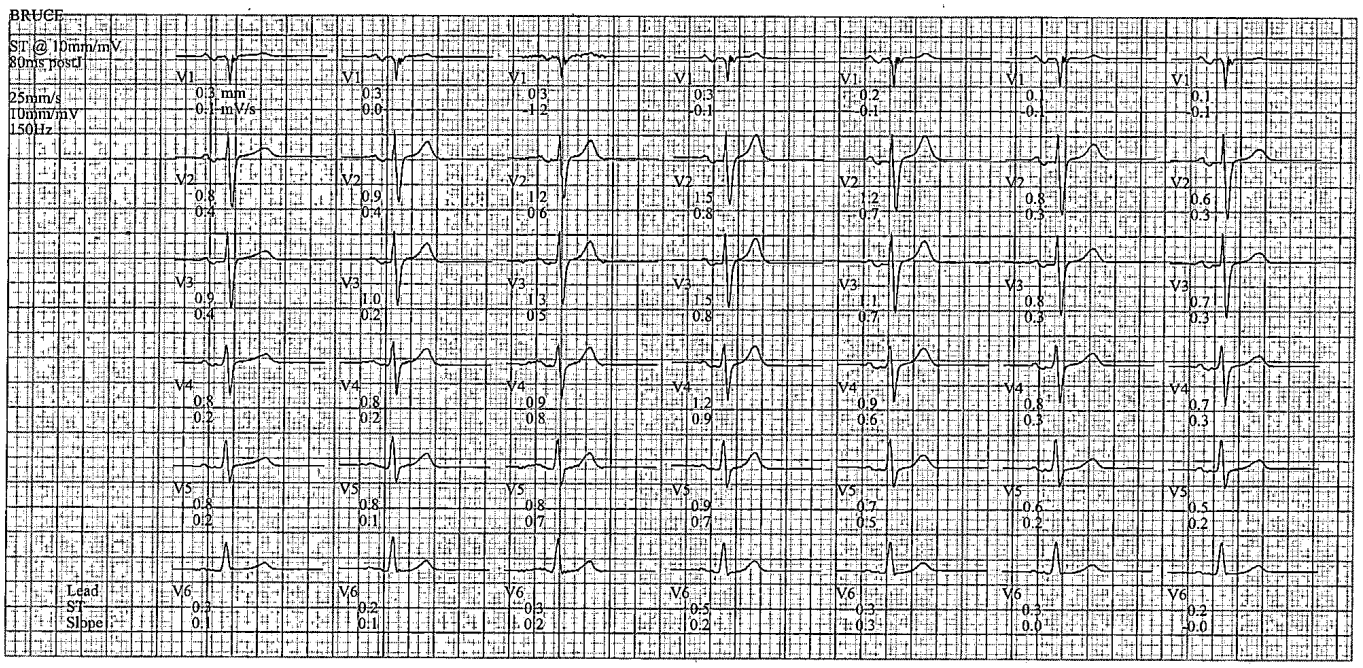


9.0.10 CASE V6.51-0.0 SID: 2878616 EID: EDT:11:40 09-AUG-2021 ORDER:

Moutrey, David ID:2206546116 09-AUG-2021 11:40:51 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

EXERCISE STAGE 1	EXERCISE STAGE 1	EXERCISE STAGE 2	RECOVERY	RECOVERY	RECOVERY	RECOVERY
0:01	2:50	4:00	0:50	1:50	2:50	3:50
63 bpm	86 bpm	92 bpm	87 bpm	71 bpm	69 bpm	68 bpm
	180/72		194/77	194/77	194/77	170/80
1.7	4.6	5.7	3.8	1.5	1.0	1.0
		Dyspnea 02:53				



BASELINE PEAK

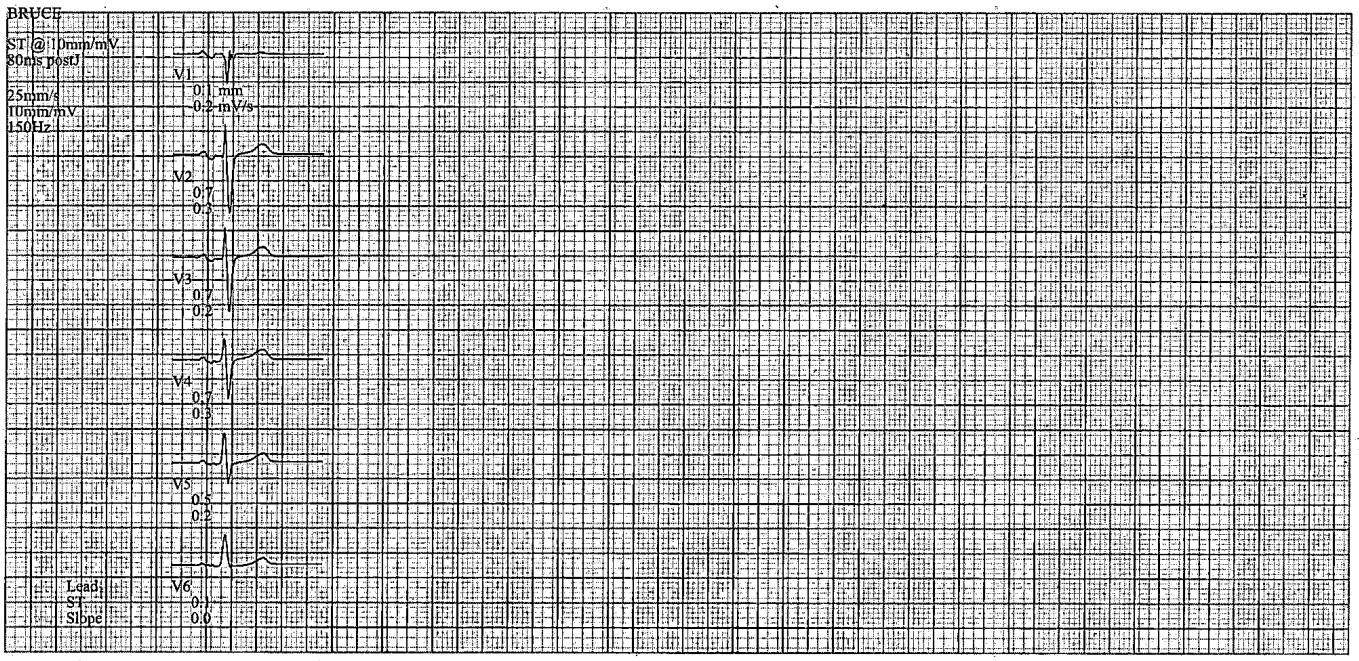
9.0.10 CASE V6.51-0.0 SID: 2878616 EID: EDT:11:40 09-AUG-2021 ORDER:

Moutrey, David ID:2206546116 09-AUG-2021 11:40:51 GREATER GLASGOW SITE-GRETT1 ROUTINE RECORD

SAMPLE CARDIAC CYCLES

RECOVERY

4:00
67 bpm
170/80
1.0



9.0.10 CASE V6.51-0.0 SID: 2878616 EID: EDT:11:40 09-AUG-2021 ORDER:

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:41:32

61 bpm
145/81 mmHg

PRETEST
SUPINE
00:41

BRUCE
0.0 mph
0.0 %



II
GE
CASE V6.51

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:46:05

86 bpm
180/72 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %



II
GE
CASE V6.51

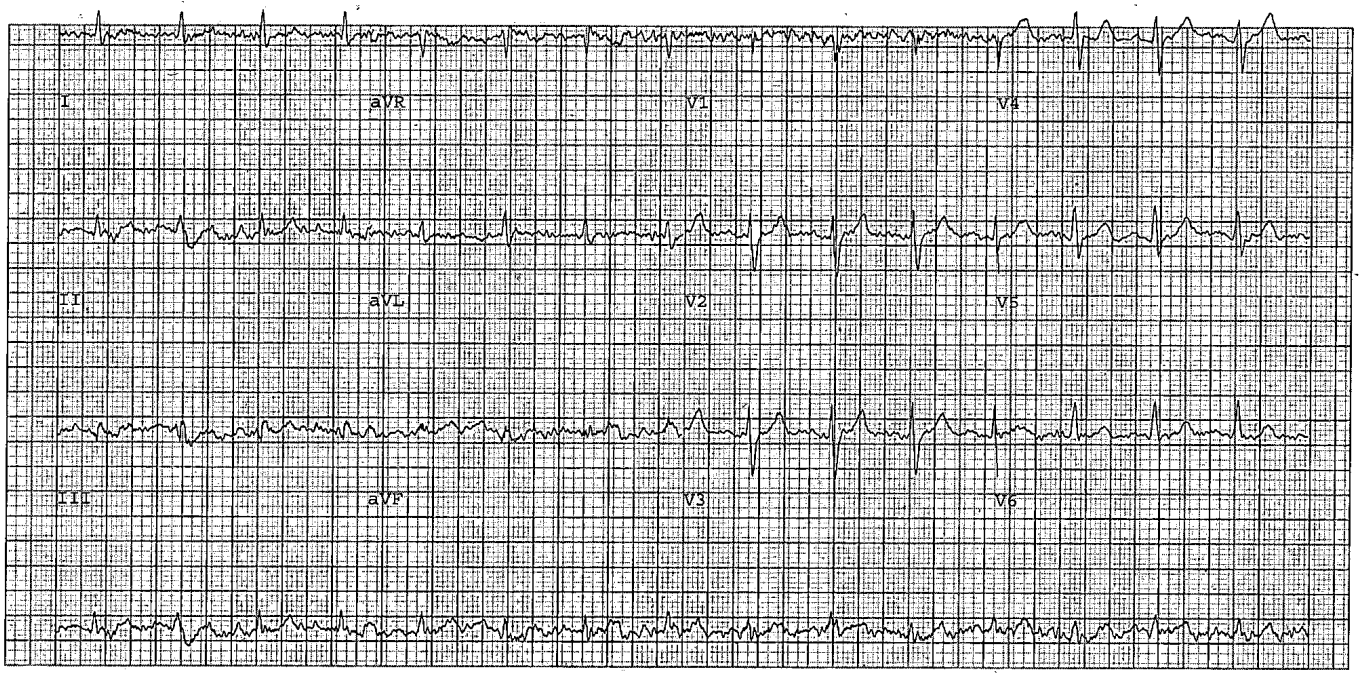
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:47:15

92 bpm

(PEAK EXERCISE)
EXERCISE
STAGE 2
04:00

BRUCE
2.5 mph
12.0 %



II
GE
CASE V6.51

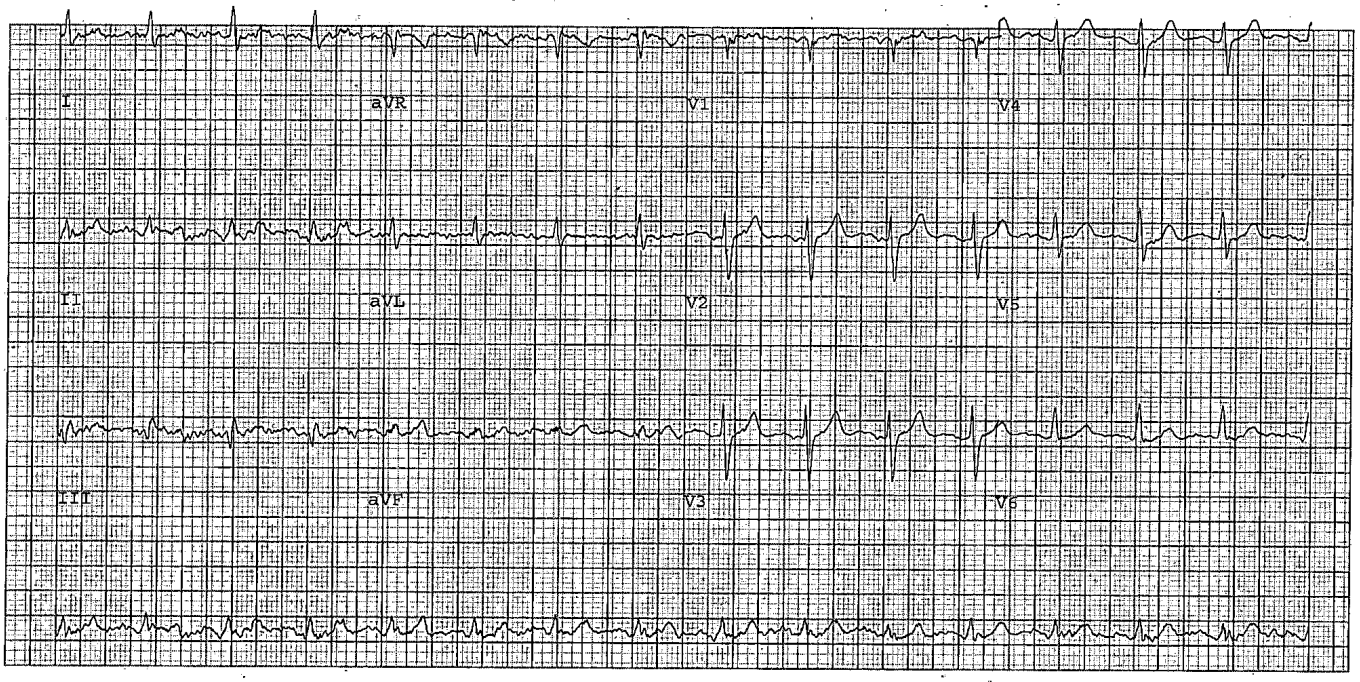
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:47:29

91 bpm

RECOVERY
00:14

BRUCE
0.0 mph
1.7 %



II
GE
CASE V6.51

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:48:02

88 bpm
194/77 mmHg

RECOVERY
00:47

BRUCE
0.0 mph
0.0 %



II
GE
CASE V6.51

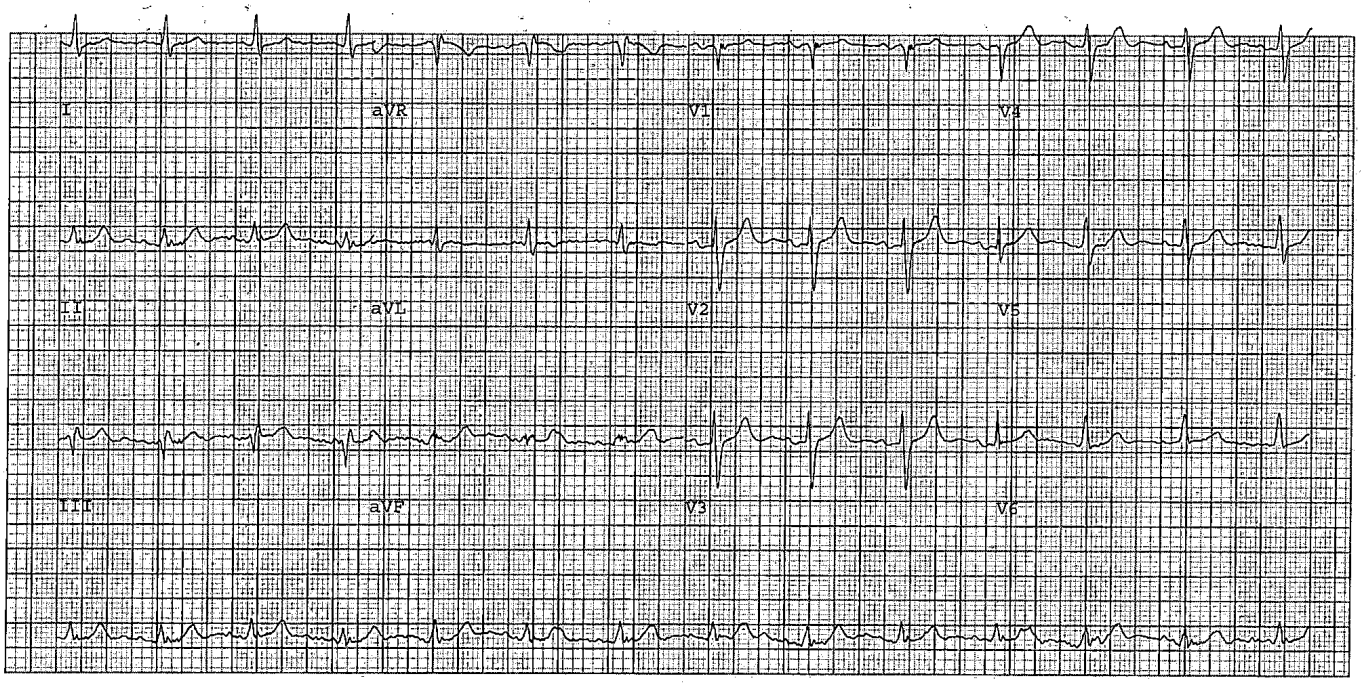
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:48:16

85 bpm
194/77 mmHg

RECOVERY
01:00

BRUCE
0.0 mph
0.0 %



II
GE
CASE V6.51

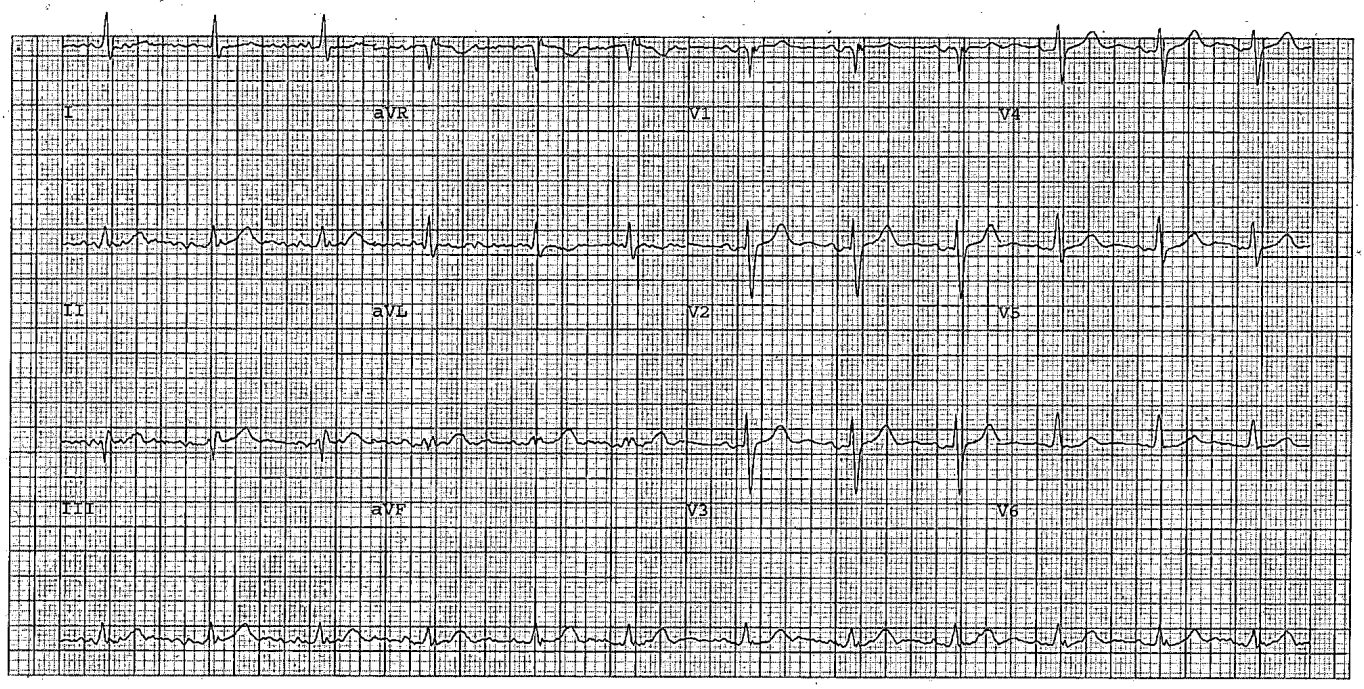
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:49:05

71 bpm
194/77 mmHg

RECOVERY
01:50

BRUCE
0.0 mph
0.0 %



II
GE
CASE V6.51

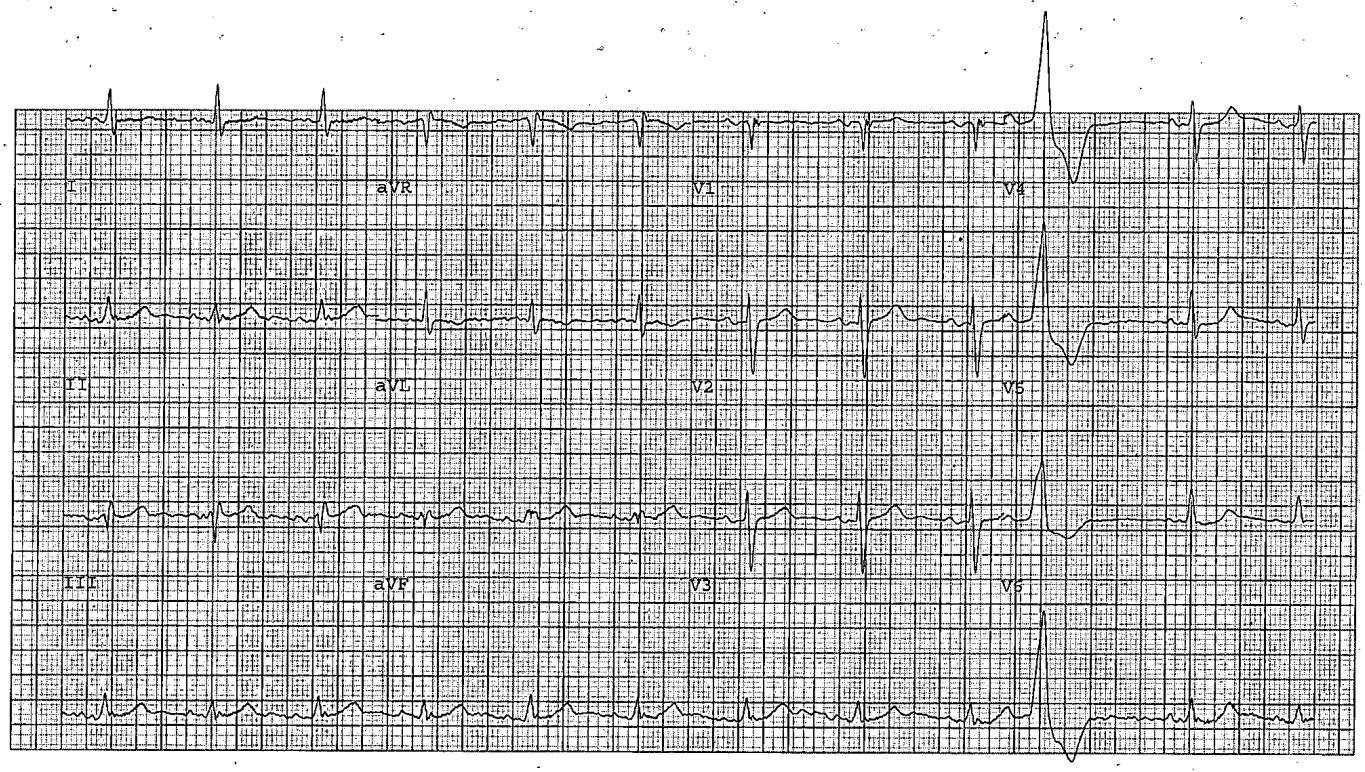
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:50:05

69 bpm
194/77 mmHg

RECOVERY
02:50

BRUCE
0.0 mph
0.0 %



II
GE
CASE V6.51

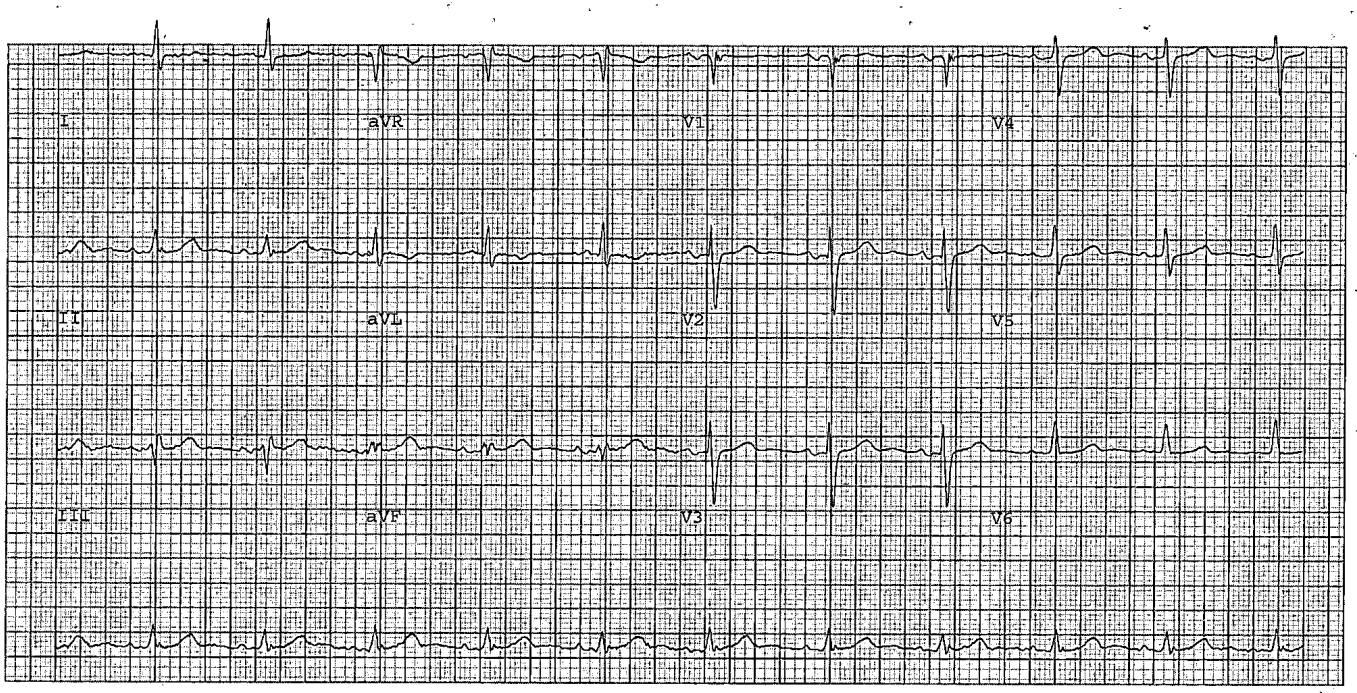
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David
Patient ID: 2206546116
09.08.2021
11:51:05

68 bpm
170/80 mmHg

RECOVERY
03:50

BRUCE
0.0 mph
0.0 %



II
GE
CASE V6.51

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)

Moutrey, David ID:2206546116 08-AUG-2021 06:33:21 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:93

Vent. rate	59	BPM
PR interval	180	ms
QRS duration	108	ms
QT/QTc	434/429	ms
P-R-T axes	45 -2	69

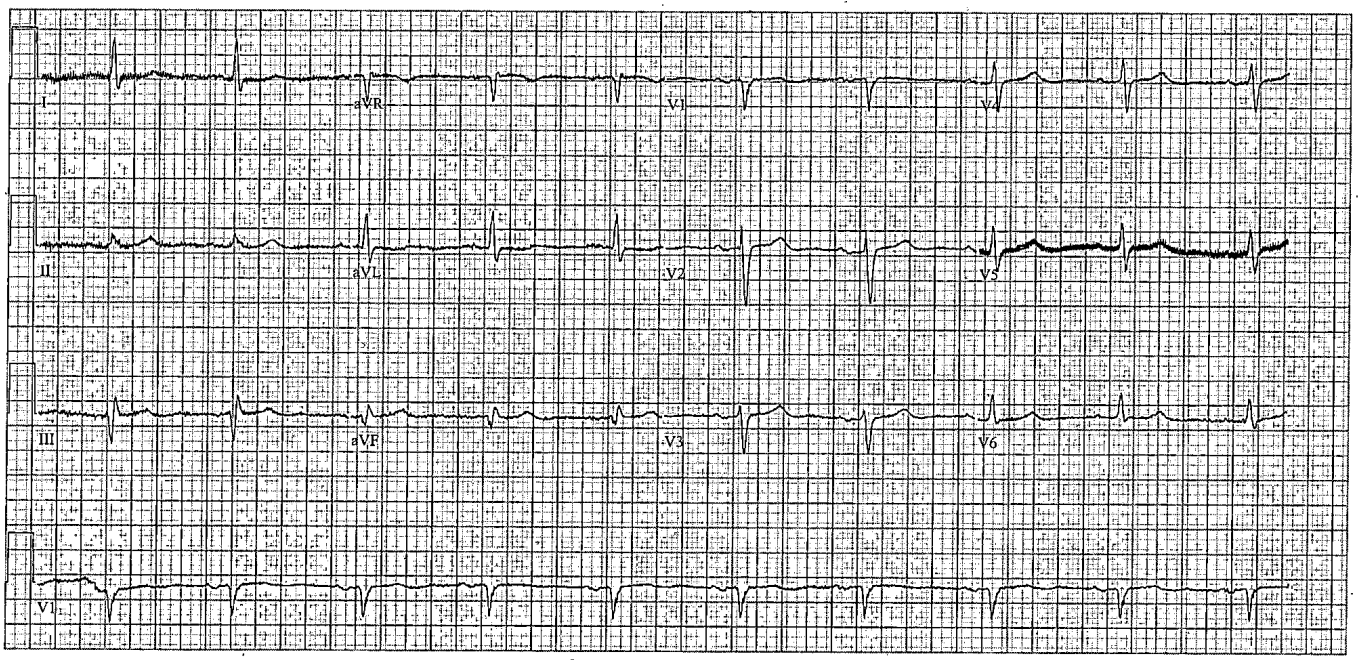
Sinus bradycardia
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 08-AUG-2021 06:32:13 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:93

Vent. rate	60	BPM
PR interval	168	ms
QRS duration	100	ms
QT/QTc	442/442	ms
P-R-T axes	50 -5	51

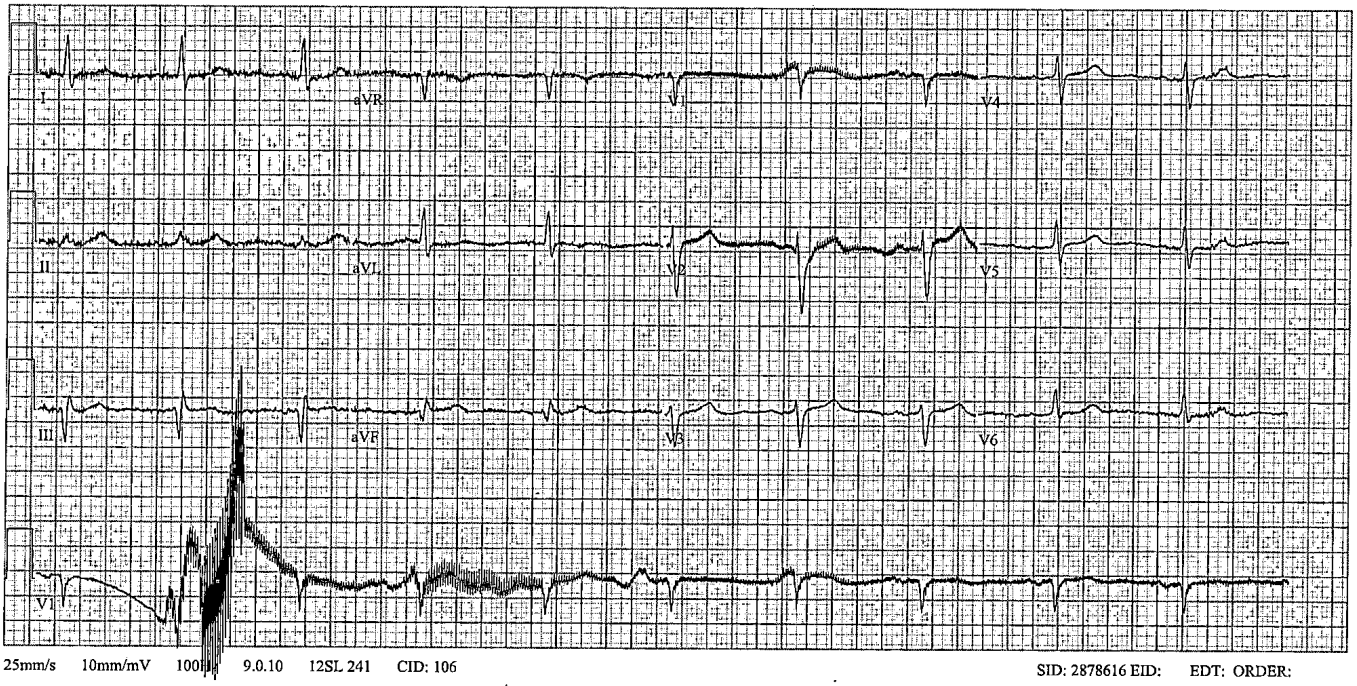
Sinus rhythm with premature atrial complexes with aberrant conduction
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 07-AUG-2021 16:16:48 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

22-JUN-1954 (67 yr)
Male Unknown

Room:
Loc:93

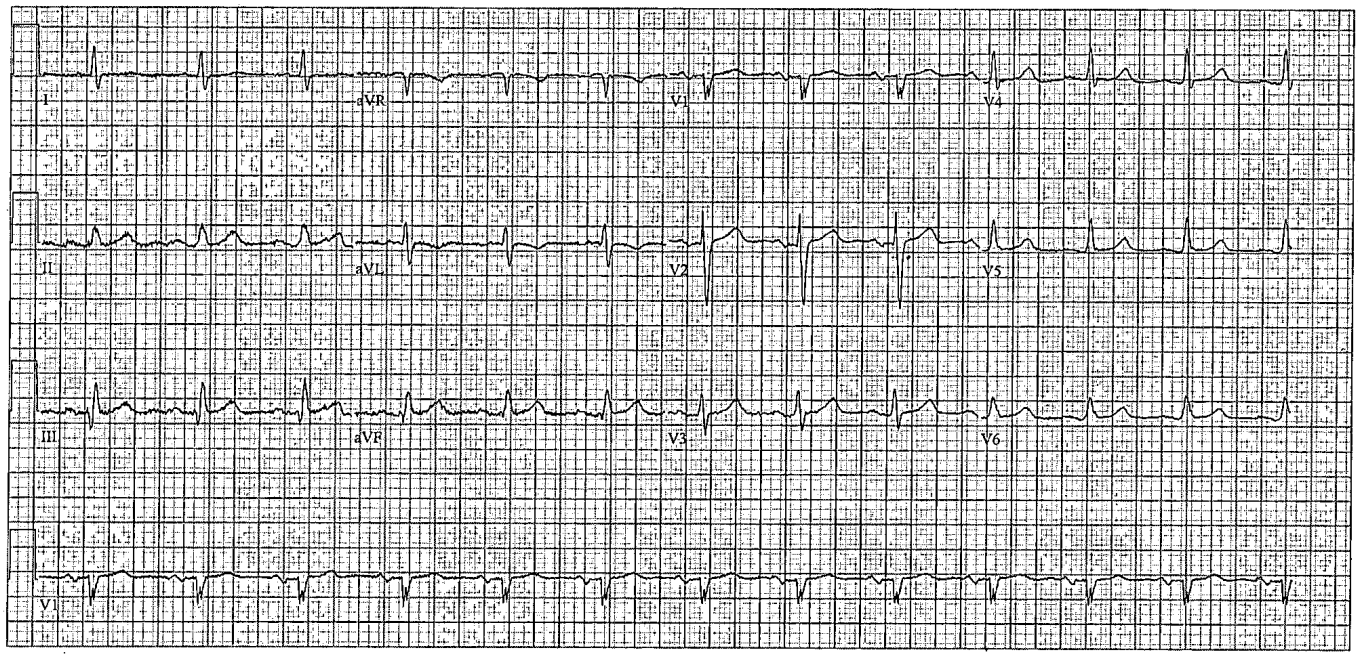
Vent. rate	76	BPM	Normal sinus rhythm
PR interval	176	ms	Normal ECG
QRS duration	104	ms	
QT/QTc	410/461	ms	
P-R-T axes	78 67	79	

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 28-APR-2021 17:32:23 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

22-JUN-1954 (66 yr)
Male Unknown

Room:
Loc:202

Vent. rate	69	BPM
PR interval	150	ms
QRS duration	114	ms
QT/QTc	424/454	ms
P-R-T axes	40 17	63

Normal sinus rhythm
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 117

SID: 2878616 EID: EDT: ORDER:

Moutrey, David ID:2206546116 28-APR-2021 17:31:17 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

22-JUN-1954 (66 yr)
Male Unknown

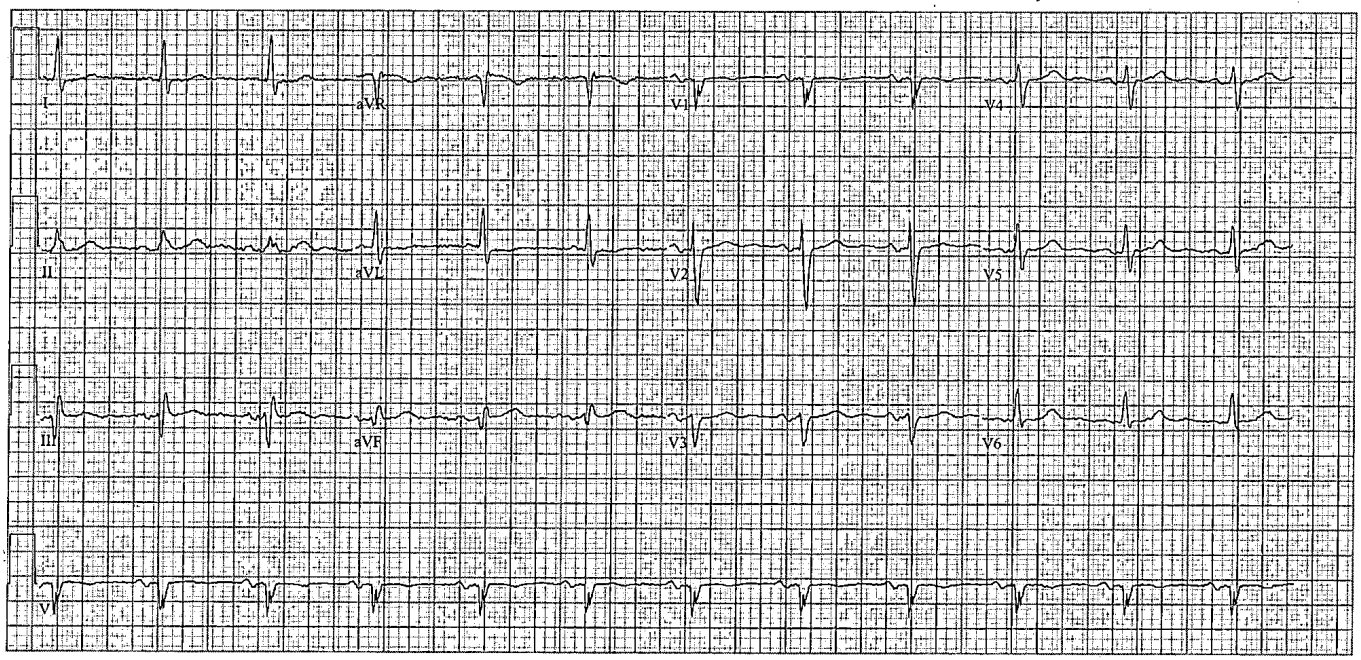
Room:
Loc:202

Vent. rate	70	BPM
PR interval	152	ms
QRS duration	112	ms
QT/QTc	424/457	ms
P-R-T axes	33 10	64

Normal sinus rhythm
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 117

SID: 2878616 EID: EDT: ORDER:

MOUTREY, DAVID ID:2206546116 09-NOV-2016 08:14:02 GREATER GLASGOW SITE-GRBNP ROUTINE RECORD

22-JUN-1954 (62 yr)
Male Unknown

Room:
Loc:287

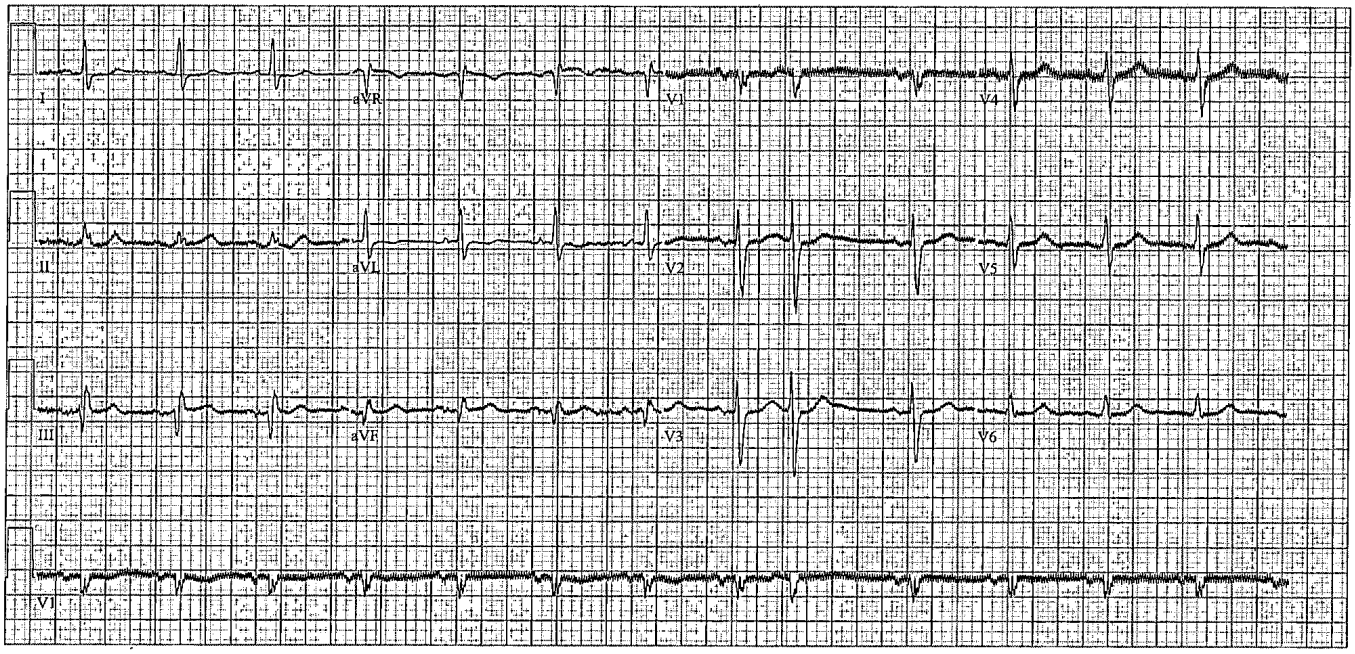
Vent. rate	81	BPM
PR interval	166	ms
QRS duration.	110	ms
QT/QTc	388/450	ms
P-R-T axes	44 3	67

Sinus rhythm with PAC(s)
Inferior infarct - age undetermined

Abnormal ECG

Technician:GRI 219
Test ind:

Referred by: UNCONFIRMED ECG REPORT Sys Admin 11



25mm/s 10mm/mV 150Hz 7.1.1 12SL NO SERIAL CID: 103 EID:21011 EDT: 11:44 10-NOV-2016 ORDER:

Vital Signs™ 226 166 05

CE 0537 LOT D822

Moutrey, David
Male
22.06.1954 (70 Years)

Location: 201

Patient ID: 2206546116

13.10.2024 12:33:34 PM
A&E

Vent. rate	[illegible]	
PR interval		
QRS duration	168	ms
QT/QTc-Baz	378/449	ms
P-R-T axes	255 -87 12	

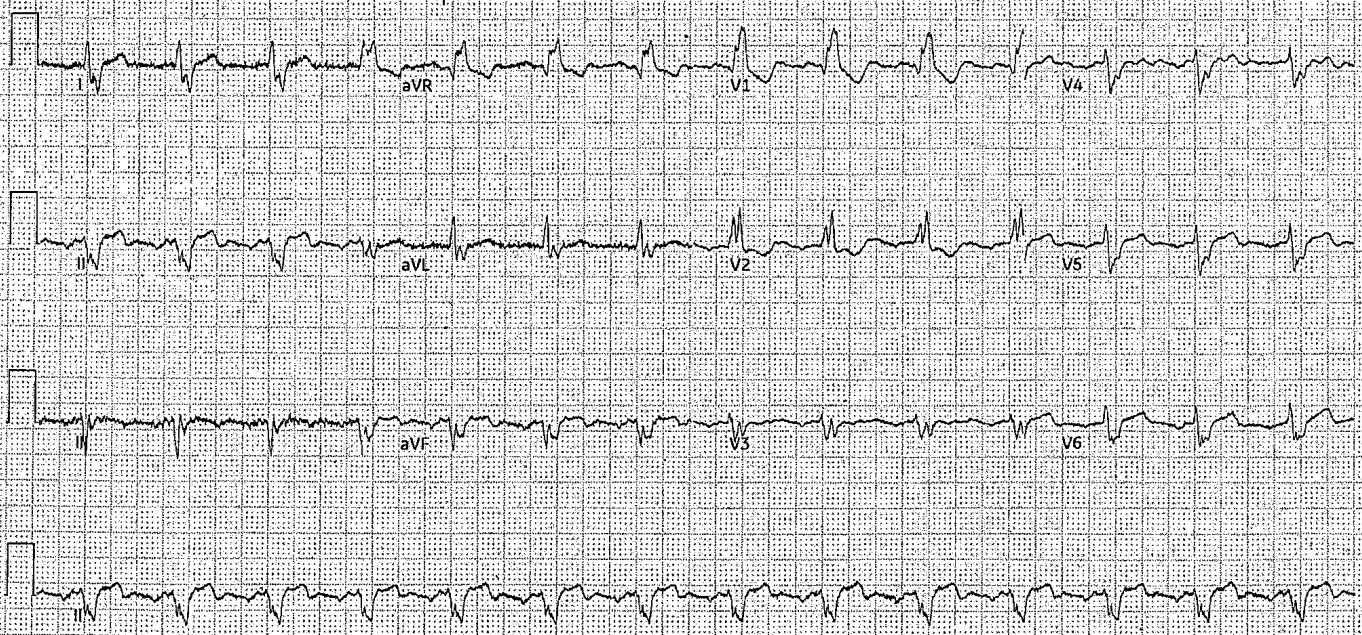
Atrial flutter
Left axis deviation
Right bundle branch block
Abnormal ECG

Technician ID: ma

Old RBBB
Known AF
no chest pain

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm ld

Moutrey, David ID: 2206546116 22-Nov-2023 17:13:10 GRI AAU

22-Jun-1954
Male

Loc: 202

Technician:

Vent. rate 62 bpm
PR interval 188 ms
QRS duration 148 ms
QT/QTc 434/440 ms
P-R-T axes 53 -66 55

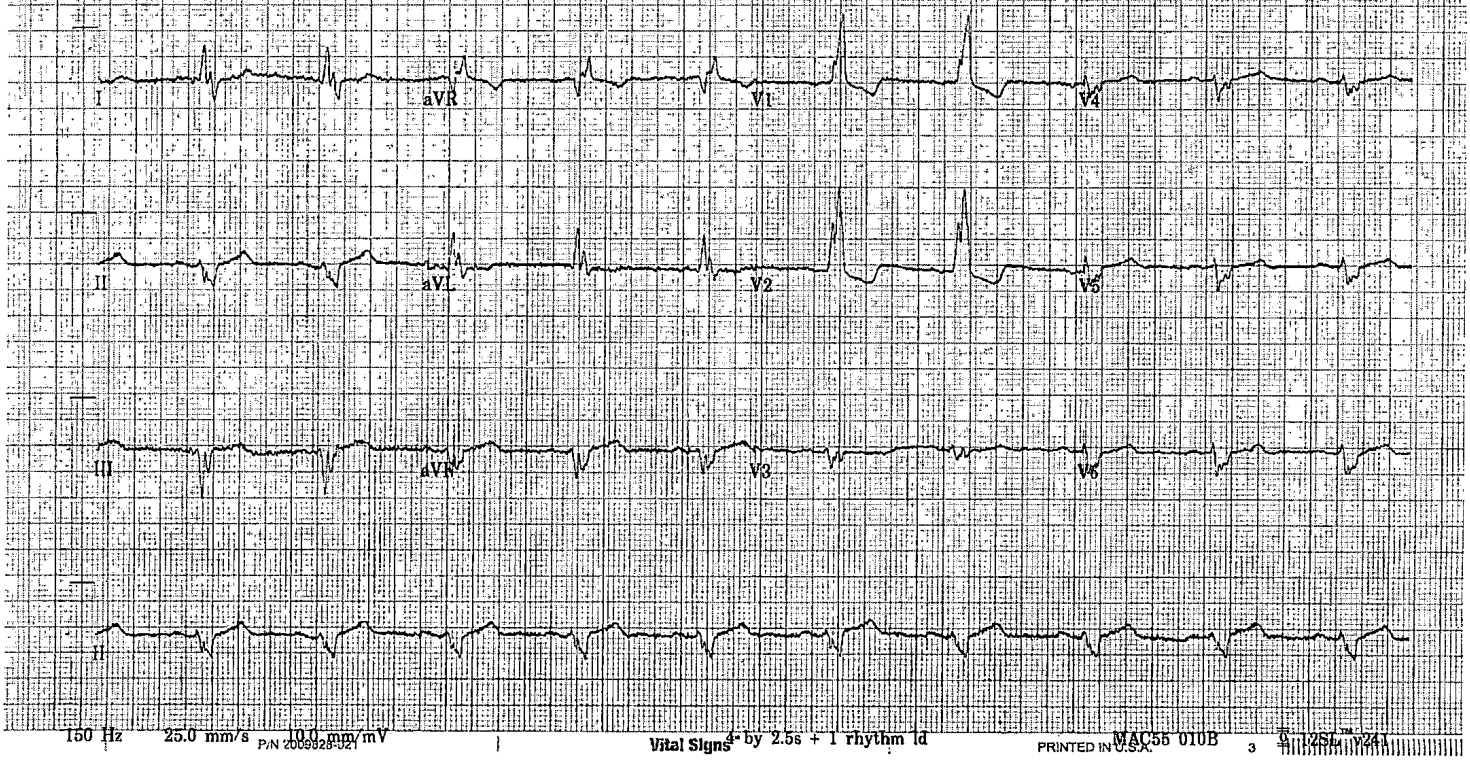
Normal sinus rhythm
Left axis deviation
Right bundle branch block
Inferior infarct, age undetermined
Abnormal ECG

CM
Underwyer
No cf.

2206546116
MOUTREY
David
M
22/06/1954

Unconfirmed

COMMENTS:



150 Hz 25.0 mm/s P/N 2009928-021 10.0 mm/mV

Vital Signs 4 by 2.5s + 1 rhythm ld

PRINTED IN U.S.A. MAC55 010B 3

Moutrey, David ID: 2206546116 22-Nov-2023 17:12:49 GRI AAU

22-Jun-1954
Male

Loc: 202

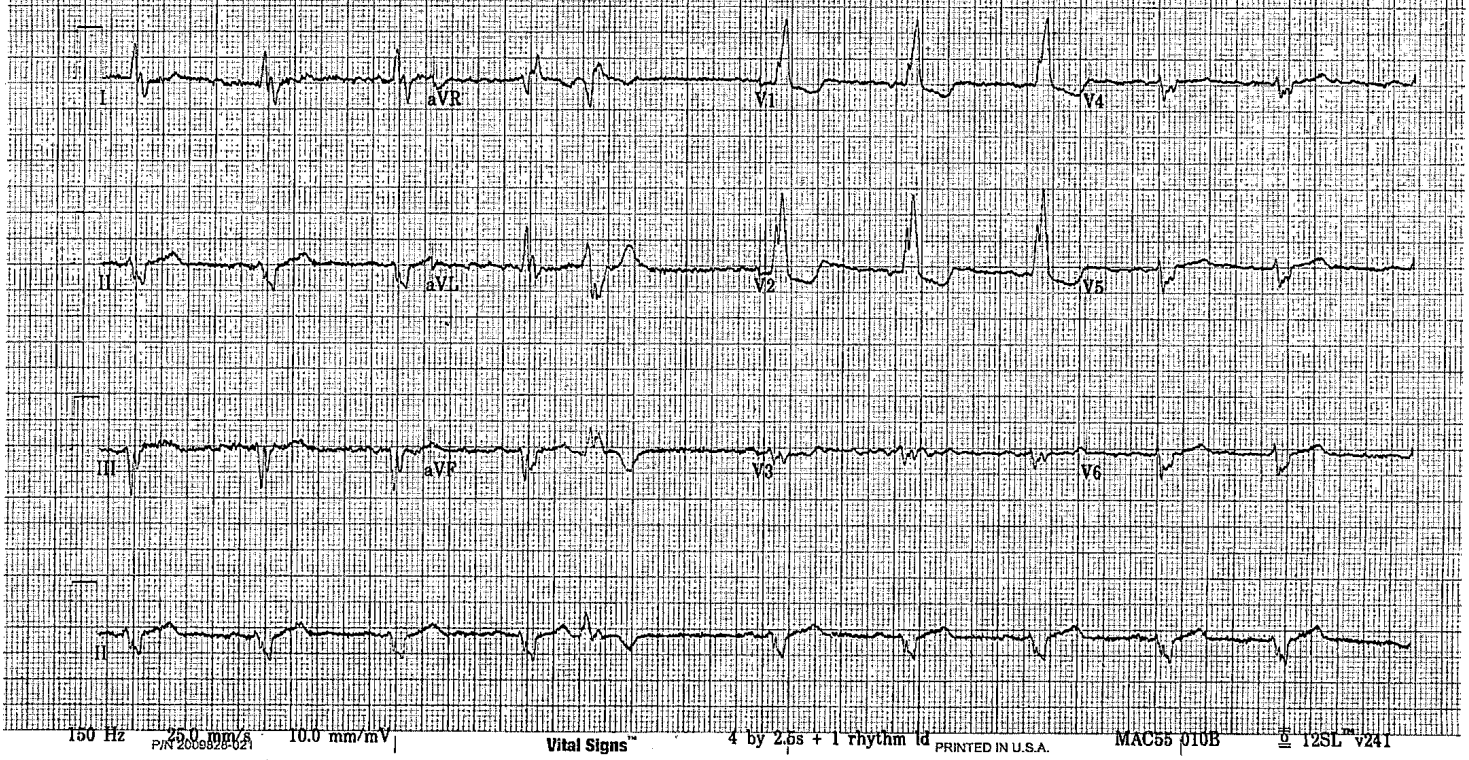
Technician:

Vent. rate	62	bpm
PR interval	172	ms
QRS duration	164	ms
QT/QTc	466/472	ms
P-R-T axes	53 63 47	

Sinus rhythm with occasional premature v icular complexes
Right bundle branch block
Left anterior fascicular block
*** Bifascicular block ***
Abnormal ECG

Unconfirmed

COMMENTS:



150 Hz 25.0 mm/s 10.0 mm/mV Vital Signs™ 4 by 2.5s + 1 rhythm ld PRINTED IN U.S.A. MAC55 010B 12SL™ V241

P/N 2009828-021

MOUTREY, DAVID ID: 06546116 25-Aug-2023 17:37:17 GRI AAU

Male

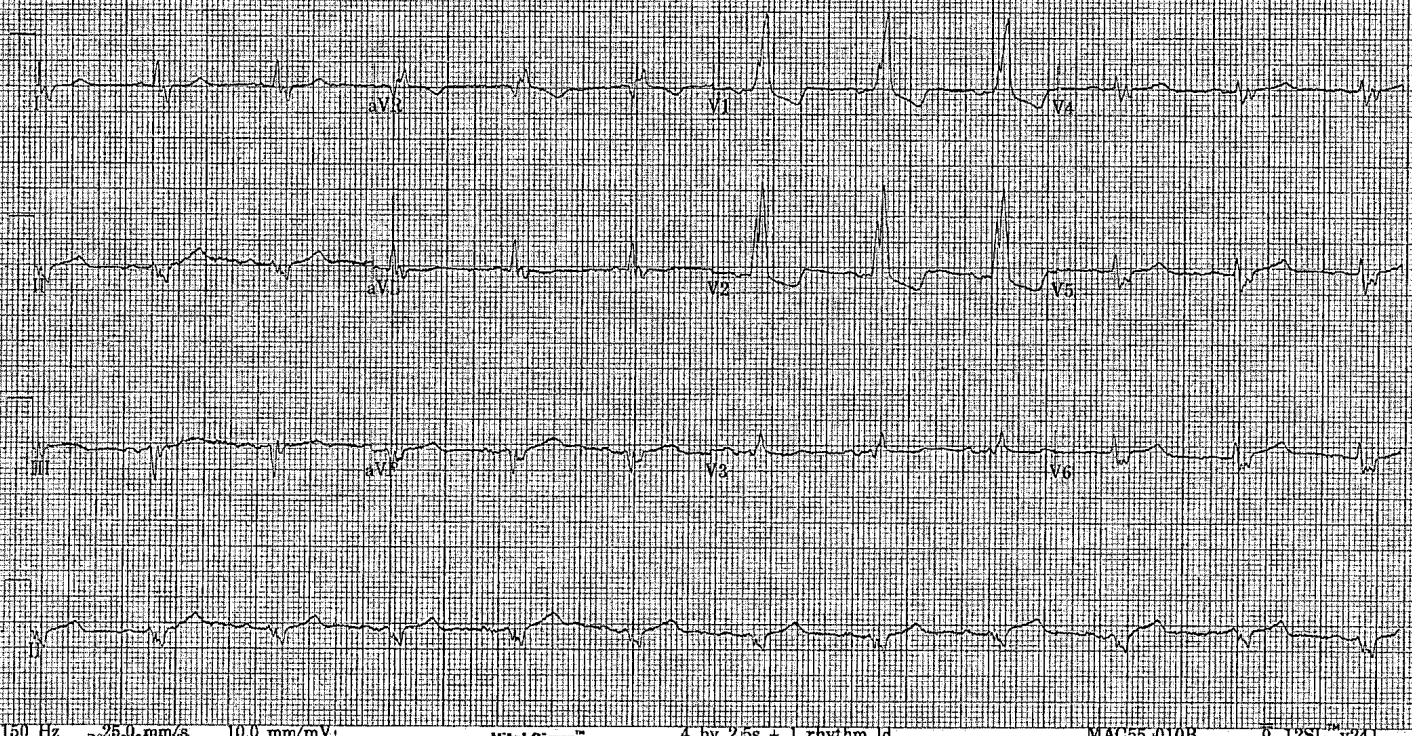
Loc: 202

Technician:

Vent. rate	68 bpm	Normal sinus rhythm
PR interval	174 ms	Left axis deviation
QRS duration	164 ms	Right bundle branch block
QT/QTc	462/491 ms	Abnormal ECG
P-R-T axes	28 -64 58	

2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

COMMENTS:



150 Hz 25.0 mm/s 10.0 mm/mV Vital Signs™ 4 by 2.5s + 1 rhythm ld PRINTED IN U.S.A. MAC55 010B 12SL™ v241

Moutrey, David 2206546116 7-Jun-2022 8:57:20 LASGOW ROYAL INFIRMARY CARDIOLOGY

22-Jun-1954
Male

Loc: 203

[redacted]

Technician: 239

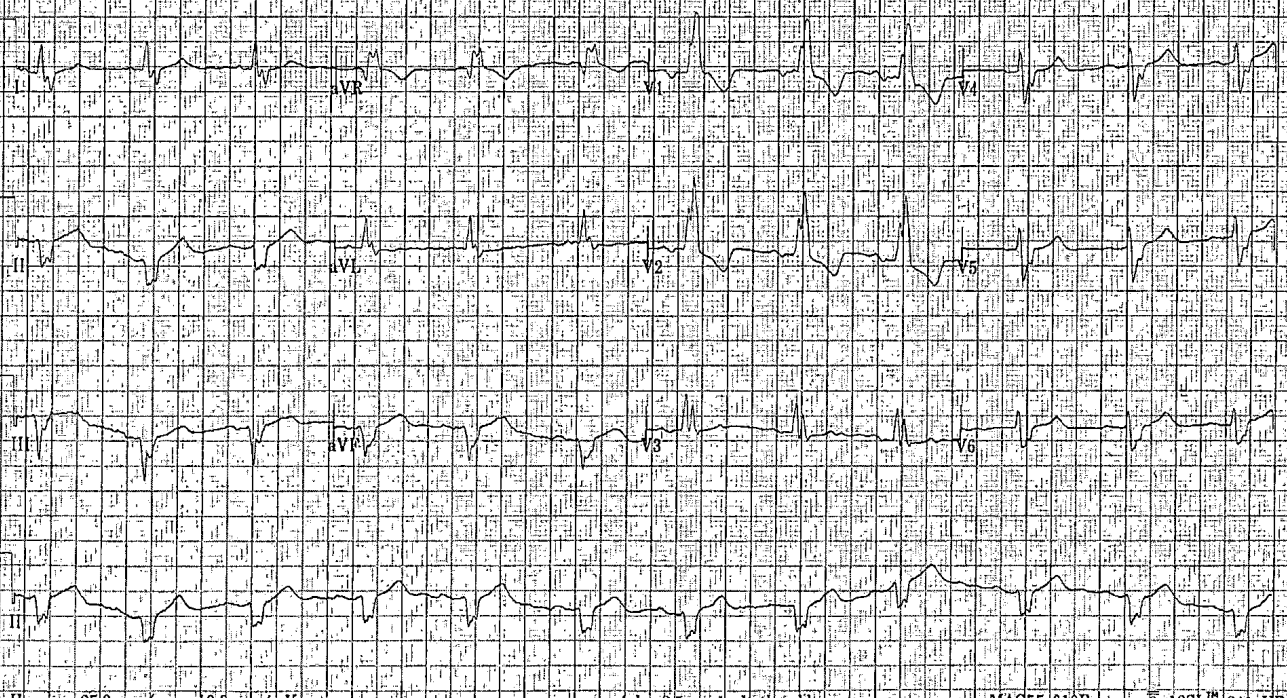
Vent. rate	69	bpm
PR interval	188	ms
QRS duration	150	ms
QT/QTc	428/458	ms
P-R-T axes	34 70 61	

Normal sinus rhythm with sinus arrhythmia
Left axis deviation
Right bundle branch block
Inferior infarct, age undetermined
Abnormal ECG

2206546116
MOUTREY
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
M
22/06/1954

Referred by:

COMMENTS:



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm .ld MAC55 010B [redacted] 12SL™ v241 HD

MQE 9405-020 Graphic Controls Ltd Printed in UK

Moutrey, David ID: 2206546116 6-Jun-2022 9:21:31 GLASGOW ROYAL INFIRMARY CARDIOLOGY

Current 43A.

22-Jun-1954
Male

Loc: 203

Technician: 215

Vent. rate	65 bpm
PR interval	174 ms
QRS duration	104 ms
QT/QTc	422/438 ms
P-R-T axes	22 -30 -59

[redacted] rhythm with fusion complexes
[redacted]ft axis deviation
Inferior infarct, age undetermined
Abnormal ECG

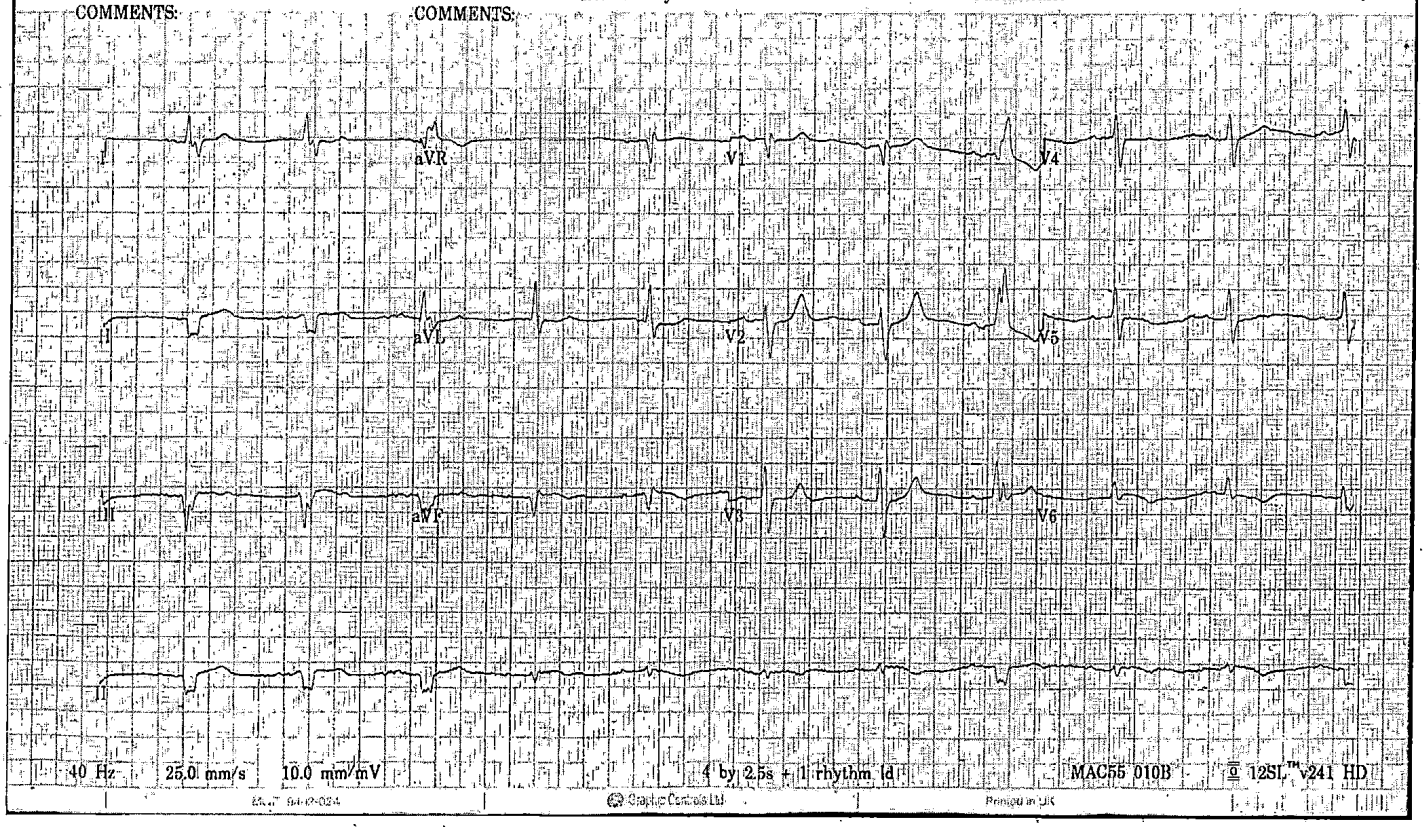
2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

Referred by:

Unconfirmed

COMMENTS:

COMMENTS:



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm (d MAC55 010B 12SL™ v241 HD

Graphic Controls Ltd Printed in UK

Moutrey, David 43059
ID: 2206546116

05/06/20[illegible] 07:58
Ward 43A

Locati[illegible] 3
Re[illegible]
Order Num[illegible]

62 bpm
-/- mmHg

22.06.1954
67Years

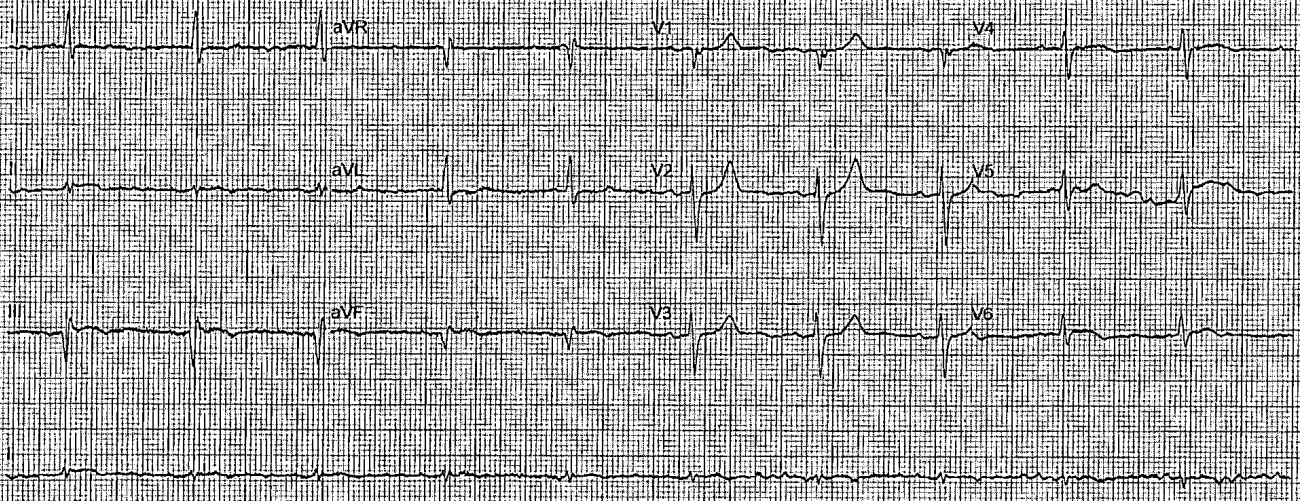
Male

Indication:
Medication 1:
Medication 2:
Medication 3:

QRS:	94 ms
QT / QTcBaz:	434 / 440 ms
PR:	180 ms
P:	134 ms
RR / PP:	966 / 967 ms
P / QRS / T:	23 / 27 / 1 degrees

Normal sinus rhythm
Inferior infarct , age undetermined
T wave abnormality, consider lateral ischemia
Abnormal ECG

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ



Unconfirmed

GE MAC2000 1:1 12SL™v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/1

226 166 05

Moutrey, David 43059
ID 2206546116

04.06 [redacted] 8:56
Ward 43

Order [redacted]
Indication 1
Medication 1
Medication 2
Medication 3

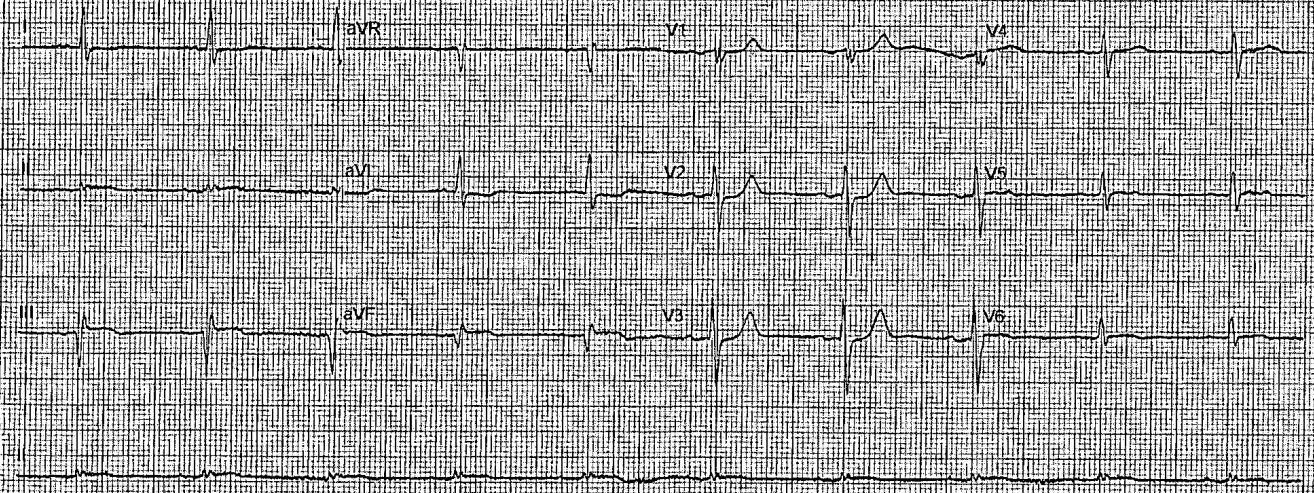
60 bpm
/ mmHg

22.06.1954
67 Years

Male

QRS	100 ms	Normal sinus rhythm
QT / QTcBaz	418 / 418 ms	Inferior infarct - age undetermined
PR	176 ms	Abnormal ECG
P	128 ms	
RR / PP	998 / 1000 ms	
P / QRS / T	11 / -14 / 72 degrees	

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ



Unconfirmed

GE MAC2000 1:1 12SL™v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25-R1 1/1

228 166 05

MOUTREY, DAVID 2206546116 4-Jun-2022 6:21:42 P20617 CARDIO CCU

22-Jun-1954
Male

Vent. rate 62 bpm
PR interval 186 ms
QRS duration 98 ms
QT/QTc 424/430 ms
P-R-T axes 35 -27 23

inus rhythm with fusion complexes
nferior infarct, age undetermined

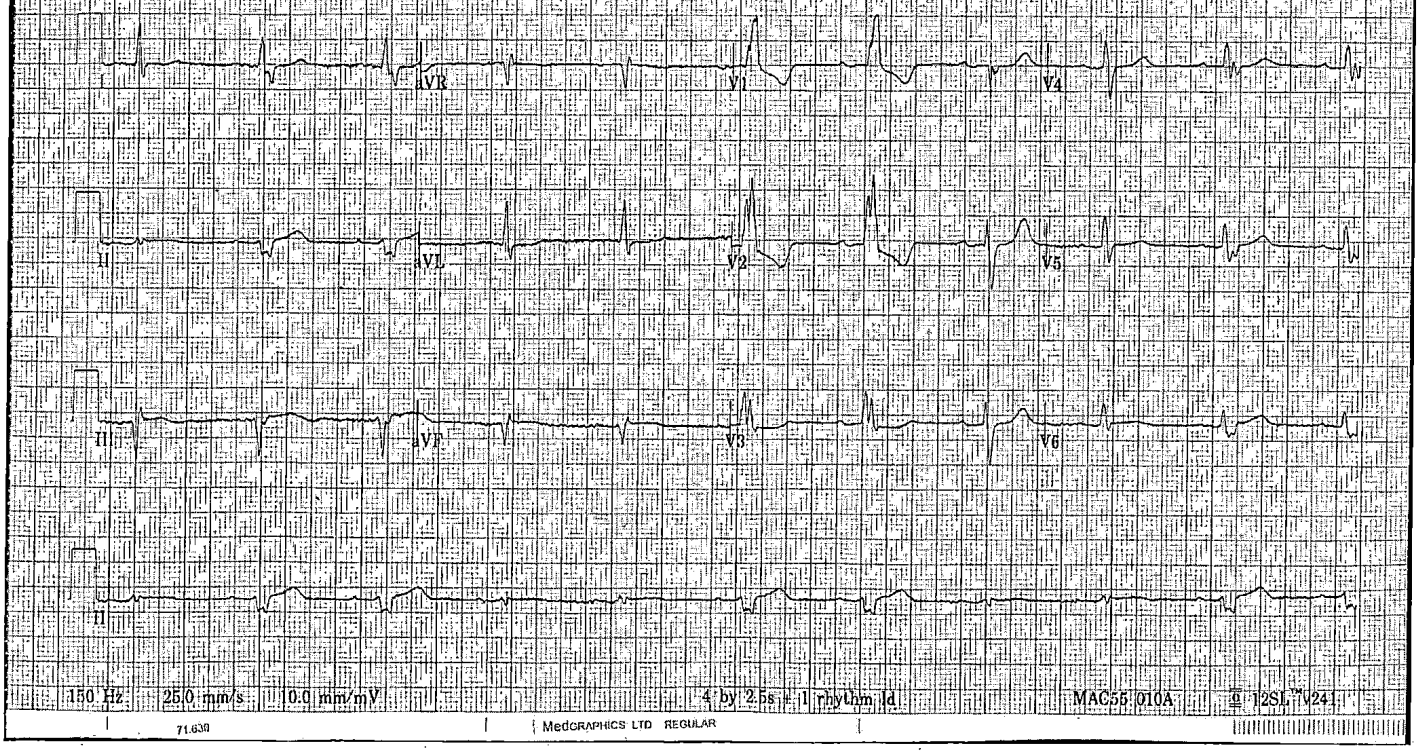
2206546116
MOUTREY
David
M
22/06/1954

Technician: JM
Test ind: ROUTINE

Referred by:

Unconfirmed

LOCATION: CCU



150 Hz 25.0 mm/s 0.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010A 12SL 241

71.630 MEDGRAPHICS LTD REGULAR

MOUNTREY, DAVID [redacted] 2206546116 3-Jun-2022 20:24:26 MP20617 CARDIO CCU

22-Jun-1954
Male

Vent. rate 67 bpm
PR interval 176 ms
QRS duration 120 ms
QT/QTc 454/479 ms
P-R-T axes 94 -40 59

[redacted]

Technician: SF
Test ind: POST LAB

LOCATION: CCU

nus rhythm with premature supravent ar co exes and premature ventricular complexes or
asion complexes
Left axis deviation
Pulmonary disease pattern
Right bundle branch block
Inferior infarct, age undetermined
Marked ST abnormality, possible septal subendocardial injury

Referred by: DR SHAUKAT Unconfirmed

2206546116
MOUTREY
David M
11 Montrose Terrace 22/06/1954
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ



150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010A 12SL v241

71630 MEDGRAPHICS LTD REGULAR

MOUTREY, DAVID 2206546116 7-Feb-2022 14:40:33 GLASGOW ROYAL INFIRMARY ED

22-Jun-1954
Male

Vent. rate 66 bpm
PR interval 160 ms
QRS duration 110 ms
QT/QTc 418/438 ms
P-R-T axes 39 10 68

Normal sinus rhythm
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

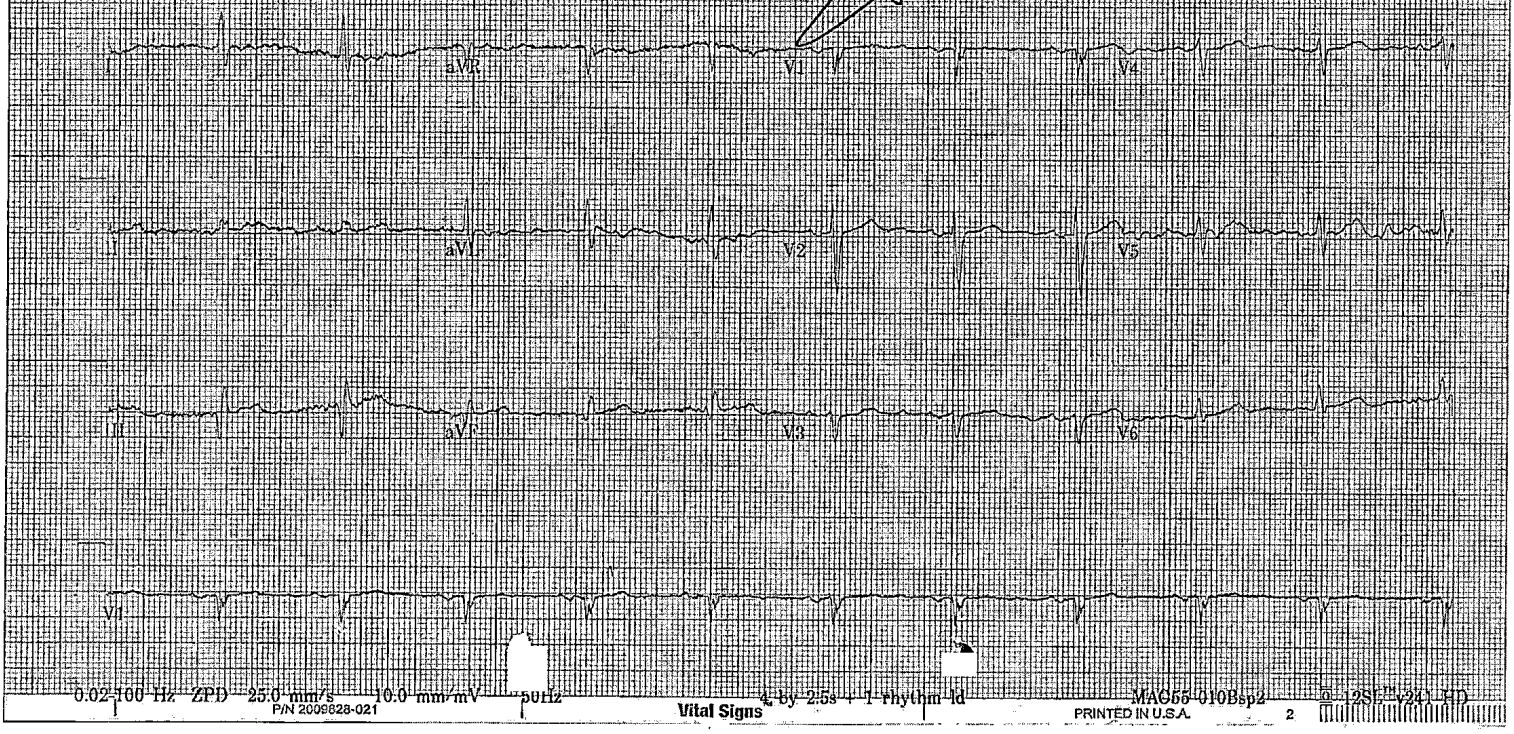
Loc: 201

Technician:

2206546116
MOUTREY M
David 22/06/1954
11 Mohtrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

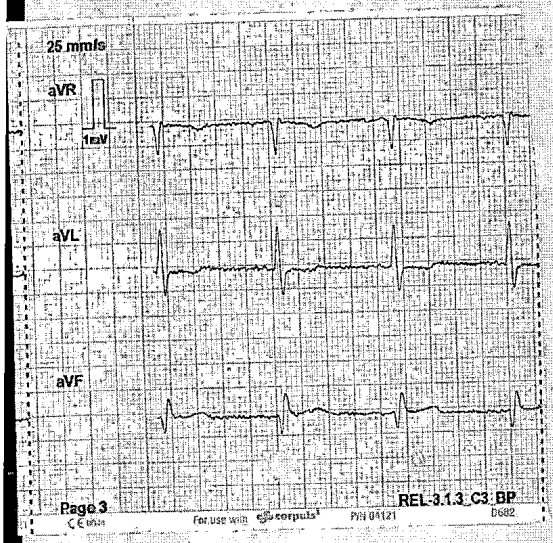
Referred by: Unconfirmed

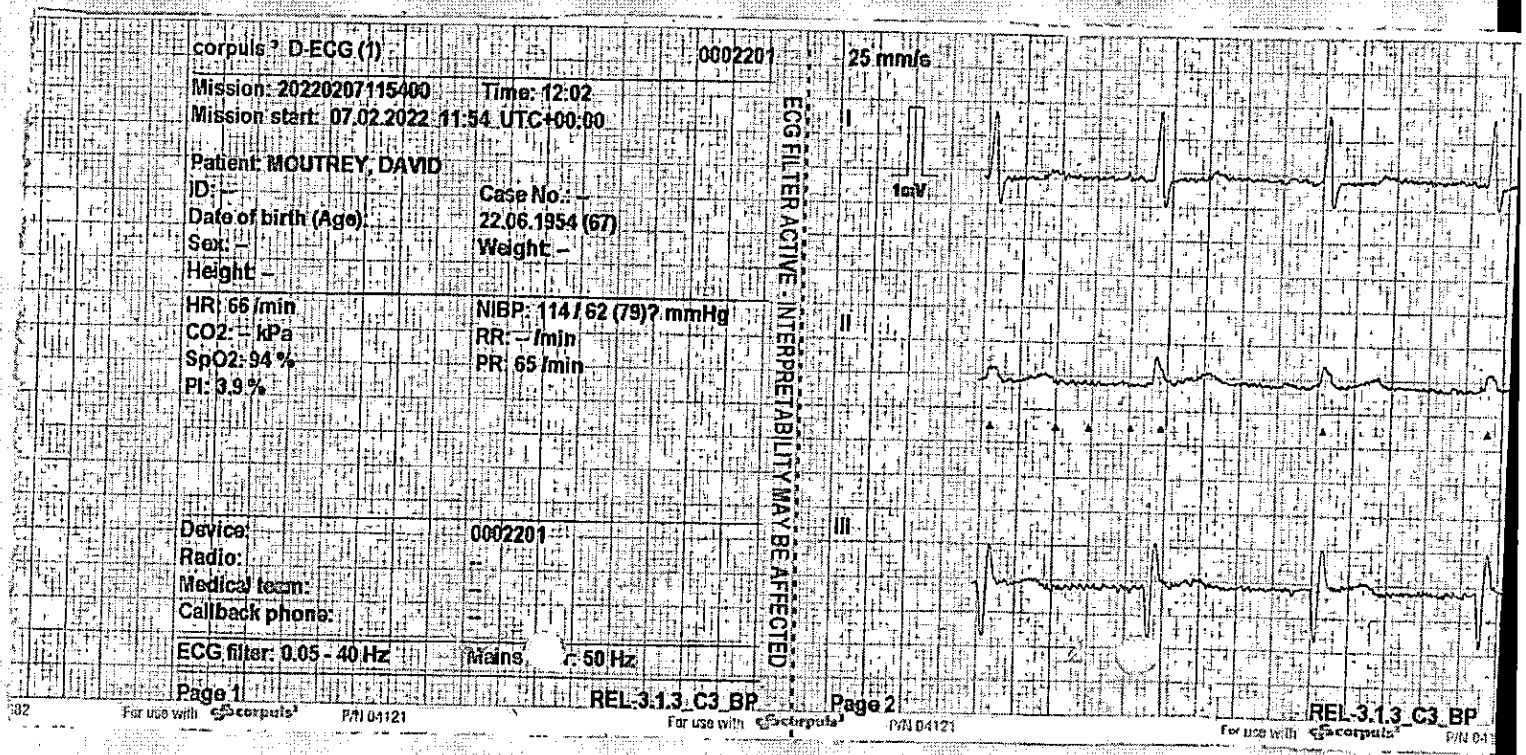
COMMENTS



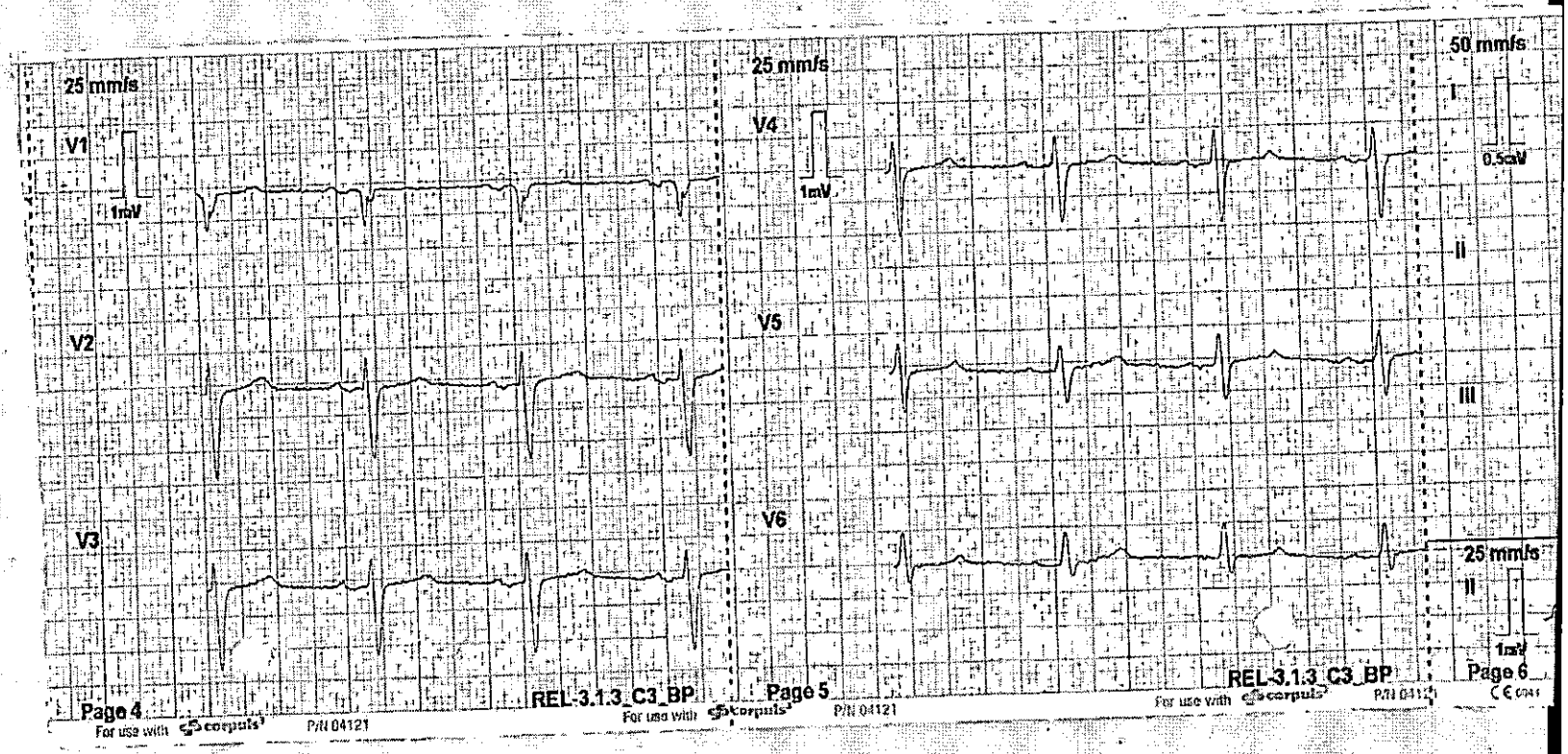
0.02-100 Hz ZPD 25.0 mm/s 10.0 mm/mV 50Hz 4 by 2.5s + 1 Rhythm ld MAC55 010Bsp2 0 12SL v24 HD

P/N 2009628-021 Vital Signs PRINTED IN U.S.A. 2


25 mm/s
aVR
1mV
aVL
aVF
Page 3
For use with corpuls
REL-3.1.3_C3_BP


corpuls³ D-ECG (1)
0002201
Mission: 20220207115400
Time: 12:02
Mission start: 07.02.2022 11:54 UTC+00:00
Patient: MOUTREY, DAVID
ID: –
Case No.: –
Date of birth (Age):
22.06.1954 (67)
Sex: –
Weight: –
Height: –
HR: 66 /min
CO2: – kPa
SpO2: 94 %
PI: 3.9 %
NIBP: 114 / 62 (79)? mmHg
RR: – /min
PR: 65 /min
Device:
0002201
Radio:
–
Medical team:
–
Callback phone:
–
ECG filter: 0.05 - 40 Hz
Mains: c 50 Hz
Page 1
REL-3.1.3_C3_BP
For use with corpuls³
P/N 04121
ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED
25 mm/s
I
II
III
1mV
Page 2
REL-3.1.3_C3_BP
For use with corpuls³
P/N 04121


aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
V6
HR 67
P 120
QRS 122
QT 416
SPECIFIC F
noise 54
check ECG
RMS 49
high offse
LI leads
CH leads
broad QRS
Q in
QS in
broad R in
broad S in
QT dispers
QT dispers
remarks:
checked by
PRINTER STOPPED
For use with scorpuls P/N 04121
D882
For use with scorpuls P/N 04121
For use with scorpuls P/N 04121
B
V
For use with scorpuls P/N 04121

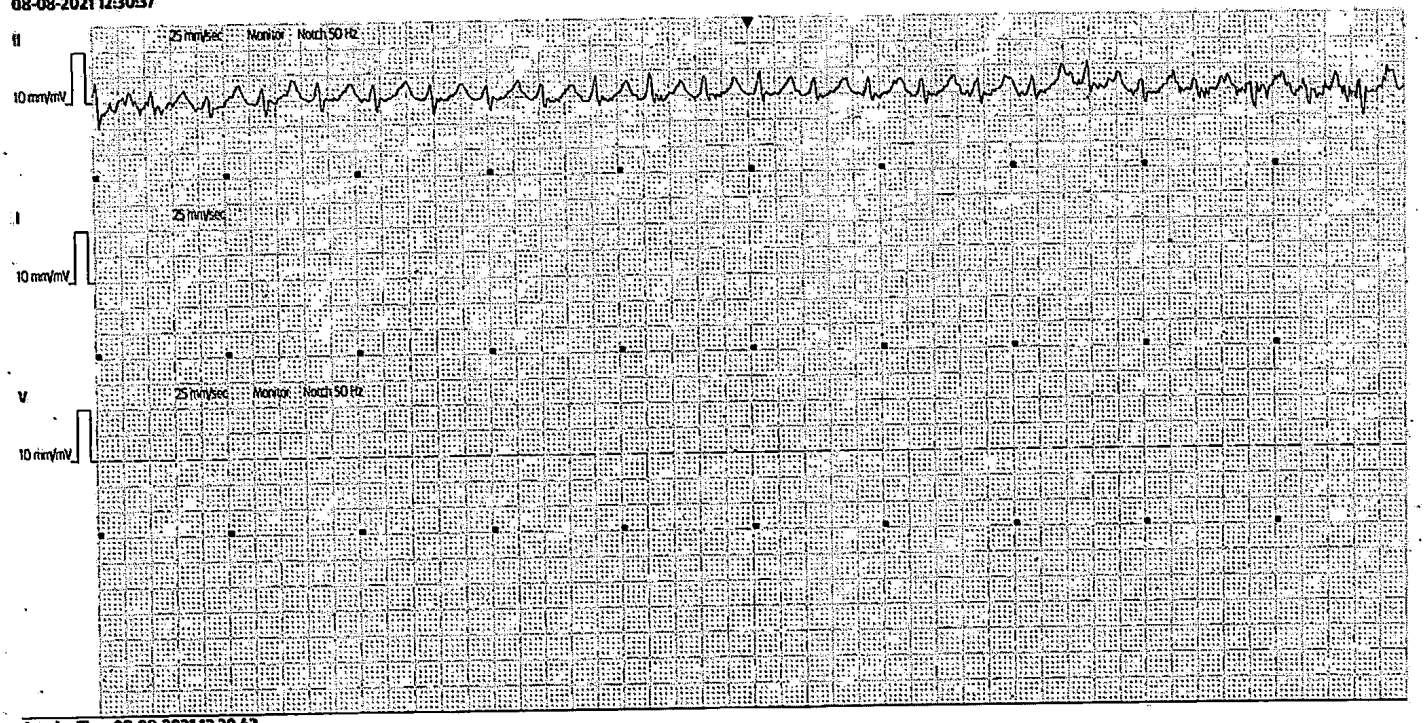

25 mm/s
V1
1mV
V2
V3
Page 4
For use with corpuls
P/N 04121
REL-3.1.3_C3_BP
25 mm/s
V4
1mV
V5
V6
Page 5
For use with corpuls
P/N 04121
50 mm/s
I
0.5mV
II
III
25 mm/s
II
1mV
REL-3.1.3_C3_BP
Page 6
For use with corpuls
P/N 04121

Full Disclosure Detail Report

Print Time:09-08-2021 11:52:57

Patient Name: 43A david , Moutrey	Patient ID:	Patient Category: Adult	Paced: Unspecified
Gender: Unspecified	Bed No: TTX 18	DOB:	Height/Weight: /

08-08-2021 12:30:37 **12:30:47**



Acquire Time:08-08-2021 12:30:42

HR	150 bpm
PVCs	0 /min
Pauses	0 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 50 Extreme Brady : 35 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

mindray

Glasgow Royal Infirmary
--

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Moutrey, David
Patient ID: 2206546116
Height:
Weight:

DOB: 22.06.1954
Age: 67yrs
Gender: Male
Race: Caucasian

Study Date: 09.08.2021
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: Daniels
Attending Physician: --
Technician: LB

2206546116 M
MOUTREY 22/06/1954
David
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire G64 1JQ

Medications:
--

Medical History:
--

Reason for Exercise Test:

Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	02:25	1.00	0.00	63	145/81	
EXERCISE	STAGE 1	03:00	1.70	10.00	86	180/72	2:53 Dyspnea
	STAGE 2	01:00	2.50	12.00	92		
RECOVERY		04:12	0.00	0.00	66	170/80	

The patient exercised according to the BRUCE for 4:00 min:s, achieving a work level of Max. METS: 5.70. The resting heart rate of 60 bpm rose to a maximal heart rate of 93 bpm. This value represents 60 % of the maximal, age-predicted heart rate. The resting blood pressure of 145/81 mmHg , rose to a maximum blood pressure of 194/77 mmHg. The exercise test was stopped due to Dyspnea, Hip pain.

Interpretation

Summary: HR Response to Exercise: attenuated secondary to medication. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: ventricular premature beats. ST Changes: none.

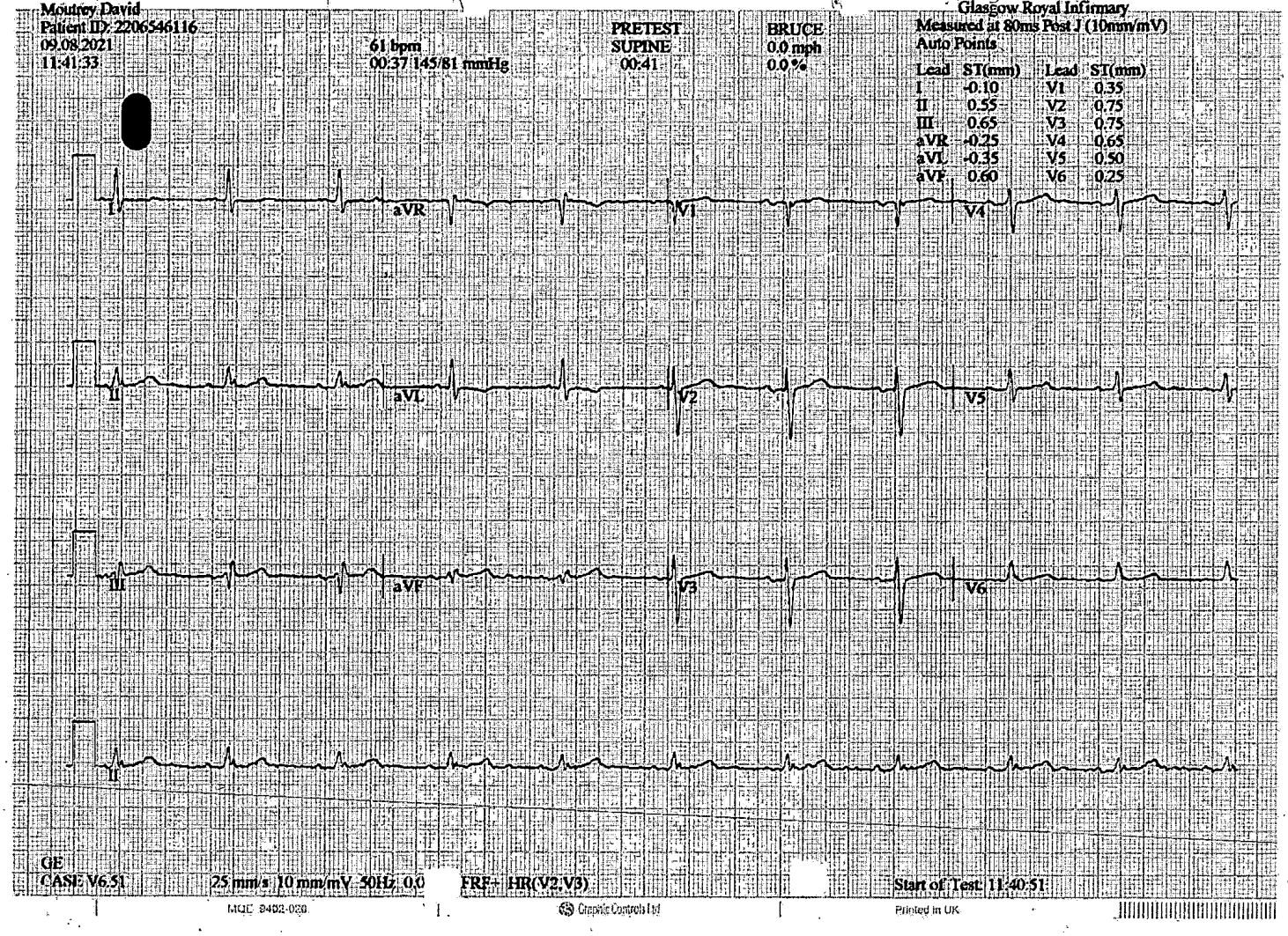
Conclusions

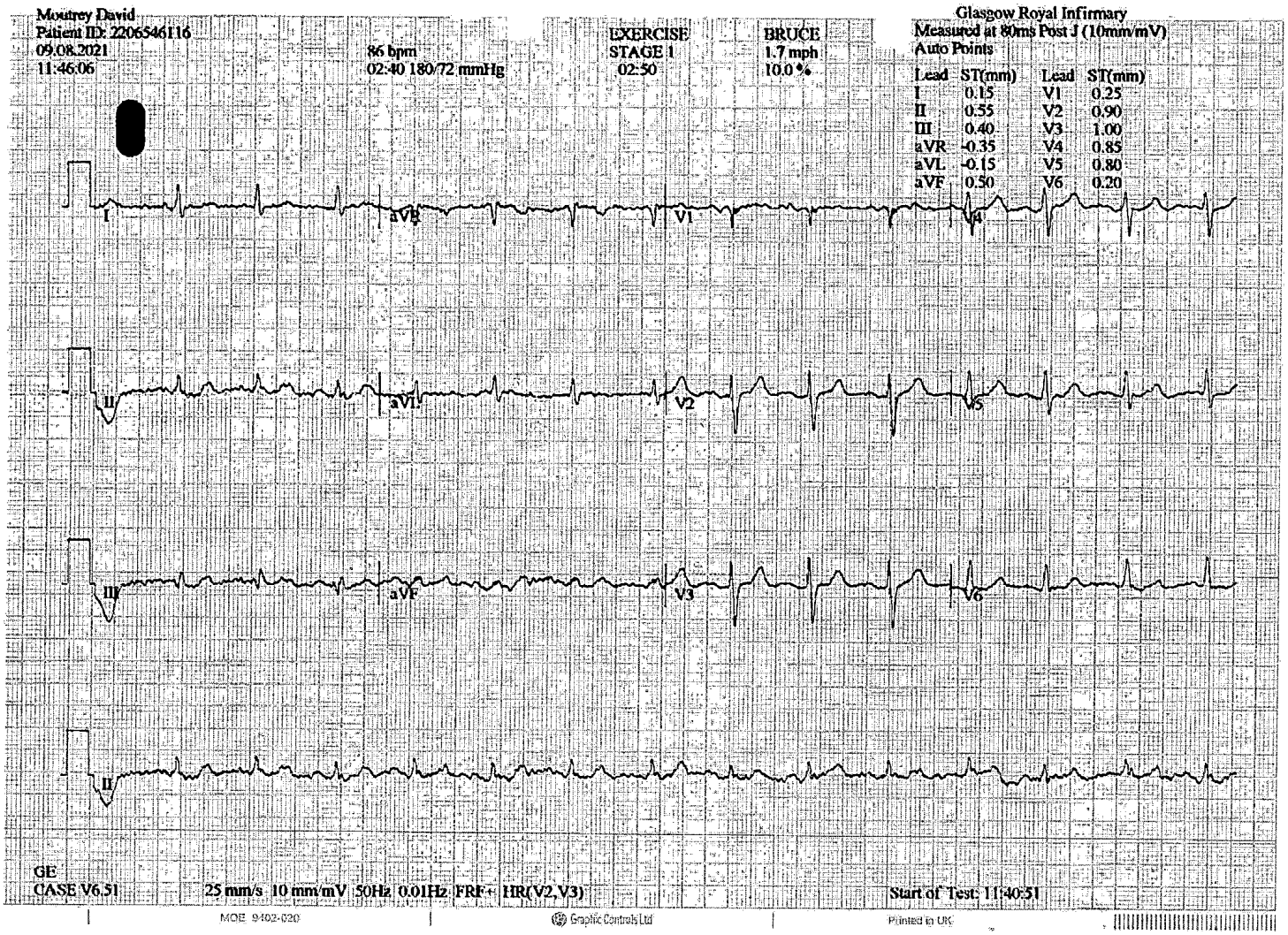
--

Physician

Technician

Printed in UK


Moutrey David
Patient ID: 2206546116
09.08.2021
11:41:33
61 bpm
00:37 145/81 mmHg
PRETEST
SUPINE
00:41
BRUCE
0.0 mph
0.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I -0.10 V1 0.35
II 0.55 V2 0.75
III 0.65 V3 0.75
aVR -0.25 V4 0.65
aVL -0.35 V5 0.50
aVF 0.60 V6 0.25
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.0
FRF+ HR(V2,V3)
Start of Test: 11:40:51
MQE 2482-020
Graphic Controls Ltd
Printed in UK


Moutrey David
Patient ID: 2206546116
09.08.2021
11:46:06
86 bpm
02:40 180/72 mmHg
EXERCISE
STAGE 1
02:50
BRUCE
1.7 mph
10.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.15 V1 0.25
II 0.55 V2 0.90
III 0.40 V3 1.00
aVR -0.35 V4 0.85
aVL -0.15 V5 0.80
aVF 0.50 V6 0.20
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)
Start of Test: 11:40:51
MOE 9402-020
Graphic Controls Ltd
Printed in UK

(PEAK EXERCISE)

Moutrey David
Patient ID: 2206546116
09.08.2021
11:47:16

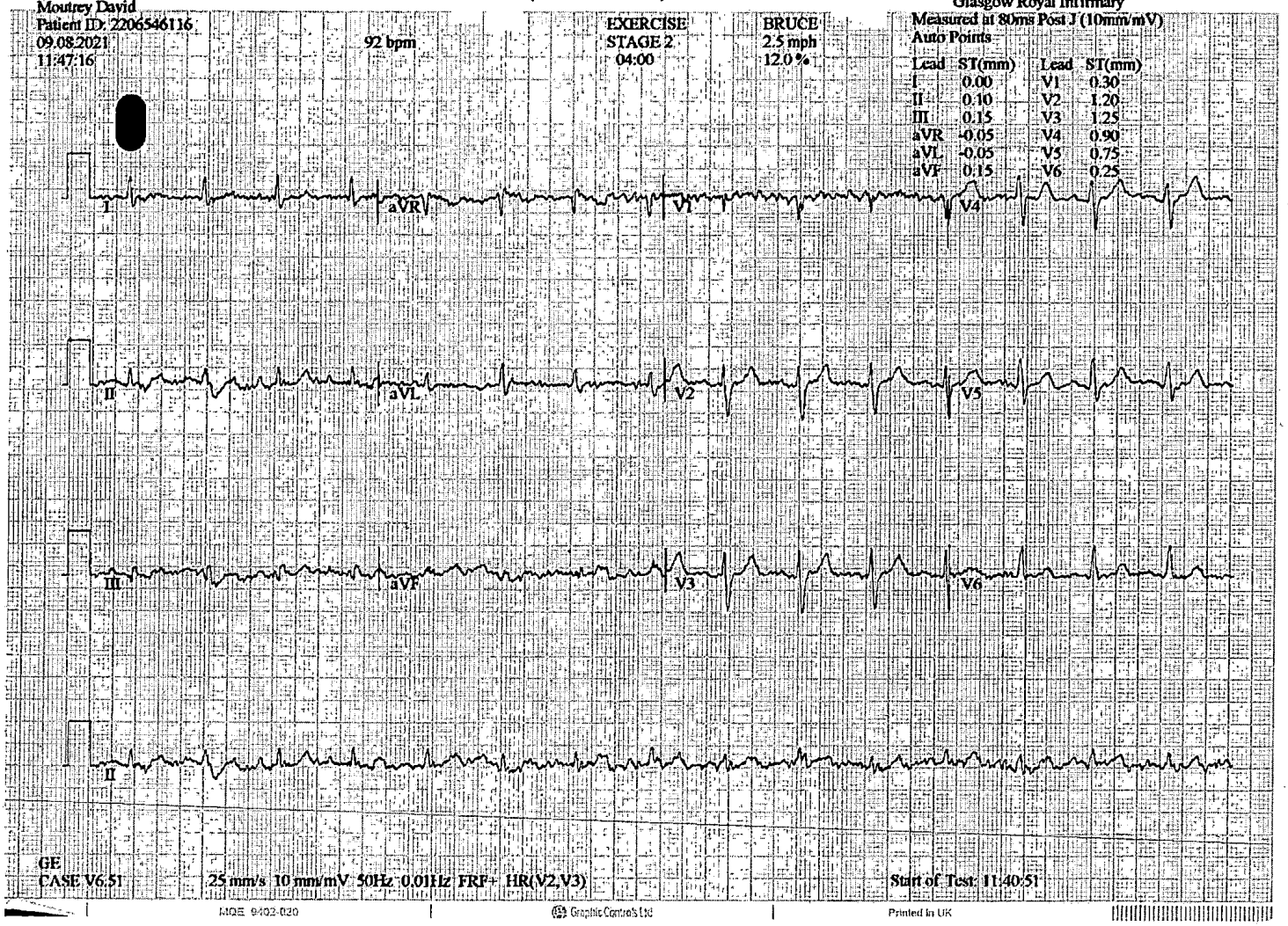
92 bpm

EXERCISE
STAGE 2
04:00

BRUCE
2.5 mph
12.0 %

Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points

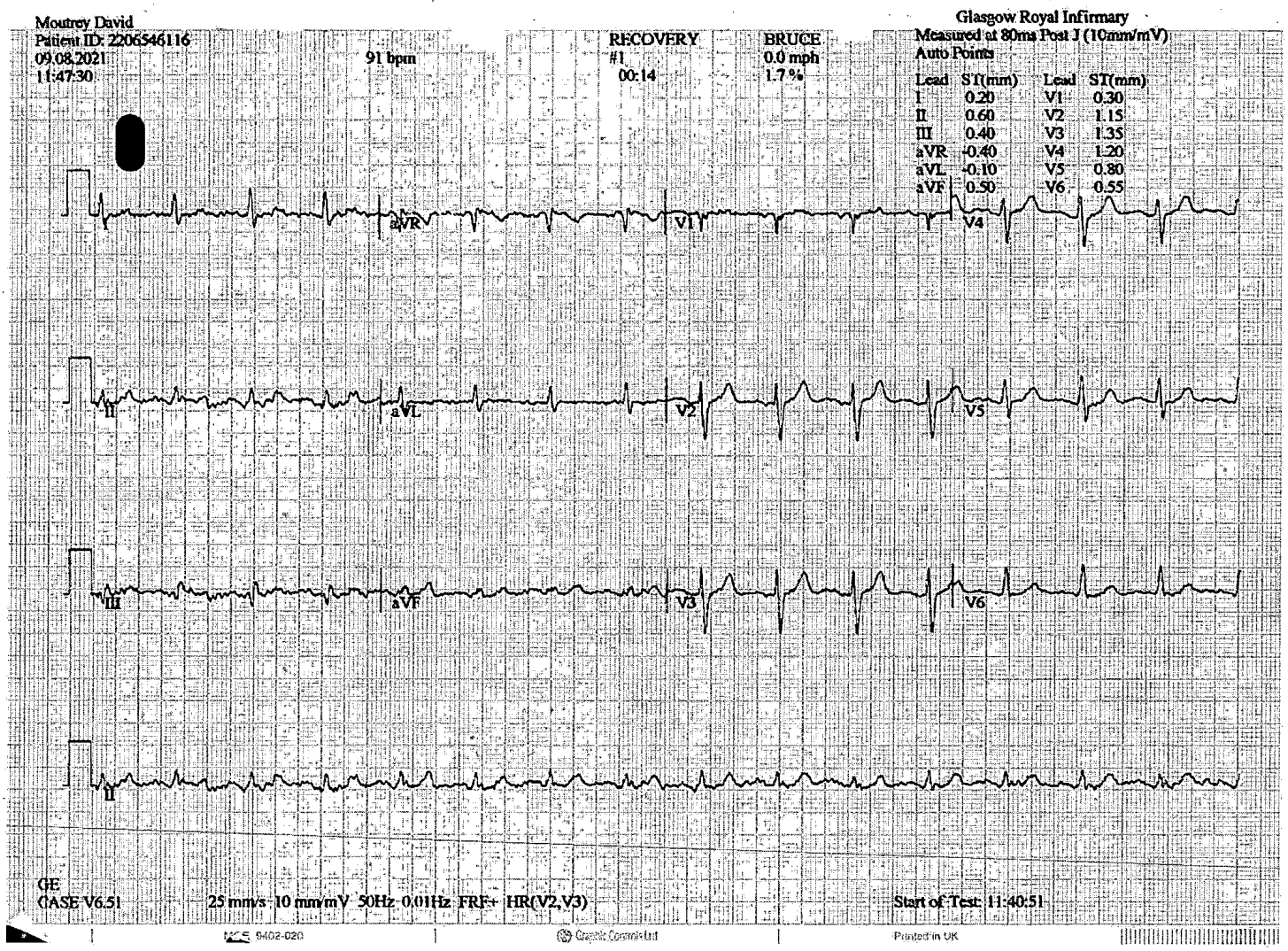
Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.30
II	0.10	V2	1.20
III	0.15	V3	1.25
aVR	-0.05	V4	0.90
aVL	-0.05	V5	0.75
aVF	0.15	V6	0.25

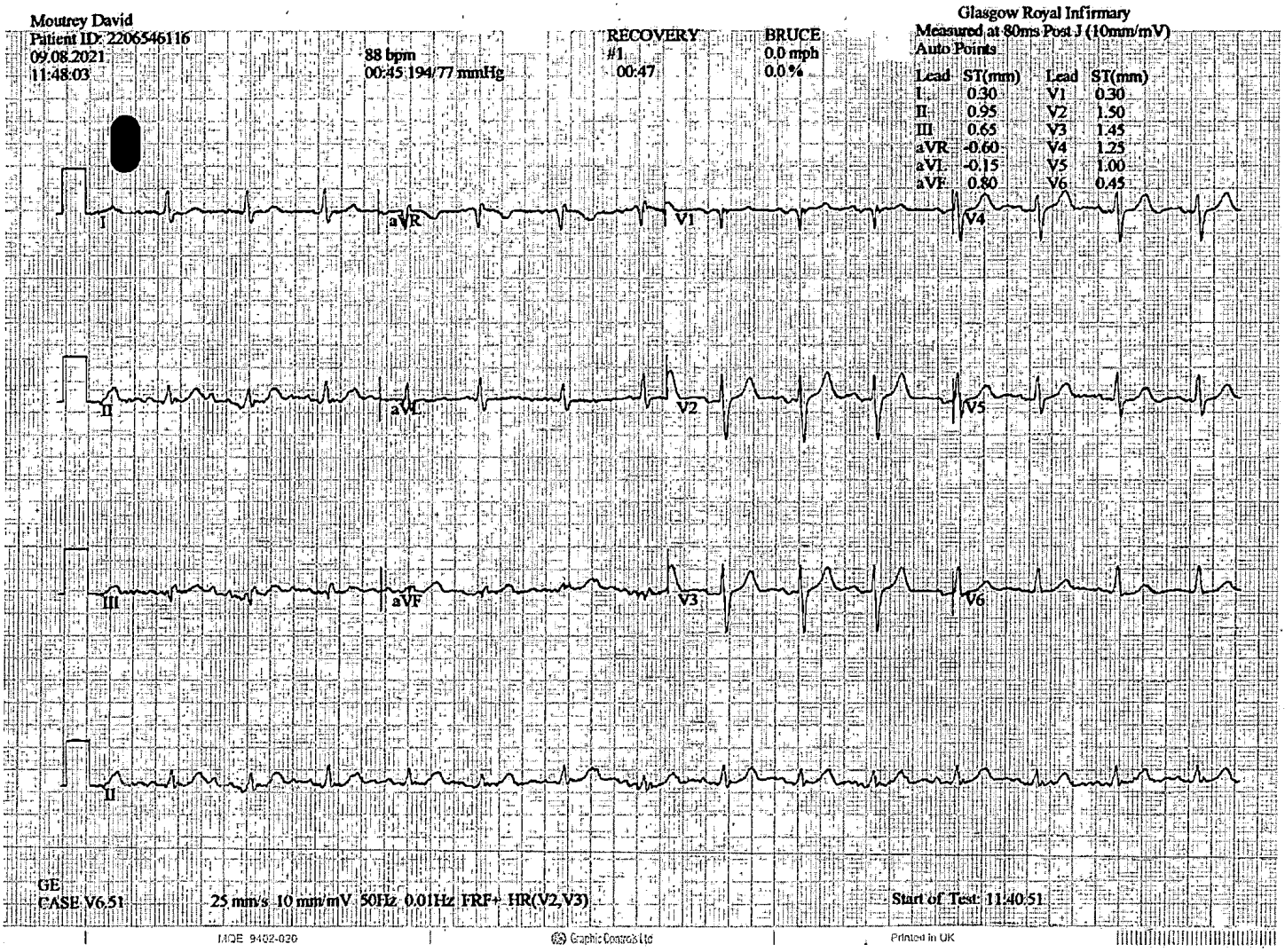


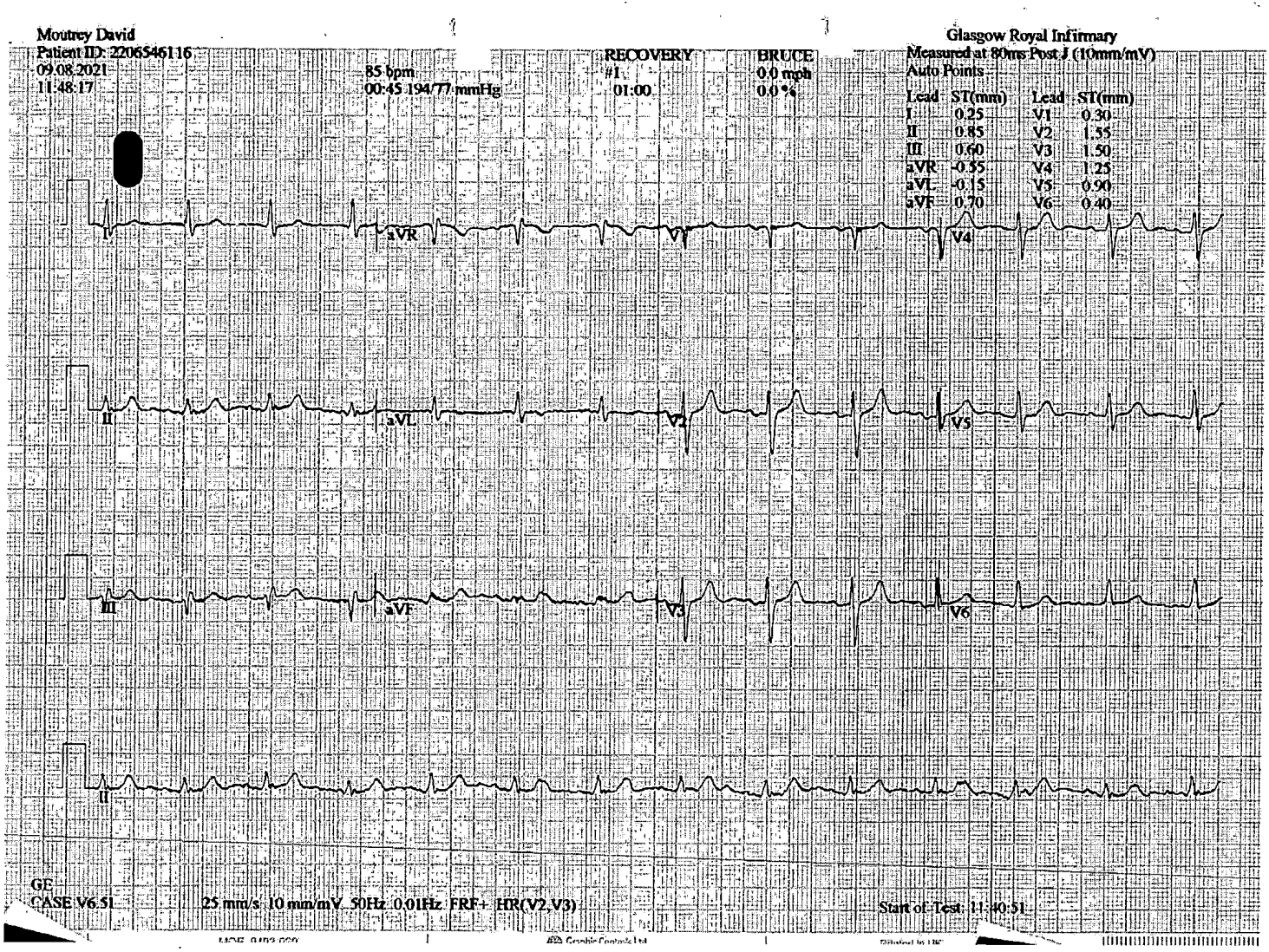
GE
CASE V6.51

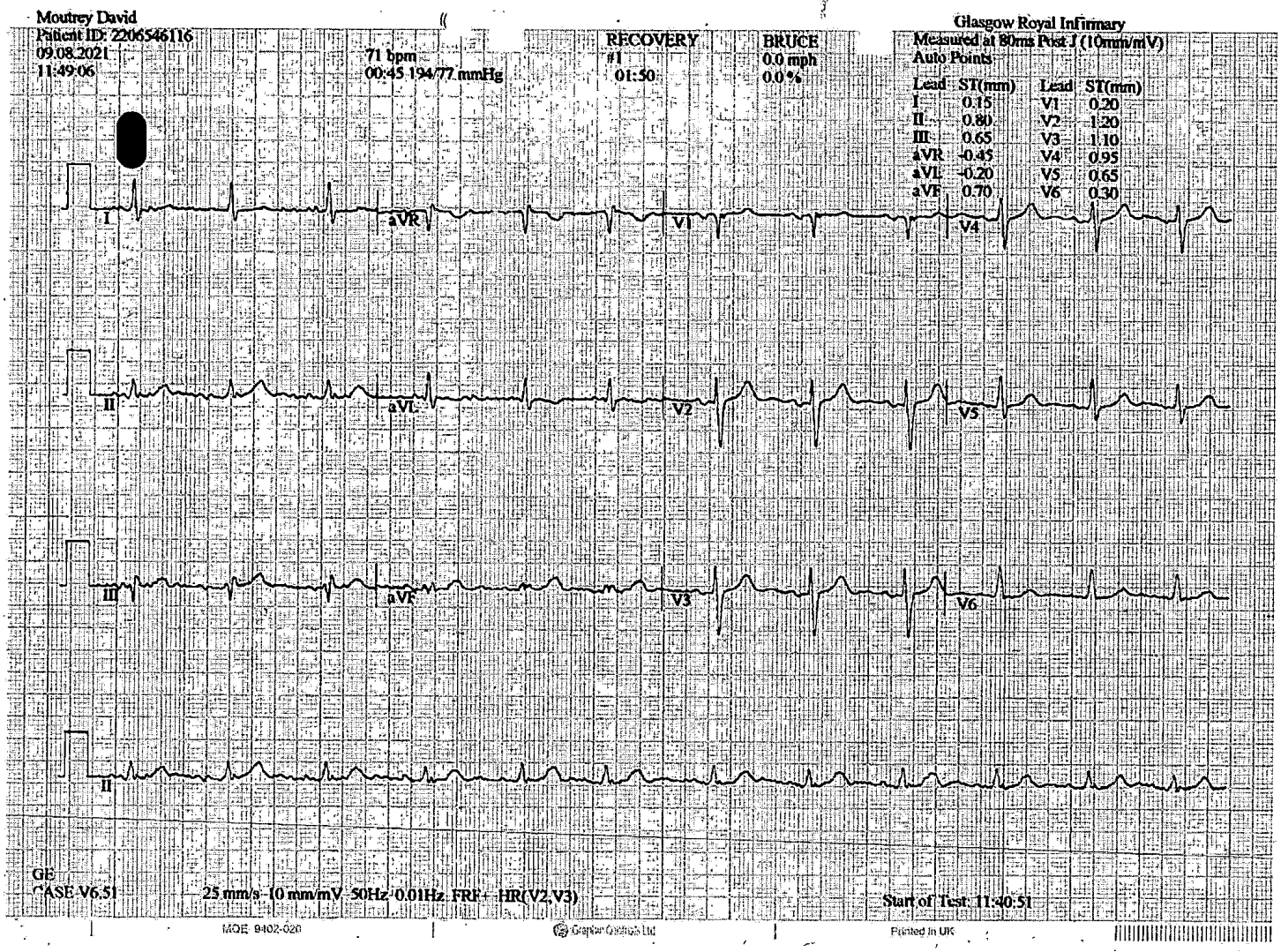
25 mm/s 10 mm/mV 50Hz 0.01Hz FRP+ HR(V2,V3)

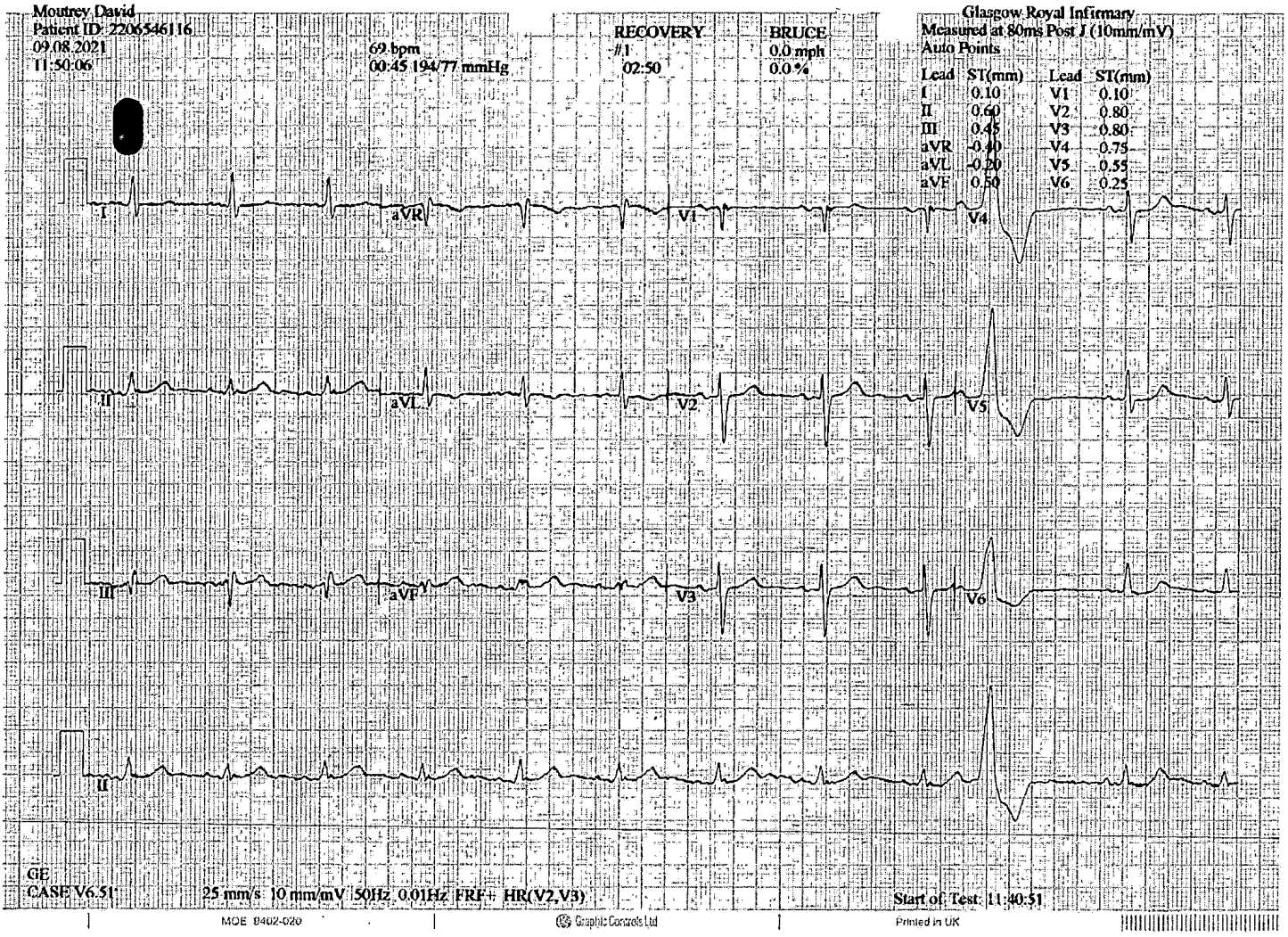
Start of Test: 11:40:51

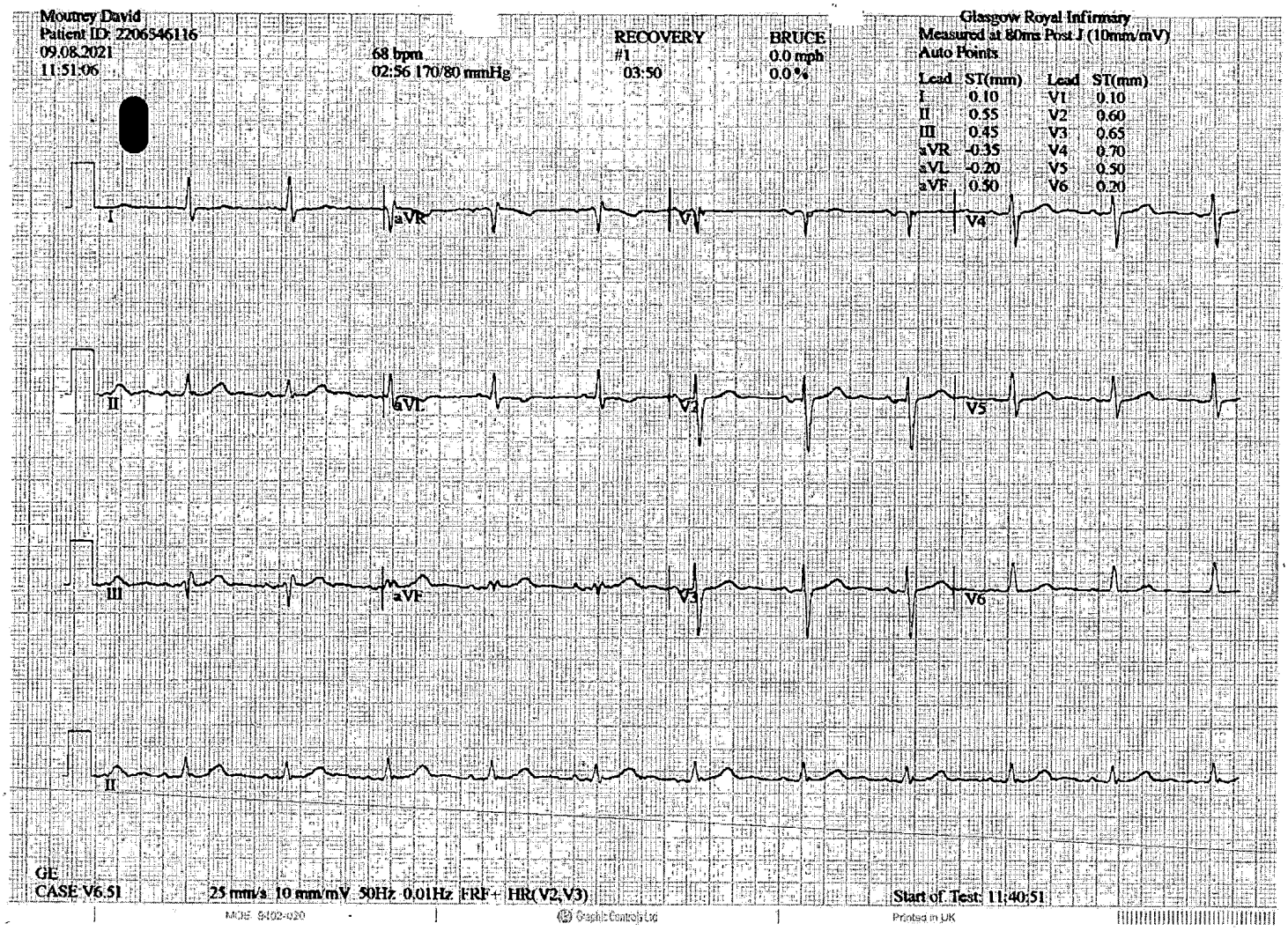

Moutrey David
Patient ID: 2206546116
09.08.2021
11:47:30
91 bpm
RECOVERY
#1
00:14
BRUCE
0.0 mph
1.7 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.20 V1 0.30
II 0.60 V2 1.15
III 0.40 V3 1.35
aVR -0.40 V4 1.20
aVL -0.10 V5 0.80
aVF 0.50 V6 0.55
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)
Start of Test: 11:40:51
MAC 9402-020
Graphic Controls Ltd
Printed in UK


Moutrey David
Patient ID: 2206546116
09.08.2021
11:48:03
88 bpm
00:45 194/77 mmHg
RECOVERY
#1
00:47
BRUCE
0.0 mph
0.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.30 V1 0.30
II 0.95 V2 1.50
III 0.65 V3 1.45
aVR -0.60 V4 1.25
aVL -0.15 V5 1.00
aVF 0.80 V6 0.45
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)
Start of Test: 11:40:51
MDE 9402-020
Graphic Controls Ltd
Printed in UK


Moutrey David
Patient ID: 2206546116
09.08.2021
11:48:17
85 bpm
00:45 194/77 mmHg
RECOVERY
#1
01:00
BRUCE
0.0 mph
0.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.25 V1 0.30
II 0.85 V2 1.55
III 0.60 V3 1.50
aVR -0.55 V4 1.25
aVL -0.15 V5 0.90
aVF 0.70 V6 0.40
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.5L
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)
Start of Test: 11:40:51


Moutrey David
Patient ID: 2206546116
09.08.2021
11:49:06
71 bpm
00:45 194/77 mmHg
RECOVERY
#1
01:50
BRUCE
0.0 mph
0.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.15 V1 0.20
II 0.80 V2 1.20
III 0.65 V3 1.10
aVR -0.45 V4 0.95
aVL -0.20 V5 0.65
aVF 0.70 V6 0.30
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF HR(V2,V3)
Start of Test 11:40:51
MOE 9402-020
Graphic Controls Ltd
Printed in UK


Moutrey David
Patient ID: 2206546116
09.08.2021
11:50:06
69 bpm
00:45 194/77 mmHg
RECOVERY
#1
02:50
BRUCE
0.0 mph
0.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.10 V1 0.10
II 0.60 V2 0.80
III 0.45 V3 0.80
aVR -0.40 V4 0.75
aVL -0.20 V5 0.55
aVF 0.50 V6 0.25
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)
Start of Test: 11:40:51
MOE 0402-020
Graphic Controls Ltd
Printed in UK


Mountney David
Patient ID: 2206546116
09.08.2021
11:51:06
68 bpm
02:56 170/80 mmHg
RECOVERY
#1
03:50
BRUCE
0.0 mph
0.0 %
Glasgow Royal Infirmary
Measured at 80ms Post J (10mm/mV)
Auto Points
Lead ST(mm) Lead ST(mm)
I 0.10 V1 0.10
II 0.55 V2 0.60
III 0.45 V3 0.65
aVR -0.35 V4 0.70
aVL -0.20 V5 0.50
aVF 0.50 V6 0.20
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE
CASE V6.51
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V3)
Start of Test: 11:40:51
MDIE 9402-020
Graphic Controls Ltd
Printed in UK

7-Aug-2021 11:54:24 GR[illegible] AU

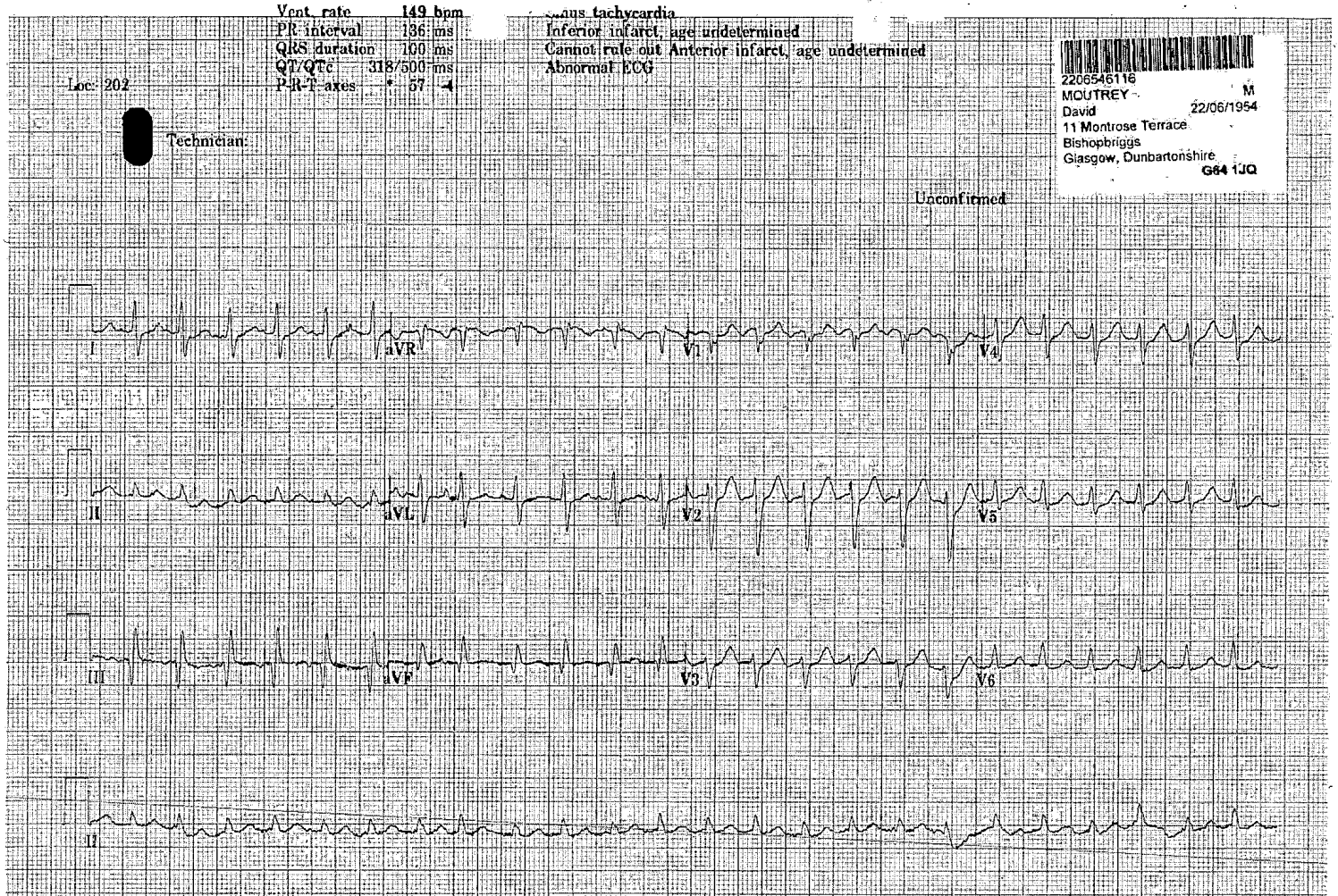
Vent. rate	149 bpm	[illegible]aus tachycardia
PR interval	136 ms	Inferior infarct, age undetermined
QRS duration	100 ms	Cannot rule out Anterior infarct, age undetermined
QT/QTc	318/500 ms	Abnormal ECG
P-R-T axes	* 57 -4	

Loc: 202

Technician: [redacted]

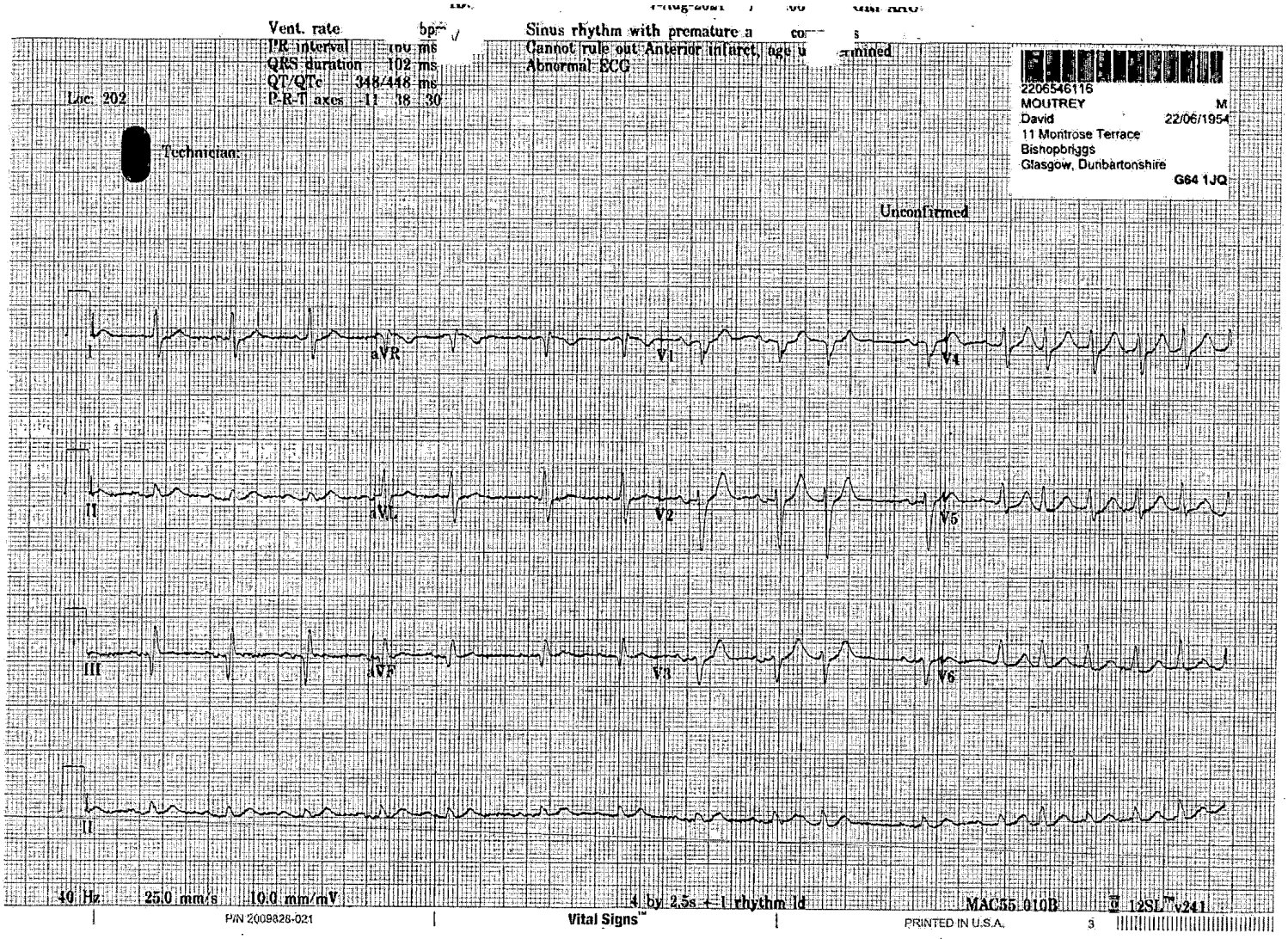
Unconfirmed

2206546116 M
MOUTREY
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ

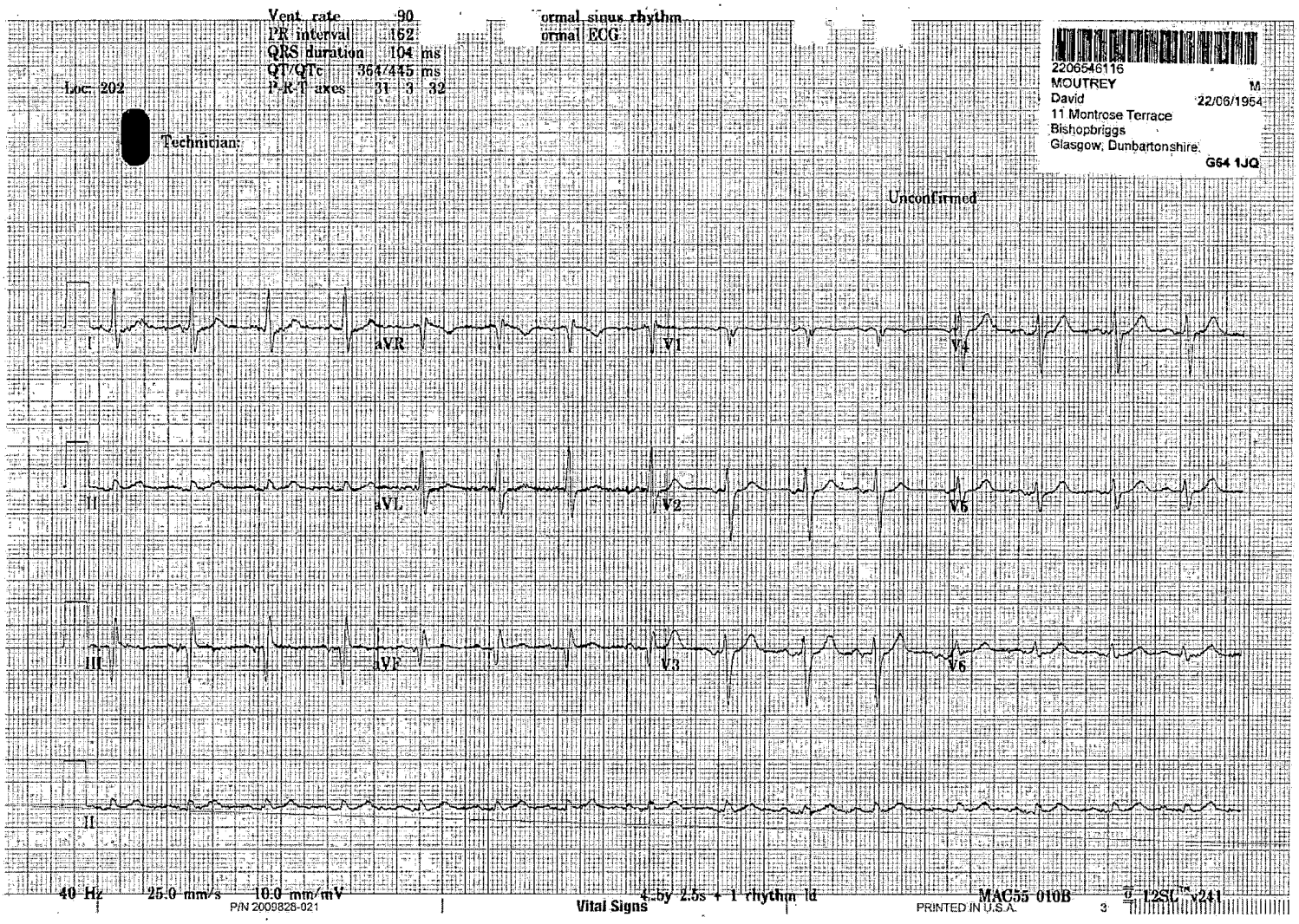


40 Hz 25.0 mm/s 10.0 mm/mV | Vital Signs™ | 4 by 2.5s + 1 rhythm ld | MAC55 010B | 12SL™ v241

P/N 2009828-021 PRINTED IN U.S.A.


Vent. rate bpm
PR interval ms
QRS duration 102 ms
QT/QTc 348/448 ms
P-R-T axes 11 38 30
Sinus rhythm with premature a
Cannot rule out Anterior infarct, age u
Abnormal ECG
Loc: 202
Technician:
2206546116
MOUTREY M
David 22/06/1954
11 Montrose Terrace
Bishopbriggs
Glasgow, Dunbartonshire
G64 1JQ
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL™ v241
P/N 2009828-021 Vital Signs™ PRINTED IN U.S.A. 3

ID: 7-Aug-2021 12:04:46 GRI AAU



Moutrey, David 43059
ID: 2206548116

07 [illegible] 21, 16:48
Wan GF

Loc...
Or... ml
...ation:
Medication 1:
Medication 2:
Medication 3:

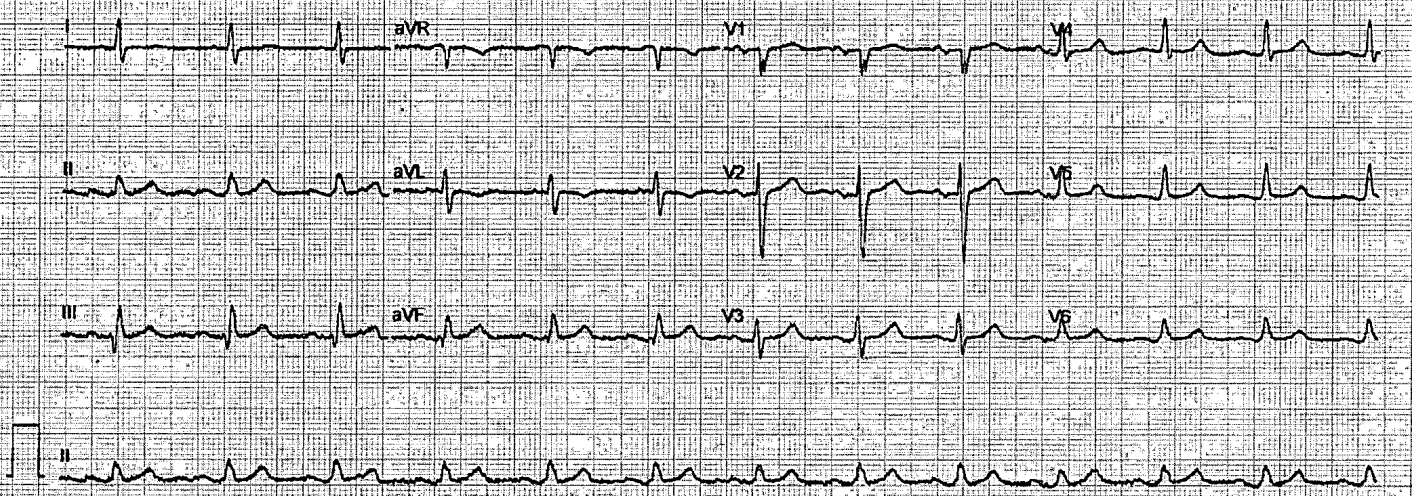
76 bpm
– / – mmHg

22.06.1954
67 Years
Male

QRS	104 ms
QT / QTcBaz	410 / 461 ms
PR	176 ms
P	134 ms
RR / PP	792 / 789 ms
P / QRS / T	78 / 67 / 79 degrees

Normal sinus rhythm
Normal ECG

COMMENTS



Unconfirmed

GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3_25_R1 1/1

Moutrey, David 43059
ID 2208546116

08.08.2021
Ward 43 B GRI

21

Locatio
Roo
Order Numb
Indication:
Medication 1:
Medication 2:
Medication 3:

59 bpm
– / – mmHg

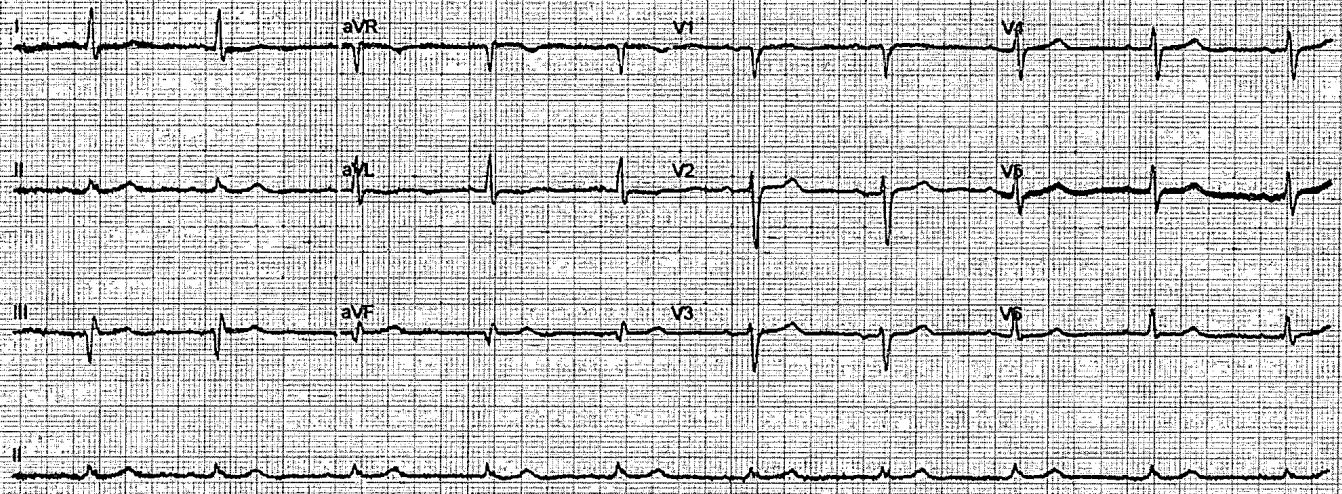
22.06.1954
67 Years

Male

QRS	108 ms
QT / QTcBaz	434 / 429 ms
PR	180 ms
P	62 ms
RR / PP	1010 / 1016 ms
P / QRS / T	45 / -2 / 69 degrees

Sinus bradycardia
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

COMMENTS



Unconfirmed

GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3_25_R1 1/1

Boutrey, David 43059
ID: 2206546116

08.08.10 13
Ward 43 B GRI

Loca
Ri
Order Numbe
Indication:
Medication 1:
Medication 2:
Medication 3:

60 bpm
– / – mmHg

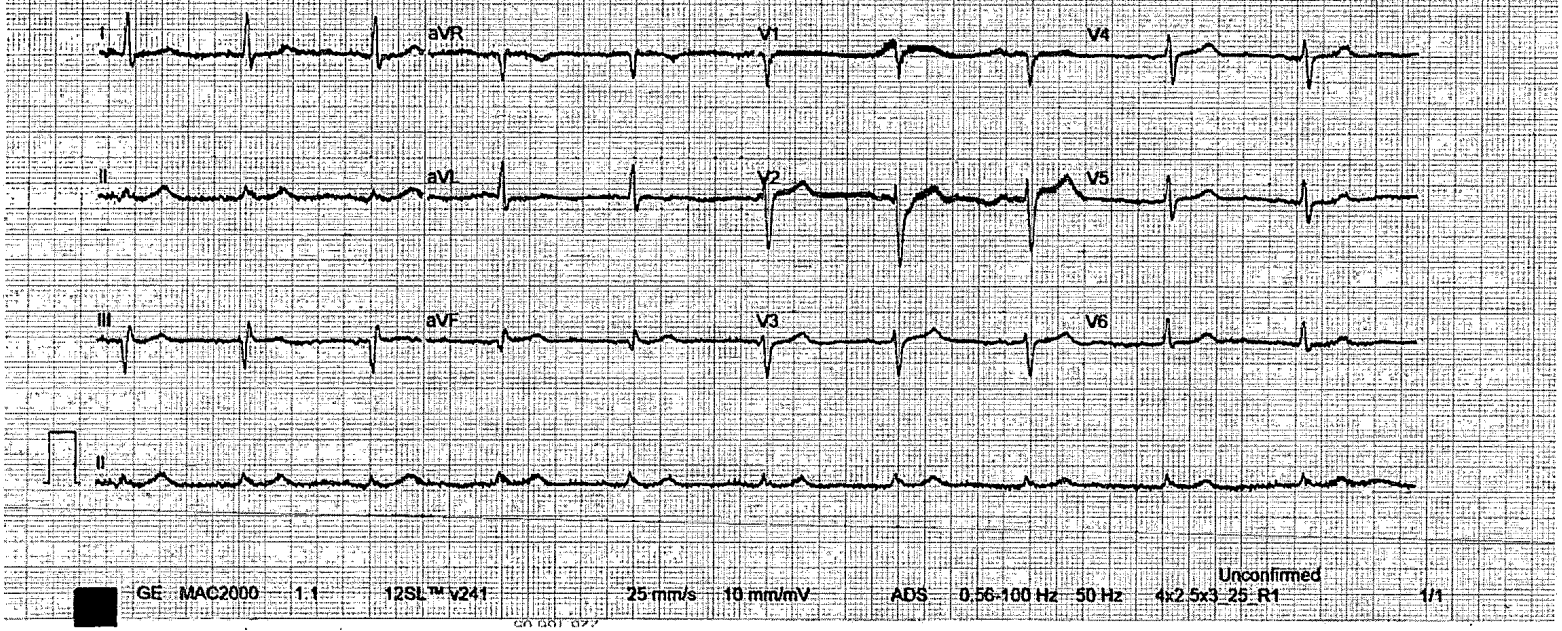
22.08.1954
67 Years

Male

QRS:	100 ms
QT / QTcBaz:	442 / 442 ms
PR:	168 ms
P:	54 ms
RR / PP:	992 / 1000 ms
P / QRS / T:	50 / -5 / 51 degrees

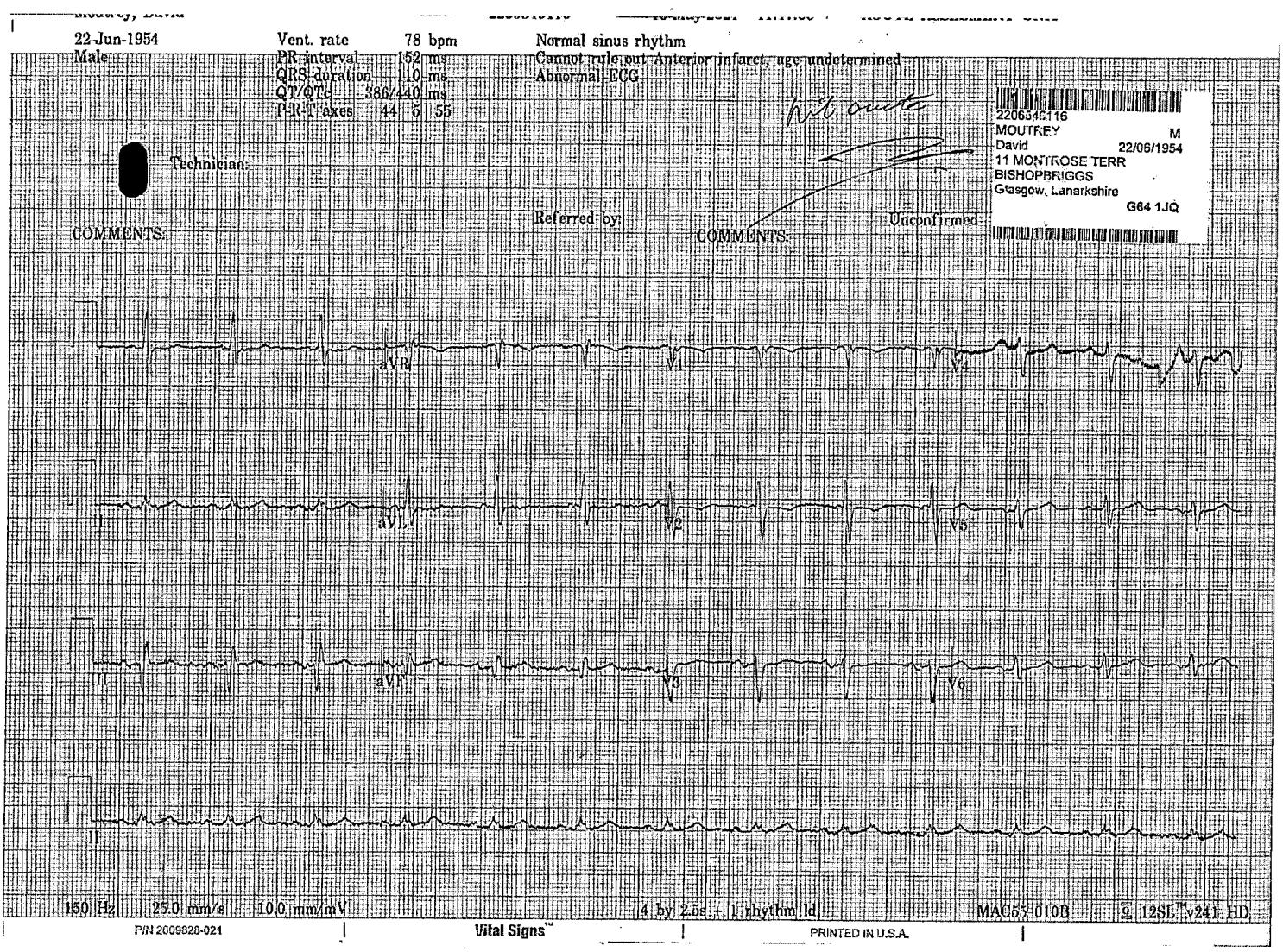
Sinus rhythm with premature atrial complexes with aberrant conduction
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG

COMMENTS



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3_25_R1 1/1


22-Jun-1954
Male
Vent. rate 78 bpm
PR interval 152 ms
QRS duration 110 ms
QT/QTc 386/440 ms
P-R-T axes 44 5 55
Normal sinus rhythm
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG
Technician:
COMMENTS:
Referred by:
COMMENTS:
Unconfirmed
2206540116
MOUTREY M
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ
aVR
V1
V4
I
aVL
V2
V5
II
aVF
V3
V6
II
150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL™ v241 HD
P/N 2009828-021
Vital Signs™
PRINTED IN U.S.A.

Moutrey, David ID: 2206546116 28-Apr-2021 17:32:23 ACUTE ASSESSMENT UNIT GRI

22-Jun-1954
Male

Vent. rate 69 bpm
PR interval 150 ms
QRS duration 114 ms
QT/QTc 424/454 ms
P-R-T axes 40 17 63

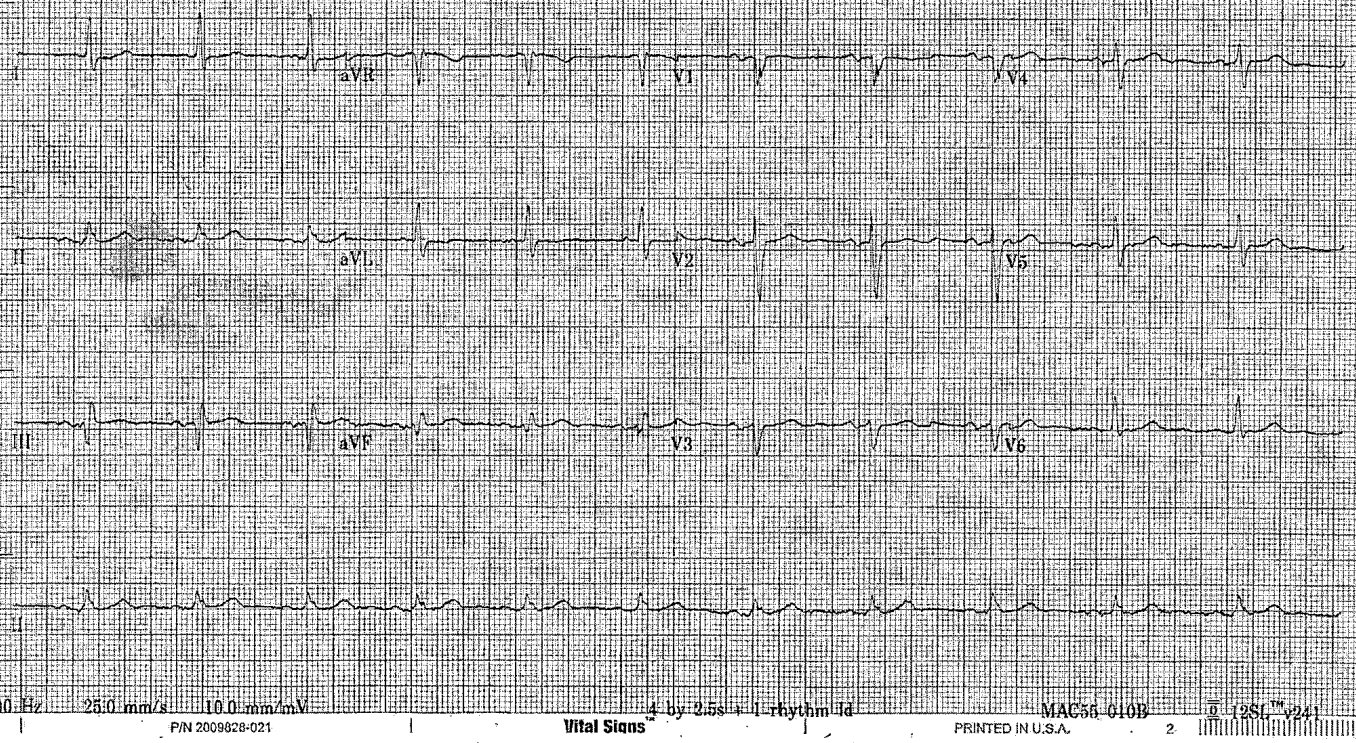
Normal sinus rhythm
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

Loc: 202

Technician:

2206546116
MOUTREY M
David 22/06/1954
11 MONTROSE TERR
BISHOPBRIGGS
Glasgow, Lanarkshire
G64 1JQ

Unconfirmed



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL™ v241

P/N 2009628-021 Vital Signs PRINTED IN U.S.A. 2

Moutrey, David ID: 220654011[illegible] 28-Apr-2021 11:31:17 ACUTE ASSESSMENT UNIT GRI

22-Jun-1954
Male

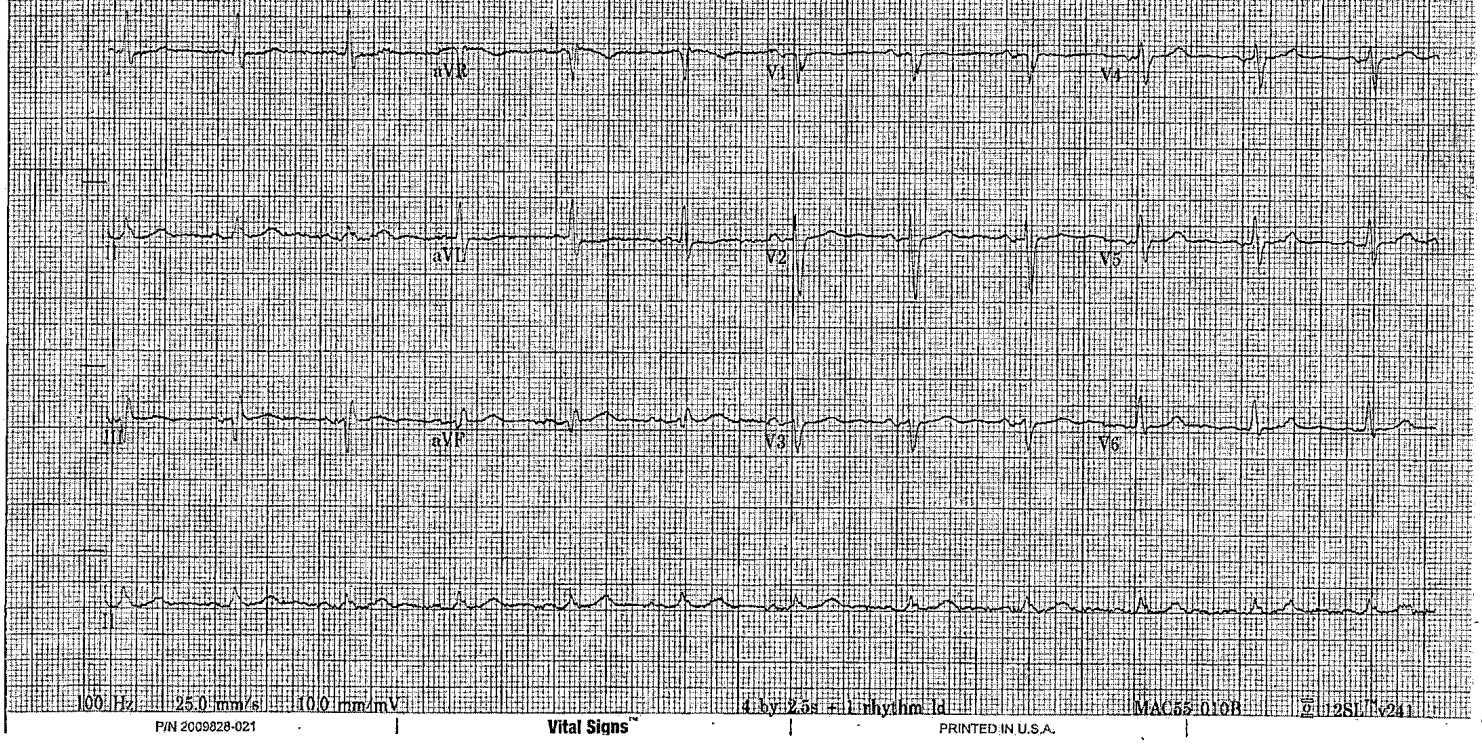
Vent. rate 70 bpm
PR interval 15[illegible] s
QRS duration 112 ms
QT/QTc 424/457 ms
P-R-T axes 33 10 64

Normal sinus rhythm
Cannot rule out Anterior infarct, [illegible] undetermined
Abnormal ECG

Loc: 202

[redacted] Technician

Unconfirmed



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B [illegible] 28L v241

P/N 2009828-021 Vital Signs™ PRINTED IN U.S.A.

Glasgow Royal Infirmary
Echocardiogram Report

NHS Greater Glasgow and Clyde

Patient Name **Moutrey, David** Date of Birth **22/06/1954** Patient Id **2206546116** Sex **Male** **Referred from**	Date of Exam **07/06/2022** Sonographer **Mr Pollock, Alasdair** Ref. Doc **Prof Jhund WD 43A** Ward/Dept. **Coronary care** **Indication:** LV Function

2D	
IVSd	1.1 cm
LVIDd	5.2 cm
LVIDd Index	2.5 cm/m²
EDV(Teich)	131 ml
LVPWd	1.1 cm
LVd Mass	273.9 g
LVd Mass Index	129.2 g/m²
LVd Mass (ASE)	230.6 g
LVd Mass Ind (ASE)	108.8 g/m²
RWT	0.43
LVIDs	3.6 cm
LVIDs Index	1.7 cm/m²
ESV(Teich)	56 ml
EF(Teich)	57 %
ESV(Cube)	48 ml
EF(Cube)	66 %
%FS	30.4 %
SV(Teich)	75 ml
SI(Teich)	36 ml/m²
SV(Cube)	95 ml
SI(Cube)	45 ml/m²
RV basal	3.5 cm
RV mid	3.1 cm
LVOT Diam	2.4 cm
LA Diam	4.0 cm
Ao Ann Diam	2.8 cm
Ao Ann Diam Indexed	0.016 cm/m
Ao Diam SVals	3.4 cm
SOV indexed	1.956 cm/m
Ao Diam STub	3.2 cm
Ao Diam STub Indexed	0.0 cm/m
Ao Asc Diam	3.1 cm

M-Mode

Doppler	
LVOT Vmax	0.9 m/s
LVOT Vmean	0.6 m/s
LVOT maxPG	3 mmHg
LVOT meanPG	2 mmHg
LVOT Env.Ti	306.9 m s
LVOT VTI	17.8 cm
LVSV Dopp	82 ml
LVSI Dopp	38.9 ml/m²
AV Vmax	1.1 m/s
AV Vmean	0.8 m/s
AV maxPG	5 mmHg
AV meanPG	3 mmHg
AV Env.Ti	310.3 m s
AV VTI	23.3 cm
AV/LVOT	1.3
AVA Vmax	3.48 cm²
AV EOA I Vmax	1.64 cm²/m²
AVA (VTI)	3.53 cm²
AV/LVOT	1.31
DVI	0.76
MV E Vel	0.5 m/s
MV DecT	233 m s
MV Dec Slope	1.9 m/s²
MV A Vel	0.7 m/s
MV E/A Ratio	0.7
MV PHT	68 m s
MVA By PHT	3.3 cm²
E' Sept	6.5 cm/s
E' Lat	4.7 cm/s
E' Avg	5.6 cm/s
E/E' Avg	8.1
PV Vmax	0.7 m/s
PV maxPG	2 mmHg

Print Date: 07/06/2022

Ao Asc Diam Indexed	1.793 cm/m
LA Area	24.8 cm²
RA Area	18.8 cm²

Echo Summary

SR
Sub optimal echo images Apically

LV: Cavity size and wall thickness are normal
LV systolic function is at the lower end of normal with some Basal posterior hypokinesis
E/A reversal with normal E/E' avg

RV: Undilated with some slight function impairement

LA: Dilated (24.8cm2)
RA: Dilated (18.8cm2)

Mitral valve: Opens well with trivial regurgitation

Aortic valve: Trileaflet. Minor thickening. No stenosis or regurgitation

Tricuspid valve: Opens well with trivial TR (Unable to estimate PASP)

Pulmonary valve: No stenosis and trivial regurgitation

IAs appears intact
Aorta is normal
No sub costal views obtained

Conclusion

LV systolic function is at the lower end of normal with some Basal posterior hypokinesis
Slightly impaired RV function
No significant valve abnormalites

Code 1

Reported By: A Pollock

Glasgow Royal Infirmary
Echocardiogram Report

NHS Greater Glasgow and Clyde

Patient Name **moutrey, david**	Date of Exam **09/08/2021**
Date of Birth **22/06/1954**	Sonographer **John Jarvie**
Patient Id **2206546116**	Ref. Doc
Sex **Male**	Ward/Dept.
Referred from	**Indication:**
43	^angina, SVT

2D		M-Mode		Doppler	
IVSd	1.23 cm	TAPSE	1.665 cm	MV E Vel	0.68 m/s
LVIDd	4.73 cm			MV DecT	237.50 m s
LVIDd Index	2.23 cm/m²			MV Dec Slope	2.88 m/s²
EDV(Teich)	103.87 ml			MV A Vel	0.83 m/s
LVPWd	1.12 cm			MV E/A Ratio	0.82
LVOT Diam	2.51 cm			MV PHT	68.87 m s
LA Diam	3.90 cm			MVA By PHT	3.19 cm²
Ao sinus	3.38 cm			E' Sep	0.072 m/s
Ao asc	3.42 cm			E:E' Sep	9.486
RV basal	3.650 cm			E' Lat	0.066 m/s
RV mid	1.989 cm			E':E' Lat	10.351
RV base to apex	7.313 cm			LVOT Vmax	0.98 m/s
LA Area	22.04 cm²			LVOT Vmean	0.73 m/s
RA Area	15.61 cm²			LVOT maxPG	3.86 mmHg
LVLd A4C	8.29 cm			LVOT meanPG	2.37 mmHg
LVEDV MOD A4C	105.09 ml			LVOT Env.Ti	304.50 m s
LVLs A4C	6.70 cm			LVOT VTI	22.35 cm
LVESV MOD A4C	34.33 ml			HR	58.45 BPM
LVEF MOD A4C	67.33 %			LVSV Dopp	110.80 ml
SV MOD A4C	70.76 ml			LVSI Dopp	52.26 ml/m²
LVLd A2C	7.27 cm			LVCO Dopp	6.48 l/min
LVEDV MOD A2C	57.48 ml			LVCI Dopp	3.05 l/minm²
LVLs A2C	5.96 cm			Continuity Ratio	1.1
LVESV MOD A2C	30.29 ml			AV Vmax	1.18 m/s
LVEF MOD A2C	47.31 %			AV Vmean	0.82 m/s
SV MOD A2C	27.19 ml			AV maxPG	5.54 mmHg
EF Biplane	59.05 %			AV meanPG	3.14 mmHg
LVEDV MOD BP	82.87 ml			AV Env.Ti	306.81 m s
LVESV MOD BP	33.93 ml			AV VTI	25.24 cm
aortic arch	2.75 cm			HR	53.96 BPM
				AVA Vmax	4.14 cm²
				AVA (VTI)	4.39 cm²
				AVAI (VTI)	2.071 cm²/m²
				AVAI (Vmax)	1.954 cm²/m²
				PV Vmax	0.90 m/s

Print Date: 09/08/2021

		PV maxPG	3.26 mmHg
		desc AO	0.54 m/s
		desc AO	1.17 mmHg
		desc AO	1.39 kHz

Echo Summary

Normal LV dimensions and wall motion
E:A reversal in keeping with age, LA slightly enlarged

Normal valves

Normal right heart, no TR

No obvious shunt

Conclusion

LV normal for age
Normal valves
Normal right heart

Code1

Reported By: John Jarvie
Highly Specialist Cardiac Physiologist

Glasgow Royal Infirmary
Echocardiogram Report

NHS Greater Glasgow and Clyde

Patient Name **moutrey, david**	Date of Exam **09/11/2016**
Date of Birth **22/06/1954**	Sonographer **Lesley Forbes**
Patient Id **2206546116**	Ref. Doc
Sex **Male**	Ward/Dept.
Referred from	**Indication:**
HFDP OP	? cardiac function

2D		M-Mode		Doppler	
IVSd	1.04 cm	Ao Diam	3.95 cm	MV E Vel	0.76 m/s
LVIDd	5.16 cm	LA Diam	4.65 cm	MV DecT	266.28 m s
EDV(Teich)	127.09 ml	LA/Ao	1.18	MV Dec Slope	2.85 m/s²
LVPWd	0.97 cm	TAPSE	2.209 cm	MV A Vel	0.89 m/s
				MV E/A Ratio	0.85
				MV PHT	77.22 m s
				MVA By PHT	2.85 cm²
				E' Sep	0.106 m/s
				E:E' Sep	7.157
				E' Lat	0.105 m/s
				E':E' Lat	7.215
				LVOT Vmax	0.80 m/s
				LVOT Vmean	0.56 m/s
				LVOT maxPG	2.57 mmHg
				LVOT meanPG	1.40 mmHg
				LVOT Env.Ti	346.02 m s
				LVOT VTI	19.32 cm
				HR	67.21 BPM
				AV Vmax	1.07 m/s
				AV maxPG	4.57 mmHg
				PV Vmax	0.96 m/s
				PV maxPG	3.66 mmHg
				Continuity Ratio	0.00

Echo Summary

The Left Ventricle has normal cavity dimensions and wall thickness, The infero- lateral wall appears hypokinetic all other walls contract well and subjectively overall there is preserved left ventricular systolic function.

The Left Atrium is mildly dilated.

The Mitral valve is normal in appearance opens well with no stenosis and no regurgitation..

The Aortic valve is tricuspid , opens well with no stenosis and no regurgitation.

The Right ventricle has normal dimensions and by TAPSE normal longitudinal systolic function..

Print Date: 09/11/2016

The Right Atrium appears normal
The I.V.C. is not seen
The Pulmonary valve is not clearly seen but no stenosis and trivial regurgitation
The Tricuspid valve is normal in appearance with no stenosis and no regurgitation seen

Conclusion

Preserved left ventricular systolic function with infero- lateral hypokinesia
Normal right ventricular function.
Normal valve function

Reported By: Lesley Forbes[Chief Cardiac Physiologist]

Department of Respiratory Medicine
Glasgow Royal Infirmary
Pulmonary Function Report

NHS
Greater Glasgow and Clyde

CHI:	**2206546116**				
Last Name:	**Moutrey**	**Height:**	**169 cm**	**Physician:**	**Dr Cotton**
First Name:	**David**	**Weight:**	**107.6 kg**	**Ward:**	**GRI Lab 1**
Date of Birth:	**22/06/1954**	**BMI:**	**38 kg/m²**	**Smoking status:**	**Ex-Smoker**
Age:	**70 Years**	**Race:**	**Caucasian**	**Smoking pk-yrs:**	
Gender:	**male**	**Pred. Module:**	**GLI_ECCS**	**Physiologist:**	**Todd R**
Visit date:	**31/03/2025**	**Indication:**	**?COPD**		

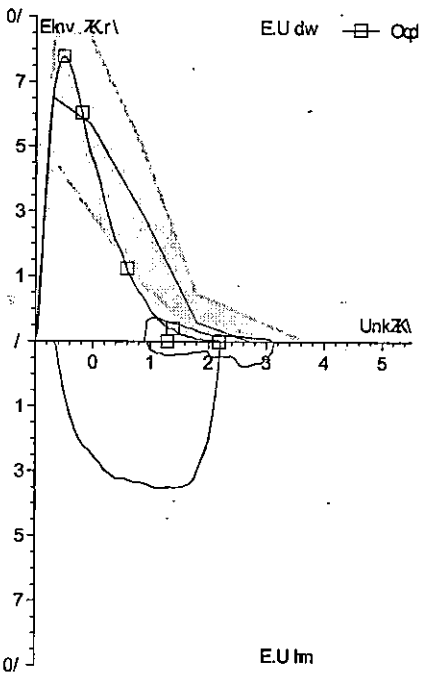
Note GLI ethnic correction only adjusts for spirometry.

SR Range** **Normal +/- 1.64 to 1.64** **Mild +/- 1.65 to 2.50** **Moderate +/- 2.51 to 4.00** **Severe +/- >4.00

Spirometry

		Pred	Best Pre	% Pred	SR	Best Post	% Pred	SR	% Chg	%Pred Chg
FVC	L	3.73	**3.17**	85.0	**-0.95**					
FEV 1	L	2.85	**2.28**	80.2	**-1.18**					
FEV 1 % FVC	%	76	**72**		**-0.57**					
FEV 1 % VC MAX	%	76	**72**		**-0.57**					
PEF	L/s	7.52	**8.78**	116.8	**1.04**					
MMEF 75/25	L/s	2.21	**1.37**	62.1	**-1.01**					

	Meas
SpO2 %	96



Comments *Reported to ERS/ATS 2021 and ARTP 2020 guidelines unless otherwise stated.*

Qdrt ksr ` qd ` bbdos akd ` mc qloqnct bhakd-
Mkkhmg` kdq-

Cxm l ho k mf unkt l dr ` qd v ksghmmmq ` kkh ksr ` mc sgdqd hr mn ` kqskov nar sq bsnnm oqdr dms-

Qdonqsdc ax9Q Sncc
Qdonqsudqkkdc ax9F Rmdccnm

NHS Greater Glasgow and Clyde

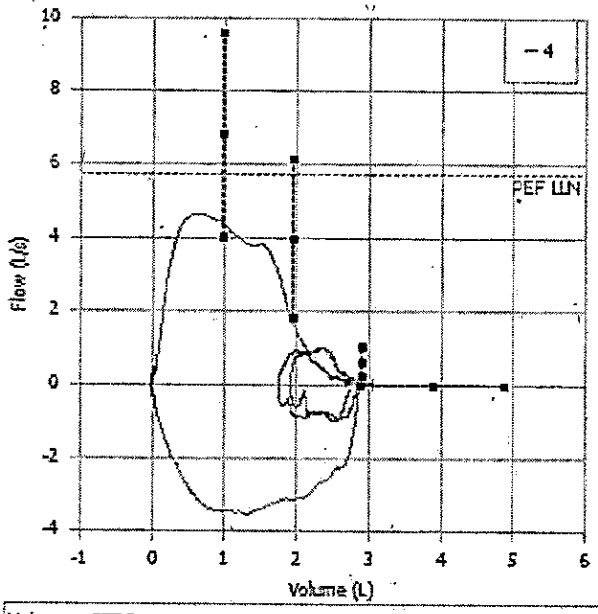
Spirometry Report

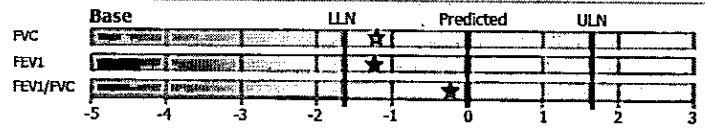
Respiratory Physiology

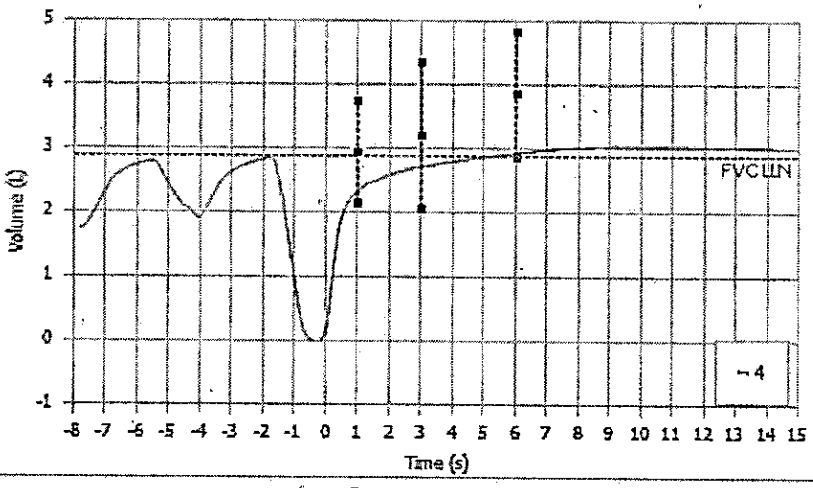
General Base FVC
Subject ID
2206546116
David Moutrey

GROUP: Outreach | **SITE: NHSGGC** | **PERFORMED: 12/11/2022 13:09:19** System (SystemUser)

Sex at Birth	Male	**Height**	170.0cm; 66.9in	**Referred By**	-
Age	68.39	**BMI**	36.0	**Predicted Set**	GLI Caucasian
Date of Birth	22/06/1954	**Smoking**	Ex Smoker	**Device Serial**	PN42109
Population	Caucasian	**SpO2**	-		
Weight	104.0kg; 229.3lb	**MRC**	0		







Values at BTPS	Base			
Parameter	**Best**	**Z-Score**	**Pred**	**%Pred**
FVC (L)	**3.14**	-1.22	3.87	81.14%
FEV1 (L)	**2.35**	-1.26	2.96	79.39%
FEV1/FVC	**0.75**	-0.23	0.77	-
FEV1/VC	-	-	0.77	-
PEF (L/s)	**5.07**	-2.17	7.88	64.34%
FEF25-75 (L/s)	**2.11**	-0.25	2.34	90.17%

Session Notes

[12/11/2022 13:19, System] GP Code: 43059,
[12/11/2022 13:18, System] Results are accurate and reproducible. Inhalers withheld prior to test,
[12/11/2022 13:17, System] No airflow obstruction present. Results do not support a diagnosis of COPD. R Lennon / L Welsh

Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE

Pre vs. Post Report

Patient Information

Name: Moutrey, David	**ID: 2206546116**	Birthdate: 22/06/1954
Height at test (cm): 171.0	Sex: Male	Smoking history (pk-yrs): 80
Weight at test (kg): 100.0	Age at test: 59	Predicted set: ECCS 1983/93, Polgar(Peds)197

Comments: Dr MacMillan 43059

Diagnosis:

Interpreted by:

Interpretation

Normal spirometric values indicate the absence of any significant degree of obstructive pulmonary impairment and/or restrictive ventilatory defect. Results do not support a diagnosis of COPD but cannot exclude asthma or some forms of interstitial lung disease. SpO2- 96%, MRC Grade: 1 Fergus Wilkie /Dr R Carter

Site: Stobhill

Physician:

Technician: Fergus Wilkie

Effort protocol: ATS 1987

Bronchodilator:

Test date/time: 05/03/14 11:03:37

Pre-BD Number of efforts performed: 3

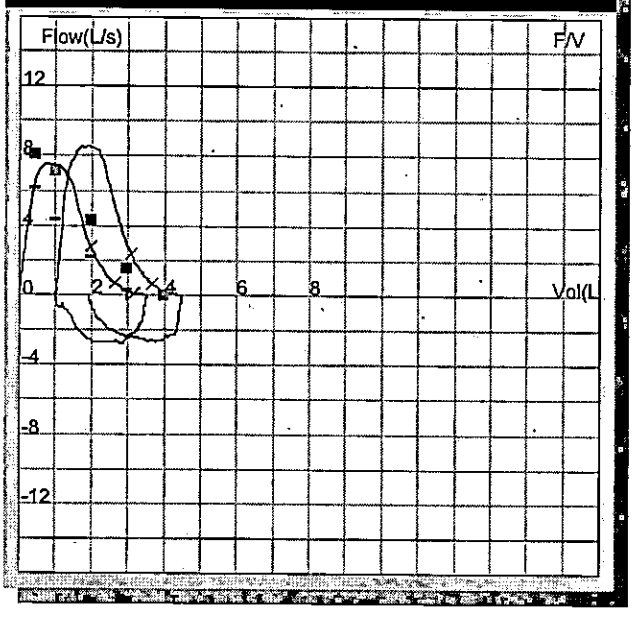
Post-BD Number of efforts performed: 3

Results

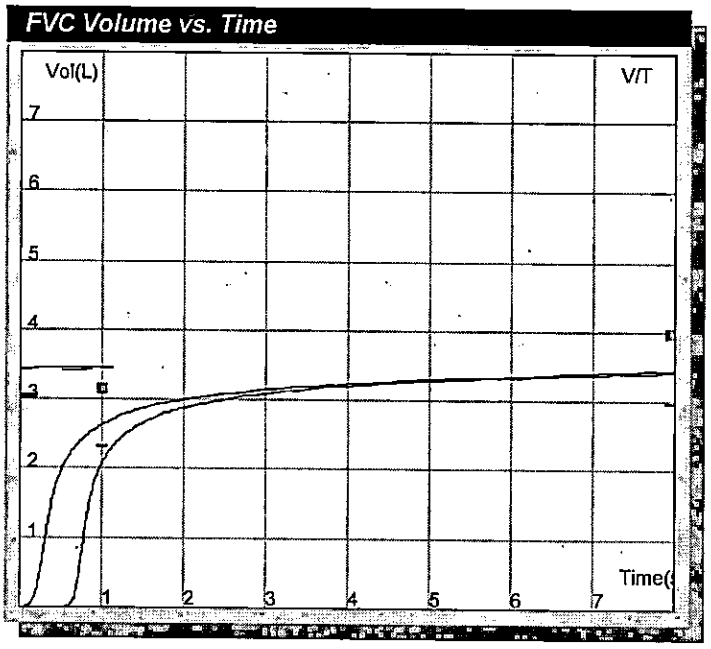
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	3.97	3.47	88%	3.43	86%	-1%
FEV1 (L)	3.15	2.74	87%	2.76	88%	1%
FEV1/FVC	0.77	0.79		0.80		2%
FEF25-75% (L/s)	3.49	2.60	75%	2.83	81%	9%
PEFR (L/s)	8.13	7.53	93%	8.54	105%	13%
Vext %	—	4.49	—	4.00	—	-11%

Comments: Dr MacMillan 43059

FVC Flow vs. Volume



FVC Volume vs. Time



XR Chest

Performed	18-Nov-2024 12:26	Received	10-Jan-2025 17:14
Reported	10-Jan-2025 17:12	Order Number	G107H41494052
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :

OP 6 week follow up CXR. Admitted with FLU A positive + suspected signs of pneumonia on CXR. Repeat to ensure resolution.

XR Chest :
Comparison is made with the previous film of 13/10/2024. Sternotomy wires in situ. The heart is slightly enlarged but there is no evidence of cardiac failure. The left mid and lower zone zone consolidation has resolved. No new focal lung pathology. No pleural effusions. The bony thorax is intact.

Reported by: Dr Colin Noble and None
Verified by: Dr Colin Noble

XR Chest

Performed	13-Oct-2024 14:00	Received	12-Nov-2024 14:53
Reported	12-Nov-2024 14:51	Order Number	G107H41481857
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :

70M productive cough, SOB and new O2 requirement. ?LRTI

XR Chest :
Comparison is made with the previous film of 08/03/2024. Sternotomy wires in situ. The heart is slightly enlarged but there is no evidence of cardiac failure. Some patchy air space shadowing lateral to the left hilum and in the left lower zone most likely due to infection. No focal volume loss and no other focal lung pathology. No pneumothorax or pleural effusion. The bony thorax is intact.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

US Doppler carotid artery Both

Performed	24-Nov-2023 10:34	Received	24-Nov-2023 10:59
Reported	24-Nov-2023 10:57	Order Number	G107H40336403
Status	Final	Source System	MiSys

US Doppler carotid artery Both Final
David Moutrey
Clinical History :

OP USS doppler at Stobhill 1045 24/11/23. Right sided weakness - LLACS clinically ?L ICA stenosis

Very mild plaque at left bulb otherwise normal carotid and vertebral Doppler.

Reported by: Karen Shields
Verified by: Karen Shields

XR Chest

Performed	25-Aug-2023 18:48	Received	11-Sep-2023 06:53
Reported	11-Sep-2023 06:51	Order Number	G107H40022517
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :

chest pain, vomiting ?ACS *AAU WR*

Lungs, pleura and mediastinum clear. There is no change to previous.

Reported by: Dr Andrew Christie
Verified by: Dr Andrew Christie

CT Head

Performed	08-Feb-2022 13:48	Received	08-Feb-2022 14:42
Reported	08-Feb-2022 14:40	Order Number	G107H38121132
Status	Final	Source System	MiSys

CT Head Final
David Moutrey
Clinical History :

67M admitted with sudden loss of vision in L eye with associated headache. Struggled to see colours and stripes. BG T2DM, gout, LVSD, IHD. Normal visual fields, normal ophthalmoscopy. Concerns over ?stroke. CT head to assess please.

CT Head :
No previous relevant imaging.
No evidence of acute ischaemia or haemorrhage. No masses or intra-extra-axial collections. Normal configuration of midline structures and ventricles. Intact skull vault and cranio-cervical junction. Normal orbits, mastoids and sinuses.

Conclusion:
No acute findings.

Reported by: Dr Agnieszka Lucarz (SpR) and Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

CT Cardiac angiogram coronary

Performed	19-Aug-2021 11:31	Received	19-Aug-2021 16:31
Reported	19-Aug-2021 16:29	Order Number	G107H37531973
Status	Final	Source System	MiSys

CT Cardiac angiogram coronary Final
David Moutrey
Clinical History :
prev CABY. Recurrent angina with concerning increase in symptoms/frequency . ?native or graft disease. As urgent OP please

CT Cardiac angiogram coronary &

CT Angio coronary artery graft :

Technique :
Scan protocol : Prospectively ECG-gated volumetric cardiac CTA in late systolic phase with step-and-shoot cranial extension of coverage up to the subclavian arteries
Drugs : GTN sl
Heart rate : 46-179 bpm due to an unfortunate series of ectopics which occurred at the time of acquisition, however, the system recognised this and made an additional exposure
Body mass index : 35 kg/mÂ²
Dose length product : 703 mGy cm
Image quality : Satisfactory after ECG editing

Coronary Arteries :
Dominance : Right
Left main : Mural mixed-morphology plaque but no significant stenosis
Left anterior descending : Heavy plaque in proximal-to-mid vessel which appears flow-limiting at points. The distal vessel is grafted (see below).
Diagonal branches : A small D1 fills. A larger bifurcating D2 is proximally occluded but grafted more distally (see below).
Circumflex : Focal tight stenosis in proximal vessel and another in mid-vessel.
Marginal branches : There is a further likely flow-limiting stenosis proximally in OM1, a circa 2 mm vessel. A tiny OM2 fills.
Right coronary : Long-segment occlusion. Grafted distally (see below).

Coronary Artery Bypass Grafts :
LIMA to LAD : Satisfactorily patent graft and anastomosis, with satisfactory distal run-off
SVG to D2 : Satisfactorily patent graft and anastomoses, with satisfactory distal run-off
SVG to PDA : There is a mild stenosis in mid-graft, which is not flow-limiting. Otherwise satisfactorily patent graft and anastomoses, with good distal run-off in PDA and, via retrograde flow in PDA proximal to the anstomosis, PLB.
There is no indication of any further grafts, however, please correlate with surgical details if possible.

Other Cardiac Structures :
Within the limitations of systolic-only imaging, nil of note.

Extracardiac Structures :
Apically in the right lung's upper lobe, there is a well-defined pulmonary nodule measuring just under 5 mm in diameter and approximately 61 mmÂ³ in volume. BTS guidelines suggest that this can be regarded as benign without further investigation. There is mild emphysema in the background. There are some degenerative features in the imaged spine and at the mediastinal joint, where there is a large posterior osteophyte projecting into mediastinum although this does not appear to be compressing anything other than the mediastinal fat. Mild anterior wedge compression of several lower thoracic vertebral bodies may be due to previous trauma or osteoporotic insufficiency. The sternotomy has healed with near anatomical alignment.

Conclusion :
Three coronary arterial bypass grafts of satisfactory patency. These alleviate the flow-limiting

disease in RCA, LAD and D2. The flow-limiting disease at two points in LCx and also in OM1 might be responsible for ischaemic symptoms.

Reported by: Dr David Stobo
Verified by: Dr David Stobo

CT Angio coronary artery graft

Performed	19-Aug-2021 11:31	Received	19-Aug-2021 16:31
Reported	19-Aug-2021 16:29	Order Number	G107H37542130
Status	Final	Source System	MiSys

CT Cardiac angiogram coronary Final
David Moutrey
Clinical History :
prev CABY. Recurrent angina with concerning increase in symptoms/frequency . ?native or graft disease. As urgent OP please

CT Cardiac angiogram coronary &

CT Angio coronary artery graft :

Technique :
Scan protocol : Prospectively ECG-gated volumetric cardiac CTA in late systolic phase with step-and-shoot cranial extension of coverage up to the subclavian arteries
Drugs : GTN sl
Heart rate : 46-179 bpm due to an unfortunate series of ectopics which occurred at the time of acquisition, however, the system recognised this and made an additional exposure
Body mass index : 35 kg/mÂ²
Dose length product : 703 mGy cm
Image quality : Satisfactory after ECG editing

Coronary Arteries :
Dominance : Right
Left main : Mural mixed-morphology plaque but no significant stenosis
Left anterior descending : Heavy plaque in proximal-to-mid vessel which appears flow-limiting at points. The distal vessel is grafted (see below).
Diagonal branches : A small D1 fills. A larger bifurcating D2 is proximally occluded but grafted more distally (see below).
Circumflex : Focal tight stenosis in proximal vessel and another in mid-vessel.
Marginal branches : There is a further likely flow-limiting stenosis proximally in OM1, a circa 2 mm vessel. A tiny OM2 fills.
Right coronary : Long-segment occlusion. Grafted distally (see below).

Coronary Artery Bypass Grafts :
LIMA to LAD : Satisfactorily patent graft and anastomosis, with satisfactory distal run-off
SVG to D2 : Satisfactorily patent graft and anastomoses, with satisfactory distal run-off
SVG to PDA : There is a mild stenosis in mid-graft, which is not flow-limiting. Otherwise satisfactorily patent graft and anastomoses, with good distal run-off in PDA and, via retrograde flow in PDA proximal to the anstomosis, PLB.
There is no indication of any further grafts, however, please correlate with surgical details if possible.

Other Cardiac Structures :
Within the limitations of systolic-only imaging, nil of note.

Extracardiac Structures :
Apically in the right lung's upper lobe, there is a well-defined pulmonary nodule measuring just under 5 mm in diameter and approximately 61 mmÂ³ in volume. BTS guidelines suggest that this can be regarded as benign without further investigation. There is mild emphysema in the background. There are some degenerative features in the imaged spine and at the mediastinal joint, where there is a large posterior osteophyte projecting into mediastinum although this does not appear to be compressing anything other than the mediastinal fat. Mild anterior wedge compression of several lower thoracic vertebral bodies may be due to previous trauma or osteoporotic insufficiency. The sternotomy has healed with near anatomical alignment.

Conclusion :
Three coronary arterial bypass grafts of satisfactory patency. These alleviate the flow-limiting

disease in RCA, LAD and D2. The flow-limiting disease at two points in LCx and also in OM1 might be responsible for ischaemic symptoms.

Reported by: Dr David Stobo
Verified by: Dr David Stobo

XR Chest

Performed	07-Aug-2021 14:21	Received	08-Aug-2021 12:19
Reported	08-Aug-2021 12:17	Order Number	G107H37527567
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :

chest pain and sob. ?failure ?ifection

XR Chest :
AP image but heart size has not appear any larger than on PA image 10/5/21. Midline sternotomy wires. No focal active lung change. No acute bony abnormality.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

XR Chest

Performed	10-May-2021 12:33	Received	11-May-2021 14:11
Reported	11-May-2021 14:09	Order Number	G107H37233017
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :

chest pain prev mi + cabg ?ACS

XR Chest :

Sternotomy wires in situ.
Normal cardiac and mediastinal contours.
No focal active pulmonary pathology identified.
No significant change when compared ot the xray dated 28/04/21.

Reported by: Dr Kaitlyn Dynes (SpR) and Dr Colin Noble
Verified by: Dr Colin Noble

XR Chest

Performed	28-Apr-2021 21:55	Received	29-Apr-2021 10:49
Reported	29-Apr-2021 10:47	Order Number	G107H37199426
Status	Final	Source System	MiSys

XR Chest Final
David Moutrey
Clinical History :
known LVSD, logterm heavy smoker. worsened SOB for 2 months. ?heart size

XR Chest :
Comparison to 21/03/2014.

Sternotomy wires. The heart size is at the upper limit of normal. The lungs are clear.

Reported by: Dr James Drummond (SpR)
Verified by: Dr James Drummond (SpR)

MRI Spine lumbar and sacral

Performed	14-Oct-2018 09:37	Received	28-Oct-2018 17:14
Reported	28-Oct-2018 17:11	Order Number	G107H34238435
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
David Moutrey
Clinical History :
2 yr history of worsening pain both buttocks. Clear claudicant nature to the pain. Can manage 500m before pain becomes intolerable and has to sit down. Pain then resolves over 2 mins. No objective neuro deficit. hips painfree. ?spinal stenosis

MRI Spine lumbar and sacral :
Date of Examination: 14/10/2018
Name of Procedure and Technique: MRI lumbar spine

Findings: Distal cord, conus and cauda equina are normal.
There is scoliosis concave to the left centred at L3 but otherwise normal vertebral alignment and signal.
Axial imaging has been performed below L3.
L3/4: normal.
L4/5: desiccated disc with preserved height, shallow annular bulge with central annular tear, mild facet hypertrophy leading to mild bilateral neural foraminal narrowing.
L5/S1: desiccated disc, shallow asymmetric posterior annular bulge causing mild right subarticular and moderate right foraminal narrowing.
Conclusion: No evidence of spinal stenosis.

Report Date : 28/10/2018
Reporting Consultant: Dr Jonathan Jones. Consultant Neuroradiologist,
GMC: 4120702 Medica Reporting Ltd

Reported by: Dr Jonathan Jones
Verified by: Dr Jonathan Jones