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

NHS
Greater Glasgow and Clyde

Private
MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 13 May 2026
Your Ref: 100003
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: AGNES CLELLAND DOB: 08/09/1955

Thank you for your recent request in which you seek a copy of your client's personal information.

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

GLASGOW ROYAL INFIRMARY RECORDS
STOBHILL HOSPITAL RECORDS

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

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

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

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

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

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

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

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

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

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

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

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (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	

Golden Jubilee National Hospital
Agamemnon Street
Clydebank G81 4DY
National Waiting Times Centre Special Health Board

DEPARTMENT OF CARDIOLOGY
Phone: 0141 951 5861 Fax:0141 951 5859
E-mail:pauline.mcbride@gjnh.scot.nhs.uk

NHS SCOTLAND

CARDIOLOGY DISCHARGE LETTER

Name: Agnes Meikle Clelland **DOB:** 08/09/1955 **Address:** 39 RENNIE ROAD, KILSYTH, G65 9PQ
CHI Number: 0809555328 **Examination Number:** D105000164660
Examination Date: 11/02/2013 **Examination Time:** 11:35
Examination: Coronary Angiogram
Dictated by: Dr Alan Rae **Date Reported:** 11/02/2013
Typed By: Pauline McBride **Date Typed:** 12/02/2013
Report To: Dr F Dunn Consultant Cardiologist Stobhill Hospital Balornock Road GLASGOW G21 3UW
CC: Dr M Stephens Kilsyth Medical Partnership Kilsyth Health Centre Burngreen Park Kilsyth G65 0HU

Date of Admission: 11.02.2013
Date of Discharge: 11.02.2013

Dear Dr Dunn

Diagnoses:
1. Exertional chest pain/breathlessness
2. Large perfusion defect on Thallium and MR
3. Type II Diabetes Mellitus – on Insulin

Procedure:
Coronary angiography

Total number of pages for this report = 2
Name: Agnes Meikle Clelland **ID:** 0809555328 **DOB:** 08/09/1955
Examination date: 11/02/2013 11:35

This 57 year old patient with Type II Diabetes Mellitus on Insulin was admitted, as arranged, to the Golden Jubilee National Hospital on 11th February 2013 for coronary angiography. She has a history of exertional chest pain and breathlessness with a large defect on Thallium in the LAD/circumflex region. She is a non smoker with no family history of ischaemic heart disease. She has hypercholesterolaemia and hypertension. She agreed to be part of the MR INFORM Study and had a cardiac MR which showed a perfusion abnormality in the territory of the left anterior descending coronary artery.

Coronary angiography was performed via the right radial artery on 11th February 2013. There was no disease in the left anterior descending or circumflex arteries with only minor atheroma in the ostium of the right coronary artery.

In summary, therefore, this patient has essentially normal coronary arteries and has been reassured. It is possible that she has microvascular angina in the context of her ongoing symptoms and perfusion defects in the anterior wall in both Thallium and CMR. She is due for discharge on 11th February 2013. No change in her medication has been made. I would be grateful if you would arrange her continuing follow-up.

Kind regards,

Yours sincerely

Dr Alan P Rae
Consultant Cardiologist

Dictated by: Dr Alan Rae

Verified by: Dr Alan Rae

Glasgow Royal Infirmary
Queen Elizabeth Building
16 Alexandra Parade
GLASGOW
G31 2ER

Direct Dial: 014 211 4785
Fax No: 0141 211 4932
E Mail: Anne.Green@northglasgow.scot.nhs.uk

DEPARTMENT OF RESPIRATORY MEDICINE

Dr van der Horst's Respiratory Clinic
31/05/2011

Ref: KC/AG/10338654X

Dictated: 31/05/2011
Typed: 07/06/2011

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnoses:

1. Previous psittacosis from budgies
2. GORD
3. Erythema multiforme
4. Hypertension
5. Non insulin dependent diabetes
6. Previous benign oesophageal stricture (stretched)
7. Severe arthritis

Current medications; Omeprazole, Metformin, Ramapril, Aspirin, Fluoxetine & Simvastatin

I reviewed Mrs Clelland in Dr van der Horst's Respiratory Clinic. She was referred to us with a five month history of non productive cough and increased shortness of breath on exertion. Mrs Clelland feels these symptoms all commenced following an upper respiratory tract infection before Christmas of last year. She describes her cough as being constant at first, however this has now improved and she now only coughs when she exerts herself. She remains quite short of breath on exertion, although her exercise tolerance is unlimited on the flat, she struggles with hills and stairs. The shortness of breath is associated with wheeze and Mrs Clelland describes definite diurnal variation in her symptoms. She currently wakes seven nights out of seven due to a combination of pain from her arthritis and her cough. Mrs Clelland's cough was initially productive of green sputum but is now clear. She denies any chest pain, haemoptysis or weight loss. On examination she was not clubbed, had no lymphadenopathy and her chest was clear to auscultation.

Prior to attending clinic, Mrs Clelland underwent pulmonary function tests which revealed an FEV1 of 2.38 (92% predicted), a ratio of 78% predicted, transfer factor of 7.4 (92% predicted) and total lung capacity of 4.49 (86% predicted). Her chest x-ray revealed no obvious abnormalities and Mrs Clelland is a lifelong

non smoker. She also underwent a Mannitol Challenge, which showed moderately increased bronchial hyper-reactivity.

In view of the diurnal variation in Mrs Clelland's symptoms and their relationship with exercise and positive Mannitol Challenge, I feel it is likely that Mrs Clelland has either asthma or post infective bronchial hyper-reactivity. I would therefore be grateful if you would consider starting her on Symbicort 200/6, two puffs b.d. to see if this helps to control her symptoms. I would be grateful if she could remain on this dose for at least four to six months. If her symptoms are well under control at this point, it would be worth stepping down her asthma therapy in order to maintain her on the lowest possible dose of inhaled therapy. I have not arranged to see her back at clinic, but would be happy to do so should further problems arise.

Yours sincerely

Karine Clearie
ST4

Patient Details

Surname	CLELLAND
Forename	AGNES
CHI	0809555328
GP Details	STEPHENS, MARJORY BURNGREEN PARK, KILSYTH, STIRLINGSHIRE
Age	85
Hospital CRNs	10338654X, ZM06407457, Z9344895

Referral Details

Date Received	24/02/2011 08:33:05
ReferralID	6075079
Priority	ROUTINE
New Priority	ROUTINE

Priority History

ROUTINE 24/02/2011 08:57:24

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
Respiratory Medicine	Stobhill Hospital	Record Creation	24/02/2011 8:57	June Muir

Tracking/Vetting Details

Cancer Code	
Date Vetted	24/02/2011 12:16:29
Vetting Status	Vetted
Outcome	Direct OP Appointment
Vetted By	Dr Eric Livingston

Tests

Clinics

Consultant		Site	Stobhill Hospital

Instructions	routine resp new Any cons PFTs: If no airway obstruction then PD15 please
HRCompleted	False

PFT 1/4.

Dr WM. 3/5/11

Hospital use only	Clinic	Day Date	Time	Hospital No. 1038865 4X

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Respiratory Medicine
GGC General Referral

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

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

— **Hospital and hospital address**

Hospital location code: G207H

Email address:

Urgency of referral ROUTINE
Date of referral 23-Feb-2011 **Date sent** 24-Feb-2011

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191 07897372529

101001641748J Unique Care Pathway Number: 101001641748J

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Mark Hudson		
GMC code	4710851	GP code	14338
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Cough ? psittacosis

Comment: This 55 year old lady is troubled with an unproductive cough and shortness of breath on exertion. This has been persistent over the past three months or so and by her account seems to have started fairly soon after going up into the loft of her house to get some Christmas decorations down. She tells me that she has nesting starlings in the loft and there are copious amount of droppings there. She does also keep a parrot, whom I am pleased to tell you seems to be keeping well itself! She is a non smoker and works as a school cleaner. She has had no worrying symptoms such as haemoptysis or weight loss. She has had documented psittacosis in 1993 and she is Type II diabetic.

Her initial illness started with a persistent cough associated with some sweating on exertion and a headache when coughing. Initially there were scattered course rhonchi on examination, but recent chest examination has been unremarkable.

A chest x-ray has been reported as normal with no previous chest x-rays for comparison. Bloods have shown a recent elevation in her ESR of 36 with a normal CRP. Chlamydia IGG is present and she is low positive for Chlamydia IGA.

Given her persistent symptoms despite treatment so far of Azithromycin, Amoxicillin and Clarithromycin we would welcome your review.

Many thanks.

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	Comment	Modifier	Date of onset	Date recorded
Recurrent and persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	-	22-Feb-2011	22-Feb-2011
[D]Heartburn	+ reflux	-	26-May-2010	26-May-2010
Sore throat NOS	-	Recurrent	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areola.	-	25-May-2010	25-May-2010
Wrist and hand sprain NOS	Wrist splint	Left	19-May-2010	19-May-2010
Erythema multiforme	Biopsy has confirmed.	-	06-Jan-2009	16-Jan-2009
Body mass index 30+ - obesity	-	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008	20-Oct-2008
Body mass index 30+ - obesity	-	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - vibration sense of right foot normal	-	-	-	20-Mar-2007

O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	-	31-Jan-2006
Essential hypertension	-	-	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002	05-Dec-2002
Depressed mood	-	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993	01-Nov-1993
Forceps delivery unspecified	live male	-	08-May-1975	08-May-1975
Pre-eclampsia, unspecified	labour induced	-	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed	Date recorded
Standard chest X-ray normal	-	-	21-Jan-2011	21-Jan-2011
Influenza vaccination	Injection Site: Left Arm	-	-	03-Nov-2010
Pharyngoscopy	with dilation of pharynx.	-	23-Sep-2010	23-Sep-2010
Total cholesterol measurement	-	-	-	14-Sep-2010
Smoking cessation advice	-	-	-	12-Aug-2010
Urine microalbumin	-	-	-	12-Aug-2010
Barium swallow	Slight web. [ENT].	-	02-Aug-2010	02-Aug-2010
Total cholesterol measurement	-	-	-	15-Jul-2010
Thyroid function test	-	-	-	15-Jul-2010
Diabetic retinopathy screening refused	DNA X 3	-	25-Jun-2010	25-Jun-2010
Urine microalbumin negative	-	-	-	11-Jun-2010
Urine microalbumin	-	-	-	11-Jun-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	-	08-Jun-2010	08-Jun-2010

Localised fusion of joints of midfoot and forefoot	Midfoot	-	07-Jun-2010	07-Jun-2010
Total cholesterol measurement	-	-	-	04-Jun-2010
Thyroid function test	-	-	-	04-Jun-2010
Mammography - X-ray	Likely to be oil cyst.	-	25-May-2010	25-May-2010
Ultrasound scan	Breast, likely to be either lipoma or an area fat necrosis.	Right	25-May-2010	25-May-2010
Thyroid function test	-	-	-	22-Apr-2010
Other primary fusion of joint	rt mid foot fusion	-	-	12-Mar-2010
Total cholesterol measurement	-	-	-	05-Feb-2010
Approach to organ under MRI control	Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	Right	25-Aug-2009	25-Aug-2009
Smoking cessation advice	-	-	-	12-May-2009
Urine microalbumin	-	-	-	12-May-2009
Urine microalbumin negative	-	-	-	12-May-2009
Diabetic on oral treatment	-	-	-	12-May-2009
Total cholesterol measurement	-	-	-	08-May-2009
Thyroid function test	-	-	-	08-May-2009
Total cholesterol measurement	-	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008	01-Oct-2008
Urine microalbumin	-	-	-	04-May-2008
Urine microalbumin negative	-	-	-	04-May-2008
Diabetic on oral treatment	-	-	-	15-Apr-2008
Total cholesterol measurement	-	-	-	03-Apr-2008
Thyroid function test	-	-	-	03-Apr-2008
Total cholesterol measurement	-	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007	22-Nov-2007
Diabetic on oral treatment	-	-	-	20-Mar-2007
Urine microalbumin	-	-	-	13-Mar-2007
Urine microalbumin positive	-	-	-	13-Mar-2007
Total cholesterol measurement	-	-	-	09-Mar-2007
Thyroid function test	-	-	-	09-Mar-

				2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	-	20-Jun-2006
Urine microalbumin negative	-	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	-	07-Mar-2006
Total cholesterol measurement	-	-	-	13-Dec-2005
Thyroid function test	-	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004	18-Oct-2004

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine	120	CAPS 20MG	2 Caps	daily	14-Sep-2009	21-Feb-2011
Metformin Hydrochloride	224	TABS 500MG	2 Tabs	Twice daily	14-Sep-2009	21-Feb-2011
Omeprazole	56	CAPS 20MG	1 Cap	Daily	21-Feb-2011	21-Feb-2011
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	06-Dec-2010
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	06-Dec-2010
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	06-Dec-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Azithromycin	3	TABS 500MG	1 Tab	Daily	01-Feb-2011	01-Feb-2011
Prochlorperazine Maleate	16	Buccal TABS 3MG	1 or 2 Tabs	Twice daily	31-Jan-2011	31-Jan-2011
Clarithromycin	14	TABS 500MG	1 Tab	Twice daily	17-Jan-2011	17-Jan-2011
Amoxicillin	21	CAPS 250MG	1 Cap	3 times daily	10-Jan-2011	10-Jan-2011
Celecoxib	120	CAPS 100MG	2 Caps	Twice daily	16-Dec-2010	16-Dec-2010
Omeprazole	56	CAPS 20MG	1 Cap	Twice daily	16-Dec-2010	16-Dec-2010
Trimethoprim	10	TABS 200MG	1 Tab	Twice daily	28-Oct-2010	28-Oct-2010
Celecoxib	120	CAPS 100MG	2 Caps	Twice daily	11-Oct-2010	11-Oct-2010
Celecoxib	60	CAPS 100MG	1 or 2 Caps	Twice daily	20-Sep-2010	20-Sep-2010

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		10-Jan-2011
Never smoked tobacco:		12-May-2009
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Light drinker - 1-2u/day:		27-Aug-2003

Trivial drinker - <1u/day:	20-Aug-2002
Light drinker - 1-2u/day:	22-Aug-1994
Alcohol intake within recommended sensible limits:	12-May-2009
Alcohol intake within recommended sensible limits:	27-Jul-2007
Alcohol intake within recommended sensible limits:	20-Mar-2007
Alcohol intake within recommended sensible limits:	07-Mar-2006
Alcohol intake within recommended sensible limits:	01-Dec-2005
Enjoys light exercise:	20-Aug-2002
Avoids even trivial exercise:	22-Aug-1994
Enjoys light exercise:	12-May-2009
Enjoys light exercise:	27-Jul-2007
Enjoys light exercise:	20-Mar-2007
Enjoys light exercise:	07-Mar-2006
Enjoys light exercise:	01-Dec-2005

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]Personal history of drug allergy	macrobid; rash / nausea.	08-Dec-2006
[V]Personal history of drug allergy	ibuprofen	20-Jun-2006
[V]Personal history of drug allergy	oxytetracycline	20-Jun-2006
Hypersensitivity skin testing	peppermint and a food additive	08-May-2000

Additional relevant information

Administrative information

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

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

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James
Miss L A Seaward

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

MB/JP/**10338654X**

Dictated: 26.2.10.
Typed: 17.3.10.

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

cc.
Miss L Seaward
Consultant Urologist
Stobhill Hospital
Glasgow G21 3UW

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Thank you for your letter regarding this lady. As you know she had a normal flexible cystoscopy and CT/IVU, but I will make arrangements for her to be reviewed in the clinic by my colleague Miss Seaward in due course.

Kind regards,

Yours sincerely

Mary Brown
Consultant Urologist

Verified by Miss Brown & signed in her absence.

KILSYTH MEDICAL PARTNERSHIP

Telephone: 0844 477 2552
FAX No: (01236) 826231

Health Centre
Burngreen Park
Kilsyth
G65 0HU

1033860JLX
R+S

AG/CC

5th March 2009

NJKS + CT
NS 23/3.

Mr Fraser
Consultant Urological Surgeon
Department of Urology
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Dear Mr Fraser,

Agnes Clelland ~ DOB: 08.09.55 (5328)
39 Rennie Road, Kilsyth, G65 9PQ.

This lady had a CT scan done in January of this year.

She is concerned about the result and I would be grateful if you could get your secretary to phone either myself or patient to let us know what the result was.

Thanks for your help.

Yours sincerely,

.....
Dr. A Gawn

Peripheral Vascular Unit
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

SURGICAL SPECIALTIES DIVISION

Telephone No. 0141 211 4000
Fax. No. 800 1974

Mr D P Leiberman
Mr R P Teenan
Mr D Orr
Mr G Trehame

Mr Leiberman's secretary
☎ Direct line 0141 211 5504

Email: Marie.Higgins@NorthGlasgow.scot.nhs.uk

Date Typed 6th October 2008
Ref DPL/MH/10338654X

Mr Leiberman GRI Clinic 1st October 2008

Dr M Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Dear Dr Stephens

AGNES CLELLAND DOB 08.09.55 (5328)
39 RENNIE ROAD, KILSYTH, G65 9PQ

Ms Clelland came back to the vascular clinic today. As we expected, her vascular laboratory measurements showed that she has normal static pressure ratios and also normal pressures after exercise. This essentially rules out any significant peripheral arterial disease. I note that she is a young (32) diabetic who is very significantly overweight (119 kilos, 5ft 5). She tells me that she is troubled with early arthritis.

I tried to discuss with her the excess risks that she was running with her excess weight and she tells me she finds it hard to manage. I also wondered whether she and yourself had discussed any formal assessment and attempt at treatment perhaps in the Glasgow Weight management service? From a vascular point of view she does not have any further appointments.

Yours sincerely

MR PAUL LEIBERMAN
Consultant Vascular Surgeon

Wed 20/8/08 12-00

SURGICAL SPECIALTIES DIVISION

Mr G Treharne
Mr D P Leiberman
Mr R P Teenan
Mr D Orr

Peripheral Vascular Unit
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

Telephone No. 0141 211 4000
Fax. No. 800 1974

Mr Leiberman's secretary
☎ Direct line - 0141 211 5504

Date: 22nd April 2008
Our Ref: DPL/KM/CC/10338654X

Mr Leiberman's 16th April 2008 Clinic – GRI

Doctor P Dove
Kilsyth Health Centre
Burngreen Park
Kilsyth

Dear Doctor Dove

AGNES M CLELLAND 08.09.55 (5328)
39 RENNIE ROAD, KILSYTH, GLASGOW, G65 9PQ

Thank you for referring this 32 year old type II diabetic who has been complaining of left calf pain for approximately one year. The pain mainly stops her sleeping at night and causes her to hang her leg out of the bed although she also complains of cramping calf pain on walking approximately 100 yards which is relieved by rest. She has arthritis of her hips for which she takes Cerebrex. I note that she had ABPIs measured which were normal.

On examination she has normal foot pulses and popliteal pulse but her femoral pulses were very difficult to feel given her obesity.

She has a strong family history of peripheral vascular disease with a sister who has had an amputation. She has never been a smoker.

I am not convinced her symptoms are due to peripheral vascular disease but given her risk factors and her history of claudication I think it would be worthwhile putting her on a treadmill to see whether there is any significant drop on her pressures on exercise. Once we have the results of this we will see her back in clinic.

Yours sincerely,

Karen Murphy
Specialist Registrar

c.c. Pauline/Alison, 2nd Floor, Vasc Lab, GRI

Normal pressures.. ABPI Non smoker. WF 11/9

W/L

10338654X

Hospital use only	Clinic	Day Date 16/4	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Vascular Surgery C12
G General Referral

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

Glasgow Royal Infirmary

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

Hospital location code.
G107H

Email address

Urgency of referral Routine
Date of referral 05-Mar-2008 **Date sent** 06-Mar-2008

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

SEEN BY GP DETAILS

Name	Dr. Patricia Dove		
GMC code	1352540	GP code	13137
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552
Facsimile: 01236 826231

REFERRING PRACTITIONER DETAILS

Name	Dr. Patricia Dove		
GMC code	1352540	GP code	13137
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552
Facsimile: 01236 826231

Vasc R

VSLEWED
Please make this patient an appointment at Mr Leiberman's Wednesday Vascular Clinic @ GRI

URGENT/SOON/ROUTINE

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Peripheral vascular disease

Comment: Thank you for seeing this 52 year old Type II diabetic who complains of pain in the left calf for about one year associated with a feeling of coldness and numbness during the day and more severe pain and heat at night in bed. She does not describe claudication pain but her peripheral pulses are poor and ABPI was 1.08 in the right leg, and 0.98 on the left.

I suspect that her symptoms maybe partly due to diabetic peripheral neuropathy, but would appreciate your advice regarding the peripheral vascular disease.

Kind regards.

Yours sincerely

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		27-Jul-2007
Light drinker - 1-2u/day:		27-Aug-2003
Alcohol intake within recommended sensible limits:		27-Jul-2007
Enjoys light exercise:		20-Aug-2002
Enjoys light exercise:		27-Jul-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted

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

Description	Date recorded	Modifier	Extension	Date of onset
O/E - right foot pulses present	20-Mar-2007	-	-	-
O/E - Vibration sense of right foot normal	20-Mar-2007	-	-	-
O/E - Vibration sense of left foot normal	20-Mar-2007	-	-	-
Microscopic haematuria	09-Jan-2007	-	-	09-Jan-2007
Patients Notes Summarised	20-Jun-2006	-	-	20-Jun-2006
O/E - right foot pulses present	07-Mar-2006	-	-	-
O/E - Vibration sense of right foot normal	07-Mar-2006	-	-	-
O/E - Vibration sense of left foot normal	07-Mar-2006	-	-	-
Essential hypertension	31-Jan-2006	-	-	-
NIDDM - Non-insulin dependent diabetes mellitus	31-Jan-2006	-	started on metformin	-
Arthralgia of hip	05-Dec-2002	Left	mild degenerative changes	05-Dec-2002
Depressed mood	09-Apr-2001	-	-	09-Apr-2001
Nabothian follicles	20-Jul-2000	-	cervical	20-Jul-2000
Chronic fatigue syndrome	01-Jan-1995	-	-	01-Jan-1995
O/E - weight > 20% over ideal	22-Aug-1994	-	-	-
Postviral fatigue syndrome	01-Nov-1993	-	-	01-Nov-1993
Spontaneous vaginal delivery	30-Oct-1982	-	live female	30-Oct-1982
Spontaneous vaginal delivery	03-Dec-1980	-	labour induced - live child	03-Dec-1980
Spontaneous vaginal delivery	24-Apr-1977	-	induced - live male	24-Apr-1977
Forceps delivery unspecified	08-May-1975	-	live male	08-May-1975
Pre-eclampsia, unspecified	08-May-1975	-	labour induced	08-May-1975

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - diet	-	-	22-Aug-1994
Health ed. - exercise	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Simvastatin	02.12.00.0	TABS 40MG	1 Tab	At night	07-Mar-2006	-
Ramipril	02.05.05.1	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-
Aspirin	02.09.00.0	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-
Metformin Hydrochloride	06.01.02.2	TABS 500MG	1 Tab	Twice daily	23-May-2006	-
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Co-Codamol	04.07.01.0	8/500mg TABS	2 Tabs	4 times daily	03-Mar-2008	-
Amitriptyline Hydrochloride	04.03.01.0	TABS 25MG	1 Tab	At night	03-Mar-2008	-
Celecoxib	10.01.01.0	CAPS 100MG	1 or 2 Caps	Twice daily	22-Feb-2008	-
Celecoxib	10.01.01.0	CAPS 100MG	1 or 2 Caps	Twice daily	30-Jan-2008	-
Celecoxib	10.01.01.0	CAPS 100MG	1 or 2 Caps	Twice daily	10-Jan-2008	-
Mometasone Furoate	13.04.00.0	OINT 0.1%	apply sparingly	Twice daily	27-Dec-2007	-
Chlorphenamine Maleate	03.04.01.0	TABS 4MG	1 Tab	3 times daily	27-Dec-2007	-
Fexofenadine Hydrochloride	03.04.01.0	TABS 180MG	1 Tab	Daily	27-Dec-2007	-
Celecoxib	10.01.01.0	CAPS 100MG	1 or 2 Caps	Twice daily	21-Dec-2007	-
Celecoxib	10.01.01.0	CAPS 100MG	1 or 2 Caps	Twice daily	10-Dec-2007	-

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy

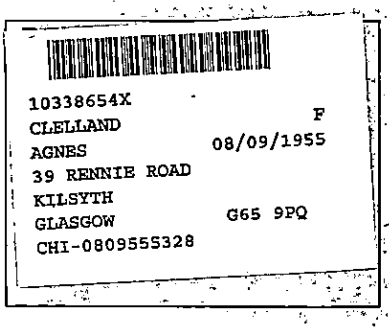
Hypersensitivity skin testing

Additional relevant information - please ensure inappropriate and irrelevant codes are deleted
Administrative information
Referred By:Seen by GP

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

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde



The patient attended Dr Van der Horst's Clinic at GRI

Hospital on 31/5/11 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
SYMBICORT 200/6	11	BD	
SALBUTAMOL	11	PRN	

Yours Sincerely

Signature:

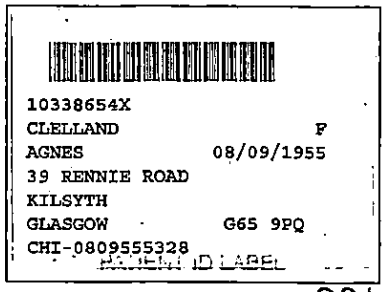
Name (print) K. CLEARLY Grade: ST4 Ext. No: 3847

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

00545

Needs opp ✓

GLASGOW ROYAL INFIRMARY
PERIPHERAL VASCULAR SURGERY
Request for Vascular Laboratory Tests:



OPL

PATIENT'S NAME

Out Patient/Inpatient Ward

Do you require:

DOPPLER: Static ABPI ✓
Post-exercise ABPI ✓
SP2 Toe pressures
OTHER:

Does patient have

	Y	N
1) Angina		✓
2) Diabetes	✓	

CLINICAL INDICATIONS FOR TEST:

1) Diagnostic Problem ✓
2) Pre-op baseline
3) Follow up
4) Other

PRESENTATION:

	R	L
1) Pain of uncertain origin		
2) Intermittent Claudication		
3) Rest pain		
4) Necrosis — toes/foot		
5) Other		✓

Previous vascular procedures:

D

Please indicate pulses (ring for bruit)

PULSE	AORTA	FEM	POP	P.TIB	A.TIB
RIGHT					
LEFT					

DR MAKING REQUEST

RESULTS

Static pressures:

	RIGHT	LEFT
Brachial	120	120
Ant. tibial	130	110
Post. tibial	130	120
Ratio	1.08	1.00
SP2 Toe		
Ratio		

Walking Distance (at 2 kph, 10% inclination)

Distance to pain	
Walking distance	200

Post-exercise pressures:

	RIGHT	LEFT
Brachial	120	
Ant. tibial	140	120
Post. tibial	140	140
Ratio	1.16	1.16

Post-operative static pressures

OPERATION

DATE:

Post-Op Day: — **Date:**

	RIGHT	LEFT
Brachial		
Ant. tibial		
Post. tibial		
Ratio		

Post-Op Day: **Date:**

	RIGHT	LEFT
Brachial		
Ant. tibial		
Post. tibial		
Ratio		

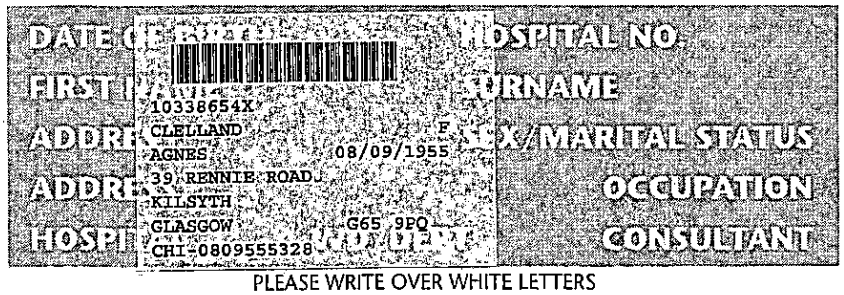
COMMENTS C/O some pain in the lateral lower leg (left)

SIGNATURE NB ✓ **DATE OF TEST** 2nd Feb

10952

VASCULAR CHART

NHS
Greater Glasgow and Clyde



PLEASE WRITE OVER WHITE LETTERS

Date:

History:

Past History:

Smoking

EXAMINATION

Pulse	Aorta	Iliac	Fem.	Pop.	P.Tib	D.Ped	Per.
R							
L							

Pulse	Carotid	Sub-Clavian	Axillary	Brachial	Radial	Ulnar
R						
L						

Genaral

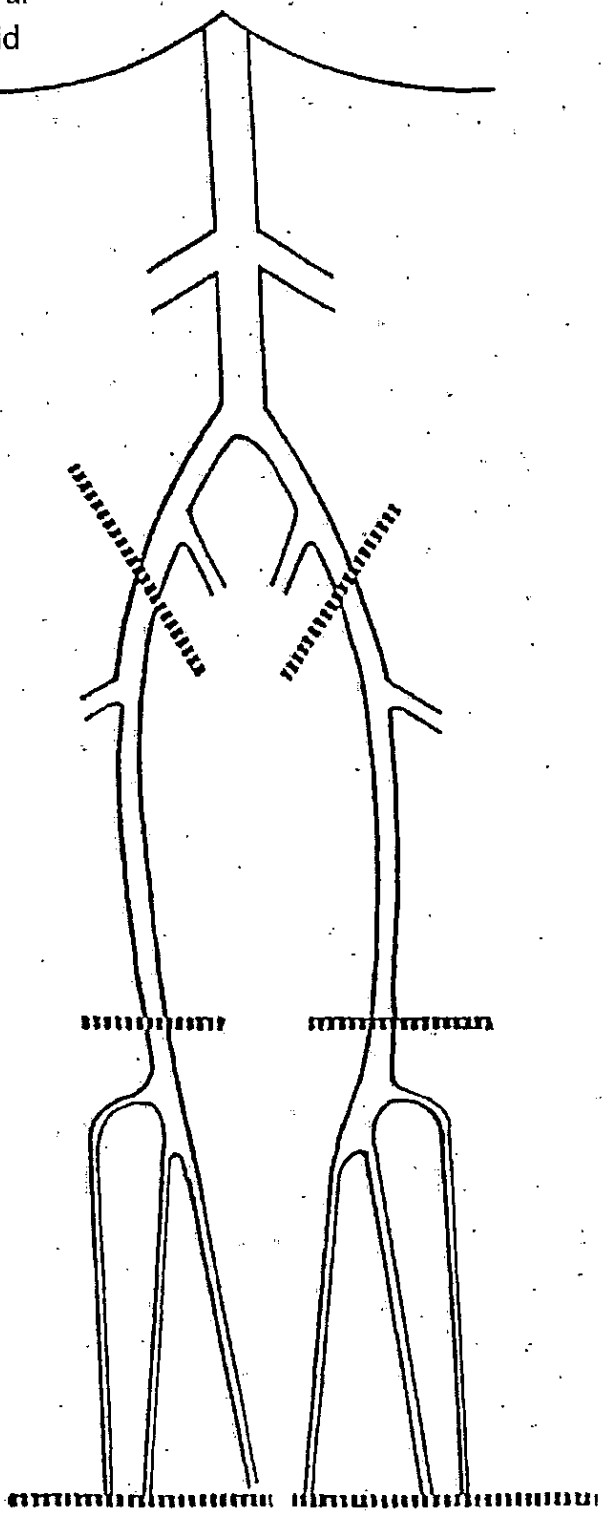
Abdominal

Bruits R L
Carotid
Subclavian
Epigastric
Aortic
Iliac
Femarol
Adductor

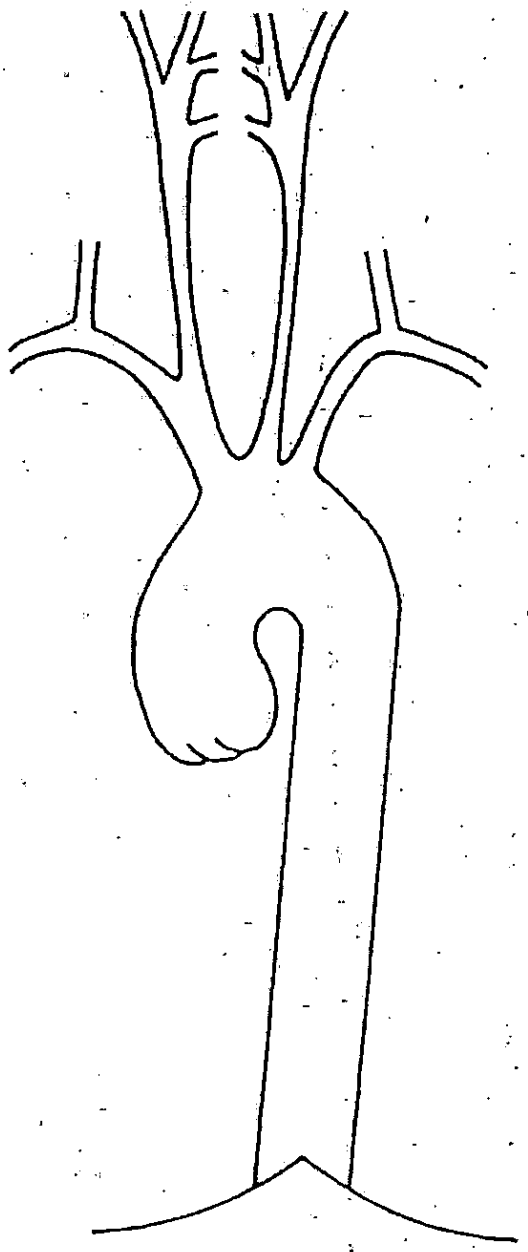
Pallor on elevation
Dependancy rubor
Atrophy
Sensation
Rest pain
Gangrene

ANGIOGRAPHY

1. Translumber
2. Femoral
3. Carotid



4. Thoracic
5. Other



Post Study Diagnosis

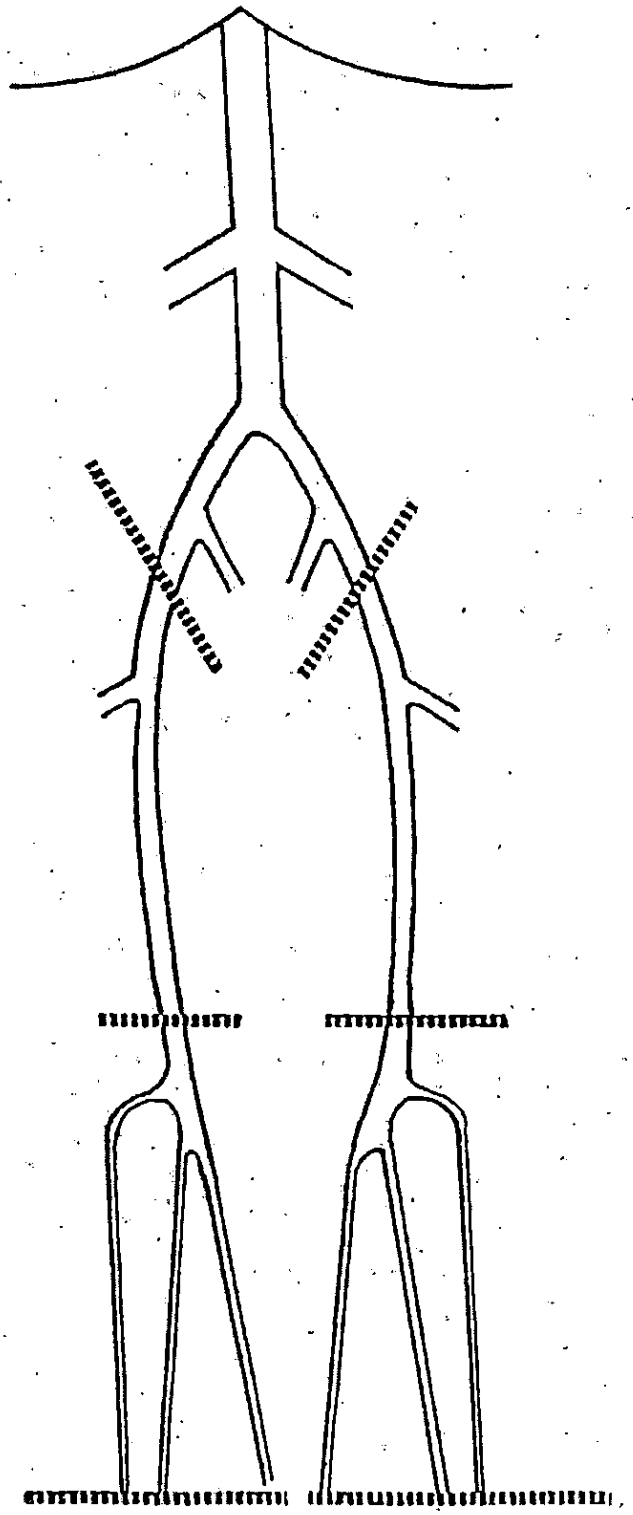
Complications

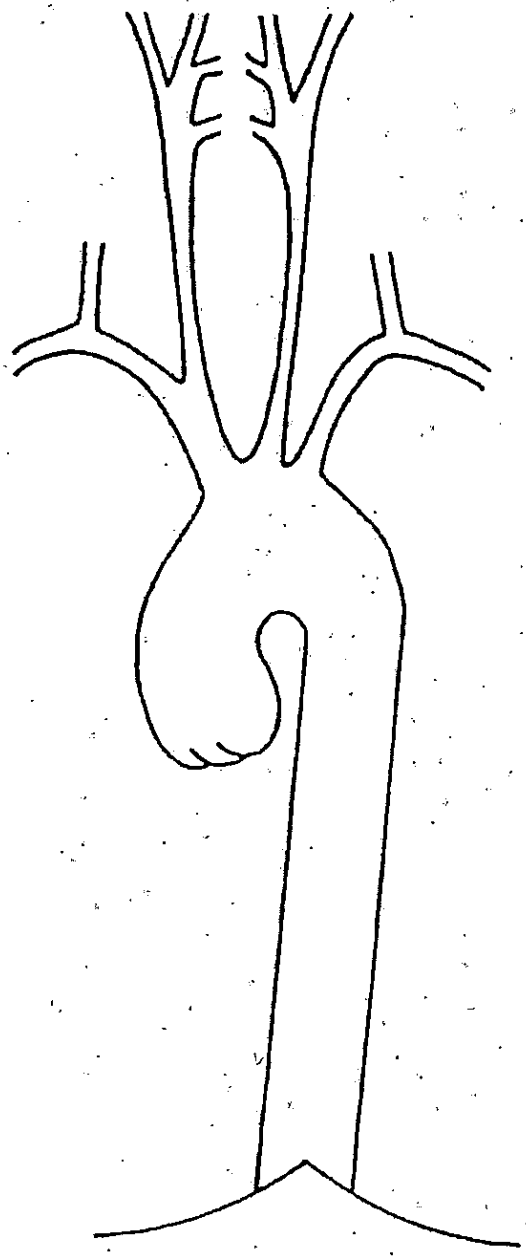
EXAMINATION AND INVESTIGATION

Pulse (L) 86 Rate /min B.P. (L) 160 / 105 Height 164 Metres
(R) 95 Rhythm (R) 164 / 104 Weight 120 Kg.
Heart Lungs Diabetic yes

ROUTINE		SPECIAL
E.C.G.		
Chest X-ray		
Reflex Vasodilatation		
Phenol		
Translumber Aortogram		
Femoral Arteriogram		
Carotid Arteriogram		
Thoracic Angio-aortogram		
Blood Group		
Hb. E.S.R. F.B.C.		
W.R		
Creatinine Clearance		
Fasting Cholesterol		
Fasting Triglyceride		
Fasting Sugar		
Blood Lipids		

SURGICAL PROCEDURE





Date: Phenol Injection Site: Response: Signature:

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES

10338654X F
CLELLAND
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Date		Signature	Print
	31/5/11 – Wt. 125.3 parakeets from budgies. GORD Breast lump → fat necrosis Erythema multiforme. HTN Normal ~~Chronic fatigue~~ postviral. Stretch fibrillation Arthritis PFTs 2.38 (92%) ratio 78% TLCO 7.4 (92%) TLC 6.49 (86%) Maximal breathing capacity 85		
	non-productive cough + soreness over 3/12 started after going into loft. keeps parrot non-smoker ~~school cleaner~~. CXR = NAD.		
	cough Cold Xmas – started – constant at first. – now only if sore. on inhal. struggles c hills assoc c wheeze breathing worse at night unable to sleep : pain c arthritis. green spit at first, now just clear. facial pains ~~white nasal discharge only, mouth~~ Slight pain @ side v. localised Omep PRN. Metform ramipril aspirin celebrex fluoxetine simva SA – lives c husband. 15 yr parrot.		

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (ORTHO)	☑		
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	

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**

DC/CSK

Date: 28/03/2013

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ

Dear Mrs Clelland,

(revised admission date)

Re: G.R.I. Hospital No: 10338654X

Please confirm that you are able to attend all of these appointments as soon as possible by telephoning **0141 211 5402**. Failure to contact us may result in the cancellation of your surgery.

I am pleased to confirm that your orthopaedic operation has now been arranged under the care of Mr C S Kumar. Before surgery we would like you to attend for a health check at the Consultant Review Clinic. This is held in the Orthopaedic Clinic, Basement, Surgical Block

Thursday 11th April 2013 at 4.30pm to meet with Mr Kumar

Admission Details:

On condition that your health check is satisfactory, I have arranged your admission as follows:

Admission to ward 62 (Queen Elizabeth Building) on Wednesday 1st May 2013 at 8am (fasted from midnight)

Operation on: Wednesday 1st May April 2013

Please telephone the ward on 0141 211 4430 on the day of admission to confirm that there is a bed available and to be advised what time to arrive at the ward.

Please bring with you **ALL** your medicines, in their original packs to your anaesthetic review appointment and on admission. This includes all medicines bought over the counter, supplements and herbal medicines.

If you require an ambulance for your health check or admission, please telephone 0300 123 1236 as soon as possible as this can take some time to arrange.

Yours sincerely

Deborah Clearie
Orthopaedic Secretary

ROBERT LEWIS CARTER
Consultant Orthopaedic Foot & Ankle Surgeon
MBChB, BSc (Hons). MRCS, FRCS (Tr & Orth)

RLC/MN

11th March 2010

Dear Doctor,

AGNES CLELLAND – DOB 08.09.55

Mrs. Clelland attended the Nuffield Hospital today as a waiting list initiative patient where I carried out a fusion of her right midfoot. She has some nylon sutures in the skin and a backslab plaster. She is to toe touch weight bear and I will see her back at Nuffield House on the 22nd March to remove her backslab and sutures and to place her into a walker boot. She will need to remain non-weight bearing for a minimum of six weeks and will require to wear toe walker boot for around about ten weeks.

If there are any problems please contact me either at the Nuffield Hospital or the Southern General Hospital.

Yours sincerely

Bob Carter MB ChB FRCS
Consultant Foot & Ankle Surgeon

Nuffield Hospital
Nuffield House
1000 Great Western Road
Glasgow
G12 0NE

0141 334 9441

Ross Hall BMI
Crookston Road
Glasgow
G52 3NQ

0141 810 3151

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

0141 201 1357

PATHOLOGY REPORT

Nuffield Health diagnostics

Interim

Nuffield Health Glasgow Hospital
Beaconsfield Road
Glasgow
G12 0PJ
Phone 0141 334 9441
Fax 0141 339 1352
www.nuffieldhealth.com

Name	: **CLELLAND,AGNES**	Hospital Number	: **GL315691**
D.O.B	: 08/09/1955 Age : 54 Sex : F	Lab Number	: 100083431
Address	: 39 RENNIE ROAD : KILSYTH : KILSYTHGLASGOW,G65 9PQ	Sample Date & Time Sample Type Ref Lab Number	: 03/03/10 12:00 : Mixed including MRSA :
Clinician	: Mr Robert Carter	Original Report Date	: 03/03/10
Ward/Dept	: GLASGOW - PREASSESSMENT CLINIC	This Report Date & Time	: 03/03/10 14:13
Clinical Details	: Pre (R) midfoot fusion 11/3/10		
Tests	: FBC,U&EC,HBAC,MRSA,MSU		

TEST	RESULT		UNITS	REF. RANGE
HAEMATOLOGY				
Haemoglobin	12.4		g/dL	12.0 - 16.0
Red Blood Cells	4.08		x10^12/L	3.80 - 5.60
Haematocrit	0.370		l/l	0.37 - 0.47
Mean Cell Volume	90.7		fL	77.0 - 98.0
MCH	30.4		pg	27.0 - 34.0
MCHC	33.5		g/dL	31.0 - 36.0
RDW	14.5		%	11.6 - 16.5
Platelets	327		x10^9/L	140 - 450
White Blood Cells	6.4		x10^9/L	4.0 - 11.0
Neutrophils	66.2%	4.24	x10^9/L	2.00 - 7.50
Lymphocytes	22.8%	1.46	x10^9/L	1.10 - 4.00
Monocytes	7.7%	0.49	x10^9/L	0.20 - 1.00
Eosinophils	2.8%	0.18	x10^9/L	0.00 - 0.40
Basophils	0.5%	0.03	x10^9/L	0.00 - 0.10
CLINICAL CHEMISTRY				
Sodium	139		mmol/L	135 - 145
Potassium	3.9		mmol/L	3.5 - 5.5
Urea	4.7		mmol/L	2.8 - 7.6
Creatinine	53		umol/L	45 - 84

Authorised by:- Dave McKenzie

All tests have been analysed and reported by Nuffield Diagnostic Laboratories unless otherwise stated.
(References ranges are age and sex related where appropriate)

Pathology Manager : Mrs L Clinton

PATHOLOGY REPORT

Nuffield Health diagnostics

Complete

Nuffield Health Glasgow Hospital
Beaconsfield Road
Glasgow
G12 0PJ
Phone : 0141 334 9441
Fax : 0141 339 1352
www.nuffieldhealth.com

Name	: **CLELLAND,AGNES**	Hospital No	: **GL315691**
D.O.B	: 08/09/1955 Age : 54 Sex : F	Lab Number	: 100083431
Address	: 39 RENNIE ROAD : KILSYTH : KILSYTHGLASGOW,G65 9PQ	Sample Date & Time Sample Type Ref Lab Number	: 03/03/10 12:00 : Mixed including MRSA :
Clinician	: Mr Robert Carter	Original Report Date	: 04/03/10
Ward/Dept	: GLASGOW - PREASSESSMENT CLINIC	This Report Date & Time	: 05/03/10 07:17
Clinical Details	: Pre (R) midfoot fusion 11/3/10		
Tests	: FBC,U&EC,HBAC,MRSA,MSU		

MICROBIOLOGY REPORT

MICROBIOLOGY

URINE CHEMISTRY:

pH	5.0
Protein	Negative
Blood	Negative
Glucose	Negative
Ketones	Negative

MICROSCOPY

Red cells	<7 /ul
White cells	<7 /ul

CULTURE: No Bacterial Growth

MRSA SCREEN

SITE: ~Nasal,Groin and Axilla

CULTURE: MRSA NOT ISOLATED checked

Authorised by:- Robert Dunsmuir

All tests have been analysed and reported by Nuffield Diagnostic Laboratories unless otherwise specified.

Pathology Manager : Mrs L Clinton

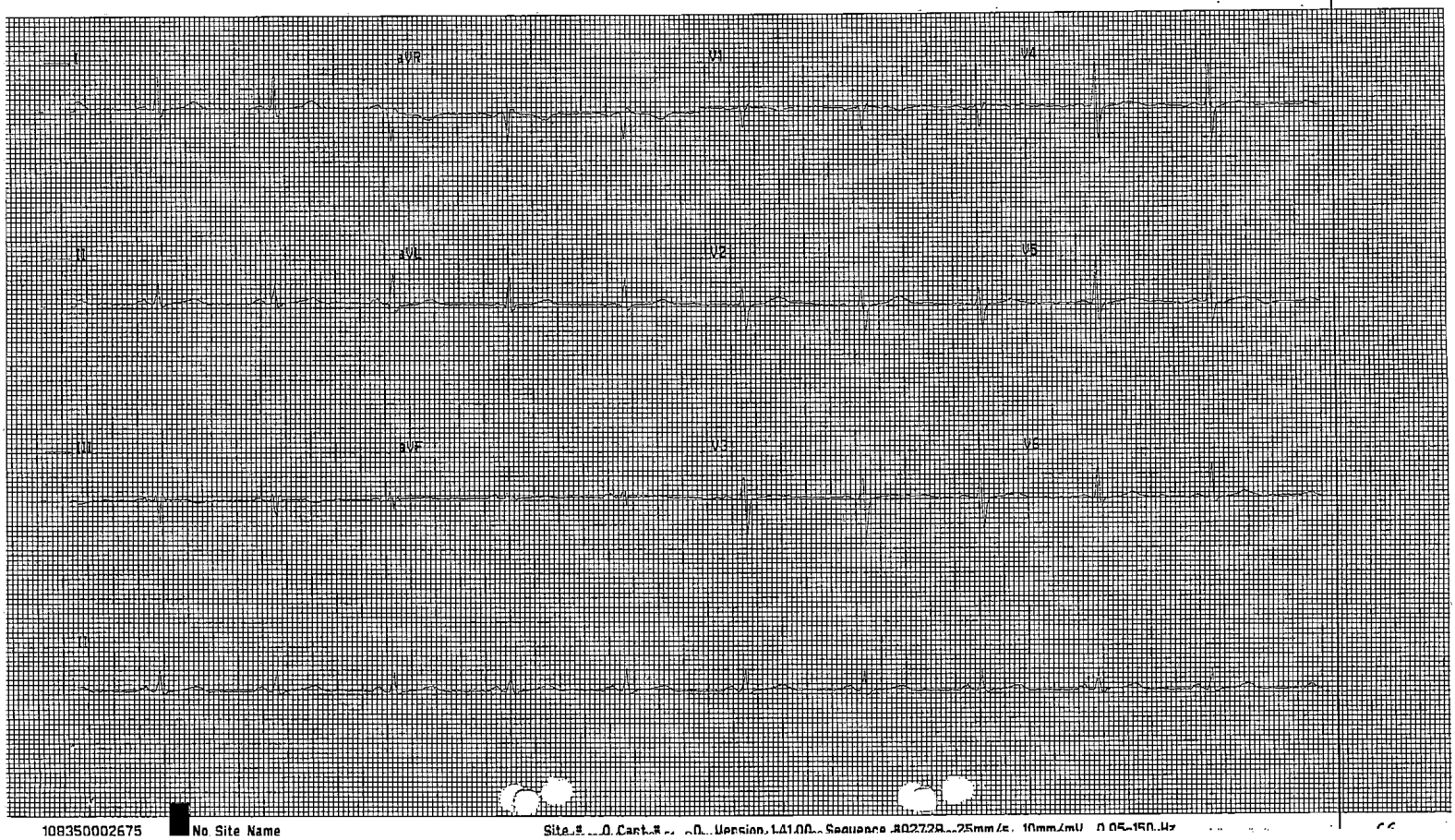
Clelland, Agnes
ID: 315691
DOB: 08-Sep-1955
54yr, Female

3-Mar-2010 11:47:18

Vent rate:	63	BPM
PR int:	146	ms
QRS dur:	114	ms
QT/QTc:	418/426	ms
P-R-T axes:	47 -1 9	

SINUS RHYTHM
NONSPECIFIC INTRAVENTRICULAR COND DN DELAY [110+ MS QRS DURATION]
BORDERLINE ECG

UNCONFIRMED REPORT



108350002675 No Site Name

Site # 0 Cart # 0 Version 1.41.00 Sequence #02728 25mm/s 10mm/mV 0.05-150 Hz

Nuffield Health

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 3156
Mr Robert Carter

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

E ONLY Th17[60]

TCI Date: 11/3/10
Time: 15[00]

It is safe for you to attend tionnaire in as much detail that we can be sure that y

We have an obliga

r to ensure that health ques- el of health so ssary.

procedure.

Insurance / PFY / NHS

Insurance Company GTR GLW + CLYDE

Policy Number 10338654X

Your wellbeing is our concern.

Please ask for assistance if you have any difficulty completing this form

Your Name: AGNES CLELLAND	Occupation: SCHOOL CLEANER
Address: 39 RENNIE ROAD KILSYTH G659PQ	Religion: CHURCH OF SCOTLAND
Date of Birth: 8-9-55 54yrs	Nationality: SCOTTISH
Tel: 01236822191 Mobile:	Preferred Language: ENGLISH
GP Name: DR STEPHENS	Emergency Contact Name: GEORGE CLELLAND
Address: KILSYTH HEALTH CENTRE	Relationship: HUSBAND
	Address: 39 RENNIE ROAD KILSYTH G659PQ
Tel: 08444772552	Tel: 01236822191 Mobile: 07735555820
Proposed Procedure: Right Midfoot fusion.	Do you have any allergies? (e.g latex, drugs, food): ~~NKD~~ Ibuprofen - upsets stomach

Arrangements for Going Home

Do you have someone to take you home? YES / NO (Please circle)	Do you have somebody to stay with you overnight? YES / NO (Please circle)

Please tell us about your support arrangements at home following surgery?
HUSBAND + FAMILY

KEY HEALTH QUESTIONS

	Have you ever had or do you have any of the following?	Please circle *No* or *Yes*. If *Yes*, give as much information as you can below:			Hospital action required:
Cardiovascular	Angina or chest pain at rest, walking, or climbing stairs	(No)	Yes	If you do get chest pain please tell us: How often? ..... What brings the chest pain on? .... Has it got worse over the last 6 months? ..... Have you seen a doctor about this pain?	
	A heart attack or a stroke	(No)	Yes		
	Any heart or artery surgery previously or planned	(No)	Yes		
	High blood pressure	No	(Yes)		
	Do you have a cardiac pacemaker	(No)	Yes		
Endocrine	Diabetes - you or blood relatives Insulin controlled (Tablet controlled) Diet controlled	No	(Yes)	Type 2. Not Controlled.	
	Any thyroid problems	(No)	Yes		
Respiratory	Shortness of breath / difficulty breathing or sleep apnoea	(No)	Yes		
	Asthma	(No)	Yes		
	Bronchitis	(No)	Yes		
	TB (Tuberculosis)	(No)	Yes		
Renal	Any urinary problems	No	(Yes)	BLOOD IN URINE Prone to U.T.I	
	Any problems with your kidneys	(No)	Yes		
Digestive Tract	Any problems with your bowels	(No)	Yes		
	Gastric or stomach ulcers	(No)	Yes		
	Any heartburn or indigestion	(No)	Yes		
	Any type of hernia	(No)	Yes		
	Jaundice or Hepatitis or other liver problems	(No)	Yes		
	Any special dietary needs	(No)	Yes		
Circulatory/Blood System	Blood disorders(eg, sickle cell, anaemia, haemophilia)	(No)	Yes	Pernicious Anaemia	
	Excessive bleeding or bruising	(No)	Yes		
	Any blood clots in your legs or lungs (Deep Vein Thrombosis / Pulmonary Embolism)	(No)	Yes		
	Anything that could have put you at risk of contracting Hepatitis B or C or HIV	(No)	Yes	If Yes, have you been tested	
	Palpitations, black outs or faints	(No)	Yes		
	Have you had a blood transfusion in the past 3 months	(No)	Yes		
Neuro	Any convulsions or fits	(No)	Yes		
	Multiple Sclerosis or Parkinsons disease	(No)	Yes		
Musculoskeletal	Any problems with your muscles	(No)	Yes		
	Any arthiritis or joint problems	No	(Yes)	HIPS + SHOULDER	
	Any back or neck problems	(No)	Yes		

KEY HEALTH QUESTIONS

	Please read and answer the following questions:	Please circle *No* or *Yes* If *Yes*, give as much information as you can below:			Hospital action required:
Infection Prevention/MRSA	Have you ever had MRSA or close regular contact with anyone known to be MRSA positive within the last 12 months	(No)	Yes		Date of screening if required 3·3·10
	Have you or anyone in your household been treated in hospital within the last year	(No)	Yes		
	Have you regularly visited anyone in hospital or a nursing home within the past 3 months	(No)	Yes		
	Do you or anyone in your household work in healthcare or closely with animals	(No)	Yes		
C-Difficile	Have you had any diarrhoea or vomiting in the past month	(No)	Yes		
	Are you currently taking antibiotics	(No)	Yes	If Yes please specify why	
vCJD	Have you or your family been investigated for CJD (Creutzfeldt-Jakob Disease)	(No)	Yes		
	Have you had any neurological surgery or removal of a tumour or cyst on your spine before 1992	(No)	Yes		
	Have you ever received human growth hormones	(No)	Yes		
General Health	Do you smoke (if Yes please state how many per day)	(No)	Yes		
	Do you drink alcohol (if Yes please state units per week)	No	(Yes)	1 unit=1 measure spirit, small glass of wine or 1/2 pint of beer 5 UNITS PER WEEK	
	Do you give blood (if Yes please state date of last donation)	(No)	Yes		
	Do you wear contact lenses, glasses or hearing aids	~~No~~	(Yes)	If Yes please specify why Glasses for reading	
	Women Only				
	Do you take contraceptive pills or any HRT	(No)	Yes		
	Is there any possibility you could be pregnant	(No)	Yes		

Previous Surgical & Medical Health -
Please state all medical problems (including skin conditions), previous operations with dates and indicate any problems with anaesthetics

WISDOM TEETH REMOVED 1980
CHILD BIRTH 19-75
Endometrial Ablation 1990's

F.M.H
Diabetic ~~Mother~~ Type 2 BD
Hypertension.
ATHritis

Current Medication -We need to know everything about all the medication you take, this includes on prescription and those bought over the counter including herbal medication and remedies

MGT FORMIN	500 MG X2	TWICE A DAY	Vitamin B.12 injection every 3 months
FLUOXETINE	20 MG	TWO IN MORNING	SIMVASTATIN 40MG
ASPIRIN	75 MG	ONE IN MORNING	ONE AT NIGHT
RAMIPRIL	10 MG	" " "	

Please bring all of your medicines in their original containers with you on admission

To my knowledge the above information is accurate

3-3-10
Patient signature & date

Instructions for Completion of Care Record
All staff involved in documenting care must sign the signature box below. Members of staff carrying out care should sign relevant interventions to indicate that outcomes have been met. Any variances identified must be described together with the actions taken and outcomes documented. Actions required to meet individual needs must be added to the multidisciplinary section accompanied by the date / time and signature (using 24 hour clock).
The interventions within this document are intended as a guide and are not a substitute for clinical judgement.

Signature of all the staff involved in the patient's care (AHPs, Pharmacy, Medical & Nursing Staff):

Print Name	Initials	Designation	Signature
ELSPETH WELSON	EW	RGN 2	E Nelson
S. ORR	SO	RN	
C Conrad	CC	RGN	
VITSARELAKIS		SN	
A. SMITH		SEN	
Bolaside Mayungbo		SN	
P. SZALECKI	PS	RGN	

Baseline Measurements

Height	5FT 4in 162	Pulse	69	Blood Pressure	126/77
Weight	119 3Kgs 18ST 11lb	Respiration	15	Temperature	36
BMI	45	O2	97%	Urinalysis	
Are any vital signs outside normal range			Yes	No	If Yes pass to Stage 2 Pre-assessment
Does the patient have any known allergies			Yes	No	

Please tick any test or investigations undertaken at pre-assessment

U & E	✓	Renal Function		MRSA Screening Results - circle results	
LFT		Sickle Cell		Positive	Negative
FBC	✓	Chest X-Ray	My Cardiac has X-Rays	If result is positive, please record as a variance with planned actions and outcome	
G & S		Lung Function			
INR		Random Glucose			
ECG		Other Tests	HBA1C MRSA MSSA		

Intervention at pre-assessment	Signature / Designation
Patient health status fully assessed	E Nelson RGN2
Patient fully optimised for surgery	E Nelson "
Procedure specific information given to patient	E Nelson "
Consent for information to be shared with patient's GP obtained	E Nelson "
Information about patient reported outcome measures given if applicable	E Nelson "
Allergy Status assessed and intervention taken if applicable	E Nelson "

PRE-ASSESSMENT

Date / Time	Multidisciplinary Evaluation	Signature / Designation
3/3/10	Heart auscultation - HR regular. no murmurs heard	RMO
11.15	Pre-assessment carried out for proposed foot surgery 11.3.10. All relevant history documented E.C.G baseline reviewed by R.M.O. B.M.I 45	
3/3/10 - 18.20	Spoke to Dr patrick pt has to omit her evening dose of metformin 10/3/10 & also omit all medications on the morning of 11/3/10 except her Fluoxetine. She has to take breakfast as normal. Patient contacted & made aware of this	RGN

Date / Time	Variance / Action taken / Outcome	Signature / Designation

ADULT OBSERVATION CHART WITH MODIFED EARLY WARNING SYSTEM (MEWS)

Patient Name: Angnes Clelland

DATE 3.3.10

TIME W15

	BASELINE													
	1505	1815	1845	1850	1854	1900	1905	1920	1935	2005	2200	0100	0700	1215
BLOOD PRESSURE PULSE							RTW							
Respiratory Rate	16	14	16	16	18	14	14	14	14	14	14	13	13	12
SPO2%	96	98	97	96	96	98	98	99	99	99	98	98	98	97
02L/m (A=air)	A	A	4	4	4	4	4	3	3	3	3	3	A	A
Sedation Score (0-3)	1	0	1	1	1	1	1	0	0	0	0	0	0	0
Pain Score (0-10)	6	4	0	0	0	0	0	0	0	0	0	0	0	4
Nausea (0-2)	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Blood Glucose (mmols)	1	5.2	1	1	1	1	1	7.0	1	1	1	1	1	1
Additonal information that may effect vital signs														

MEWS SCORE														
Temperature	0	0			0			0	0	0	0	0	0	0
Heart Rate	0	0			0			0	0	0	0	0	0	0
Blood Pressure	0	0			0			0	0	0	0	0	0	0
Respiratory Rate	0	0			0			0	0	0	0	0	0	0
Urine Output	1	1			0			1	1	1	1	0	0	0
Central Nervous System	1	1			0			0	0	0	0	0	0	0
TOTAL	0	0			0			1	1	1	1	0	0	0

MODIFIED EARLY WARNING SYSTEM OBSERVATIONS SCORE (MEWS) PARAMETERS

SCORE	3	2	1	0	1	2	3
Temperature		≤ 35.0	35.1 - 36	36.1 - 38	38.1 - 38.5	≤ 38.6	
Heart Rate		≤ 40	41 - 50	51 - 100	101 - 110	111 - 130	≤ 130
Systolic BP	≤ 70	71 - 80	81 - 100	101 - 179	180 - 199	≤ 200	
Respiratory Rate		≤ 8		9 - 14	15 - 20	21 - 29	< 30
Urine Output	Anuric	<0.25 mls /kg/hr	<0.5 mls /kg/hr				
CNS Response			Agitation / Confusion	Alert	Voice	Pain	Unresponsive

MODIFIED EARLY WARNING SYSTEM (MEWS)

MEWS Escalation

MEWS scores observed for all patients having observations

MEWS 1-3

- Inform the nurse in charge
- Increase the frequency of observations

MEWS 4-5

- Inform the RMO
- Inform the nurse in charge
- +/- move to HDU level care
- Implement MOVE (Monitor, Oxygen, Venous access, ECG)

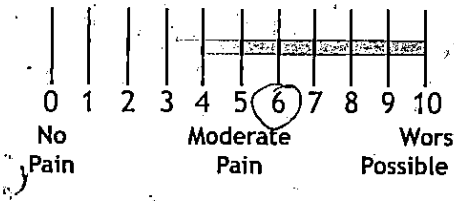
MEWS 5-6

- Inform the RMO
- Inform the consultant
- Implement MOVE (Monitor, Oxygen, Venous access, ECG)
- Move to HDU level care and prepare for transfer to ITU care

ASSESSMENT DEFINITIONS

PAIN SCORE 0-10 NUMERICAL RATING

0-10 Numerical Rating Scale



SEDATION SCORE

0 Fully alert
1 Easy to rouse
2 Difficult to rouse
3 Unresponsive

NAUSEA SCORE

0 No nausea
1 Nausea
2 Vomiting and retching

COLOUR / SENSATION / MOVEMENT CHART FOR PATIENTS UNDERGOING MUSKOLOSKELETAL SURGERY

Indicated limb being assessed								
Date	3/3/10	11/3/10	11/3/10	11/3/10	11/3/10	11/3		
Time	1145	1505	1850	1905	2200	0200		
Colour of affected limb e.g. pink / white	Pink	Pink	Pink	Pink	Pink	Pink		
Sensation felt by patient e.g. numb / pins & needles / normal	Normal	Normal	Normal	Normal	Normal	"		
Movement in limb Yes / No	yes	Yes	Yes	Yes	Yes	"		
Skin temperature warm / cold / clammy	Warm	Warm	Warm	Warm	Warm	"		
Pulses felt Yes / No	Yes	Yes	Yes	Bandage intact	Bandaged	"		
Initial of assessing nurse	SW	SO	[illegible]	SO	[illegible]	[illegible]		

ADMISSION

Patient Name: AGNES CLELLAND		Signature: S. ORR
Date: 11/3/10	Time: 1515	Admitting Nurse: [signature]

Drug Name and Form (e.g. tablet)	Strength	Quantity received from patient	Medicines: Labelled/Boxed /and in date	Date Pharmacy Contacted	Date of Medicine: R=returned D=destroyed (with consent)	Quantity returned to patient	Patient Signature
			If NO contact Pharmacy				
FLUOXETINE	20mg	18 tablets	Yes				
SIMVASTATIN	40mg	28 tablets	Yes				
~~RAMIPRIL~~	~~10mg~~	~~28 tab~~	~~Yes~~				
ASPIRIN	75mg	9 tabs	~~Yes~~ NO				
METFORMIN	500mg	8 tabs	No				

Intervention	Initial
Medication stored in ward trolley or recorded in CD register and stored in CD cupboard (if applicable)	

Risk Assessments (circle then specify action taken / intervention in multidisciplinary evaluation):

Latex	VTE	Pressure Ulcer	Patient Handling
Yes / (No)	A / B / C	High / Moderate / (Low)	(See Handling assessment Form

Intervention	Initial
Patient orientated to room and surroundings	[signature]
Patient demonstrates understanding of use of call bell	[signature]
Patient consents to ~~name being displayed on door~~ and to notes being kept in room	[signature]
Patient understands procedure information	[signature]
Patient verifies the procedure expected and correct site as recorded on written consent	[signature]
All medication issues/allergies assessed and the patient medication plan is documented and clear △	[signature]
Results of pre-operative investigations indicate suitability for surgery	[signature]
Contraindications for procedure have been identified and appropriate action taken (if applicable)	[signature]
Valuables are stored securely	n/a [signature]
Patient aware of expected length of stay	[signature]
Availability of suitable adult to provide care and assisstance for 24 hours post procedure confirmed	[signature]
Availability of an escort to drive or accompany the patient home confirmed	[signature]
Patient and family's understanding of discharge arrangements confirmed	[signature]
Patient reported outcome measures questionnaire received (if applicable)	[signature]
Patient consents to the use of bed rails following procedure	n/a
Patient consents to the use of Per Rectum (PR) analgesia (if applicable)	[signature]

Date / Time	Multidisciplinary Evaluation	Signature / Designation
11/3/10 1515	Routine admission. BM 5.2 mmols; obs stable – slight hypertension, pt quite anxious.	[signature]

Date / Time	Variance / Action taken / Outcome	Signature / Designation

PRE-PROCEDURE CARE

Patient Name: AGNES CLELLAND.

Pre-Procedure Check List	Yes (✓)	No (✓)	Not Applicable (✓)
Accuracy of identity bracelet confirmed and corresponds to patient records	✓		
Allergies checked against wrist band, drug chart & medical record ⚠	✓ IBUPROFEN		
Consent form signed by patient and Consultant	✓		
False teeth removed		✓	✓
Bridge/Crown present		✓	
Contact lenses removed			✓
Cardiac pacemaker in situ?		✓	
All Jewellery removed or taped (wedding ring taped)	✓		
Body piercings removed or taped	✓		
Make up / nail varnish removed	✓		
Voided Urine	✓		
Operation site marked and site verified by patient against consent	✓		
Operation site prepared	✓		
Pre-medication given OMEPRAZOLE 40mg	✓		✓
Pre-existing prosthesis (internal / external) Y / N (please circle) Specify:			
X-rays and test result available			
Time patient last ate: 0930			
Time patient last drank: 0930			
Date of last menstrual period (if applicable) N/A.			
Ward Nurse signature [signature]	**Date:** 11/3/10	**Time:** 1530	
Anaesthetic Practitioner signature	**Date:** 11/3/10	**Time:** 1730	

Date / Time	Multidisciplinary Evaluation	Signature / Designation
11/3/10 16⁰⁰	Omeprazole 40mg oral pre-med given as per Dr Patrick.	[signature] /RN

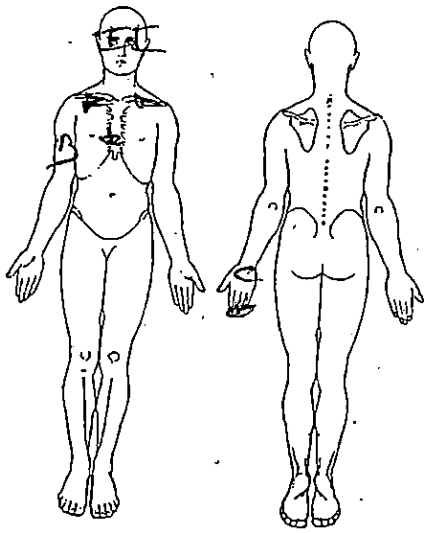
Date / Time	Variance / Action taken / Outcome	Signature / Designation

ANAESTHETIC ROOM CARE

Patient Name:	Anaesthetic Room Practitioner:
Date:	Signature:
Time into Anaesthetic Room: 17.35	

Intervention	Initial
Patient positioned safely for anaesthesia	
Consent form checked	
Procedure and correct site if applicable verified with patient and Anaesthetist	
Allergies checked against wristband, drug chart & medical records △	
Intravenous cannula inserted (specify type, length, gauge, location no. of attempts): optiva 20g left hand 1	
Medication administered prior to surgery as prescribed	
Intravenous fuids administered as prescribed	
Vital signs monitored and within normal limits (if temperature ≤36.0C prior to induction forced air warming device must be used from induction of anaesthesia	
Anaesthetic administered by Consultant (specify type): GA	
Airway maintained. Type of airway used (specify): LMA	
Throat pack inserted **Yes** / **No** (circle)	
Eyes taped **Yes** / **No** (circle)	
Patient handling risk assessed Correct techniques for moving patient adopted and specified on **Patient Handling Assessment From**	
Patient transferred to theatre	

IV	X
IV Cannulae & Colour of line	C
ECG Electrodes	■
CVP	Z
Arterial Line & colour	O
BP Cuff	B
Pulse Oximeter	H
Diathermy Plate	●
Temperature Probe	▲
Other eg. Epidural	E



Date / Time	Multidisciplinary Evaluation	Signature / Designation

Date / Time	Variance / Action taken / Outcome	Signature / Designation

CARE DURING PROCEDURE

Patient Name:	Time Entering Theatre: 17 50
Date:	Signature: Jn Vlitsopoulos

Intervention	Initial
Patient positioned safely during procedure e.g. lateral, lithotomy (specify position): Supine	JV
Correct Site: Consent form checked against operating list	JV
Correct Site: Procedure and operative site verified against consent by theatre team	JV
Correct Site: Availablility of correct implant confirmed (if applicable)	JV
Allergies checked against wristband, drug chart & medical records △	JV
Patient handling risk assessed	JV
Correct techniques for moving patient adopted and specified on Handling Assessment Form	JV
Table attachments used (specify type): 3 Boards	JV
Pressure sore risk assessed: **High / Medium /** (Low) (circle)	JV
Pressure area relieving devices used (specify): Gel Pads	JV
Anti-embolic devices applied **Yes /** (No) (circle)	JV
Patient Warming Device **Yes /** (No) (circle)	JV
Tourniquet: Left Arm Time On (specify) Right Arm 1756 Time On (specify) Pressure mm/Hg 300 Left Leg Time Off(specify) (Right Leg) Time Off (specify)	JV
Skin Preparation (specify): Betadine 'c' alcohol	JV
Irrigation fluid use (specify):	—
Catheter inserted (specify type, size, mls added to balloon, and name of person inserting catheter):	—
Packs (specify):	—
Blood loss measured and recorded on fluid balance chart	—
Drain inserted (specify):	—
Skin Closure (specify): S/C Ethilon	JV
Dressings (specify): Gradine, Blue Swabs, Wool, Crepe P.O.P.	JV
Infiltration (specify): Block in anaesthetic room	JV
Implants (Yes) / No (circle and specify details on following page)	JV
Type and number of specimens taken (specify):	—
Diathermy plate removed and site shows no adverse skin reactions	—
Throat Pack Removed **Yes /** (**Not Applicable**) (circle)	OK
Final Theatre Count Verified as Correct by Scrub and Circulating Nurse:	JV

Tapes / Swabs	Needles / Hypodermics	Blades	Instruments	Scrub	Circulating
10	2 2	4	Minor Set + Bowl	JV	JV
Time patient transferred to recovery: 1835.				JV	
Procedure Performed: Right Mid foot fusion				JV	

BATCH NUMBER / IMPLANT NUMBER / DESCRIPTION

Patient Name:

Date:

DePuy France STERILE R

MEMORY ® 12

P369

Agrafe à mémoire de forme entraxe 12 mm 17/17

Memory staple width : 12 mm 17/17

LOT 2602385

DePuy France STERILE R

MEMORY ® 12

P369

Agrafe à mémoire de forme entraxe 12 mm 17/17

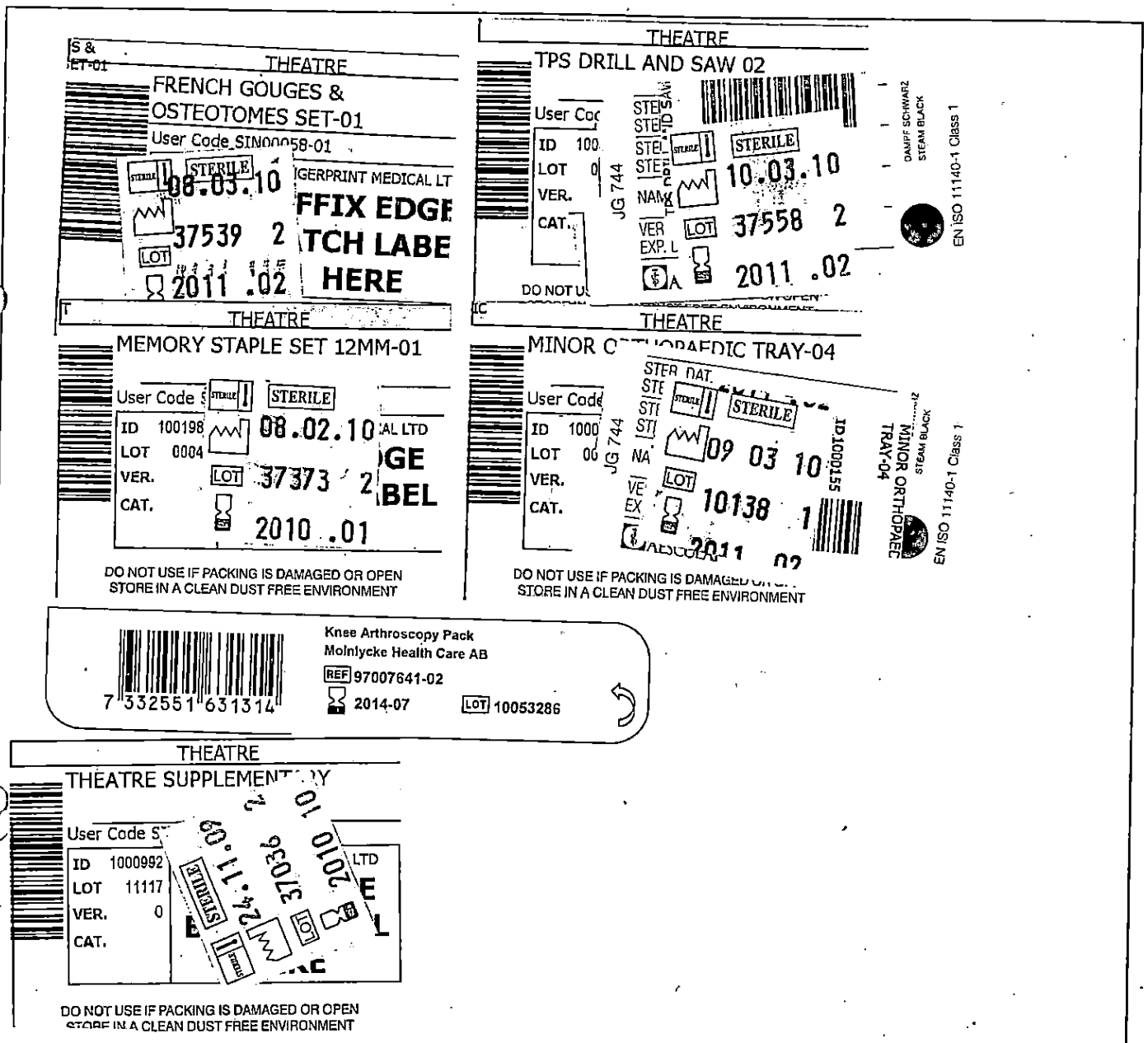
Memory staple width : 12 mm 17/17

LOT 5016205

SETS / INSTRUMENTS

Patient Name:

Date:



CODE: 28933

2014.12

LOT:289335209

RECOVERY CARE

Patient Name:	
DOB:	

Time Entering Recovery:	1835
Recovery Practitioner:	F. Mayat
Signature:	

Intervention	Initial
Patient's airway maintained , specify time airway removed ..... from theatre	FM
Patient positioned in accordance with comfort and to prevent complications	FM
Patient handling risk assessed Correct techniques for moving patient adopted and specified on Patient Handling Assessment Form	FM
Bed rails applied	FM
Oxygen administered as prescribed	FM
Patient does not appear distressed by pain (level recorded on MEWS chart & record as variance if pain score ≥ 4)	FM
Patient not appear distressed by nausea (Record as variance score ≥ 1 (0-2 score) on 2 or more occasions in 4 hour period)	FM
Cannula site patent and secure	FM
Operative site is clean and dry and does not appear to be excessively swollen	FM
Colour, warmth, sensation and movement to operative limb statisfactory (if applicable)	FM
Sips of water tolerated as desired	FM
Patient safely recovered from anaesthetic / sedation as evidence by level of consciousness	FM
Patient's colour / perfusion is acceptable	FM
Patient is able to move expected extremities	FM
Patient demonstrates 'usual' breathing pattern	FM
Progress reviewed by Anaesthetist	FM

Handover Intervention	Initial
Procedure details, current status, treatments and medical orders handed over to ward nurse	FM
Patient transferred to ward (specify time): 1905	FM

Date / Time	Multidisciplinary Evaluation	Signature / Designati

Date / Time	Variance / Action taken / Outcome	Signature / Designation

POST PROCEDURE TO DISCHARGE CARE

Patient Name:	AGNES CLELLAND
Name of Discharge Nurse:	S. ORR
Signature:	

Signature of Nurse Responsible for Care			
	Date	Time	Signature
am:			
pm:	11/3/10	1910	
night:	11/3/10	2300	

Intervention	Initial			Discharge
	PM	MG		
Patient handling risk assessed Correct techniques for moving patient adopted and specified on Handling Assessment Form		RS		SO
Patient is safely recovered from procedure as evidenced by stable vital signs and is awake and orientated	SO	RS		—
Patient does not appear to distressed by pain (level of pain recorded on MEWS chart & record as variance if pain score ≥ 4)	SO	RS		SO
Patient does not appear to distressed by nausea (Record a variance nausea score ≥ 1(0-2 score) on 2 or more occasions in 4 hour period)	SO	RS		SO
Colour, warmth, sensation and movement to operative limb satisfactory (if applicable)	SO	RS		SO
Patient is tolerating fluids and diet without nausea	S	RS		SO
Cannula / electrodes are removed (document time of cannula removal)		RS		SO
Patient has passed urine		RS		SO
Operative site is clean and dry and does not appear to be excessively swollen	SO	RS		SO
Anti-embolic devices commenced (For VTE Prophylaxis) Please tick if applicable: Anti-embolism stockings ✓ Not Applicable	SO	RS.		SO
Patient has returned to usual levels of independence				SO
Patient seen by Consultant post operatively				—
Patient demonstrates understanding of written / verbal discharge advice (including instructions for removal of skin closure)				SO
Discharge drugs given to patient (own medication returned and recorded where appropriate on page 8)				SO
Dressings and /or equipment supplied (please specify):				n/a
GP letter (clinical summary) produced from PIMS and give to patient				SO
Clinical coding summary of discharge completed (NHS / ECN patients only)				—
Consent obtained to forward clinical summary to GP				SO
Follow-up appointment given to patient (if applicable)				SO
Information about patient reported outcome meaures given (if applicable)				SO
Valuables returned to patient				n/a
X-Rays returned to patient				n/a

Date / Time	Multidisciplinary Evaluation	Signature / Designation
11/3/10 1910	Returned to ward, alert + settled. Obs stable, O_2	
	@ 3L. Back slab + bandaging intact, nil ooze.	
	Painfree + comfortable. CSM satis. —	RO /ren
2300.	Recordings stable Hand satisfactory - up to toilet	
	MNB - passed Urine. Full meal taken. Analgesia as prescribed	

Date / Time	Variance / Action taken / Outcome	Signature / Designation

EVALUATION SHEET
(Use if Length of Stay is Extended)

Patient Name: AGNES CLELLAND.

Date / Time	Multidisciplinary Evaluation	Signature / De
12/3/10.	Slept well overnight. Offers no complaints. Analgesia taken this morning. CSM satisfactory. To bed. Up to toilet NWB/Toetouch. Passing good volumes urine.	
12/3 0800	BM 6.2 mmol/L @ 0750	
12/3/10 11.55	Feeling well this am. Obs stable. Meds given as charted. Tolerating diet + fluids well. S/b physio. D/C meds given + explained. GP letter & f/u appt given. Mobilising well with crutches. Nil concerns voiced. CSM satis, dressing intact. Pt d/c @ 1145.	
~~12/3/10 1155~~		

Date / Time	Variance / Action taken / Outcome	Signature / Designation

PATIENT HANDLING ASSESSMENT FORM

Instructions for Completion

For each task indicate whether the patient can complete independently or requires assistance. Assess the patient and determine handling methods (see Health and Safety - Manual Handling Policy HS 20). Review, reassess and record whenever there are changes to the patient's condition e.g. on return from theatre.

When assessing consider constraints e.g. disablilities, pain, skin lesions, catheter, co-operation and ablility to understand instructions, also consider weight / build / height / BMI. Assess the environment e.g. space restrictions, flooring and furniture / equipment.

	Name of Assessor(s)	Signature / Designation	Date
INITIAL ASSESSMENT	ELSPETH NELSON	E Nelson RGN2	3.3.10
REVIEW	S. ORR	RN	12/3/10
REVIEW			
REVIEW			

| | | |

FOLLOW-UP CARE

Date / Time	Multidisciplinary Evaluation	Signature / Designation
22/3/10.	Back slab & dressings removed	
	STO. - O paste dressing.	
	SIB Mr Carter.	
	Aircast Boot on.	
	F/U/O/patient 5/52	McCall

Medicine Chart

Nuffield Health

UFFIELD HE
SGOW HOS
SONFIEL

Hosp No.: GL315691
Surname: Clelland
Firstname: Agnes
DoB: 08/09/1955 Gender: F
Address: 39 RENNIE ROAD

KILSYTH
GLASGOW
Postcode: G65 9PQ

Date of Admission:	11.3.10
Room:	35
Weight: 119.3Kgs	Height: 1.62

Instructions to Prescribers

Please write in **dark indelible ink**
Write only approved name of drugs (CAPITALS)

PRESCRIBERS AND NURSES - Attention is drawn to Nuffield Hospitals Drugs Procedures

ANY KNOWN HYPERSENSITIVITY - eg: - food allergy, contra indicated drugs including type of reaction (where known)

= bupiclan - upsets stomach

Pre-operative and "ONCE ONLY" drugs

Date	Time	Drug		Dose	Route	Signature	Given by	Time	Pharm
11.03.10	15:30	OMEPRAZOLE	Code	40mg	oral		CO	1555	
			Code						
			Code						
			Code						
			Code						
			Code						
			Code						
			Code						
			Code						
			Code						

OTHER MEDICINE CHARTS IN USE

eg:- PCA, Epidural, Cytotoxic Drugs, etc.

Date	Type of Chart	Signature	Date discontinued	Signature

Regular Prescriptions

Name of Patient:

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Consultant:

DRUGS NOT ADMINISTERED CODE:

1	DRUGS NOT AVAILABLE
2	PRESCRIPTION INCOMPLETE/INCORRCT
3	PATIENT NOT AVAILABLE
4	PT UNABLE TO TAKE MEDICINE
5	NIL BY MOUTH
6	NO IV ACCESS
7	OMITTED FOR MEDICAL REASON
8	SELF-MEDICATION
9	PATIENT REFUSED

Drug (inc. form): FLUOXETINE — **Code:** pom
Dose: 40 mg (20+20mg) — **Route:** p/o
Frequency/Rate: daily — **Pharm:**
Special Instructions: (including type of diluent/total volume)
Signature: [signature] **Date:** 11/8/10

Drug (inc. form): RAMIPRIL — **Code:** pom
Dose: 10mg — **Route:** p/o
Frequency/Rate: daily — **Pharm:**
Special Instructions: (including type of diluent/total volume)
Signature: [signature] **Date:** 11/8/10

Drug (inc. form): SIMVASTATIN — **Code:** pom
Dose: 40mg — **Route:** p/o
Frequency/Rate: daily — **Pharm:**
Special Instructions: (including type of diluent/total volume)
Signature: [signature] **Date:** 11/8/10

Drug (inc. form): METFORMIN — **Code:** pom
Dose: 1gr — **Route:** p/o
Frequency/Rate: BD — **Pharm:**
Special Instructions: (including type of diluent/total volume)
Signature: [signature] **Date:** 11/8/10

Time	Date 12/2	12/3
07.00		
10.00		
13.00		
18.00		
22.00		

Regular Prescriptions

Name of Patient:

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Consultant:

DRUGS NOT ADMINISTERED CODE:

1	DRUGS NOT AVAILABLE
2	PRESCRIPTION INCOMPLETE/INCORRCT
3	PATIENT NOT AVAILABLE
4	PT UNABLE TO TAKE MEDICINE
5	NIL BY MOUTH
6	NO IV ACCESS
7	OMITTED FOR MEDICAL REASON
8	SELF-MEDICATION
9	PATIENT REFUSED

Drug (inc. form)	Code	Date	12/3												
Aspirin po		07.00	X												
Dose 75 mg	Route p/o	10.00													
Frequency/Rate daily	Pharm	13.00													
Special Instructions: (including type of diluent/total volume)		18.00													
		22.00													
Signature	Date 11/3/10														

Drug (inc. form)	Code		11/3	12/3											
Paracetamol		07.00		S											
Dose 1 Gram	Route P/IV	10.00													
Frequency/Rate 4 x daily	Pharm	13.00													
Special Instructions: (including type of diluent/total volume)		18.00													
		22.00													
Signature	Date 11/03/10														

Drug (inc. form)	Code														
		07.00													
Dose	Route	10.00													
Frequency/Rate	Pharm	13.00													
Special Instructions: (including type of diluent/total volume)		18.00													
		22.00													
Signature	Date														

Drug (inc. form)	Code														
		07.00													
Dose	Route	10.00													
Frequency/Rate	Pharm	13.00													
Special Instructions: (including type of diluent/total volume)		18.00													
		22.00													
Signature	Date														

Drug (inc. form)	Code														
		07.00													
Dose	Route	10.00													
Frequency/Rate	Pharm	13.00													
Special Instructions: (including type of diluent/total volume)		18.00													
		22.00													
Signature	Date														

As required & variable prescriptions

Name of Patient:

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Consultant:

DRUGS NOT ADMINISTERED CODE:

1	DRUGS NOT AVAILABLE
2	PRESCRIPTION INCOMPLETE/INCORRCT
3	PATIENT NOT AVAILABLE
4	PT UNABLE TO TAKE MEDICINE
5	NIL BY MOUTH
6	NO IV ACCESS
7	OMITTED FOR MEDICAL REASON
8	SELF-MEDICATION
9	PATIENT REFUSED

Drug (inc. form) MORPHINE — Code

Dose 10mg | Route IM/SC | Frequency 4hourly PRN | Maximum in 24 hrs.

Signature | Date 11.03.10

Date | Time | Dose/Route | Given By | Pharm

Drug (inc. form) PROMETHAZINE — Code

Dose 25mg | Route IM | Frequency 6-8 hourly | Maximum in 24 hrs. x 3

Signature | Date 11.03.10

Date | Time | Dose/Route | Given By | Pharm

Drug (inc. form) TRAMADOL — Code

Dose 50-100mg | Route PO/IV/IM | Frequency 4 hourly | Maximum in 24 hrs. 400mg

Signature | Date 11.03.10

Date 12/3 | Time 0900 1500 | Dose/Route 100 PO 100 PO | Given By PS SC | Pharm

Drug (inc. form) — Code

Dose | Route | Frequency | Maximum in 24 hrs.

Signature | Date

Date | Time | Dose/Route | Given By | Pharm

Drug (inc. form) — Code

Dose | Route | Frequency | Maximum in 24 hrs.

Signature | Date

Date | Time | Dose/Route | Given By | Pharm

Drug (inc. form) — Code

Dose | Route | Frequency | Maximum in 24 hrs.

Signature | Date

Date | Time | Dose/Route | Given By | Pharm

Drug (inc. form) — Code

Dose | Route | Frequency | Maximum in 24 hrs.

Signature | Date

Date | Time | Dose/Route | Given By | Pharm

Intravenous Infusion Therapy

Use this section for large volume IV infusions and drugs added to the container.

NOTE:- No drug to be added to blood

Name of Patient:

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Consultant:

Date	Intravenous Fluid	Volume	Duration	Additives & Dose	Doctor's Signature	Time Commenced	Batch Number	Nurses' Initials	
11/03/10	Haemaccel	500	6H			2100	10A19T5X	RS	
	Haemaccel	500	6H						

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ

ALPHA PATIENT

The Glasgow I 08/09/1955 (Female) 315691
Mr Robert Carter

119kg 1.m62 (47)

ANAESTHETIC RECORD

Date	Time	Surgeon	Anaesthetist
1/10/10		CAMERON	

Pre-Operative Assessment:

Patient's Age 54

Exercise Tolerance

R.S.:-

C.V.S.:-

Hepatorenal –

CNS –

Special Investigations –

ECG –

Chest X-Ray –

Biochemical –

Previous Operations:-
85 1980 OGD
MEFO. (GA)
MEA (RA)

Blood Group	
B.P.	126/77
Hb/~~PCV~~	12.4 pl 327
Recent Drug Therapy	Metformin 1000 mg Simvastatin Fluoxetine ASA Ranitidine Bendroflumethiazide (PA)
Physical Status:- 1 2 3 4 5	

Allergies Ibuprofen = angioedema

Post-Operative Details

Operation performed:-

Surgeon:-

Fluids given in theatre:-

Drains:-

B.P....- Pulse:-

Condition on return to ward:-

℞

Analgesia:-

Intravenous Therapy:-

Oxygen:-

Other Therapy:-

Anaesthetist

Anaesthesia

Patient's Name :- Agnes Abuso

Date: 11.03.10

Site of Injections	L/R Hand / Arm / Foot
Site of Infusions	L/R Hand / Arm / Foot
Central Venous Site	
Arterial Site	
Cuffed/Uncuffed	Oro/Nasal Tracheal Tube
Size	Mask
INTUB. Grade	Laryngeal Mask 4
HME	Airway Oral / NP

Ventilation

Spontaneous — I.P.P.V.

Circuit: Circle FGF: Ventilator:

Position - supine

Intravenous Fluids — Blood Warmer ☐

Hartmann's 1000 (1)

Lactated Ronger 1000 (2)

Start: ..... Finish: .....

Drugs and Fluid given:- Time:-

Propofol 73 — 18 — 30 — 19 — 3 — 2 — 30 — 21

Fentanyl 0.05 mcg — 0.1 — 70mm — 100 mg

Thiopentone 2

Pancuronium 2mg + 100 — 4

Oxygen/Sevo — DGS Nasal — 1 — 2 — 40 — 0.4/0.2 l/m

Paracetamol 4

Ondansetron 4

ECG — Sr

I.V Fluid Nos. (1)

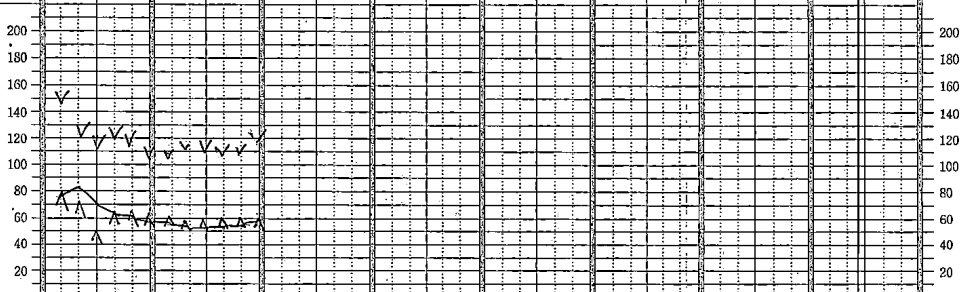
Vinf /Pressure SV

FrO_2 0.21 — 0.6

Saturation % 97 — 98 — 97 — 98

$ErCO_2$

Temperature



CVP/PCWP

Urine

Blood Loss:-

PO_2

PCO_2 (gle)

H^+ = 6.0 @ 1800

HCO_3^-

K^+

THb

☑ ECG ☑ NIBP ☑ SpO_2 ☑ $ErCO_2$ ☑ FiO_2 ☑ ErAA ☐ Temp ☐ Disconnect

☐ CVP ☐ IABP ☐ PA Cath ☐ TOF

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Nuffield Hospitals

The Glasgow Nuffield Hospital

Date: 11/3/10.

Room Number: 35.

FLUID BALANCE CHART

INTAKE						OUTPUT						
Hrs	Oral or Intragastric		Intravenous			Urine		Bowels	Aspirate/Vomit		Drainage		Hrs
		Running total	Type of fluid	Rate of flow	Running total		Running total			Running total		Running total	
01													01
02													02
03													03
04													04
05													05
06													06
07													07
08													08
09													09
10													10
11													11
12													12
13													13
14													14
15													15
16			Th- Hartmanns		1000								16
17													17
18													18
19	H_2O Sips												19
20													20
21			Hartmanns		1500	~~Nil~~							21
22													22
23	Soup/Tea	400+					UTT-200+						23
24													24
Totals at midnight													
TOTAL INTAKE						TOTAL OUTPUT					24HR BALANCE		

Surgeon's Operation Record

Nuffield Health

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Please use ball-point

Surgeon	Anaesthetist	Date
BOB CARTER	DR PATRICK	11/3/10

Operation

MIDFOOT FUSION RIGHT FOOT

2ND TMT OSTEOPHYTES EXCISED
TMT JOINT PREPARED WITH OSTEOTOME + WIRE

2 x 12mm memory staples
- good hold
- good position.

Nylon to skin + backslab.

Post op
* mobilise toe touch WBing
* Home Fri am
* OPD 22ND MARCH please book treatment room for 930 Remove ~~boot~~ slab + sutures and walker boot to be fitted.

Postoperative instructions

Packs

Catheters

Drains

Naso-gastric tubes

~~Signature~~

Nuffield Health

Glasgow Nuffield

COUNT SHEET

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Date: 11/03/10

Operation: Right mid tarsal fusion

													1	2	3
Raytec Swabs 4 x 4	5												5		5
Raytec Swabs 4 x 4 (cont.)															
Abdominal Swabs															
Raytec Swabs 2 x 2															
Blades	1	1	1										3		3
Needles	1	1											2		2
IV Needles															
Pledgets															
Neuro Patties															
Tapes															
Slings															
Sponges															
Bulldog Clamps															
Red Ties															

Circ. Nurse IN [signature] Circ. Nurse Out [signature]

Scrub Nurse [signature]

Discrepancy

Surgeons Name & Signature

Registered Nurses Name & Signature

100015500578

User Code **SET00066-04** LOT **000578**

Version No. 0011 Printed On 09/03/2010 12:39:45

MINOR ORTHOPAEDIC TRAY-04

THEATRE

TSU, NUFFIELD HEALTH GLASGOW G120PJ TL-01

2010-03-09

ID 1000155 LOT 00578 MINOR ORTHOPAEDIC TRAY-04

RE-ORDER CODE FPLB 379
Tel. +44 1454 322777

Assembled By Elsie	**Date** 9/3/10	**1st Theatre Check**	**Date** / /	**Hospital Details**	
Checked By	**Date** 9/3/10	**2nd Theatre Check**	**Date** 11/3/10	**Theatre Details**	
Operation No.		**3rd Theatre Check**	**Date** / /	**Patient Details** 315691.	

Comments

User Code	*Qty Tot*	*Mis*	*Description*	*Qty Act*	*SSD Checks 1st*	*2nd*	*Theatre Checks 1st*	*2nd*	*3rd*
	2		RAMPLEY SPONGE HOLDERS	2	2	2			
INS00593	2		NO.3 BP HANDLE BS2982	2	2	2			
INS00594	2		NO.4 BP HANDLE BS2982	2	2	2			
INS00251	1		ADSONS TOOTHED TISSUE FCP BD511	1	1	1			
	1		NONTOOTHED DISS FORCEP	1	1	1			
	2		TOOTHED DISSECTING FORCEP (ADSON,TREEVES)	2	2	2			
INS00532	1		CHARNLEY DISSECTING FORCEP BD705R	1	1				
	1		CURVED MAYO SCISSOR	1	1				
	1		STRAIGHT MAYO SCISSOR	1	1				
	1		METZENBAUM SCISSOR	1	1				
INS00257	1		STR STANDARD DRESSING SCISSORS BC313	1	1				
	5		CURVED PRESSURE FORCEPS	5	5	5			
INS01132	2		KOCHER-OCHSNER FORCEP STRAIGHT BH642R	2	2	2			
INS01131	2		KOCHER ARTERY FORCEP STRAIGHT 8" SC-GI/55	2	2	2			
	2		ALLIS TISSUE FORCEPS	2	2	2			
	2		LITTLEWOOD TISSUE FORCEP	2	2	2			
INS01330	1		MAYO-HEGAR N/HOLDER BM066R	1	1	1			
	1		NEEDLEHOLDER 6"	1	1	1			
	2		LANGENBECK RETRACTORS	2	2	2			
	2		SKIN HOOKS	2	2	2			
	2		CATSPAW RETRACTORS	2	2	2			
INS00679	1		PENNYBACKER ELEVATOR FK378R	1	1	1			

DO NOT USE IF PACKING DAMAGED
STORE IN A CLEAN, DRY, DUST FREE ENVIRONMENT

This Document Must Not Be Copied Or Reproduced © 2002 FingerPrint Medical Ltd

100015500578

USER CODE SET00066-04
LOT 00578

MINOR ORTHOPAEDIC TRAY-04

	1		BRISTOWS PERIOSTEAL ELEVATOR	1	1						
	1		BONE HOOK	1	1						
	1		MCDONALD DISSESTOR	1	1						
INS01135	2		BONE LEVER TRETHOWAN FK135R	2	2	2					
	1		BONE CUTTER	1	1						
	1		BONE NIBBLER	1	1						
	1		WEST SELF RETAINING RETRATCOR	1	1						
INS00508	1		UNIVERSAL SCISSORS BLACK 180MM BC881R	1	1						
EXT00004	1		CLIP & BAG	1	1						
INS00351	1		TRAY TAG	1	1						
CON00003	1		TRAYLINER LARGE	1	1						
WRA00003	1		AZOWRAP INTERLEAVED 137X137	1	1						
INS01149	1		AESCULAP INSTRUMENT CONTAINER + LID JK440R	1	1						
EXT00005	1		AESCULAP FILTER SINGLE USE	1	1						
EXT00006	1		AESCULAP INDICATOR CARD	1	1						
EXT00007	2		AESCULAP TAMPER PROOF TAG ORANGE	2	2	2					

134° 2010-03-09

Place A Tick In The Box As Required

55 Items In This Set.

DO NOT USE IF PACKING DAMAGED
STORE IN A CLEAN, DRY, DUST FREE ENVIRONMENT

This Document Must Not Be Copied Or Reproduced © 2002 FingerPrint Medical Ltd

1000155000576

USER CODE SET00066-04
LOT 00578

MINOR ORTHOPAEDIC TRAY-04

100198400043

User Code **SET00217-01** LOT **000043**

Version No. 0001 Printed On 08/02/2010 10:33:50

MEMORY STAPLE SET 12MM-01

THEATRE

Assembled By Carolyn	**Date** 8 12 10	**1st Theatre Check**	**Date** / /	**Hospital Details**	
Checked By	**Date** 8 12 10	**2nd Theatre Check** ay	**Date** 11 13 10	**Theatre Details** Fraser	
Operation No.		**3rd Theatre Check**	**Date** / /	**Patient Details** 315691	

Comments

DON,T THROW OUT ANY DRILLBITS MUST BE REPROCESSED.

User Code	*Qty Tot*	*Mis*	*Description*	*Qty Act*	*SSD Checks 1st*	*SSD Checks 2nd*	*Theatre Checks 1st*	*Theatre Checks 2nd*	*Theatre Checks 3rd*
INS01217	1		STAPPLE FORCEPS MDF PA370	1					
INS01218	1		STAPPLE IMPACTOR MDF PA371	1					
INS01219	1		FANTOME DE PERCAGE PA376	1					
INS01220	1		SIGHT GUN PA372	1					
INS01221	1		HANDLE FOR DRILL GUIDE A4578	1					
INS01222	1		MEASUREMENT GAUGE PA377	1					
INS01223	1		DRILLBIT 2.5 VERROU PA375	1					
INS01224	1		DRILLBIT 2.5 MDF 2.2 PA374	1					
INS00351	1		TRAY TAG	1					
TRA00028	1		DEPUY PLASTIC INSTRUMENT CONTAINER & LID	1					
WRA00001	1		AZOWRAP INTERLEAVED 90 X 90 CM	1					

134° 2010-02-08

Place A Tick In The Box As Required

11 Items In This Set.

This Document Must Not Be Copied Or Reproduced © 2002 FingerPrint Medical Ltd

100045500496

User Code **SET00156** LOT **000496**

Version No. 0009 Printed On 10/03/2010 14:37:07

TPS DRILL AND SAW 02

THEATRE

TSU, NUFFIELD HEALTH GLASGOW G120PJ

MTL-01

2010-03-10

ID 1000455 LOT 00496 TPS DRILL AND SAW 02

RE-ORDER CODE FPLB 379
Tel. +44 1454 022777

Assembled By	Date	1st Theatre Check	Date	Hospital Details
Elsie	10/3/10		/ /	
Checked By	**Date**	**2nd Theatre Check**	**Date**	**Theatre Details**
Rob	10/3/10	QA	11/3/10	Tmod
Operation No.		**3rd Theatre Check**	**Date**	**Patient Details**
			/ /	315691

Comments

User Code	*Qty Tot*	*Mis*	*Description*	*Qty Act*	*SSD Checks 1st*	*2nd*	*Theatre Checks 1st*	*2nd*	*3rd*
INS00664	1		UNIVERSAL DRIVER 5400-99	1	✓	✓			
INS00334	1		PIN COLLET 4100-125	1	✓				
INS00335	1		WIRE COLLET 4100-62	1	✓				
	1		¼" JACOBS DRILL 4100-131	1	✓				
INS00336	1		SYNTHES DRILL 4100-110	1	✓				
INS00101	1		CHUCK KEY	1	✓				
INS00665	1		SAGITTAL SAW 5400-34	1	✓				
[illegible]00666	1		RECIPROCATING SAW 5400-37	1	✓				
INS00340	1		TPS CABLE 5100-4	1	✓				
INS00351	1		TRAY TAG	1	✓				
CON00001	1		TRAYLINER SMALL 30X30	1	✓				
TRA00025	1		DIN BASKET SMALL JG113R	1	✓				
TRA00024	1		AESCULAP INSTRUMENT CONTAINER & LID JK340R	1	✓				
EXT00005	1		AESCULAP FILTER SINGLE USE	1	✓				
EXT00006	1		AESCULAP INDICATOR CARD	1	✓				
EXT00007	2		AESCULAP TAMPER PROOF TAG ORANGE	2	2	2			

134° 2010-03-10

Place A Tick In The Box As Required

17 Items In This Set.

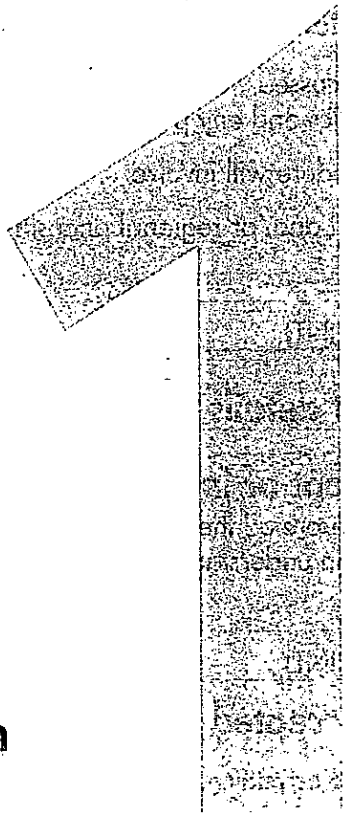
DO NOT USE IF PACKING DAMAGED
STORE IN A CLEAN, DRY, DUST FREE ENVIRONMENT

This Document Must Not Be Copied Or Reproduced © 2002 FingerPrint Medical Ltd

Nuffield Health

Patient Agreement

to investigation or treatment



Consent form

Consent form 1

Patients agreement to investigation or treatment

Patient details

Patient's surname/family name | Patient's first names

Date of birth | Age | Consultant

Hospital number | Special requirements (eg other language/other communication method)

☐ Male ☐ Female

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

RIGHT MIDFOOT FUSION

Statement of consultant/health professional (to be filled in by consultant/health professional with appropriate edge of the proposed procedure or course of treatment)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

Improve pain

Serious or frequently occurring risks

Recurrence.

Any extra procedures which may become necessary during the procedure (tick if applicable)

☐ blood transfusion ☐ use of human organs and tissue

☐ other procedure (please specify)

have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative ents (including no treatment) and any particular concerns of this patient. (tick if applicable)

☐ The following leaflet/tape has been provided Description

have discussed what the anaesthetic procedure is likely to involve, the benefits and risks of any available alternative naesthetics and any particular concerns of this patient.

his procedure will involve:

☑ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation

igned Date 11/3/10 1030h

lame (PRINT) Alan Barnes

ontact details (if patient wish to discuss options later)

tatement of interpreter (where appropriate)

have interpreted the information above to the patient to the best of my ability and in a way in which I believe e/she can understand.

igned Date

lame (PRINT)

opy accepted by patient: yes/no (please ring)

p copy to be retained in clinical records - middle copy to be given to patient - bottom copy to be retained by consultant

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have information which describes the benefits and risks of the proposed treatment. If not, you will be offered this information now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

Patient identifier/label

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

I agree to the procedure or course of treatment described on this form

I understand that I will I have the opportunity to discuss the details of anaesthesia with an anaesthetist before the unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life or to prevent serious harm to my health.

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

Patients signature X [signature] Date 11/3/10

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent.
g people may also like a parent to sign here (see notes)

Signature Date

Name (PRINT)

Confirmation of consent (to be completed by the consultant or admitting registered nurse when the patient is admitted for the rocedure, if the patient has signed the form in advance)

have confirmed with the patient that he/she has no further questions and wishes the proposed procedure/treatment go ahead.

igned Date

lame (PRINT) Job title

nportant notes (tick if applicable)

I See also advance directive/living will

Patient has withdrawn consent (ask patient to sign /date here)

Clelland Ms Agnes
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ
08/09/1955 (Female) 315691
Mr Robert Carter

Nuffield Health

How to screen patients for potential Pandemic Flu

Patient's that may be infected with or be a carrier of 'swine flu' Must meet a condition/test in boxes 1 and 2.

Clinical

Fever ≥ 38° C OR history of fever

AND

Flu-like illness (two or more of the following symptoms: cough, rhinorrhea (runny nose), limb/joint pain, headache) OR other severe illness suggestive on an infectious process.

AND

Geographical

Onset of symptoms within seven days of visiting areas known to have cases of swine influenza A/H1N1:

- Mexico
- USA (California, New York, Texas)

Questions to ask:

Do you have or have you recently had a fever of 38° C or more? Yes (No)

If no continue to screen as normal

If yes to above continue;

Did you have any of the following at the same time?

- Cough Yes / No
- rhinorrhea (runny nose) Yes / No
- limb/joint pain Yes / No
- Headache Yes / No

If no continue to screen as normal

If yes to 2 or more of the symptoms above continue;

Did the symptoms start within seven days of visiting areas known to have cases of swine influenza A/H1N1:

- Mexico Yes / No
- USA (California, New York, Texas) Yes / No

If yes to the geography question, send home and advise that the patient make an immediate call to their GP from home.

Staff (YOU) Alert Matron/HoCS Immediately

NUFFIELD HEALTH - GLASGOW HOSPITAL

25 Beaconsfield Road, Glasgow, G12 0PJ. Tel: 0141 334 9441

Immediate Discharge Letter

Date 12/3/10

Patient Name ANNE CLELLAND

Address 29 PENNIE ROAD
KILSYTH
G65 9PQ

DOB 5/9/55

HN 315691

Consultant MR CARTER

Treatment/Operation RIGHT FOOT
FUSION

Date of Procedure 11/2/10

Date of Admission 11/3/10

Date of Discharge 12/3/10

DRUG ALLERGIES IBUPROFEN - UPSET STOMACH

Medicine	FORM	DOSE	FREQUENCY	Patients own med Yes/No	QUANTITY DISPENSED
[illegible]	tab	40mg	[illegible]	No	
[illegible]	tab	[illegible]	[illegible]	No	
[illegible]	[illegible]	[illegible]	[illegible]	No	
[illegible]	[illegible]	[illegible]	[illegible]	No	
[illegible]	tab	75mg	[illegible]	No	
[illegible]	tab	500/30	[illegible]	No	32 tab

Prescriber's Signature in full [illegible]

Prescriber's Name (print) M. [illegible]

Pharmacist's Signature [illegible]

Date Dispensed 12 Mar 10

The patient has been counselled on take home medicine Y/N The patient has been given written information on take home medication Y/N

GP/Nursing follow up require
Yes/No

Discharge Advice TAKE MEDICATIONS AS PRESCRIBED
ICE TOUCH WEIGHT - BOOT FOR 6 WEEKS
KEEP DRESSING DRY & INTACT UNTIL C/V
ELEVATE FOOT WHEN RESTING

Clinic OPD follow up 23rd March DUE TO CASE MR CARTER NUFFIELD HOUSE

Nurses Signature/Designation [illegible] (RN)

Date 12/3/10

Copy to GP/Patient/Patients Notes/Pharmacy

Acute Services Division

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

Telephone: 0141 211 5402
Fax: 0141 211 4060

NHS
Greater Glasgow and Clyde

DC/CSK

Date: 24/11/2009

notes reqd

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ

Dear Ms Clelland,

Re: G.R.I. Hospital No: 10338654X

Prior to your surgery we would like you to attend for a health check at the Pre-Operative Assessment Clinic. This Clinic is held in the Gatehouse Building (old Accident and Emergency Department, Castle Street).

An appointment has been arranged for you on:

FRIDAY 18TH DECEMBER 2009 AT 10AM

Please report to Fracture Clinic reception. You may be at the clinic for 2 – 3 hours. I enclose a questionnaire to help assess your general health. Please fill it in and bring it with you when you attend the clinic.

PLEASE BRING A FRESH URINE SAMPLE FOR THIS CLINIC VISIT.

Please confirm that you are able to attend this appointment by telephoning 0141 211 5402.

Yours sincerely,

Deborah Clearie
Orthopaedic Secretary

Acute Services Division

NHS
Greater Glasgow and Clyde

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

Telephone: 0141 211 5402
Fax: 0141 211 0481
Appointments: 0141 211 5067 / 5146

SPECIALIST ORTHOPAEDIC/PODIATRY CLINIC

Typed: 24/11/2009
Our Reference: DC/

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Mrs Clelland has contacted the clinic to advise that she is having very little in the way of relief to the mid foot when she takes off the boot that we have organised for her. MRI had indicated 2nd tarso-metatarsal joint arthritis and she was previously given steroid.

Mrs Clelland advises that she has worn the boot for longer periods since her last visit in September with no improvement. She advises that she has spoken to Miss Kay at the last visit with regards to fusion of the joint. The risks, outcome and benefits were advised on. Mrs Clelland feels that she has come to a point where she would like surgery as there has been no improvement in the mid foot pain.

Mrs Clelland is known to be insulin dependent diabetic and her general health is fine. She advises she would like her name to be added to the waiting list for fusion 2nd tarso-metatarsal joint. Her name will be added to the waiting list for this to be carried out.

Yours sincerely

R McGRORY
SPECIALIST PODIATRIST

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

Telephone: 0141 211 5649
Fax: 0141 211 0481
E-mail: Susan.Wilson2@ggc.scot.nhs.uk

Wants Surgery

ORTHOPAEDIC PODIATRY CLINIC – 25/08/2009

13th September 2009

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

MRS AGNES CLELLAND 08/09/1955 CHI: 0809555328 CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Mrs Clellnad was further reviewed at the orthopaedic podiatry clinic following on from MRI scan to her right foot. She was reviewed earlier in the year with regards to non-resolving pain to the right foot. She is known to be non-insulin diabetic and had dropped a bottle on her foot with subsequent discomfort about 6 months ago. Subsequent MRI indicates there to be arthritic changes to the 2nd tarsal metatarsal joint. These have been discussed with the Orthopaedic Consultant and he advised that perhaps Mrs Clelland may benefit from steroid injection.

We spoke to Mrs Clelland with regards to this and she was happy to undertake this. 0.5ml 40mg depo-medrone with lignocaine was applied to the right mid foot area to see if this will reduce some of the inflammation she is experiencing. We have also supplied her with an air cast boot to help with mobilising and she is struggling with her mobility. We will further review her again in a few months time, however have encouraged her to contact us should she have any further concerns.

Yours sincerely,

Melanie Kay,
ESP Orthopaedic Specialist Podiatrist.

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**
Appointments: **0141 211 5067 / 5146**

SPECIALIST ORTHOPAEDIC/PODIATRY CLINIC

Clinic and dictated: 06/04/2009
Typed: 15/04/2009
Our Reference: DC/MEL

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Thank you for referring Mrs Clelland who was reviewed at the Orthopaedic/Podiatry Clinic. Mrs Clelland presented with a 6 month history of discomfort to the right foot. She is aware of dropping a bottle on her feet with subsequent discomfort. She has found the pain to the area has been present eversince and has never really resolved.

She is now limping and is finding that general activities are becoming increasingly more uncomfortable and this is effecting her mobility. She is fine when she is resting however finds as soon as she starts to weight bear or mobilise she becomes quite uncomfortable. She currently works as a domestic in a school and obviously has a high demand on her feet.

Mrs Clelland is known to be non insulin diabetic and advises her sugar levels are well controlled at this time.

On examination today her right foot is very slightly swollen in comparison to the left foot however no obvious temperature changes detected. She was very tender on palpation directly around the cuneiform joints.

Previous x-rays reported from yourself were suspicious of a lesion around the cuneiform joint. Following further discussion with the Orthopaedic Consultant he had advised an MRI to further investigate this abnormality and due to the level of discomfort Mrs Clelland is experiencing we have placed her in a walking plaster slipper. She has been given general instructions with regards to the use of a walking plaster and its care and contact details to contact her should she have any concerns meantime.

We will review her following on her MRI results.

Yours sincerely

MEL KAY
SPECIALIST PODIATRIST

Acute Services Division

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

Telephone: 0141 211 5649
Fax: 0141 211 0481
E-mail: Susan.Wilson2@ggc.scot.nhs.uk

NHS
Greater Glasgow and Clyde

ORTHOPAEDIC PODIATRY CLINIC – 25/08/2009

13th September 2009

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

MRS AGNES CLELLAND 08/09/1955 CHI: 0809555328 CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Mrs Clelinad was further reviewed at the orthopaedic podiatry clinic following on from MRI scan to her right foot. She was reviewed earlier in the year with regards to non-resolving pain to the right foot. She is known to be non-insulin diabetic and had dropped a bottle on her foot with subsequent discomfort about 6 months ago. Subsequent MRI indicates there to be arthritic changes to the 2nd tarsal metatarsal joint. These have been discussed with the Orthopaedic Consultant and he advised that perhaps Mrs Clelland may benefit from steroid injection.

We spoke to Mrs Clelland with regards to this and she was happy to undertake this. 0.5ml 40mg depo-medrone with lignocaine was applied to the right mid foot area to see if this will reduce some of the inflammation she is experiencing. We have also supplied her with an air cast boot to help with mobilising and she is struggling with her mobility. We will further review her again in a few months time, however have encouraged her to contact us should she have any further concerns.

Yours sincerely,

Melanie Kay,
ESP Orthopaedic Specialist Podiatrist.

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**
Appointments: **0141 211 5067 / 5146**

SPECIALIST ORTHOPAEDIC/PODIATRY CLINIC

Clinic and dictated: 06/04/2009
Typed: 15/04/2009
Our Reference: DC/MEL

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Thank you for referring Mrs Clelland who was reviewed at the Orthopaedic/Podiatry Clinic. Mrs Clelland presented with a 6 month history of discomfort to the right foot. She is aware of dropping a bottle on her feet with subsequent discomfort. She has found the pain to the area has been present eversince and has never really resolved.

She is now limping and is finding that general activities are becoming increasingly more uncomfortable and this is effecting her mobility. She is fine when she is resting however finds as soon as she starts to weight bear or mobilise she becomes quite uncomfortable. She currently works as a domestic in a school and obviously has a high demand on her feet.

Mrs Clelland is known to be non insulin diabetic and advises her sugar levels are well controlled at this time.

On examination today her right foot is very slightly swollen in comparison to the left foot however no obvious temperature changes detected. She was very tender on palpation directly around the cuneiform joints.

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow
and Clyde

Previous x-rays reported from yourself were suspicious of a lesion around the cuneiform joint. Following further discussion with the Orthopaedic Consultant he had advised an MRI to further investigate this abnormality and due to the level of discomfort Mrs Clelland is experiencing we have placed her in a walking plaster slipper. She has been given general instructions with regards to the use of a walking plaster and its care and contact details to contact her should she have any concerns meantime.

We will review her following on her MRI results.

Yours sincerely

MEL KAY
SPECIALIST PODIATRIST

KT

POP 6/4.

KT

10338654

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8
G General Referral — **Consultant / receiving practitioner and/or specialty clinic**

Glasgow Royal Infirmary — **Hospital and hospital address**

Hospital location code: G107H

Email address: -

Urgency of referral URGENT ?malignancy

Date of referral 20-Mar-2009 **Date sent** 20-Mar-2009

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Allyson Gawn		
GMC code	3101966	GP code	10839
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

REFERRAL VETTING
CONS
URGENT → Next available
SOON
ROUTINE
SPECIAL INSTRUCTIONS

2 sides in

RECEIVED
29 MAR 2009

Foot/ankle

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Abnormality of right cuneiform bone on x-ray.

Comment: Dear Doctor,

This lady complains of ongoing pain in her foot since dropping something on it in January of this year.

Please find enclosed a copy of the x-ray report..

I assume that the radiologist is concerned about a malignancy.

I would be grateful for your advice as regards further investigation and management.

Thanks for your help.

Yours sincerely,

Dr. A Gawn

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Never smoked tobacco:		01-Dec-2005
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Alcohol intake within recommended sensible limits:		13-Aug-2004
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005
Enjoys light exercise:		13-Aug-2004

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date recorded	Modifier	Extension	Date of onset
Erythema multiforme	2009-01-06	-	Biopsy has confirmed.	16-Jan-2009
Body mass index 30+ - obesity	-	-	-	15-Jan-2009

O/E - dermatology exam.	2008-11-18	-	reactive dermatosis	18-Nov-2008
Tennis elbow	2008-10-21	-	exacerbation of following fall - steriod and local anaesthetic injection	21-Oct-2008
Erythema multiforme	2008-10-20	-	possible	20-Oct-2008
Body mass index 30+ - obesity	-	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	2007-01-09	-	-	09-Jan-2007
Patients Notes Summarised	2006-06-20	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
Essential hypertension	-	-	-	31-Jan-2006
NIDDM - Non-insulin dependent diabetes mellitus	-	-	started on metformin	31-Jan-2006
Arthralgia of hip	2002-12-05	Left	mild degenerative changes	05-Dec-2002
Depressed mood	2001-04-09	-	-	09-Apr-2001
Nabothian follicles	2000-07-20	-	cervical	20-Jul-2000
Chronic fatigue syndrome	1995-01-01	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	1993-11-01	-	-	01-Nov-1993
Pre-eclampsia, unspecified	1975-05-08	-	labour induced	08-May-1975
Forceps delivery unspecified	1975-05-08	-	live male	08-May-1975

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Total cholesterol measurement	-	01-Dec-2008
Diagnostic imaging of vascular system	-	01-Oct-2008
Urine microalbumin	-	04-May-2008
Urine microalbumin negative	-	04-May-2008
Diabetic on oral treatment	-	15-Apr-2008
Total cholesterol measurement	-	03-Apr-2008
Thyroid function test	-	03-Apr-2008
Total cholesterol measurement	-	13-Mar-2008
Pneumococcal vaccination given	-	27-Nov-2007
Plain X-ray lumbar spine	-	22-Nov-2007
Plain X-ray pelvis	-	22-Nov-2007
Diabetic on oral treatment	-	20-Mar-2007
Urine microalbumin	-	13-Mar-2007

Urine microalbumin positive	-	13-Mar-2007
Total cholesterol measurement	-	09-Mar-2007
Thyroid function test	-	09-Mar-2007
Chlamydia psittaci IgG level	-	20-Jun-2006
Urine microalbumin negative	-	07-Mar-2006
Diabetic retinopathy screening	-	07-Mar-2006
Total cholesterol measurement	-	13-Dec-2005
Thyroid function test	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	-	18-Oct-2004
Hypersensitivity skin testing	-	08-May-2000
Health ed. - diet	-	22-Aug-1994
Health ed. - exercise	-	22-Aug-1994
Endometrial laser ablation	-	22-Dec-1993
Psittacosis LGV antibody level	-	31-Aug-1993
Cervical smear: negative	GP Care	19-Mar-1992
Cervical smear: negative	GP Care	04-Nov-1987
Surgical removal of tooth NOS	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Omeprazole	112	CAPS 20MG	1 Cap	Twice daily	15-Jan-2009	-	33 Days
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-	841 Days
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-	956 Days
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-	1001 Days
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-	1078 Days
Gabapentin	200	CAPS 300MG	1 Cap	Twice daily	15-Jan-2009	-	0 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Fluoxetine	120	CAPS 20MG	2 Caps	daily	03-Mar-2009	-	0 Days
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-	960 Days
Omeprazole	112	CAPS 20MG	1 Cap	Twice daily	18-Dec-2008	-	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	qds prn pain	18-Dec-2008	-	0 Days
Gabapentin	100	CAPS 300MG	1 Cap	as dir	18-Dec-2008	-	0 Days
Domperidone	60	TABS 10MG	1 Tab	3 times daily ac	18-Dec-2008	-	0 Days
Clarithromycin	14	TABS 500MG	1 Tab bd as per	attached note	02-Dec-2008	-	0 Days
Amoxicillin	28	CAPS 500MG	2 Caps bd	as per attached no	02-Dec-2008	-	0 Days
Omeprazole	56	CAPS 20MG	1 Cap	In the morning	20-Nov-2008	-	0 Days
Ciprofloxacin	10	TABS 250MG	1 Tab	Twice daily	07-Nov-2008	-	0 Days
Aciclovir	25	Dispersible TABS 200MG	1 Tab	5 times daily	22-Oct-2008	-	0 Days

Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	16-Oct-2008	-	0 Days

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes

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

NHS Greater Glasgow and Clyde

Stobhill Hospital

CLELLAND, Agnes
39 Rennie Road, Kilsyth, , , G65 9PQ
Referrer: DR AD GAWN - GP PRACTICE

Diagnostic Imaging Report

DoB: **08/09/1955**
Chi No: **0809555328**
CRIS No: **5087110**
Hosp No: **10338654X**

VERIFIED Verified By: DR IA MACLEOD 13/03/09 1225.
Clinical History : Dropped weight on foot. continuing pain.

XR Foot Rt :
There is a notch on the medial aspect of the lateral cuneiform which has a clean edge to it. There may be some elevation to the periosteum.

Apart from hallux valgus no other abnormality seen.

In view of the unusual appearances on this x-ray, an orthopaedic opinion is advised.

North Glasgow Hospitals

Ref. Src: Kilsyth Health Centre, Burngreen Park, Kilsyth, Stirlingshire, , G65 0HU
Exams: XR Foot Rt
Exam Date: 03/03/09 Event: E-11575782

08965

23/03/2009 https://www.sciencedirect.com/science/article/pii/S0268003309000

for file

ROBERT LEWIS CARTER
Consultant Orthopaedic Foot & Ankle Surgeon
MBChB, BSc (Hons). MRCS, FRCS (Tr & Orth)

RLC/MN

7th June 2010

Dr. M. Stephens
Kilsyth Health Centre
Burngreen
KILSYTH
G65 0HU

GRI
CRN = 10338654X
D/C = 12/3/10.

Dear Dr. Stephens,

AGNES CLELLAND – DOB 08.09.55
39 Rennie Road, Kilsyth, G65 0PQ

Mrs. Clelland is now coming up to two months following her midfoot fusion. She is still struggling a little bit with soft tissue swelling and some discomfort but she is managing to mobilise without her walker boot.

Her x-rays today show that the second TMT joint has fused satisfactorily with a staple in situ but one can still see the significant hallux valgus foot she currently states is asymptomatic. She works as a school cleaner in quite a heavy job and I think it is likely she will struggle a little bit due to the level of soft tissue swelling she has, to return to this straight away and I suspect will need a further six weeks or so before she can manage,

I will see her again in three months' time to monitor her progress and if there are any problems please do not hesitate to contact me at the Nuffield Hospital or the Southern General.

Yours sincerely

Bob Carter MB ChB FRCS
Consultant Foot & Ankle Surgeon

Nuffield Hospital
Nuffield House
1000 Great Western Road
Glasgow
G12 0NE

0141 334 9441

Ross Hall BMI
Crookston Road
Glasgow
G52 3NQ

0141 810 3151

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

0141 201 1357

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

Telephone: **0141 211 1243**
Fax: **0141 211 0481**
Appointments: **0141 211 4608**

MR L A RYMASZEWSKI'S ELBOW CLINIC

Clinic and dictated: 21/10/2008
Typed: 23/10/2008
Our Reference: MS/HB

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Diagnosis; Exacerbation of right tennis elbow following fall
Outcome; Commence physiotherapy at Kilsyth Health Centre
Steroid and local anaesthetic injection of tennis elbow

This 53 year old lady who is right hand dominant gives a history of having tennis elbow for several years. She has had anti inflammatory steroid injections in the past. She reports having a mechanical fall where her right elbow was compressed between a wall and her own body a few months ago. This seemed to have stirred things up. She underwent a cortisone injection approximately six weeks ago which was injected into her proximal forearm which didn't seem to help her symptoms. She reports occasional pins and needles which are more recent and in the median nerve distribution suggestive of carpal tunnel syndrome.

On examination there is no obvious swelling or deformity with tenderness over the lateral epicondyle. Full range of movement - extension/flexion as well as pronation/supination. She is tender over the lateral epicondyle as well as the extensor mobile wod. Resistance of wrist extension reproduces her symptoms.

X-rays do not show any obvious bony deformity. Some calcification noted at the insertion of ECRB. I have injected her lateral epicondyle with 5ml of .5% Marcaine with Kenalog. We have referred her for physiotherapy. She has been discharged from the clinic.

Yours sincerely,

M.Siddiqui
Specialist Registrar, ORTHOPAEDICS

21/10/08

10338654

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8
G General Referral

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

Glasgow Royal Infirmary

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

Hospital location code.
G107H

Email address

Urgency of referral **URGENT**

Severe right arm pain, paraesthesia, history of trauma back in December, definite bone abnormality just distal to elbow.

Date of referral 11-Sep-2008

Date sent 11-Sep-2008

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

RECEIVED
12 SEP 2008

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRAL VETTING
CONS
URGENT
SOON ✓ LAR/PHYSIO
ROUTINE
SPECIAL INSTRUCTIONS

REFERRING GP DETAILS

Name	Dr. Alice McSherry		
GMC code	4337283	GP code	14940
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

FOR CONSULTANT VETTING
URGENT SOON ROUTINE

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Severe arm pain, paraesthesia, history of trauma back in December, definite bone abnormality just distal to elbow.

Comment: Dear Doctor,

The above lady fell and did attend Casualty in December and no obvious fracture was picked up, but the lady definitely has a very hard, firm swelling just distal to her elbow joint and since that date has been getting severe pain and now what sounds like some nerve trapping also, paraesthesia in her hand, very severe pain right down her elbow to her hand and also up from her shoulder joint also. This is stopping the lady sleep and causing her to really struggle to try to function at work. I would very much value your assessment of her as soon as possible, as the lady really does seem at her wits end with regard to the amount of pain she is in.

Many thanks.

Yours sincerely,

Alice McSherry GP

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Never smoked tobacco:		01-Dec-2005
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Alcohol intake within recommended sensible limits:		13-Aug-2004
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005
Enjoys light exercise:		13-Aug-2004

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date recorded	Modifier	Extension	Date of onset
Body mass index 30+ - obesity	-	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	-	20-Mar-2007

O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	2007-01-09	-	-	09-Jan-2007
Patients Notes Summarised	2006-06-20	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
Essential hypertension	-	-	-	31-Jan-2006
NIDDM - Non-insulin dependent diabetes mellitus	-	-	started on metformin	31-Jan-2006
Arthralgia of hip	2002-12-05	Left	mild degenerative changes	05-Dec-2002
Depressed mood	2001-04-09	-	-	09-Apr-2001
Nabothian follicles	2000-07-20	-	cervical	20-Jul-2000
Chronic fatigue syndrome	1995-01-01	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	1993-11-01	-	-	01-Nov-1993
Spontaneous vaginal delivery	1982-10-30	-	live female	30-Oct-1982
Spontaneous vaginal delivery	1980-12-03	-	labour induced - live child	03-Dec-1980
Spontaneous vaginal delivery	1977-04-24	-	induced - live male	24-Apr-1977
Forceps delivery unspecified	1975-05-08	-	live male	08-May-1975
Pre-eclampsia, unspecified	1975-05-08	-	labour induced	08-May-1975

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Urine microalbumin	-	04-May-2008
Urine microalbumin negative	-	04-May-2008
Diabetic on oral treatment	-	15-Apr-2008
Total cholesterol measurement	-	03-Apr-2008
Thyroid function test	-	03-Apr-2008
Total cholesterol measurement	-	13-Mar-2008
Pneumococcal vaccination given	-	27-Nov-2007
Plain X-ray pelvis	-	22-Nov-2007
Plain X-ray lumbar spine	-	22-Nov-2007
Diabetic on oral treatment	-	20-Mar-2007
Urine microalbumin	-	13-Mar-2007
Urine microalbumin positive	-	13-Mar-2007
Total cholesterol measurement	-	09-Mar-2007
Thyroid function test	-	09-Mar-2007
Chlamydia psittaci IgG level	-	20-Jun-2006
Urine microalbumin negative	-	07-Mar-2006
Diabetic retinopathy screening	-	07-Mar-2006
Total cholesterol measurement	-	13-Dec-2005
Thyroid function test	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	-	18-Oct-2004
Hypersensitivity skin testing	-	08-May-2000
Health ed. - exercise	-	22-Aug-1994
Health ed. - diet	-	22-Aug-1994
Endometrial laser ablation	-	22-Dec-1993
Psittacosis LGV antibody level	-	31-Aug-1993
Cervical smear: negative	GP Care	19-Mar-1992
Cervical smear: negative	GP Care	04-Nov-1987
Surgical removal of tooth NOS	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date	Date last	Duration

					started	issued	
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-	651 Days
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-	766 Days
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-	770 Days
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-	888 Days
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-	811 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Fexofenadine Hydrochloride	60	TABS 120MG	1 Tab	Twice daily	10-Sep-2008	-	0 Days
KETOCONAZOLE SHAMPOO	1 (OP)	120ML	APPLY	use as shower gel	10-Sep-2008	-	0 Days
Miconazole	90 grams	CREAM 2%	apply	bd	10-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	08-Sep-2008	-	0 Days
Mometasone Furoate	100	OINT 0.1%	apply spairingly	Twice daily	08-Sep-2008	-	0 Days
Etoricoxib	28	TABS 120MG	1 Tab	Daily	04-Sep-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	15-Aug-2008	-	0 Days
Aciclovir	35	Dispersible TABS 800MG	1 Tab	5 times daily	22-Jul-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	04-Jul-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 or 2 Caps	Twice daily	28-May-2008	-	0 Days
Epaderm Emollient	1	500g	-	-	16-May-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 or 2 Caps	Twice daily	24-Apr-2008	-	0 Days
Amitriptyline Hydrochloride	56	TABS 25MG	1 Tab	At night	09-Apr-2008	-	0 Days
Hydroxocobalamin	5	Amp 1ml INJ 1MG/ML	to be injected	As directed	09-Apr-2008	-	0 Days

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP

Electronic Attachment Present:No

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

Northcote, Joyce

From: Northcote, Joyce
Sent: 16 January 2013 11:38
To: Clearie, Debbie

Dear Debbie
Just about to preop Agnes Clelland 10338654X for tendo achilles Decompression however she is currently under cardiology and requires further tests. Can she be removed from waiting list meantime - GP has been informed
Cheers Joyce

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

Pre-op Clinic **0141 211 5535**
Appointments: **0141 211 5146**
Fax: **0141 211 4527**

16/01/2013

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Dear Dr Hardie

Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Your patient attended the Orthopaedic Pre-op assessment Clinic today in preparation for a Tendo-Achilles Decompression/Debridement

Your patient informed us that they are currently attending cardiology and undergoing further investigations which include angiogram

Due to this we are at present cancelling their planned Orthopaedic surgery and removing them from the waiting list.

When the tests/investigations are completed and cardiology is satisfied your patient is fit for surgery please contact the pre-op assessment clinic at the above address and we will arrange to have them re-assessed for surgery.

Yours sincerely

Joyce A Northcote
Pre-op Assessment Department

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**

DC/CSK

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ

Date: 28/03/2013

Dear Mrs Clelland,

Re: G.R.I. Hospital No: 10338654X

Please confirm that you are able to attend all of these appointments as soon as possible by telephoning **0141 211 5402**. Failure to contact us may result in the cancellation of your surgery.

I am pleased to confirm that your orthopaedic operation has now been arranged under the care of Mr C S Kumar. Before surgery we would like you to attend for a health check at the Consultant Review Clinic. This is held in the Orthopaedic Clinic, Basement, Surgical Block

Thursday 11th April 2013 at 4.30pm to meet with Mr Kumar

Admission Details:

On condition that your health check is satisfactory, I have arranged your admission as follows:

Admission to ward 62 (Queen Elizabeth Building) on Sunday 21st April 2013 at 7am (fasted from midnight)

Operation on: Sunday 21st April 2013

Please telephone the ward on 0141 211 4430 on the day of admission to confirm that there is a bed available and to be advised what time to arrive at the ward.

Please bring with you **ALL** your medicines, in their original packs to your anaesthetic review appointment and on admission. This includes all medicines bought over the counter, supplements and herbal medicines.

If you require an ambulance for your health check or admission, please telephone 0300 123 1236 as soon as possible as this can take some time to arrange.

Yours sincerely

Deborah Clearie
Orthopaedic Secretary

Dr Traven McLintock
Anaesthetic Clinic Attendance (RED Assessment) 03/04/2013

/TTC

Mrs Agnes Clelland, 08/09/1955
10338654X
Red review because of complex PMH. Has had Thallium & Cardiac MRI scans which show large defect in region of LAD. However Car Angio shows essentially normal Coe As – Dx is microvascular angina.
Gets angina daily and takes her GTN spray regularly but is mobile on crutches at present and feels she controls her angina well. Description of chest pain is slightly atypical.
Also has oesophageal stricture which has been dilated in past and she feels is starting to cause symptoms again. BMI 45, Weight 129kg.
Note she is on a WLI for a Sunday – this will need to be changed to a regular weekday list as I think it unlikely the anaesthetist doing the WLI would agree to do her.

Dr Traven McLintock
Anaesthetic Amber Casenote Review 20/03/2013

/TTC

Mrs Agnes Clelland
10338654X
Despite stress thallium & Cardiac MR showing abnormalities in region of LAD, coronary angio on 11/2/13 showed normal LAD & circumflex. Cardiologists feel she may have microvascular angina in view of symptoms and perfusion defects. See portal. Appears to use GTN spray several times/day.
Other issues – oesophageal stricture, type 11 DM on metformin, BMI 45 weight 129 kg.
Should be seen at red review clinic.

Golden Jubilee National Hospital
Agamemnon Street
Clydebank G81 4DY
National Waiting Times Centre Special Health Board

DEPARTMENT OF CARDIOLOGY
Phone: 0141 951 5861 Fax:0141 951 5859
E-mail:pauline.mcbride@gjnh.scot.nhs.uk

NHS SCOTLAND

CARDIOLOGY DISCHARGE LETTER

Name: Agnes Meikle Clelland **DOB:** 08/09/1955
Address: 39 RENNIE ROAD, KILSYTH, G65 9PQ
CHI Number: 0809555328 **Examination Number:** D105000164660
Examination Date: 11/02/2013 **Examination Time:** 11:35
Examination: Coronary Angiogram
Dictated by: Dr Alan Rae **Date Reported:** 11/02/2013
Typed By: Pauline McBride **Date Typed:** 12/02/2013
Report To:

Dr F Dunn
Consultant Cardiologist
Stobhill Hospital
Balornock Road
GLASGOW
G21 3UW

CC:

Dr M Stephens
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Date of Admission: 11.02.2013
Date of Discharge: 11.02.2013

Dear Dr Dunn

Diagnoses:
1. Exertional chest pain/breathlessness
2. Large perfusion defect on Thallium and MR
3. Type II Diabetes Mellitus – on Insulin

Procedure:
Coronary angiography

Total number of pages for this report = 2
Name: Agnes Meikle Clelland **ID:** 0809555328 **DOB:** 08/09/1955
Examination date: 11/02/2013 11:35

This 57 year old patient with Type II Diabetes Mellitus on Insulin was admitted, as arranged, to the Golden Jubilee National Hospital on 11th February 2013 for coronary angiography. She has a history of exertional chest pain and breathlessness with a large defect on Thallium in the LAD/circumflex region. She is a non smoker with no family history of ischaemic heart disease. She has hypercholesterolaemia and hypertension. She agreed to be part of the MR INFORM Study and had a cardiac MR which showed a perfusion abnormality in the territory of the left anterior descending coronary artery.

Coronary angiography was performed via the right radial artery on 11th February 2013. There was no disease in the left anterior descending or circumflex arteries with only minor atheroma in the ostium of the right coronary artery.

In summary, therefore, this patient has essentially normal coronary arteries and has been reassured. It is possible that she has microvascular angina in the context of her ongoing symptoms and perfusion defects in the anterior wall in both Thallium and CMR. She is due for discharge on 11th February 2013. No change in her medication has been made. I would be grateful if you would arrange her continuing follow-up.

Kind regards,

Yours sincerely

Dr Alan P Rae
Consultant Cardiologist

Dictated by: Dr Alan Rae

Verified by: Dr Alan Rae

Total number of pages for this report = 2
Name: Agnes Meikle Clelland **ID:** 0809555328 **DOB:** 08/09/1955
Examination date: 11/02/2013 11:35

Acute Services Division

Emergency Care and Medical Service Directorate

NHS Greater Glasgow and Clyde

DEPARTMENT OF CARDIOLOGY
Stobhill Hospital

Correspondence Address;
Department of Cardiology
Glasgow Royal Infirmary
Castle Street
Glasgow G4 0SF

14/12/2012

Dictated	14/12/2012
Typed	27/12/2012
Our Ref	AS/MD

Dr F G Dunn **(Secretary 211 5500)**
Dr N E R Goodfield **(Secretary 232 1042)**
Dr J Lindsay **(Secretary 211 9370)**

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre,
Burngreen Park,
Kilsyth
G65 0HU

Dear Dr Hardie

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnoses
1. Angina
2. Large defect on thallium scan
3. Type 2 diabetes mellitus
4. Hypertension
5. Hypercholesterolaemia
6. Recent injury, Achilles' tendon rupture, awaiting orthopaedic surgery
7. Asthma

This lady was seen following her attendance in the Rapid Access Chest Pain Clinic which was in September when she managed only a short time on the exercise treadmill. A thallium scan done on 1st October showed a large defect in the LAD/circumflex territory. It was a Dobutamine stress scan and the area of reversibility was thought to be small to moderate but I suspect it is a high risk still she is still experiencing symptoms of angina despite being started on antianginal therapy. I have discussed this with her today and referred her on for coronary angiography.

In the interim, of course, we can further increase her antianginal therapy. She is not on a beta blocker at the moment because of her asthma and requirement of inhaler therapy. An option will be to start her on a limiting calcium channel blocker like Diltiazem to get her heart rate under better control as it is currently 76 beats per minute.

Yours sincerely,

Dr Aadil Shaukat
ST5

NHS
Greater Glasgow and Clyde

Specialty: Trauma and Orthopaedic Surgery

Nursing Admission Documentation eForm - Version 1.0 RC 0.1

Hospital Name: Glasgow Royal Infirmary

Patient Details

Name:	AGNES, CLELLAND
Address:	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire
Postcode:	G65 9PQ
Correspondence Address 1:	
Correspondence Address 2:	
Correspondence Postcode:	
Telephone:	
Patient Contact Number:	01236 822191
CHI Number:	0809555328
CRN:	10338654X, ZM06407457, Z9344895
D.O.B:	08/09/1955
Age:	57
Sex:	Female

GP Details

Name:	STEPHENS, MARJORY
Address:	Kilsyth Health Centre Burngreen Park Kilsyth
Telephone:	
Ward:	
Date of Admission:	13/03/2013
Time:	11:24
Admitting Consultant:	Mr Kumar
Expected Date Of Discharge	
Admitting Nurse:	Gillian Thomson
Consent:	Yes
Sensitivity:	Sensitive

Next of Kin / Person to Notify

	Next of Kin	Person to Notify
Name:	George Clelland	
Address:	A/A	
Landline:	A/A	
Mobile:		
Relationship:	Husband	
UK aware of admission:	Yes	**Consent for information to be given to relatives:** Yes
Nominated family contact - Day:	01236 822191	**Night:**

Does the patient have an appointed Welfare Guardian / Power of Attorney? NA

1. Presenting Complaint / Diagnosis

Left achilles tendon repair and FHL transfer

2.Patient Allergy Summary

3. Observations

Cannard:	**Pulse:** 76	**BP:** 105/66
Waterlow (if required):	**Resp:**	**SaO2:** 97
EWS: 0	**Temp:** 36	**BM:**
Height(m): 1.69	**Weight(kg):** 129	**BMI:** 45
Urinalysis:		**AMT4 Score:** 0

4. Current Medication

Lifestyle

Does the patient smoke?	No
Refer to smoking cessation clinic?	Referral made to Smoking Cessation Services? No
Does the patient use recreational drugs?	No
How often does patient have 6 or more drinks on one occasion?	Never
FAST Tool completed?	No

Admission Documentation completed by

Name: Gillian Thomson **Designation:** Registered Nurse **Date:** 13/03/2013

Nursing Admission Assessment

Breathing and Circulation

Breathing

Symptoms or history of respiratory problems?	Yes	Productive / non-productive cough evident?	NA
Dyspnoeic at rest?	NA	Dyspnoeic on minimal exertion?	Yes
Dyspnoeic on maximum exertion?	NA	Normally receives oxygen therapy?	NA

Details:

Circulation

Symptoms?	NA	Known cardiac or circulatory problems?	Yes

Immediate Action Taken:

hypertension
IHD
Asthma minimal exertion
Obese BMI 45

Communication and Mental Status

Assessment of ability to communicate:

What language does the patient speak	English	Interpreter Required?	
Does the patient have:	Speech difficulties:		
	Learning difficulties (e.g. Down's syndrome):		

Eyesight

Normal vision?	NA	Glasses?	Yes	Distance? NA	Reading? Yes
Diplopia?	NA	Left:	NA	Right: NA	
Contact Lenses?	NA	Registered Blind?	NA		

Hearing

Normal?	Yes	Hearing impaired?	NA		
Hearing Aid?	NA	Left:	NA	Right: NA	

Mental Status

Orientated?	Yes	Confused?	NA	Distressed?	NA	Unconscious?	NA
Aggressive / Abusive	NA						

Hydration and Nutrition

Nutrition screening should be repeated in 7 days on the following date:	20/03/2013
Nutrition screening required?	MUST Score: 0

Elimination

Continent (Bladder):	Yes	Continent (Bowel):	Yes
Incontinent (Bladder):	NA	Incontinent (Bowel):	NA
Long term urinary catheter insitu?	NA		
Continence assessment commenced?	NA	Specify any containment products in use:	
Bowel regular?	NA	Constipated? NA	Diarrhoea / loose stools? NA

Stoma:	NA	**Specify and list appliances used:**	
Immediate Action Taken:	Occasional stress incontinence		

5 Personal Hygiene, Oral Health and Skin Assessment

Personal Hygiene

Self-caring and independent?	Yes	**Requires assistance?**	NA

Oral Health

Oral Care Bundle implemented?	NA		
Self-caring and independent?	Yes	**Evidence or oral ulceration,**	
Requires assistance?	No	**Oral Hygiene Care Bundle?**	

Dentures: Not Worn? Yes **Upper set?** NA **Lower set?** NA **Full set?** NA **With patient on admission?** NA

Skin Assessment

Healthy & Intact?	Yes	**Broken?**	NA	**Clammy?**	NA	**Discoloured?** NA	**Oedematous?** NA
Wound Assessment Chart completed?						**Pressure ulcer evident?**	
						Grade:	0

6 Mobility

Patient fully mobile/independent?	No	**Prosthesis?**	**Specify:**
Limited Mobility?	Yes	**Mobile with aid?** Yes	**Specify:** Elbow crutches
Moving and handling plan commenced?			

7 Maintaining a Safe Environment

Patient status	
Does the patient have pain?	
What makes the patient's pain better? Provide brief details:	
Bed rail assessment completed?	**Bed rails required?**

8 Sleep and Rest

Sleep Habits		**Sleep Difficulties**	
Less than 8 hours?	NA	**None?**	NA
Morning nap?	NA	**Early wakening?**	NA
Afternoon nap?	NA	**Disturbed e.g. nocturiapain?**	Yes
Medication required?			
Immediate Action Taken:	Nocturia x 3 or 4		

9 Social Circumstances

Lives alone?	NA	**Lives with family?**	Yes	**With friend?**	NA
With dependants?	NA	**Nursing Home?**	NA	**Residential?**	NA

Current care/ Support Service arrangements:

Social Services?	NA	**Private Carers?**	NA	**None?**	NA
Immediate Action Taken:	Has stairs in the house with hand rails fitted Shower within the bath				

10 Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and / or sexuality that are relevant to admission? No

Provide brief details:

11 Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?	No	**Details:**
Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?	No	**Details:**

Did patient want ward staff to arrange for a hospital Chaplain to visit while in hospital?	Not at this time	**Faith group:**	

12. Anticipatory Care (where appropriate and relevant)

Is Appropriate?	NA

13 Action List

Action	Yes/No	Date
Waterlow completed?	NA	
Nutrition Profile Completed?	NA	
Infection Control Team contacted?	NA	
Referral made to Smoking Cessation Service?	NA	
Alcohol Screening and Assessment Tool completed?	NA	
Interpreter arranged?	NA	
Oral Care Bundle implemented?	NA	
Wound Assessment chart completed?	NA	
Pressure Ulcer Record completed?	NA	
Moving and handling plan completed?	NA	
Bed rail assessment completed?	NA	
Current Care / Support arrangements suspended?	NA	
Cannard screening completed?	NA	

14 Admission Assessment Completed By

Date of Assessment: 13/03/2013 **Time:** 11:57 **Completed by:** Gillian Thomson

Clinical Notes

Date: 13/03/2013 **Time:** 12:18 **Name:** Gillian Thomson

Clinical Note:

Information leaflets issued and fasting instructions discussed. Advised to withhold Metformin, Aspirin and Ramipril on morning of surgery.

Clerk-in

HS 1 + 11 + 0 (no murmur)
No ankle oedema
Peripherally well perfused
ECG SR

Chest Clear
AE and Exp Satis L=R
BS vesicular
Asthma well managed

Abdo (large) SNT
Stretch marks noted
Bowel sounds present

Gillian Thomson
Sister Pre-op
13/03/13

ID: #STAT#1303131515138

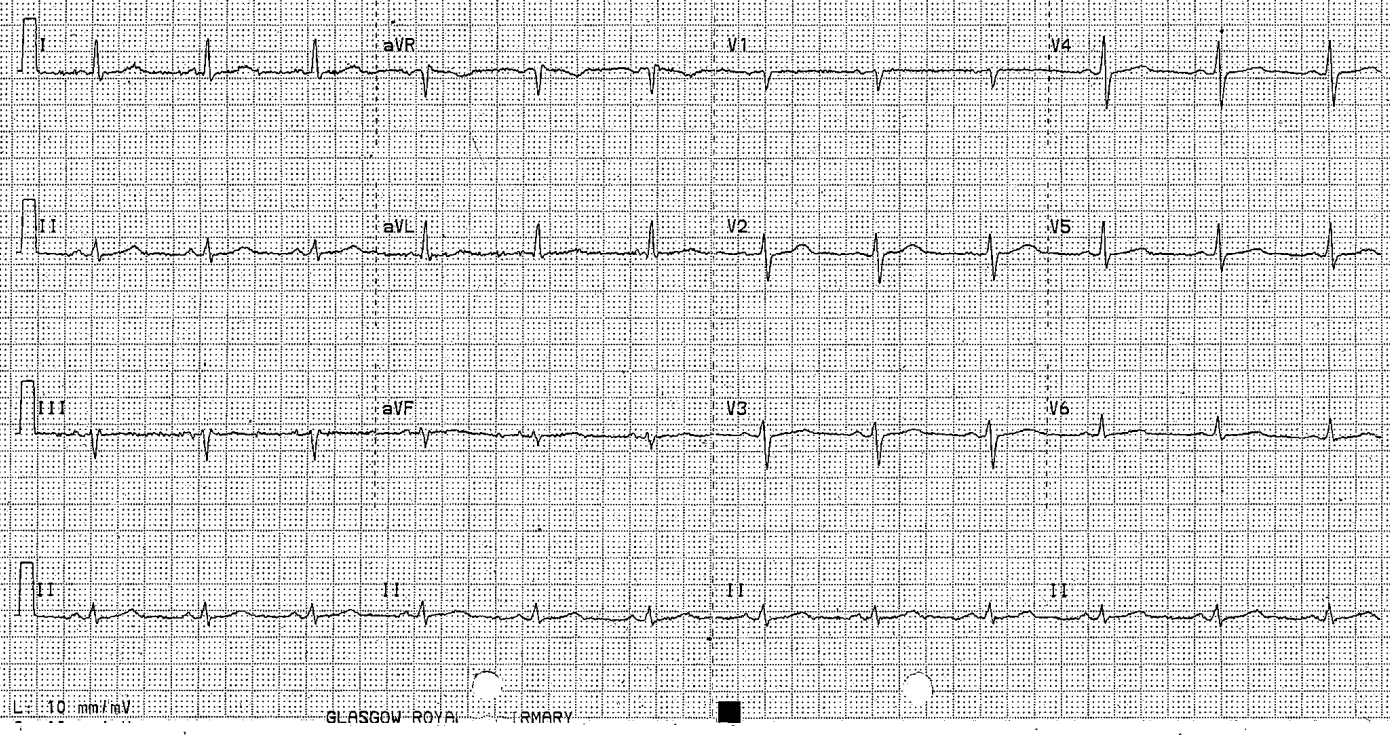
D.O.B.:
Location:

Vent. Rate:	71 bpm
RR Interval:	836 ms
PR Interval:	134 ms
QRS Duration:	100 ms
QT Interval:	428 ms
QTc Interval:	447 ms
QT Dispersion:	42 ms
P-R-T AXIS:	47° -10° 36°

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Sinus rhythm.
Poor R wave progression - probable normal variant

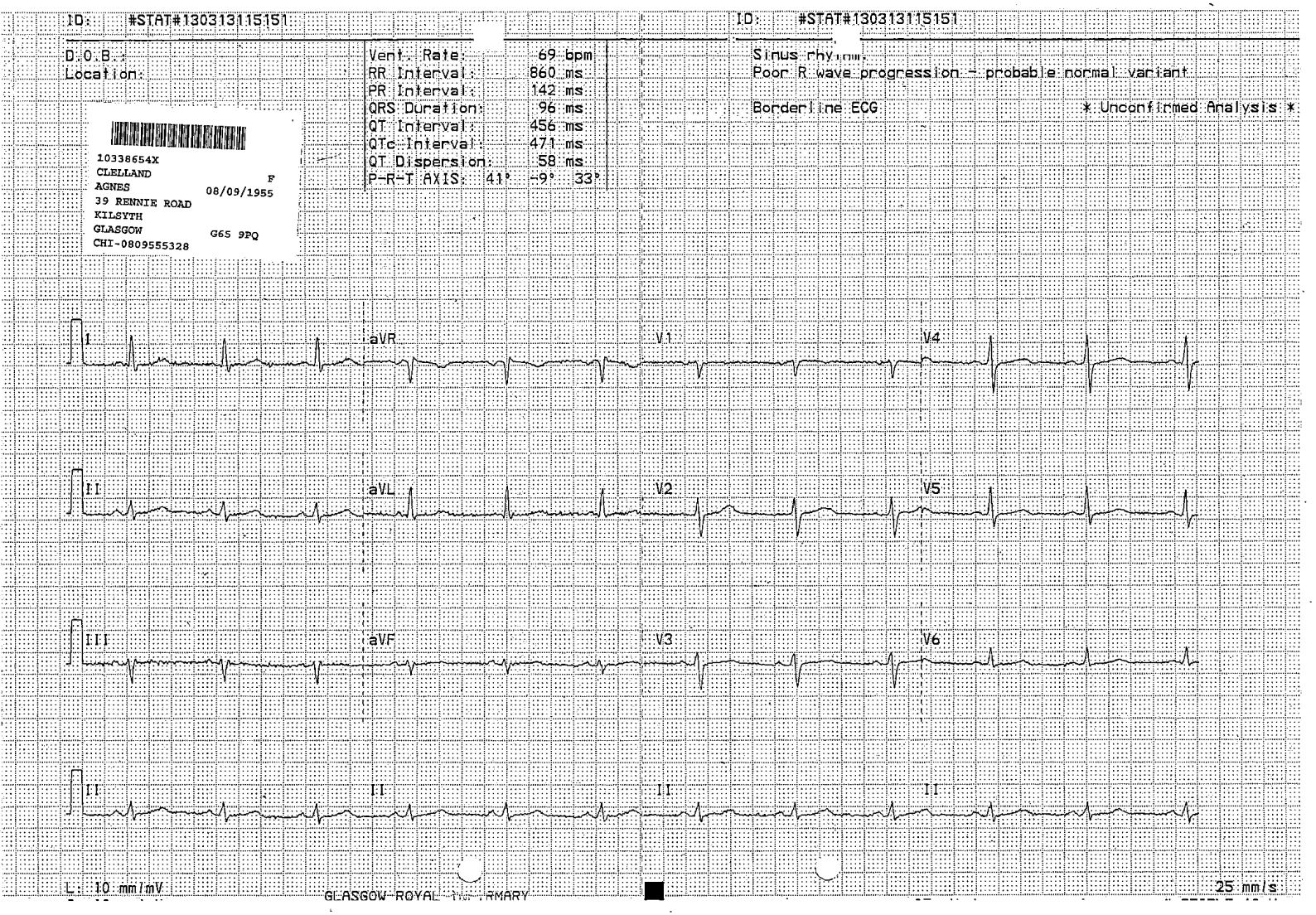
Borderline ECG * Unconfirmed Analysi

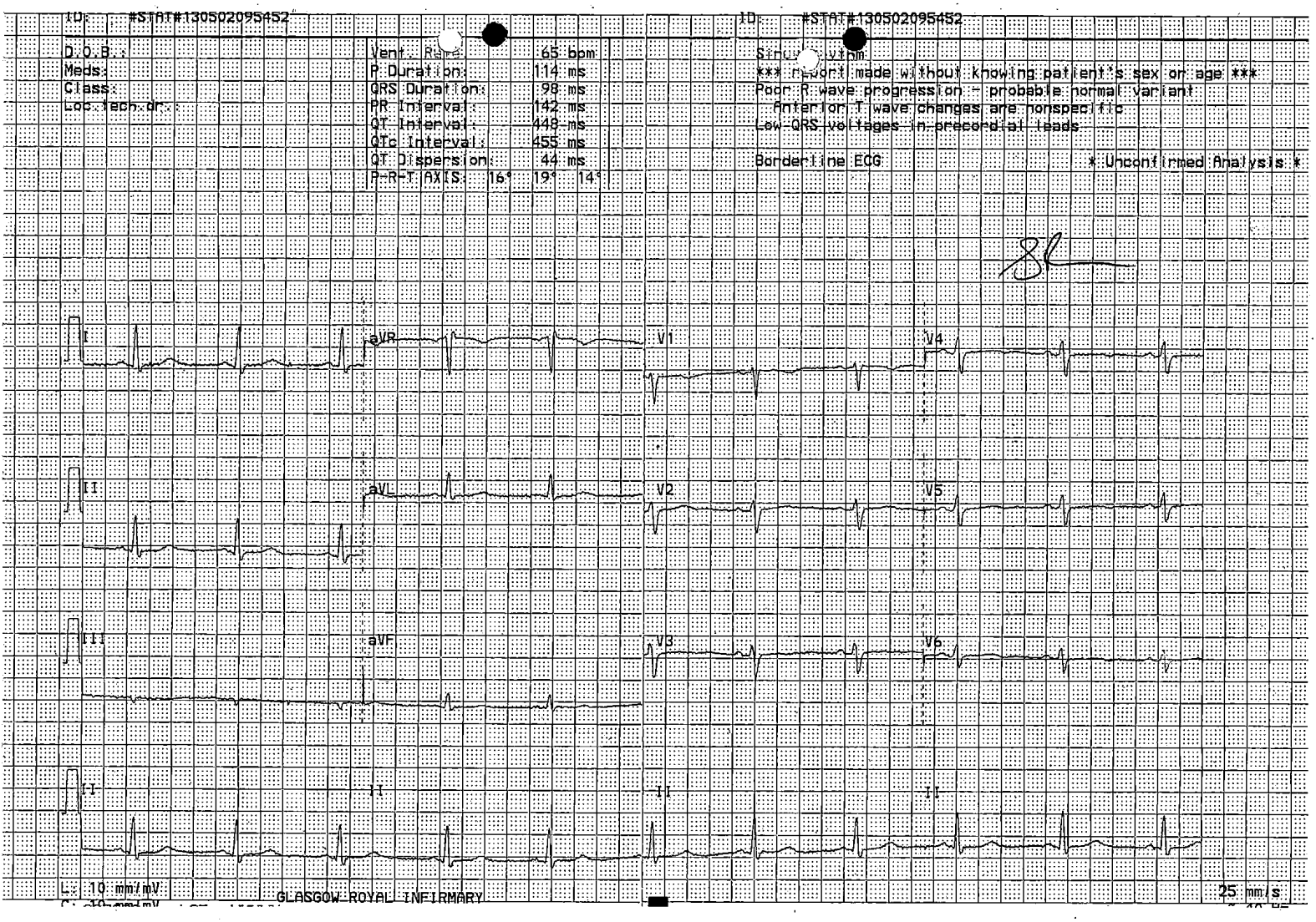


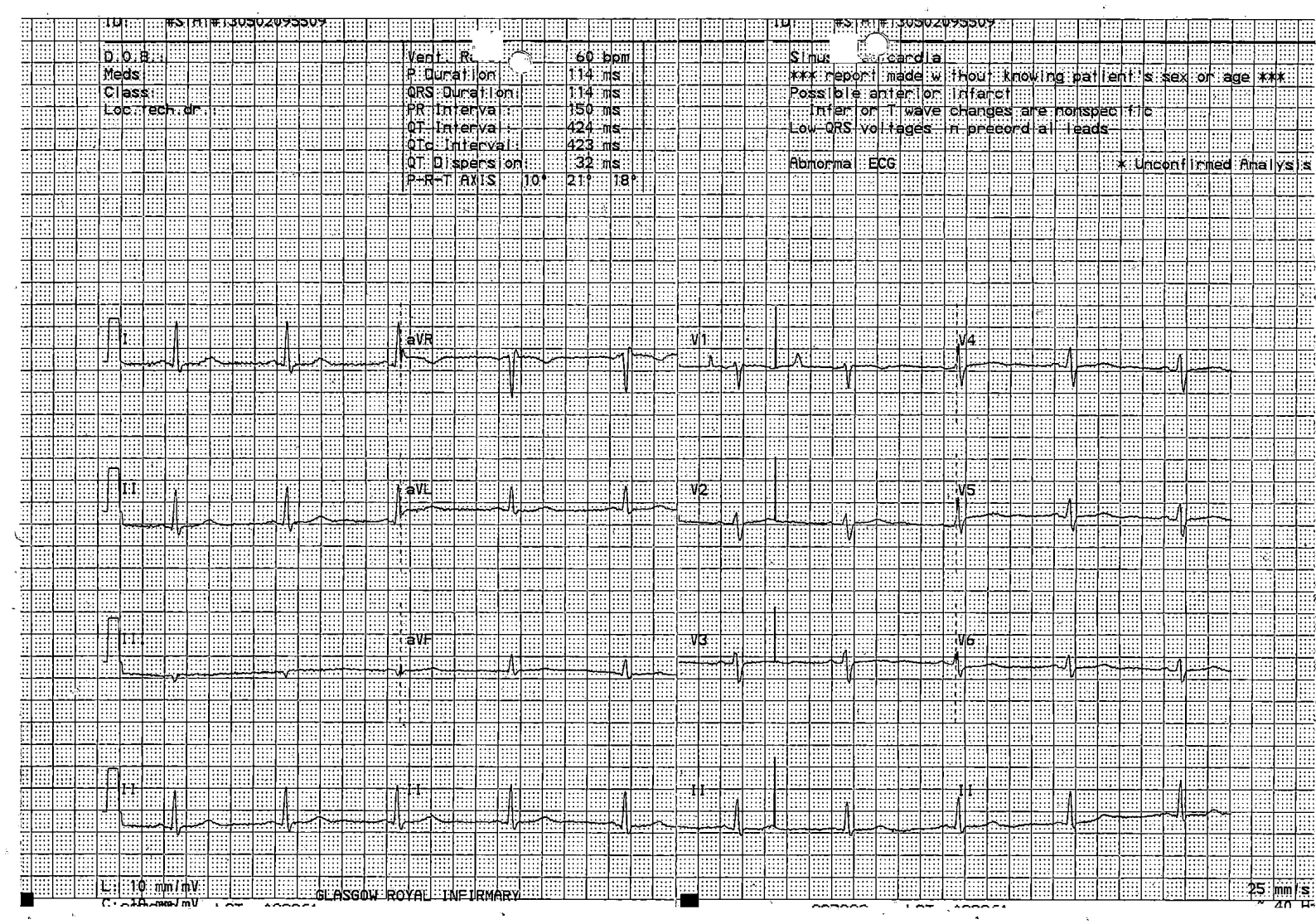
L- 10 mm/mV

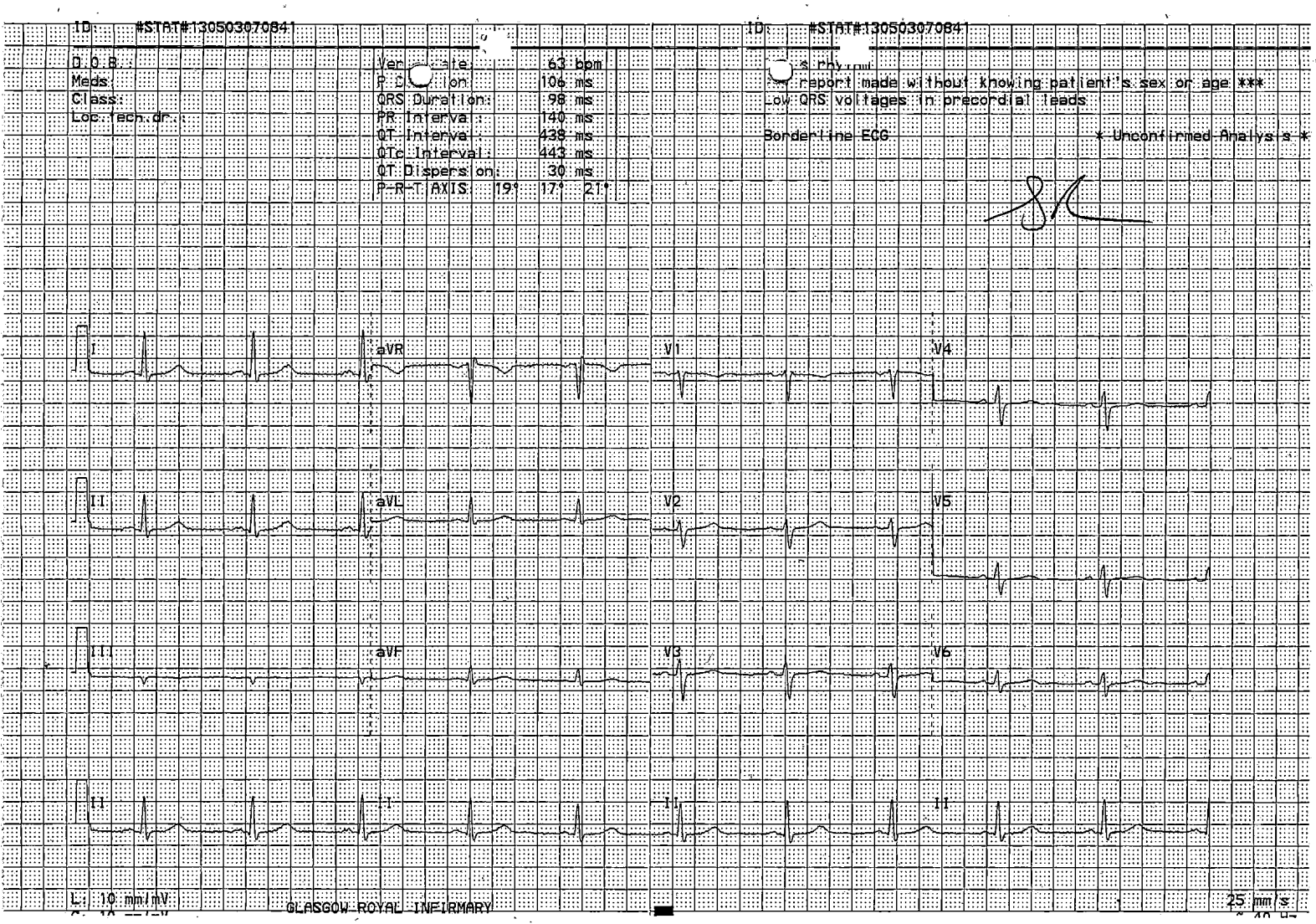
GLASGOW ROYAL [illegible]RMARY

25 mm/s


ID: #STAT#13031311S151
D.O.B.:
Location:
10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328
Vent. Rate: 69 bpm
RR Interval: 860 ms
PR Interval: 142 ms
QRS Duration: 96 ms
QT Interval: 456 ms
QTc Interval: 471 ms
QT Dispersion: 58 ms
P-R-T AXIS: 41° -9° 33°
ID: #STAT#13031311S151
Sinus rhythm
Poor R wave progression - probable normal variant
Borderline ECG
* Unconfirmed Analysis *
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
L: 10 mm/mV
GLASGOW ROYAL INFIRMARY
25 mm/s


ID: #STAT#130502095452
D.O.B.:
Meds:
Class:
Loc.Tech.dr.:
Vent. Rate: 65 bpm
P Duration: 114 ms
QRS Duration: 98 ms
PR Interval: 142 ms
QT Interval: 448 ms
QTc Interval: 455 ms
QT Dispersion: 44 ms
P-R-T AXIS: 16° 19° 14°
ID: #STAT#130502095452
Sinus rhythm
*** Report made without knowing patient's sex or age ***
Poor R wave progression - probable normal variant
Anterior T wave changes are nonspecific
Low QRS voltages in precordial leads
Borderline ECG
* 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: #S:M:#:305020955O9
D.O.B.:
Meds:
Class:
Loc.:rech.dr.:
Vent. R: 60 bpm
P Duration: 114 ms
QRS Duration: 114 ms
PR Interval: 150 ms
QT Interval: 424 ms
QTc Interval: 423 ms
QT Dispers on: 32 ms
P-R-T AXIS 10° 21° 18°
Sinus cardia
*** report made w thout knowing patient's sex or age ***
Possible anter or infarct
Infer or T wave changes are nonspec f fc
Low QRS voltages in precord al leads
Abnorma ECG
* Unconfirmed Analys s
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
I
II
II
L: 10 mm/mV
GLASGOW ROYAL INFIRMARY
25 mm/s


ID: #STAT#13050307084
D.O.B.:
Meds:
Class:
Loc.Tech.dr.:
Ventricular rate: 63 bpm
P-R Duration: 106 ms
QRS Duration: 98 ms
PR Interval: 140 ms
QT Interval: 439 ms
QTc Interval: 443 ms
QT Dispersion: 30 ms
P-R-T AXIS 19° 17° 21°
Sinus rhythm
*** report made without knowing patient's sex or age ***
Low QRS voltages in precordial leads
Borderline ECG
* Unconfirmed Analysis *
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
L: 10 mm/mV
GLASGOW ROYAL INFIRMARY
25 mm/s

CHECKLIST ALL WARD ADMISSIONS

PRE-OP ASSESSMENT DATE : 13/3/13

10338654X F
CLELLAND
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

	Y	NO	N/A	COMMENTS Breech dates for bloods / MRSA
BLOOD RESULTS	✓ on WSH/N			
MRSA RESULTS	✓ on WSH/N			ESR 51
LAST X-RAY /SCANS + DATES	✓			Ankle US (L) Nov 12
DAY CASE FAILED DAY CASE		✓ —		
ADDITIONAL NOTES	✓			on portal / notes cardiology
BONE ORDERED (Femoral Head)		—		
ECHO REPORT PFT's		—		Thallium reports on portal
KARDEX COMPLETED		—		
OTHER TEST RESULTS CLERK -IN	✓			AMBER REVIEW → RED ✓ OK ESR elevated previously

GLASGOW ROYAL INFIRMARY

Mr Kumar

10338654X F
CLELLAND 08/09/1955
AGNES
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

DATE 01/05/2013

OPERATION SURGEON

SECONDARY REPAIR OF ACHILLES TENDON AND FHL TRANSFER LEFT ANKLE

Name: Mrs Agnes Clelland		**Ward:**	62
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ		**Surgeon:**	Mr Senthil Kumar
Hospital No:	10338654X **D.O.B.:** 08/09/1955	**Assistant:**	Mr Sam Roberts
Indication:	Achilles Tendon Midsubstance Rupture (Left)	**Anaesthetist:**	Dr Shiona Stott

ANAESTHETIC: SPINAL AND POPLITEAL BLOCK(SS)

DVT prophylaxis: Aspirin 150mg for 6 weeks MEDIUM RISK

Antibiotic prophylaxis: 1.5g cefuroxime iv

POSITION AND TOURNIQUET: Prone position. Thigh tourniquet.

APPROACH: Longitudinal midline incision, complete rupture with extensive scarring noted. Proximal retracted by 7-8cm, dissected upto the musculotendinous junction. Turn-down flap of medial third of the gastrocnemius tendon, sutured to the distal stump. FHL divided just distal to the fibrous tunnel and plugged into a drill hole over the back of the os calcis in front of the Achilles tendon, held with a Biotenodesis screw. FHL muscle belly sutured onto the tendon.

CLOSURE: 2,0 vicryl to the subcutaneous layers, with skin closure with clips. No drain was used. Below knee plaster in full equinus applied.

POST – OPERATIVE INSTRUCTIONS:
Routine observations CSM.
Mobilise when comfortable, partial weight-bearing.
Follow up: Nurse-led clinic 10 days for change of plaster,
MAINATAIN FULL EQUINUS.
See in Mr. Kumar's clinic 4-6 weeks thereafter.

MATERIAL SENT FOR EXAMINATION

Signed: C. S. KUMAR

No. 05230

Peri-Operative Care Plan

NHS Greater Glasgow and Clyde

Pa

10338654X F
CLELLAND 08/09/1955
AGNES
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

Date: 1/5/13.
Ward: 62.
Consultant: Mr Kumar
Proposed operation: Achilles Tendon Recon +/- FHL Transfer (L) Ankle.

Baseline Observations

Water Low Score:	Pulse:	BP:	Temp:	SPO2:	Resp.	Height: Weight:	BMI:
	68	124/65	37°C	96% on air	14		

These checks must be made immediately prior to administration of pre-med.

Pre-operative checks comments:	Ward comments:	Reception
Identify band correct (name, date of birth, hospital number, ward	✓	✓
Consent signed and dated	✓	✓
Fasted from: 12MN	Food: ✓ Fluid: ✓	✓
Correct site surgery marked and prepared [L]	✓	(L) Leg.
Allergies/sensitivities and reaction None known.		NSAIDS.
Medical conditions, i.e. other relevant information: Type II Diabetic, HBP, IHD, Angina, Asthma, Depression, Peripheral Neuropathy, (R) foot surgery.	✓	
Inhalers/Sprays	✓ Inhalers + GTN on pillow.	
Blood Glucose (if relevant) BM 7.4 mmols @ 11AM.		BMG 4 @ 12.05
Antiembolitic Treatment e.g. TEDs On Aspirin.		✓
Implants insitu e.g. pacemaker, joint replacements ORIF (R) foot.		(R) foot
Dentures / loose teeth, Caps, Crowns (L) + R upper @ back = Secure.		Secure.
Hearing Aid, Spectacles and Hair pieces remaining in situ (contact lenses to be removed) - please state	—	—
Others (please state)		
Make up/nail polish removed	—	—
Jewellery/body piercing taped/removed	✓	taped.
Underwear removed/disposable pants	✓	✓
Voided urine/catheter insitu	✓	✓
Documentation (case notes, nursing notes, prescription charts, ECG, X-ray, Blood results)	✓	—
Premedication given:	✓	—

Please sign once check completed:

Ward Nurse:	Reception Practitioner:	Anaesthetic assistant/Theatre Practitioner
[signature] 8.7N	CM.	MPa 1230

Time into Reception: _____

Operational Data	Time into Anaesthetic Room 1 2 3 1 Time into Theatre 1 3 0 3 Time out of Theatre 1 4 1 6	Scrub Practitioner Shaw Circulating Practitioner Hufana / Thomson Anaesthetic Assistant Pay

ANAESTHETIC ROOM

Blood Availability check	Anaesthetic Practitioner has confirmed with Anaesthetic that X matched blood is:- Required ☐ Available ☐ Grouped and Saved ☐ *(tick or cross as necessary)*	
Psychological care given to allay anxiety	Verbal & Non Verbal Communication given ☑ Explanation of expected events/routine given ☑ Communication adapted to meet needs of the patient ☑ Certificate of Incapacity ☐	
Safe Application, Preparation and Use of Equipment	SP02 ☑ Position Rotated Hourly ☐ Arterial Line ☐ CVP Line ☐ Temperature probe ☐	Infusion Device Numbers
	ECG ☑ Warming Device	
	NIBP ☑ Other	

THEATRE

Information given in Scrub Nurse and Senior Circulating Nurse by Anaesthetic Nurse	Scrub nurse must check patient ID band with consent ☑ Patient Allergies ☑ Prosthesis ☐ Other ☐ Name Scrub Practitioner ~~patient semi-mobile~~ SN Shaw
Operation Site & procedure safety check	Scrub Nurse and Senior Circulating Nurse confirms with Surgeon the procedure to be performed ☑ Correct Site and Site of operation ☑
Safe positioning and prevention of injury to Skin, Joints and Nerves	Moving Aids - Pat Slide ☐ Roll Board ☐ Sliding Sheets ☐ Hover mattress ☐ Other ☑ pt. Semi-mobile DIATHERMY PAD MUST BE CHECKED WHEN RE-POSITONING PATIENT

Position(s)	1- Prone	Torrence Score Key
Pre- operative Skin Check + Torrence Score	Skin appears OK and intact	
Post operative Skin Check + Torrence Score		
Positioning Devices (type, position)	Arm boards Pillows	
Padding (type, position)	J-Boards Pillows Inco Pads	
Arm Position and Security (type, position)	On padded Armboards	

Integrity e.g. Intact, Red, Broken, Bruise

Risk Assessment Toll - Name and Score

Positioning Devices e.g. Pillow, Wedge, Stirrups, Rolls etc.

Padding e.g. Heel, Pads, Headrest, Gel Pads etc.

Arm Position e.g. By side, Arm Boards, Over Abdomen. Secured By e.g. Ties, J Board

N.B ARM BOARDS MUST BE PLACED AT LESS THAN 90 DEGREES TO AVOID INJURY

Measures to reduce the risks of Compartment Syndrome

LEGS IN LITHOTOMY OR LLOYD DAVIS POSITION MUST BE LOWERED EVERY 3 HOURS FOR A MINIMUM OF 5 MINUTES Remove compression stockings pre operatively

Position	Time legs positioned	Time legs lowered and duration	Time legs lowered and duration	Removal of Comp. Stockings prior to surgery

DVT Prophylaxis

Elastic Compression Stockings ☐ Sequential Compression device _____ mmhg

Flowtron Boots ☐ _____ mmhg

Safe use and application of Intraoperative equipment to prevent injury

Diathermy - Monopolar / Bi polar

Monopolar return eletrode - Site _____

Skin site assessed - meets safety criteria ☑ Skin prepared - N/A ☑ Clipped ☐ Dry Shaved ☐

Tourniquet - Checked ☑ Padding applied ☑

	Position	Time inflated	Pressure	Time deflated	Time inflated	Pressure	Time deflated
Site 1	L. Thigh	1310	300	1414			
Site 2							

Skin Preparation to reduce the risk of infection

Correct site(s) to be checked with Surgeon ☑

Site	Skin	Prepping Solution
Site 1- L. Leg	None ☑ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☑ Chlorhexidine Acetate ___ ☐ Chlorhexidine ___ ☑ Betadine Alcohol ☐ Other ☐
Site 2-	None ☐ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ___ ☐ Chlorhexidine ___ ☐ Betadine Alcohol ☐ Other ☐

Aseptic Technique to reduce risk of infection

Drain(s) Inserted ☐

	Type	Site	Size	Secured with
Drain 1				
Drain 2				
Drain 3				

Urinary Catheter ☐

Type	Site	Size	Ballooned Inflated with	Pepping Solution
			mls	

Wound Closure/Dressings

	Site	Wound Closure	Dresssing	Other
1	(L) ankle	3/0 vicryl	jelonet, blue swabs, wool, crepe bandage, backslab	
2				

Wound Bath - Sterile Saline 0.9% ☐ Other ☐ _____

Pack left in situ

Site	Type	Size	Number

OPERATION PERFORMED

achilles tendon reconstruction + FHL transfer left ankle

COMMENTS / NOTES

REF AR-1555B
Bio-Tenodesis™ Screw

LOT 547269

5 x 15 mm

Arthrex

PROTHESIS STICKERS

TRACEABILITY STICKERS

S847 – 005 2879573
Stryker TPS System

S9578 – 010 2880534
Basic Ortho (M/N/R)

S615 – 007 2876075
Basic Back

S1877 – 002 2875682
Arthrex Biotenodesis Instruments

Post Operative Instructions

Oxygen:

Fluids:

Other:

Anaesthetist's Signature:

Surgeons Notes

Signature of Surgeon:

Nursing Notes

01/05/13 12:30pm Got patient to remove hair clip (containing metal) and placed it in bag with sprays and inhalers

M.Pay O.D.P.

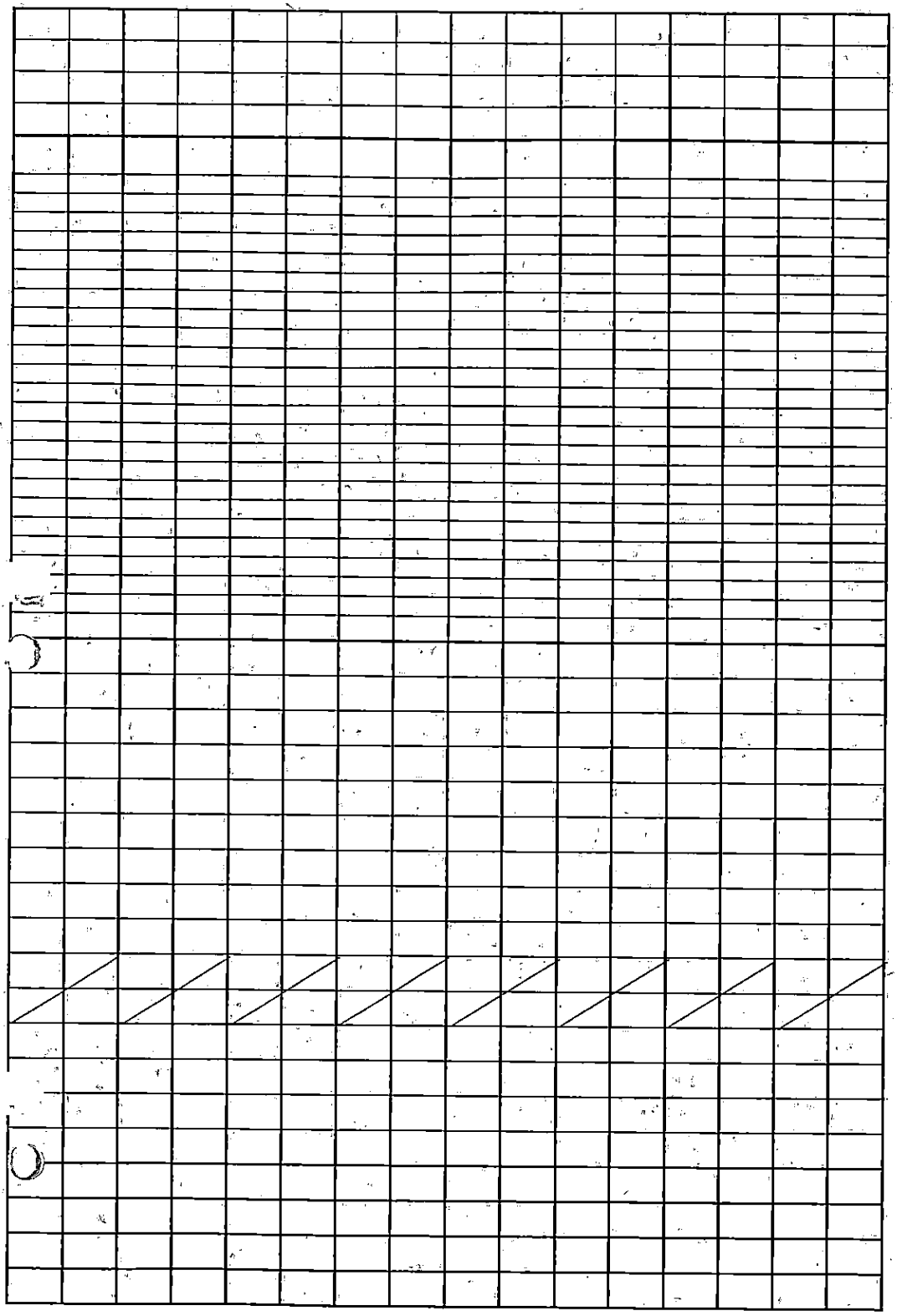
M.Pay

Drugs & Route	Time																		

Time		1420	1435	1450
SPO_2	240	098	099	099
	230	186	186	186
	220			
	210			
	200			
	190			
	180			
	170			
	160			
	150			
	140			
	130	✓	✓	✓
	120			
	110			
	100			
	90			
	80			
	70	A		
	60		A	A
	50			
	40			
	30			
	20			
Airway Type		1	1	1
Resp. Rate		10	10	13
0_2 Therapy		AIR	AIR	AIR
Sedation score		0	0	0
E.C.G		SR	SR	SR
Wound score		0	0	0
Core Temp:		38.0°	→	→
Pain score		0	0	0
P.O.N.V.		0	0	0
½ Hrs Urine Volume		0		
Total Volume				
	C	PINK	PINK	PINK
	S	-VE	-VE	-VE
	M	-VE	-VE	-VE
	P	K3	K3	K3
	T	WM	WM	WM

I.V. Fluids from Theatre 1000ml HARTMANNS

	Time	Type of Fluid	Volume	Batch No.	Signature
1	1430	HARTMANNS	500ml		
2					
3					
4					
5					



KEYS

AIRWAY TYPE

1 Spontaneous
2 Guedel
3 NASO - pharangeal
4 L.M.A.
5 E.T.T.
6 Double lumen ET.T.
7 Tracheostomy

WOUND SCORE

0 Dry and intact
1 Slight staining
2 Moderate staining
3 Saturation/Pad req.

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

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

PONV ASSESSMENT

0 None
1 Mild nausea
2 Moderate Nausea
3 Severe Nausea
4 Patient Vomiting

MEWS	
Pulse	
Resp. Rate	
Temp	
Avpu	
Urine Output	
Systolic BP	
$Sp0_2$%	
Total	

Waterlow Score
See Chart

Discharge Criteria Achieved (Yes) / No - see Nursing Notes

Recovery Practitioner Signature: _____

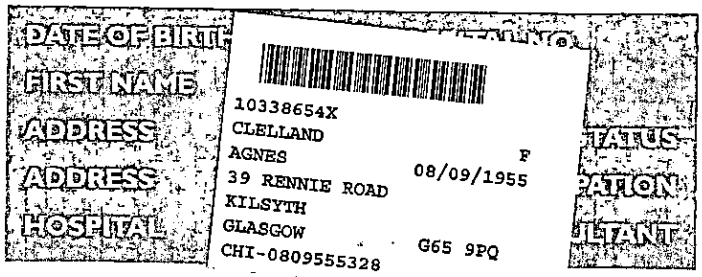
Anaesthetic Record

No. 05148

GLASGOW ROYAL INFIRMARY

PRE-OPERATIVE INSTRUCTIONS:
1) Needs RRS Review.
2) Not suitable for WCH weekend.

L AT RECONSTRUCTION ± FHL
PRONE
DIABETES - INCL METFORMIN - BUT NOT RAMIPRIL



Place	Date & Time	Premedication	Ordered by	Given by	Time Given
WB2	1-5-13 1200	PARACETAMOL 1g RAMIPRIL = 150 mg ORAL	SSH	JM=GNA	1155

NBER - 20/3/13 - TMOL.

PRE-OPERATIVE ASSESSMENT

BMI - 45.

WEIGHT: 129 kg HEIGHT: cms

?Spinal + BP RDP11 neuro Prone. Pop. b1

AGE 57

PREVIOUS ANAESTHESIA / OPERATIONS: Achilles Tendon / FHL. HINDFOOT - 2010. ENDOMETRIAL ABLATION - 2003. - Spinal - happy for spinal again. Recent cardio letter - LV fx ok.

PREVIOUS MAJOR ILLNESS:
ANGINA - ANGIO FEB 2013: THALLIUM - "HIGH RISK" LARGE DEFECT in LAD/CIRCUMFLEX REGION. CARDIAC MR - perfusion abnormality in region of LAD. However ANGIO excellently normal
TYPE II DM.
ASTHMA/COPD - PFTs - 2011 - NO OBSTRUCTION.
OESOPHAGEAL STRICTURE / DILATATION - 2010.

CO-EXISTING CHRONIC DISORDERS:

CVS : IHD Angina Grade: PVD CC F HBP

RS : Asthma COAD Dyspnoea Grade: Smoking

GIS : Reflux Liver Disease Alcohol / Drugs <6 U.

Diabetes Obesity

CNS : Epilepsy Chronic CNS Chronic Psychiatric

GUS : Renal Failure

RECENT DRUG THERAPY

METFORMIN ARARIN + RAMIPRIL + CELEBREX. GABAPENTIN OMEPRAZOLE ISMN DILTIAZEM. GTN SPRAY. FLUOXETINE SALBUTAMOL SYMBICORT

ALLERGIES / DRUG REACTIONS

ASA 1 2 (3) 4 5 E

Acute Physiological State - Clinical Features

13/3/13

HR 76	RR	Hb 12.2	Na^+ 139	Fasted?
BP 105/66.	F_IO_2	WBC 9.5.	K^+ 4.0	Dentition:
CVP	S_aO_2 97%.	Platelets 356.	Cl^- 105	Jaw / Neck Mobility:
PAWP	P_aCO_2	PT / INR	HCO_3	
ECG SR Poor R prog.	H^+	KCCT / APPT	Urea 4.3	Anticipated Difficulty with Intubation:
	HCO_3^-	Blood Group	Creatinine 63.	
	CXR	Hb A1C = 56.	ARF	
State of Consciousness:			Glucose	

Anaesthesia

Patient's Nai AGNES CLELAND

Date:- 1-5-13

Site of Injections	L/R Hand / Arm / Foot
Site of Infusions	L/R Hand / Arm / Foot
Central Venous Site	
Arterial Site	
Cuffed / Uncuffed	Oro / Nasal Tracheal Tube
Size	Mask
HME	Laryngeal Mask Airway Oral / NP
Ventilation: Spontaneous / I.P.P.V.	
Circuit:	Ventilator:
Position - PRONE	

Intravenous Fluids Blood Warmer ☐

Lo Flow Air

① R/C 1000

Start: ..... Finish: .....

ECG
NIBP
SpO2
ETCO2
FIO2
ETAA
Temp
Disconnect
CVP
IABP
PA Cath
TOF

Drugs and Fluid given:- Time:- 12.30 13.00 30 14.00 30 15.00

Chloroxine 1.5 g
Morphine 1 1

I.V. Fluid Nos. ①
Vt x f / Pressure
FIO2 Air Air Air
Saturation % 95 96 96
ETCO2
Temperature

200 180 160 140 120 100 80 60 40 20

CVP/PCWP
Urine
Blood Loss:-

PO2
PCO2
H+
HCO3
K+
THb

REGIONAL ANAESTHESIA — INSTITUTED PRE/POST-OPERATIVELY

DESCRIPTION D.Spinal. Sitting. L3-4/4-5 Lig to skin. 24G SPROTTE. Several shots → bone, then CSF — no blood, no pain. 3 ml 0.5% (2) L Bupivacaine hyperbaric. Let. No ↓ in → titrate to 0.5 → 0.3 mA for TIBIAL + PERONEAL. Slow inj + comfort

DRUG(S) USED | **VOLUME / DOSE** | **NEEDLE SIZE** No pain. 12G acute + | **INTRODUCER SIZE** 6G → SPROTTE 25 | **CATHETER SIZE** | **DEPTH**

OTHER ANAESTHETIC COMMENTS (*) Add 5 ml for 2 mins.

At 5 mins ↓ cold – R = L = T_{10}

DATE: 1-5-13 THEATRE: A

OPERATION: Repair L Achilles Tendon

ANAESTHETIST: Scott SURGEON: Komar

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		URINE	C.V.P. ☐
CLEAR		OTHER	PA. CATH. ☐
			URINARY CATH.
TOTAL		TOTAL	NASO GASTRIC

RECOVERY ROOM INSTRUCTIONS

ANALGESIA: Morphine IV protocol in rec. Cardura.

OXYGEN:

FLUIDS: 8 y 500 ml until drinking well, 1:1 (5% dex : R/L)

OTHER: Encourage oral intake + analgesia.

ANAESTHETIST'S SIGNATURE: S...

DRUGS & ROUTE:

TIME														
TIME														

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

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

10338654X
CLELLAND
AGNES F
39 RENNIE ROAD 08/09/1955
KILSYTH
GLASGOW
CHI-0809555328 G65 9PQ

Hospital/Clinic/GP Practice .....

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

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

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

NHS/ CHI Number _____

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

.....

Responsible practitioner: KUMAR

Job title: .....

STATEMENT FOR PRACTITIONER

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

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

ACHILLES TENDON RECONSTRUCTION
+ FHL TRANSFER
LEFT ANKLE

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

Signature of practitioner: .....

Name/Designation (Print) C.S. KUMAR .....

Date 11/4/13

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(*parental responsibility for a minor without capacity)

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

I understand

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

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

I agree -

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

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

PATIENT REFUSAL FOR BLOOD PRODUCTS

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

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

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

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: ..... Date 21/4/13

Name (Print): .....

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 01.05.13

ADDRESSOGRAPH

NAME
10338654X
DOB CLELLAND AGNES F 08/09/1955
39 RENNIE ROAD
HOSP KILSYTH GLASGOW G65 9PQ
CHI-0809555328

WARD 62
HOSP - GRI
THEATRE- N

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	S. Shaw	A. Hufang
PRE - OP INSTRUMENT COUNT CORRECT	S. Shaw	A. Hufang
FINAL SWAB COUNT CORRECT	S. Shaw	C Farrell
FINAL INSTRUMENT COUNT CORRECT	S. Shaw	C Farrell
FINAL SWAB DISPATCH COUNT CORRECT	S. Shaw	C Farrell

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

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

OPERATION achilles tendon reconstruction + FHL transfer left ankle.

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

							ITEMS REMAINING IN SITU (Type & Number)
Swabs (2x2)	0	Tapes	0				
Swabs (10x10)	10	Sloops/Slings	0				
Abdominal packs	0	Bulldogs	0				
Sutures	5	Shods	0				
Blades	6	Tibbs Cannula	0				
IV needles	0	Ports	0				
Syringes	2	Staple Gun Inserts	0				
Discard-a-pad	1	Spears	0				
Diathermy pencil	0	Throat packs - Anae	0				
Diathermy tips	0	Throat packs - Scrub	0				
Scratch pad	0	Retrieval Bag (Bert)	0				
Reels	0	Digital Tourniquets	0				
Patties	0	K-Wire	1				
Pledgelets	0						

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

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

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

CIRCULATING NURSES SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

10338654X F
CLELLAND 08/09/1955
AGNES
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

Date & Time		Signature, Print Name & Designation
18[00]hrs	~~Nursing (Day Shift)~~	
	Admitted this evening for (L)	
	Achilles Tendon reconstruction + transfer	
	for tomorrow.	
	Base line obs taken + charted.	
	BM = 9.7. (Diabetic) fasting protocol	
	+ buzzer System explained.	S/N
15:45 1.5.13	Patient RTW @ 15[00] following (L)	
	Achillies Tendon Transfer under	
	spinal & sedation and ankle	
	blocks. Observations satisfactory.	
	NEWS=0. CSM altered good	
	perfusion no sensation or	
	movement as yet. Below knee	
	POP cast insitu. BM 6.7mmols.	
	Patient tolerating oral fluids	
	and diet. Still to pass urine	(JMCEWAN)
	post op.	JMcEwan S/N
2/5/13 0600	Cast remain dry. Obs	
	Unchanged. Assisted up to	
	toilet on a chair. Passing	
	urine well.	
	News - 0.	
	Settled night.	C Brander S/N
2/5/13	Well Fellow	
	- Comfortable	
	- N-V intact.	
	- Haemodynamically stable	
	Rx Mobilise MC when sick fluids pr or not	

83949

Date & Time		Signature, Print Name & Designation
2/5/13	FY2 Ross	
11.30	ATSP re chest pain	
	used GTN spray x 2 - still c pain	
	BG: 57 ♀	
	Left achilles repair 1/5/13	
	Hx of angina - known to cardiology	
	- had angiogram c Tamsay	
	~~results not c~~ Error SR	
	- seen c chest March 2013 - angio essentially	
	normal ē normal LV function & no reversible	
	stress perfusion defect.	
	Pt describes regular chest pain on minimal exertion	
	& uses her GTN spray regularly	
	Was at toilet & was constipated when chest	
	pain came on, feels like angina pain	
	° SOB ° pale/sweaty/clammy ° radiation.	
	O/E HR 72 ~~regular~~ BP 144/79	
	Sats 95% (RA)	
	MSI + II to ° oedema	
	anterior chest clear	
	Pain now settling	
	ECG - not ischaemic	
	Impression/ Likely angina 2° to exertion	
		SR
	Plan/ Troponin at 23.30 tonight	FY2
	+ repeat ECG	
	BP if ACS -ve - could ↑ BB/Nitrazem	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

10338654X F
CLELLAND
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Date & Time		Signature, Print Name & Designation
2/5/13	S/B SHO - See notes previous.	
	Settled day - NEWS 0	
	CSM intact leg feels numb.	
	to stay in overnight	
	For ECG + Trop @ 2300	
	no more chest pain this pm	
	awaiting physio	
	Aim home Friday	Joanna S/N
2/5/13	NURSE:	
0300	NEWS - 0. NO complaints	
	of chest pains. Round for	
	Trop in sent at 2330	
	reminder to toilet.	Crockett SN
3/5/13	FY2 Ross	
0900	12 hour troponin < 0.04	
	Repeat ECG - no changes	
	No further chest pain.	
	Patient planned for home today	
	Have asked GP to review ongoing	
	medications as been changed recently	FY2
3/5/13	D/C home today	
	all paperwork giving and explained	Joan

83949

GLASGOW ROYAL INFIRMARY

Department of Physiotherapy

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328
I.D. LABEL

Date	Details of Treatment and Progress
02/05/13	PC - secondary repair of achilles tendon + FHL transfer (L) ankle.
	HPC - achilles tendon middisturbance. ruptme..
	PMH - mid fusion foot - endometrium ablation - v/o wisdom teeth - angiogram - oesophagus stretching. - hypertension - IHD - type II diabetes - depression - asthma - peripheral neuropathy
	DM - see cardex
	SH - lives c family - internal stairs - handrail fitted JSTAIT (BSPT)
02/05/13	S - consent to Rx ✓ O - obs as charted - pt in bed - Rx - lie → sit → stand - (I) - mobilised 10m c e/c's - (I) // PWB A - pt mobilising well safe + (I) P - v/v ↑ for stairs JSTAIT (BSPT)
03/05/13	S - consent to Rx ✓ O - obs stable as charted. - pt in bed. - Rx - lie → sit → stand - (I) - mobilised few steps c e/c's to w/c - (I) - ↑↓ 11 sets steps c e/c + handrail - (I). A - pt safe + (I) on stairs P - d/c PT JSTAIT (BSPT)

05240

PLEASE PLACE IN PROFESSIONS ALLIED TO MEDICINE DIVIDER

NEUROVASCULAR CHART

Name:	Ward:	Hospital no.:			
Consultant:		Procedure/inju			
Area of Observation		Frequency of ob			
Date		15/13			
Time		1500	1600	1800	
Pain Score (1-10)		0/10	0/10		
Color	Normal	✓	✓	✓	
	Pale				
	Cyanotic				
	Mottled				
Warmth	Hot				
	Warm	✓	✓	✓	
	Cold				
	Cool				
Pulses	Site of Pulse:				
	Strong				
	Weak				
	Absent				
Capillary refill greater than 2 seconds (yes / no)		NO	NO	NO	
Movement					
Dorsi Flexion	No movement	✓	✓		
	Movement no pain			SL	
	Movement with pain				
Plantar Flexion	No movement	✓	✓		
	Movement no pain			SL	
	Movement with pain				
Toe Flexion	No movement	✓	✓	SL	
	Movement no pain			SL	
	Movement with pain				
Sensation					
Web space 1st and 2nd toe	No sensation	✓	✓		
	Tingling/numbness			✓	
	Full sensation				
Web space 3rd and 4th toe	No sensation	✓	✓		
	Tingling/numbness			✓	
	Full sensation				
Sole of foot/toes	No sensation	✓	✓		
	Tingling/numbness			✓	
	Full sensation				
Arch of foot (medial)	No sensation	✓	✓		
	Tingling/numbness			✓	
	Full sensation				
Initials		JM	JM	JM	

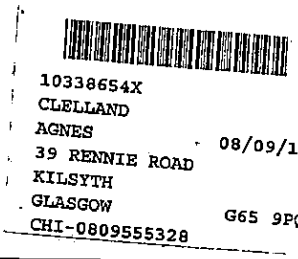
NOTE: Always compare with the unaffected limb. If both limbs are affected use a separate chart for each limb.

10338654X F
CLELLAND 08/09/1955
AGNES
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address



CHI No.
DoB

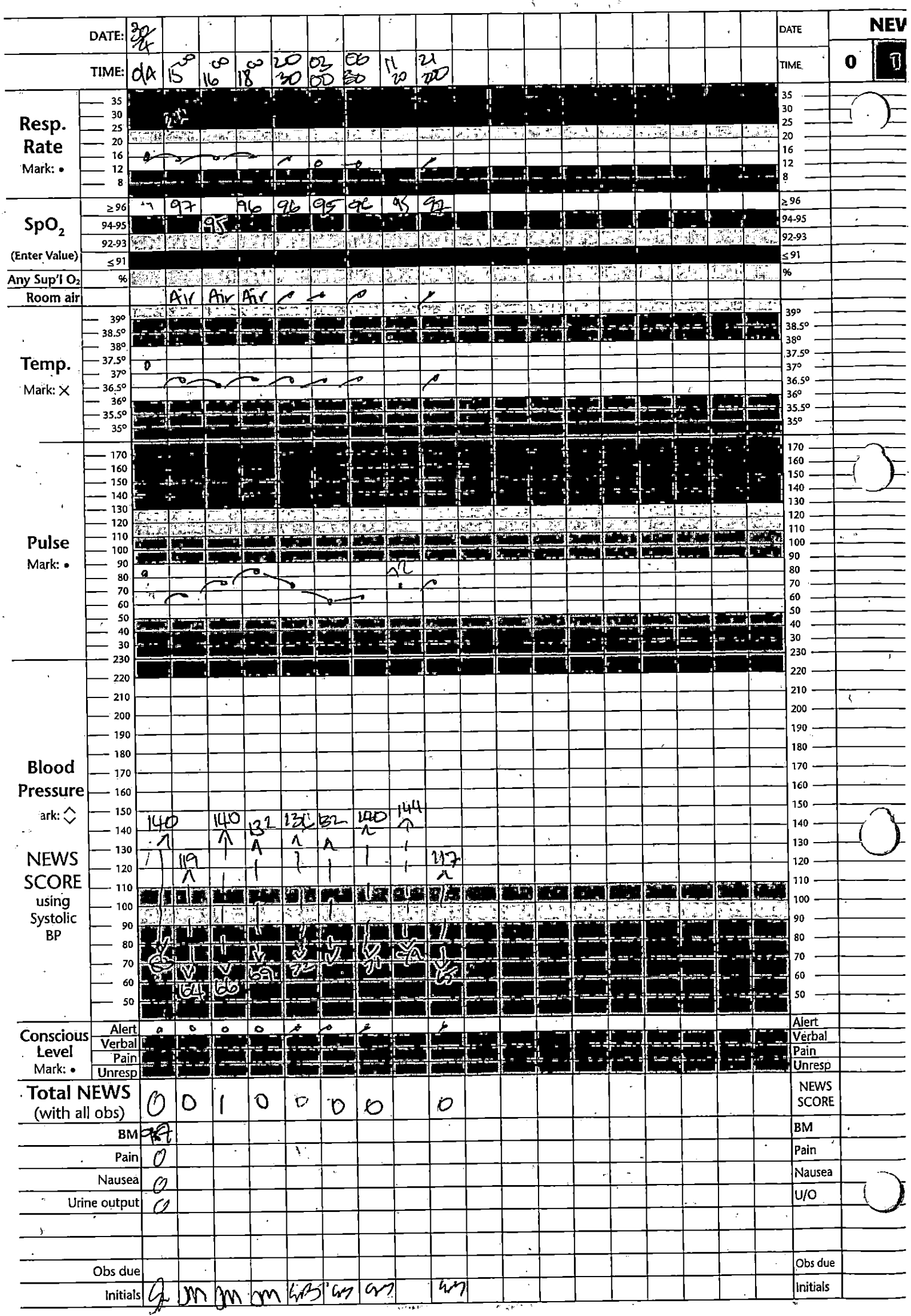
	Date	Ward
Admitted	30/4/13	62
Transferred		
Transferred		

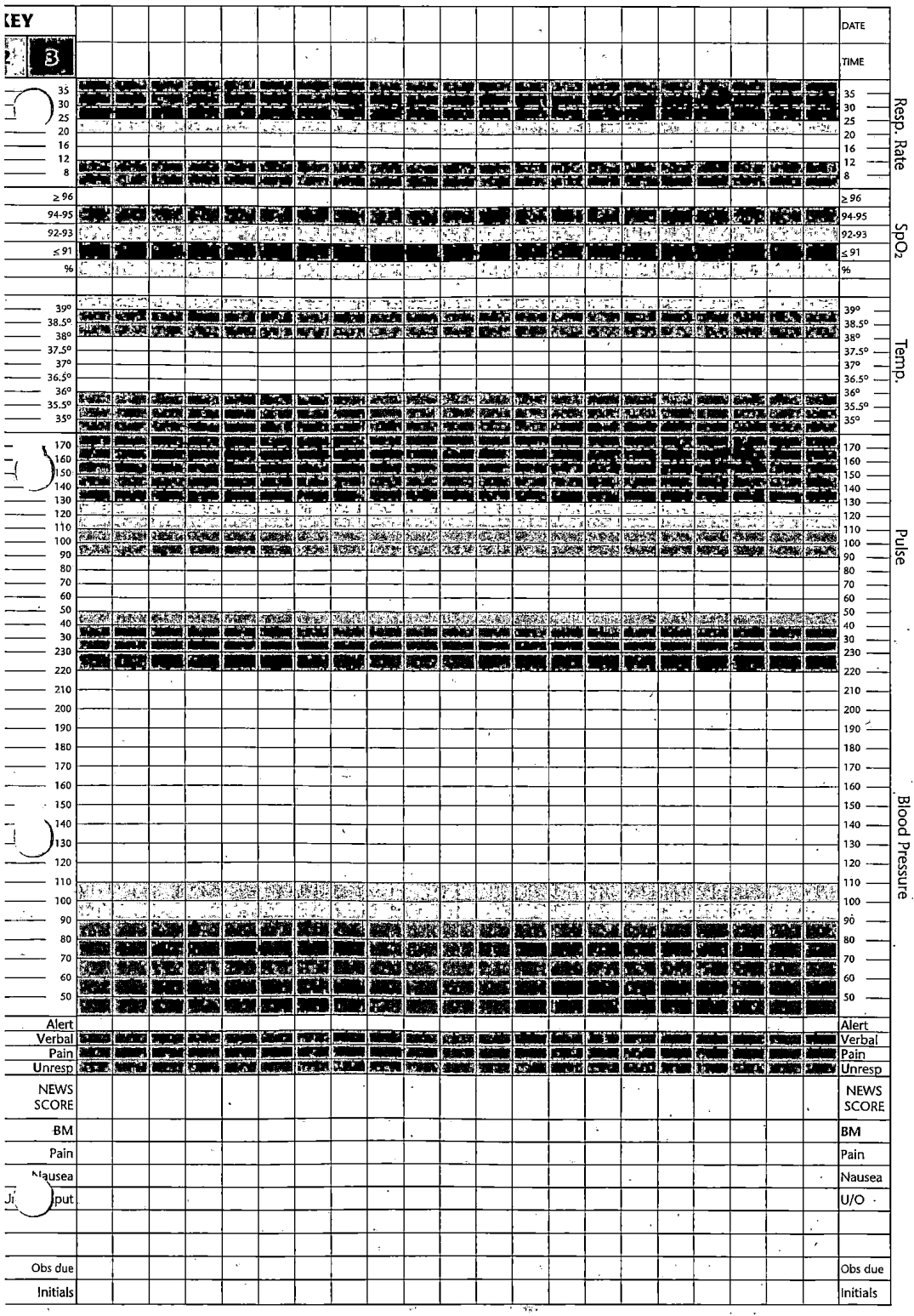
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic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

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

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1-4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more **or** 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


DATE:
TIME:
Resp. Rate
Mark: •
SpO2
(Enter Value)
Any Sup'l O2
Room air
Temp.
Mark: ×
Pulse
Mark: •
Blood Pressure
Mark: ◇
NEWS SCORE using Systolic BP
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
BM
Pain
Nausea
Urine output
Obs due
Initials
DATE
TIME
NEV
0
1


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

Neurological Observations

| | | |

Nutrition Profile

NHS Greater Glasgow and Clyde

Name:	Date of admission: 30/04/13
Address: 10338654X F CLELLAND 08/09/1955 AGNES 39 RENNIE ROAD KILSYTH G65 9PQ GLASGOW CHI-0809555328	Time: 0/A 1800
DoB:	HOSPITAL: GRI
CHI number:	Ward:
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5ft 5inch metres Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 19 8/7ths kg Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

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

Is there evidence of recent weight loss?

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

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

Please state: Diabetic Diet

Food Allergies: Yes ☐ No ☐ If 'Yes' please state:

Eating likes and dislikes (including appetite):	Drinking likes and dislikes:	Patient NBM Yes ☐ No ☑ If 'Yes' why?:
No preference	No preference	

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

Please specify all factors:

Is the patient on oral nutritional supplements? Yes ☐ No ☑

If 'Yes' please state:

Is the patient experiencing oropharyngeal swallowing problems (excluding oesophageal issues e.g. GORD, Stricture)? Yes ☐ No ☑

If 'Yes' please complete Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS). If oesophageal problem present please discuss with medical staff.

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

If 'Yes' please state:

Has this patient received written information about inpatient food (e.g. "Food in Hospitals" leaflet)?

Yes ☐ No ☑ Not applicable (received on previous admission) ☐

Profile completed by: Name (PRINT): Gleeson Signature: Gleeson Date: 30/4/13

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

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

Is your patient on the Liverpool Care Pathway (LCP)? Yes ☐ No ☐

If 'Yes' please follow LCP advice as screening for malnutrition may not be appropriate.

Malnutrition Universal Screening Tool ('MUST')

Date	30/4/[illegible]											
Initials	[illegible]											
Height (see page 1) [ ] Weight	[illegible]											
Oedema or ascites present Y/N	N											
BMI (refer to chart on page 4)	[illegible]											
'MUST'												
Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) .....0 18.5 - 20 .....1 <18.5.....2	0											
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0											
Step 3: Acute Disease Effect Score 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											

Step 5: Management Guidelines

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

Management Plan

FOR ALL PATIENTS

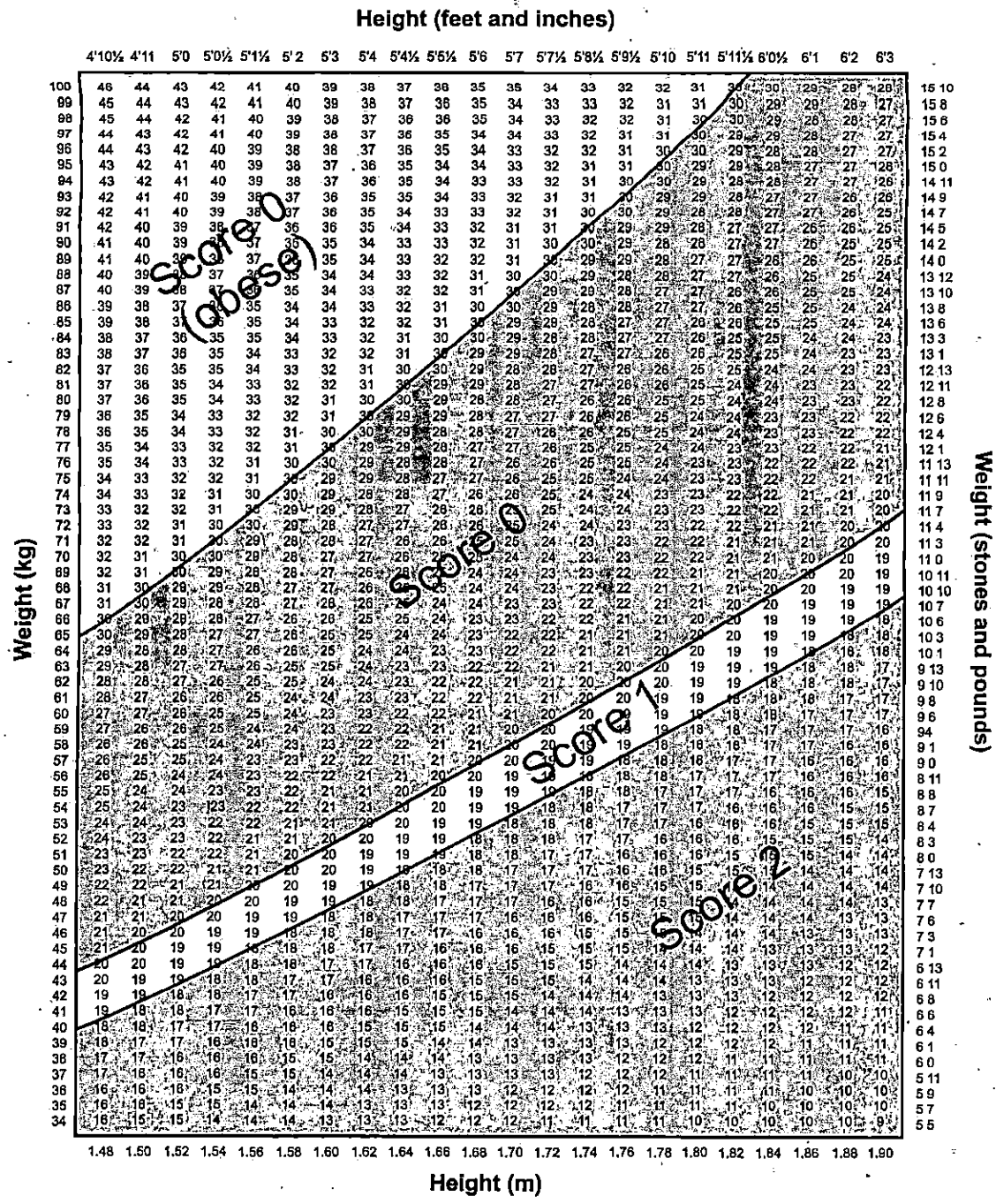
- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).
- REMEMBER TO CONSIDER YOUR PATIENT'S HYDRATION REQUIREMENTS.
- Ensure Discharge Plan includes most recent 'MUST' Score and any necessary follow-up requirements.

Referral Services		Referred by	Method of referral	Reason for referral
Nutritional Support Team	Date Referred / /			
Dietitian	Date Referred: / /			
Speech and Language Therapy	Date Referred: / /			
Occupational Therapy	Date Referred / /			
Dental Service	Date Referred / /			

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Action discussed with patient / carer	Review date	Name (PRINT) Signature/ Designation
20/4/15	low (1)	No action required at this moment Pt aged (52) If still in-pt	S.Greenw		

Step 1 - BMI Score



Step 2 - Weight Loss Score

Weight before weight loss (kg)	Score 0 Wt loss ≤ 5%	Score 1 Wt loss 5-10%	Score 2 Wt loss >10%
34 kg	<1.7 kg	1.7-3.4 kg	>3.4 kg
36 kg	<1.8 kg	1.8-3.6 kg	>3.6 kg
38 kg	<1.9 kg	1.9-3.8 kg	>3.8 kg
40 kg	<2 kg	2-4 kg	>4 kg
42 kg	<2.1 kg	2.1-4.2 kg	>4.2 kg
44 kg	<2.2 kg	2.2-4.4 kg	>4.4 kg
46 kg	<2.3 kg	2.3-4.6 kg	>4.6 kg
48 kg	<2.4 kg	2.4-4.8 kg	>4.8 kg
50 kg	<2.5 kg	2.5-5 kg	>5 kg
52 kg	<2.6 kg	2.6-5.2 kg	>5.2 kg
54 kg	<2.7 kg	2.7-5.4 kg	>5.4 kg
56 kg	<2.8 kg	2.8-5.6 kg	>5.6 kg
58 kg	<2.9 kg	2.9-5.8 kg	>5.8 kg
60 kg	<3 kg	3-6 kg	>6 kg
62 kg	<3.1 kg	3.1-6.2 kg	>6.2 kg
64 kg	<3.2 kg	3.2-6.4 kg	>6.4 kg
66 kg	<3.3 kg	3.3-6.6 kg	>6.6 kg
68 kg	<3.4 kg	3.4-6.8 kg	>6.8 kg
70 kg	<3.5 kg	3.5-7 kg	>7 kg
72 kg	<3.6 kg	3.6-7.2 kg	>7.2 kg
74 kg	<3.7 kg	3.7-7.4 kg	>7.4 kg
76 kg	<3.8 kg	3.8-7.6 kg	>7.6 kg
78 kg	<3.9 kg	3.9-7.8 kg	>7.8 kg
80 kg	<4 kg	4-8 kg	>8 kg
82 kg	<4.1 kg	4.1-8.2 kg	>8.2 kg
84 kg	<4.2 kg	4.2-8.4 kg	>8.4 kg
86 kg	<4.3 kg	4.3-8.6 kg	>8.6 kg
88 kg	<4.4 kg	4.4-8.8 kg	>8.8 kg
90 kg	<4.5 kg	4.5-9 kg	>9 kg
92 kg	<4.6 kg	4.6-9.2 kg	>9.2 kg
94 kg	<4.7 kg	4.7-9.4 kg	>9.4 kg
96 kg	<4.8 kg	4.8-9.6 kg	>9.6 kg
98 kg	<4.9 kg	4.9-9.8 kg	>9.8 kg
100 kg	<5 kg	5-10 kg	>10 kg
102 kg	<5.1 kg	5.1-10.2 kg	>10.2 kg
104 kg	<5.2 kg	5.2-10.4 kg	>10.4 kg
106 kg	<5.3 kg	5.3-10.6 kg	>10.6 kg
108 kg	<5.4 kg	5.4-10.8 kg	>10.8 kg
110 kg	<5.5 kg	5.5-11 kg	>11 kg
112 kg	<5.6 kg	5.6-11.2 kg	>11.2 kg
114 kg	<5.7 kg	5.7-11.4 kg	>11.4 kg
116 kg	<5.8 kg	5.8-11.6 kg	>11.6 kg
118 kg	<5.9 kg	5.9-11.8 kg	>11.8 kg
120 kg	<6 kg	6-12 kg	>12 kg
122 kg	<6.1 kg	6.1-12.2 kg	>12.2 kg
124 kg	<6.2 kg	6.2-12.4 kg	>12.4 kg
126 kg	<6.3 kg	6.3-12.6 kg	>12.6 kg

Weight before weight loss (st/lb)	Score 0 Wt loss ≤ 5%	Score 1 Wt loss 5-10%	Score 2 Wt loss >10%
5st 4lb	<4lb	4lb-7lb	>7lb
5st 7lb	<4lb	4lb-8lb	>8lb
5st 11lb	<4lb	4lb-8lb	>8lb
6st	<4lb	4lb-8lb	>8lb
6st 4lb	<4lb	4lb-9lb	>9lb
6st 7lb	<5lb	5lb-9lb	>9lb
6st 11lb	<5lb	5lb-10lb	>10lb
7st	<5lb	5lb-10lb	>10lb
7st 4lb	<5lb	5lb-10lb	>10lb
7st 7lb	<5lb	5lb-11lb	>11lb
7st 11lb	<5lb	5lb-11lb	>11lb
8st	<6lb	6lb-11lb	>11lb
8st 4lb	<6lb	6lb-12lb	>12lb
8st 7lb	<6lb	6lb-12lb	>12lb
8st 11lb	<6lb	6lb-12lb	>12lb
9st	<6lb	6lb-13lb	>13lb
9st 4lb	<7lb	7lb-13lb	>13lb
9st 7lb	<7lb	7lb-13lb	>13lb
9st 11lb	<7lb	7lb-1st	>1st
10st	<7lb	7lb-1st	>1st
10st 4lb	<7lb	7lb-1st	>1st
10st 7lb	<7lb	7lb-1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb-1st 1lb	>1st 1lb
11st	<8lb	8lb-1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb-1st 3lb	>1st 3lb
12st	<8lb	8lb-1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb-1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb-1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb-1st 4lb	>1st 4lb
13st	<9lb	9lb-1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb-1st 5lb	>1st 5lb
14st	<10lb	10lb-1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb-1st 7lb	>1st 7lb
15st	<11lb	11lb-1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb-1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb-1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb-1st 8lb	>1st 8lb
16st	<11lb	11lb-1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb-1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb-1st 9lb	>1st 9lb
16st 11lb	<12lb	12lb-1st 9lb	>1st 9lb

Medical Illustration Services • 235261
STORES ORDER CODE 41850

Acute Services Division

Hospital / Department

NHS
Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Patient name: .....

Ward: .....

CHI number: .....Unit/Hospital number .....

Contents

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

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

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

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

Referral Criteria for Hospital Falls Prevention Co-ordinator

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

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

General Safety Precautions

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

Cannard Falls Risk Assessment

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

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 30/4 Ward: 62	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	13-59 0	60-70 1	71-80 2	81+ 1		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		1						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	1						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		2						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		7						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below*		MDR Reassess						
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves				NURSE SIGNATURE								

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

Falls Assessment Care Plan

Please tick all applicable nursing interventions

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

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

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

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

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

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

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

CARDIOVASCULAR SYSTEM MEDICATION all antihypertensive medication and inotropes including Captopril, atenolol and many others.

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

SEDATIVES / ANALGESIA AT NIGHT include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxcycontin.

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

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

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

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

Western Infirmary, GLASGOW

NHS
Greater Glasgow and Clyde

NAME:
UNIT NO

(LABEL) 10338654X
CLELLAND
AGNES F
39 RENNIE ROAD 08/09/1955
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

WARD: 62

ON DAY OF ADMISSION, SELECT AND RECORD CARE WHICH IS MOST APPROPRIATE FOR PATIENT.

RECORD **CHANGES** OF CARE IN NURSING ACTION FLOWCHART.

USE AN ARROW e.g. ⟶ TO INDICATE **CONTINUATION** OF CARE ON THE FLOWCHART

ALL ENTRIES MUST BE RECORDED IN BLACK INK AND SIGNED.

WATERLOW SCORE (MUST BE COMPLETED ON ADMISSION FOR **EVERY** PATIENT)

Build/Weight		Skin		Sex/Age		Continence		Mobility		Appetite	
								Fully	0	Average	1
Average	0	Healthy	0	Male	1	Complete/		Restless/Fidgety	1	Poor	
Above Average	1	Tissue paper	1	Female	2	catheterised	0	Apathetic	2	Fluids only/	2
Obese	2	Dry	1	14 - 49	1	Occasional		Restricted	3	Nasogastric feed	
Below Average	3	Oedematous	1	50 - 64	2	incontinence	1	Inert/traction	4	Nil by mouth	3
		Discoloured	2	65 - 74	3	Cath./incont.		Chairbound	5	anorexic	
		Broken/spot	3	75 - 80	4	faeces	2				
				81 +	5	Doubly incont.	3				

SPECIAL RISKS			
Tissue Malnutrition	**Neurological Deficit**	**Major Surgery Trauma**	**Medication**
Terminal	Diabetes, MS,	Orthopaedic –	High dose Anti-
Cachexia 8	CVA 4-6	Below waist/	inflammatory,
Cardiac Failure 5	Motor / Sensory	Spinal 5	Steroids,
P.V.D. 5	Paraplegia	On table	Cytotoxics 4
Anaemia 2		> 2 hours 5	
Smoking 1			

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

30/4/13

	AIM	ASSESSMENT / INTERVENTIONS
1 **MONITORING OF VITAL SIGNS** Standard observations (BP, P, T, R, $Sa0_2$) - requirement & frequency CSM/Neurovascular observations Special observations eg. blood glucose, peak flow, Neurological obs Special requirements (0_2, chest physio)	To detect abnormalities and maintain optimum function.	Pre-OP Baseline obs taken and charted NEWS=0
2 **IV THERAPY** Peripheral / Central Line - Sites Use of Venflon Careplan Infusion Chart in use NB: 4° temp required if patient has an IV	Early detection / prevention of the problems of IV therapy.	N/A (At this moment
3 **MAINTAINING SAFETY** Level of conciousness Chronic / Acute confusion Alcohol withdrawal Seizures Wandering / at risk of injury	To maintain safety at all times.	Fully alert and orientated
4 **MOBILITY / MOVING & HANDLING** Assess DVT risk using SIGN guidelines Specify limitations/current ability & aids used Traction Active/Passive exercise TED Stockings on admission	To prevent / reduce the complications of reduced mobility. To move the patient safely. To promote independence.	Fully mobile (using x2 E/cs)
5 **PRESSURE AREA CARE** Waterlow score Interventions	The patients skin will remain healthy and intact.	Pressure areas intact W/A = (14)
6 **PAIN** Monitor effectiveness of analgesia - involve patient & medical staff - use of Pain Chart	The patient will state that he is comfortable.	Analgesia as per Kardex
7 **PERSONAL HYGIENE** Self caring or Specify assistance required Mouth care Eye care	To maintain a high standard of personal hygiene. To promote independence.	independent (2)
8 **NUTRITIONAL STATUS** Score: (Use nutrition risk assessment) Special Dietary requirements Fasting / fluid restrictions Fluid balance monitoring required	To maintain adequate nutritional intake. To promote healing.	To eat + Drink up to midnight. Fasting thereafter
9 **URINARY & BOWEL FUNCTION** Independent or specify aids used (urinals, bedpan etc) Catheterised - size free drainage / hourly volumes Bowel - Stoma, Aperients – Chart daily	To detect any problems with output. To promote independence.	up to toilet
10 **OTHER** e.g. Wound Care / Dressing NB: For other wounds, use GRI Tissue Viability Careplan	The patient will have clean & dry wounds. To promote Healing.	No wound Surgical at this moment S/N Sheeda

Sign: _____

Date: 1·5·13	Date: 2/5/13	Date:	Date:	Date:
POST OP OBS AND NEWS.	BO obs + NEWS			
PINK VENFLON (L). HAND. IV FLUIDS UNTIL BAG FINISHED	removed			
ALERT AND ORIENTATED	Alert			
BEDREST.	↑ Z/F + 1			
WL = 22.	WL = 22			
NO PAIN AT THIS TIME. REGULAR ORAL ANALGESIA	See Kardex			
MINIMAL ASSISTANCE	min help			
NORMAL DIET WHEN ABLE.	Normal diet			
STILL TO PASS URINE POST OP.	up to toilet			
BELOW KNEE POP CAST.	Below knee pop cast Dry Swabbed			

Date:	Date:	Date:	Date:	Date:

Date:	Date:	Date:	Date:	Date:

Date: Date: Date: Date: Date:

Date:	Date:	Date:	Date:	Date:

8

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

S
Fc 10338654X F
CLELLAND 08/09/1955
Do AGNES
39 RENNIE ROAD
Loc KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**

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

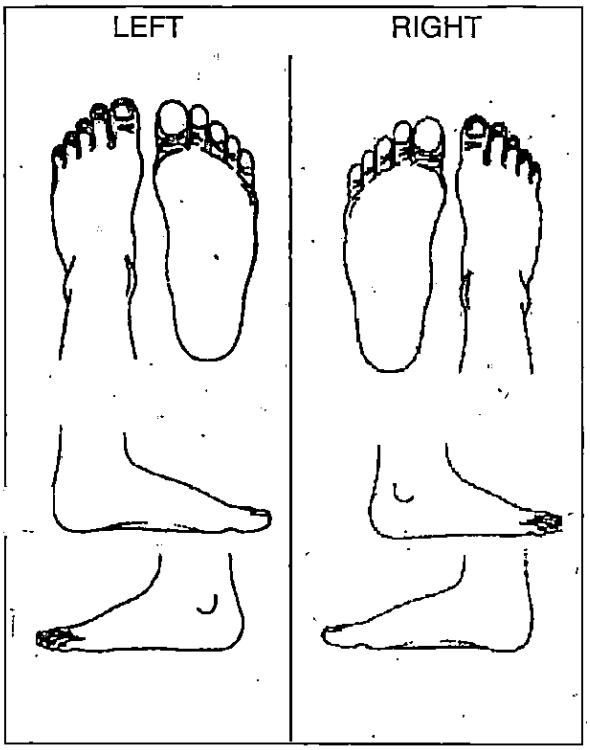
Sex									
Male	1								
Female	2	2	2	2					
Age									
14 -49	1								
50 -64	2	2	2	2					
65 - 74	3								
75 - 80	4								
81+	5								
Build/Weight for Height (BMI=weight in Kg/height in m²)									
Average - BMI 20-24.9	0								
Above average - BMI 25-29.9	1								
Obese - BMI > 30	2	2	2	2					
Below average - BMI < 20	3								
Continence									
Complete/catheterised	0	0	0	0					
Incontinent urine	1								
Incontinent faeces	2								
Doubly incontinent (urine & faeces)	3								
Skin Type - Visual Risks Area									
Healthy	0	0	0	0					
Tissue paper (thin/fragile)	1								
Dry (appears flaky)	1								
Oedematous (puffy)	1								
Clammy (moist to touch)/pyrexia	1								
Discoloured (bruising/mottled)	2								
Broken (established ulcer)	3								
Mobility									
Fully mobile	0	0							
Restless/fidgety	1								
Apathetic (sedated/depressed/reluctant to move)	2			2					
Restricted (restricted by sever pain or disease)	3		3						
Bedbound (unconscious/unable to change position/traction)	4								
Chairbound (unable to leave chair without assistance)	5								
Nutritional Element									
Unplanned weight loss in past 3-6 months									
<5% Score **0**, 5-10% Score **1**, >10% Score **2**	0-2	-	0	0					
BMI > 20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 Score **2**	0-2								
Patient acutely ill or no nutritional intake > 5 days	2								
Special Risks - Tissue Malnutrition									
Multiple organ failure/terminal cachexia	8								
Single organ failure e.g. cardiac, renal, respiratory	5	4	4	4					
Peripheral vascular disease	5								
Anaemia = Hb < 8	2								
Smoking	1								
Special Risks - Neurological Deficit									
Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6*	4-6	4	4	4					
Special Risks - Surgery/Trauma									
On table > 6 hours	8								
Orthopaedic/below waist/spinal (up to 48 hours post op)	5	/							
On table > 2 hours (up to 48 hours post op)	5		5	5					
Special Risks - Medication									
Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4*	4		0	0					
Total Score		14	22	22					
Date		30/4/2	15/5/13	2/5					
initials		SD	JM	JM					
Time		0900	1530	1000					

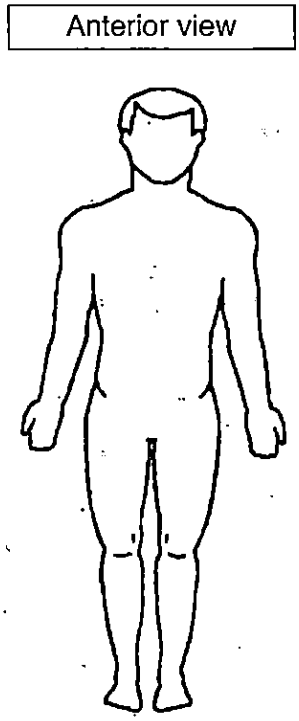
83826

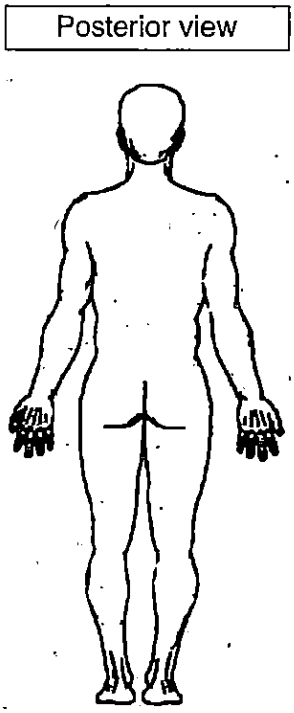
Ensure plan of care is implemented / reviewed for all identified areas of concern.

PRESSURE ULCER RECORD

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







SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

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

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

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

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

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

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

Adult Peripheral Venous Cannulation (PVC) Chart

Please use 1 chart per PVC

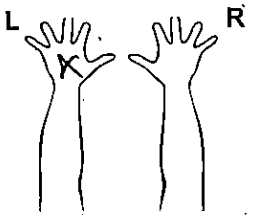
NHS Greater Glasgow and Clyde

Affix patient label

10338654X
CLELLAND
AGNES F
39 RENNIE ROAD 08/09/1955
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

PVC Insertion Information

*Ensure the PVC dressing has **date** and **time** of insertion written on it. This implies that appropriate technique has been used for insertion.*



Date: 1·5·13 (See IV Dressing)

Time: ?

Reason for Insertion: Surgery

Flushed on insertion ☐ (if known)

Other Site: _____

PVC Maintenance Information

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 of the following are evident: - pain -redness - swelling	2	Early stage of phlebitis	**Re-site Cannula**
ALL of the following are evident: - pain - redness - hardening of the surrounding tissue	3	Phlebitis / Thrombophlebitis **Re-site Cannula & Seek Further Advice**	
As above including: - palpable venous cord	4		
As above including: - pyrexia	5		

Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? 0
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: not required

Comments/Actions Taken:

Date: 2/5/13 Initials: AP

Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:

Date: Initials:

Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

1. Continuing clinical indication for PVC? Yes / No
2. VIP Score? ☐
3. PVC Dressing dry & intact? Yes / No
4. Was PVC dressing renewed? Yes / No / NA
5. Was PVC Removed? Yes / No

Removal Reason: _____

Comments/Actions Taken:

Date: Initials:

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Ward 62

Team ..Yellow..... Date..1.5.13.....

The HCA for each team is responsible for carrying out 'Rounding'. Every patient within the team regardless of mobility/dependence is to be asked the following questions at the times stated. The HCA should initial each column and sign at the end of each shift. Any Concerns about individual patients should be communicated to the team leader.

Rounding Checklist	11 Am	2 pm	4 pm	6 pm	8 pm	10 pm
Assess Patients position & comfort. Ask patient, are you comfortable? Assist/Encourage positional changes. Complete turning chart where necessary (for bed and chair patients)			AB AB	AB AB	✓	✓
Offer toileting facilities and assistance.			AB AB	AB AB	✓	✓
Ensure Patients have fluids near to hand. Record input/output into fluid balance chart.			AB AB	AB AB	✓	✓
Ensure Nurse call button is to hand.			AB AB	AB AB	✓	✓
Ensure bed space, locker and bed table are free from general clutter/ rubbish.			AB AB	AB AB	✓	✓
Prior to leaving room ask 'Is there anything I can get you?'			AB AB	AB AB	✓	✓
Inform patient you will be back in 2 hours to check on them again.			AB AB	AB AB	✓	✓

Completed By HCA ..A Ferguson..... A Ferguson

GLASGOW ROYAL INFIRMARY

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

GRI WD 62
PATIENT I.D. LABEL

24hr. FLUID BALANCE CHART (including Blood)
12mn - 12mn

Date 1-5-13

INTAKE				TIME	OUTPUT			
CODE LETTER OR DESCRIPTION OF INTAKE	ORAL ml.	I.V. ml.	OTHER		URINE	GASTRIC	OTHER	COMMENTS
				01				
				02				
				03				
				04				
				05				
				06				
				07				
				08				
				09				
				10				
				11				
				12				
				13				
				14				
				15				
				16				
				17				
				18				
				19				
				20				
				21				
				22				
				23				
				24				
				12mn.				

TOTAL INTAKE = mls.

TOTAL OUTPUT = mls.

APPROXIMATE MEASURES:- TUMBLER = 200mls. ORDINARY CUP = 150 mls. FEEDING CUP = 175mls. SOUP BOWL = 250m

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

Hosp

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

DOB

Date

Cons

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
7/7	Cefuroxime	1.5g	IV	1-0	SS pp Skeung	SJ7H	1300

10338654X
CLELLAND 08/09/1955
AGNES
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

Name _____

CHI No _____

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

_____

_____

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailablity differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

DATE →

MONTH →

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

A DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 ☐

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)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

Oral and Other Drugs: Regular Prescription

DATE: 30 | 1 | 2
MONTH: 4 | 5 | 5

H
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: Diltiazem
DOSE: 60mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): W Rowe
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time
0700-0900 ☑ AH 6am
1200-1400
1600-1800 ☑ JW
2200-2400 ☑ AH 6pm
Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | Ordered from Pharm.

J
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: Omeprazole
DOSE: 20mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): W Rowe
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time
0700-0900 ☑ AH 6am
1200-1400
1600-1800
2200-2400
Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | Ordered from Pharm.

K
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: 15 Mint
DOSE: 20mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): W Rowe
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time
0700-0900 ☑ AH 6am
1200-1400
1600-1800 ☑ JW
2200-2400
Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | Ordered from Pharm.

L
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: Fluoxetine
DOSE: 40mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): W Rowe
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time
0700-0900 ☑ AH 6am
1200-1400
1600-1800
2200-2400
Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | 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

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

Oral and Other Drugs: Regular Prescription

DATE: 30 1 2 3
MONTH: 4 5 5 5

S DRUG: Atorvastatin
DOSE: 40mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 AH 6am 6pm | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | Ordered from Pharm.

T DRUG: Gabapentin
DOSE: 100mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 ✓ AH 6am 6pm | 1200-1400 | 1600-1800 | 2200-2400 ✓ AH 6am 6pm | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | Ordered from Pharm.

V DRUG: Aspirin
DOSE: 75mg | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 ✓ S 6am | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: 30/4/13 | Assessed by: AH | Ordered from Pharm.

W DRUG: Co-Codamol 30/500
DOSE: x2 | ROUTE: O | DATE: 30/4/13 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 ✓ AH 6am 6pm | 1200-1400 ✓ JW | 1600-1800 ✓ JW | 2200-2400 ✓ 3 6pm 6pm | Other time
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

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.

10338654X F
CLELLAND
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

Name

CHI No

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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

DD DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →

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

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

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

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

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

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.

Name 10338654X F CLELLAND 08/09/1955 AGNES 39 RENNIE ROAD KILSYTH G65 9PQ GLASGOW

CHI No CHI-0809555328

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case

All Routes: As Required Prescriptions

| | | |

| | | |

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

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name:	Ward: G2
Unit number: 10338654X CLELLAND F AGNES 08/09/1955 39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ CHI-0809555328	Discharge destination: Home
CHI number:	Estimated Discharge Date (1) 3/05/13
	Estimated Discharge Date (2) / /
Apply addressograph label	Final date of discharge : 3/5/13

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		SH	
Relative/carer informed	✓		SH	
Others informed: Care Home				
Transport arranged				
Own transport (preferred option)	✓		SH	own transport
Ambulance-1 man/ 2 man am/pm				
Other: Flight, Air ambulance etc.				
Discharge medication				
Discharge prescription 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/Home help		✓	SH	Not Required
Physiotherapist	✓			
Occupational Therapist		✓		
Dietician		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist e.g. Care Home Liaison		✓		
Liaison/ District Nurse/Practice Nurse		✓		
Other discharge items				
Access arrangements (e.g. keys, door entry)		✓		
Patients clothing available for day of discharge		✓		
Valuables e.g. cashier		✓		
Intravenous cannula removed	✓			
Equipment ordered (inc. walking aids) in place for discharge		✓		
Part 2 Discharge letter - Required	✓			
- Completed	✓			
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow	✓		JM	NLF 14/5/13 @ 10:00
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				
Time of Discharge:				
Nurse's signature:			Designation: N	Date: 3/5/13

FORM NUMBER 0005752

VI MEDICAL ILLUSTRATION • DISCHARGE • 12410/14.01.08

IMMEDIATE DISCHARGE LETTER

NHS Greater Glasgow

GP COPY

First Issued: 03/05/2013 10:38
Printed: 03/05/2013 10:38

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF
Telephone : 0141 - 211 - 4000

Admitted: 30/04/2013 **Discharged:** 02/05/2013
Discharged to: Home
Ward: WD62
Consultant: MR S KUMAR, Orthopaedics
Hospital No: 10338654X **Date of birth:** 08/09/1955
CHI: 0809555328

REGISTERED GP

Dr MURRAY HARDIE
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

PATIENT

AGNES CLELLAND
39 RENNIE ROAD
KILSYTH
GLASGOW
LANARKSHIRE
G65 9PQ

DIAGNOSES **ICD10** **PROCEDURES** **OPCS4**

1. Procedure, Left, 01/05/2013

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Ramipril		Oral	10mg	X						Indefinite	18x10mg pod
Diltiazem	Tab	Oral	60mg	X		X		X		Indefinite	70x60mg pod
Omeprazole	Cap	Oral	20mg	X						Indefinite	12x20mg pod
Isosorbide mononitrate	Tab	Oral	20mg	X		X				Indefinite	23x20mg pod
Fluoxetine	Cap	Oral	40mg	X						Indefinite	8x20mg pod
Celebrex		Oral	200mg	X				X			15x200mg pod
Symbicort 200	Inhaler	Inhaled	2 puffs	X				X			pod
Metformin	Tab	Oral	1 gram	X			X			Indefinite	20x500mg pod
Atorvastatin	Tab	Oral	40mg					X			9x40mg pod
Gabapentin	Cap	Oral	100mg	X				X		Indefinite	9x100mg
Aspirin	Disp tab	Oral	75mg	X						Indefinite	9x75mg
GTN spray	Spray	S/l	2 puffs						for chest pain	Indefinite	pod
Salbutamol	Inhaler	Inhaled	1-2 puffs						prn	Indefinite	pod
Co-codamol 30/500	Tab	Oral	Two						30/500 tabs 4-6hrly prn pain	As required	100x30/500

Pharmacy Comments

GP: please review the contibuous need for celecoxib

Screened remotely by pharmacist CCoelho 02.05.2013

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
Ortho	MR S KUMAR	14/05/2013 10:00
Ortho	MR S KUMAR	4-6 weeks

Outpatient Investigations **Date**

No arrangements made

Community Care **Date** **Reason**

No arrangements made

GENERAL COMMENTS

Final discharge letter to follow

This lady was admitted electively for the above procedure. This was carried out uneventfully.

She will be followed up in clinic as documented.

NHS Greater Glasgow

Patient: AGNES CLELLAND D.O.B: 08/09/1955 Hosp. No: 10338654X

Admitted: 30/04/2013 Discharged: 02/05/2013 Printed: 03/05/2013 10:38

GENERAL COMMENTS (continued)

follow advice giving elevate leg when sitting

keep plaster dry

any problems contact GP or NHS 24

NB - Mrs Clelland had an episode of angina pain on exertion. Troponin was negative and there were no ECG changes. She mentioned she uses her GTN spray regularly as gets angina on fairly minimal exertion. I note the cardiologists had recently made changes to her medication and I would be grateful if you could review her medication to see if you feel there was scope to increase medication to improve her symptom control.

Signed: _____ Designation: _____

Contact: Suzanne Ross Pager Number:

HOSP-10338654

- **Patient Name:** *CLELLAND AGNES*
- **Patient ID:** *0809555328*
- **Patient Birth Date:** *08-Sep-1955*
- **Accession No.:** *G207H12806345*
- **Reason for study:** *#reason_for_study#*
- **Examination Date:** *03-Mar-2009 13:12*
- **Report Date:** *13-Mar-2009 1*
- **Report Status:** *F*

[Report Summary]
Clinical History : Dropped weight on foot. continuing pain.
[XR Foot Rt]
XR Foot Rt :
There is a notch on the medial aspect of the lateral cuneiform which has a clean edge to it. There may be some elevation to the periosteum.
Apart from hallux valgus no other abnormality seen.
In view of the unusual appearances on this x-ray, an orthopaedic opinion is advised.

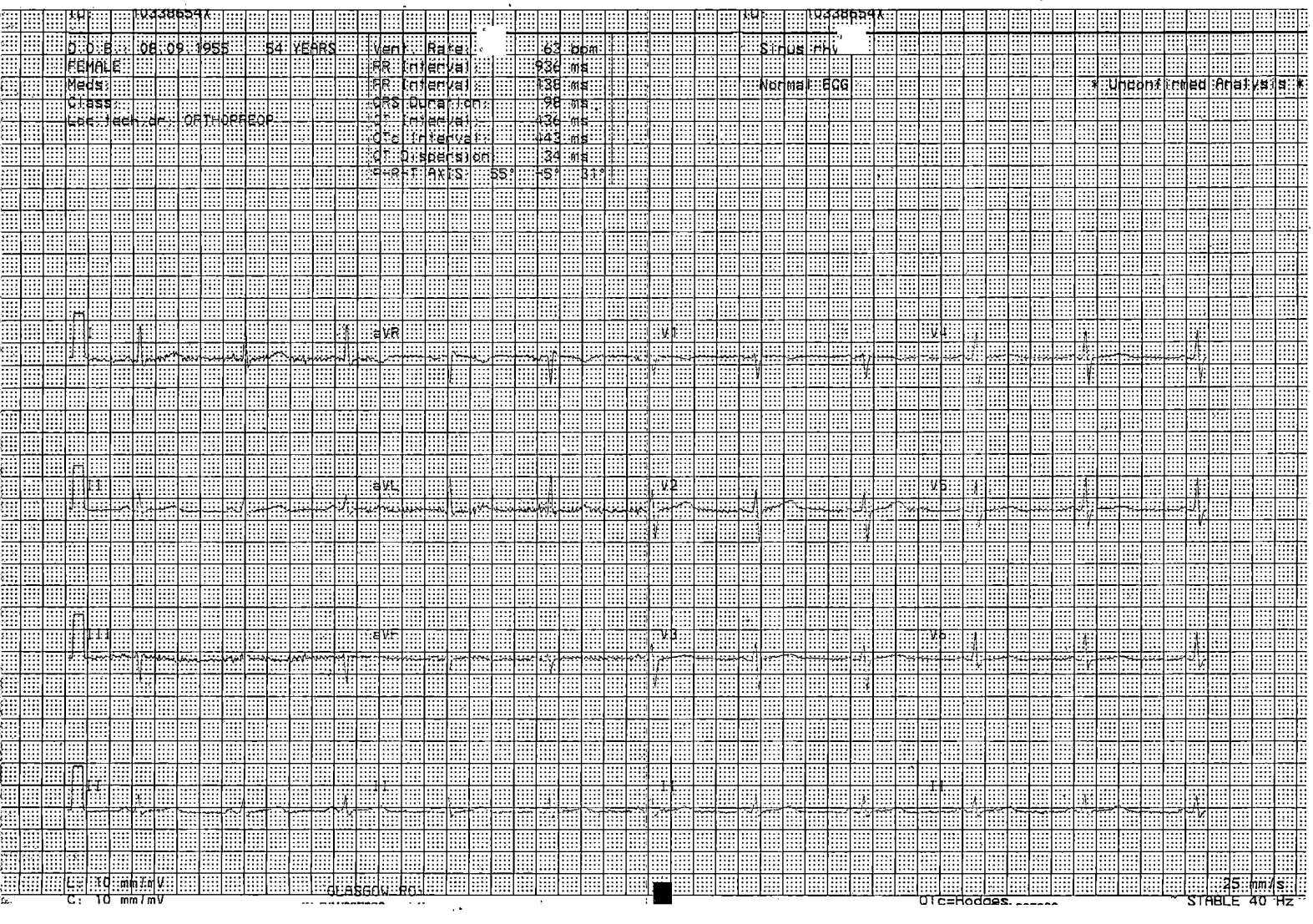
Fili

Radiologist : *Dr. DR IA MACLEOD*

Clarke, Mary

To: Clearie, Debbie
Cc: GRI - Ortho Pre-op Assessment
Subject: Patient Info

Hi Debbie,
Re Patient Agnes Clelland 10338654X for Fusion R 2nd Metatarsal joint.
Just to let you Debbie that this lady will have to be admitted to WD 50 as herBMI is 43.
Thanks Debbie
Mary Ortho preop


I:
V33866594
D.O.B. 08.09.1955 54 YEARS
FEMALE
Meds:
Class:
Loc:Tech dr ORTHOPREOP
Vent. Rate: 63 bpm
PR Interval 936 ms
PR Interval 136 ms
QRS Duration 98 ms
QT Interval 436 ms
QTc Interval 443 ms
QT Dispersion 34 ms
P-R-T Axis 55 -5 31
I:
V33866594
Sinus rhy
Normal ECG
* Unconfirmed Analysis *
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
C: 10 mm/mV
GLASGOW RO
25 mm/s
C: 10 mm/mV
QTc=Hodges
STABLE 40 Hz

NHS
Greater Glasgow and Clyde

North Glasgow University Hospitals Divisions

Glasgow Royal Infirmary

Integrated Care Pathway for Ward

Name:	Mrs Agnes Clelland
DoB:	08/09/1955
Address:	39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ
CHI:	0809555328
Hospital No:	10338654X

CONFIDENTIAL

CONSULTANT:	Common Podiatrist PAM22 GRI
DATE OF SURGERY:	TBA
OPERATION:	Fusion R 2nd tarso-metatarsal joint
NAMED NURSE:	
PRE-OP ASSESSMENT NURSE:	Staff Nurse Mary Clarke
PRE-OP ASSESSMENT DATE:	18/12/2009
EXPECTED DISCHARGE DATE	

ALERTS/: Allergies Ibuprofen

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Personal Details

Age: 54
Occupation: Employed
Religion: Christian
Home Telephone: 01236 822191
Mobile Telephone:
Sacrament of Sick: No

Next of Kin

Name: Clelland George mr
Address:
Day Phone No: 01236 822191
Aware of admission: Yes
Relationship: Husband
Night Phone No: n/a
Other Contact / Phone No:

GP Details

Name: Dr Marjory Stephens
Address: Kilsyth Health Centre Burngreen Park Kilsyth Stirlingshire G65 0HJ
Telephone: 08444 772552

Past Medical History

Previous Operations: Endometrium Obliteration Epidural Anaesthetic. Teeth Extraction.
Previous Anaesthetics: GA
Anaesthetic Reaction: No problems
Any Family History:

Any Other Relevant Illnesses or Medical Problems

Non Insulin Diabetic Attend Diabetic clinic at GP surgery
Hypertension

Current Medication

Gabapentin 30 mg TID
Ramipril 10MG OD
Simvastatin 40MG nocte.
Aspirin 75MG OD
Metformin 500mg 2 tabs BD
>Fluoxetine 20MG 2 tabs OD.

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Info Booklet Issued: Admit arrangements: Yes
Letter issued:

Observations

BP:	135/71mm/Hg	Pulse:	76
Temp:	36.7	O2 SATS (on air):	96%.
Height:	169 cm	BMI:	43
Weight:	122.30 kg	Respiratory Rate:	18
Peak Flow:	No	Exercise tolerance	Full flight of stairs without stopping
DVT Risk:	Age BMI.	Anti Coagulant therapy:	Yes.

Scores
Oxford

Notes / Reports

Case notes available:	Yes	General case notes requested:	No
Other case notes:	Yes	X-ray available:	Yes
MRI available:	Yes	CT available:	No

Investigations

ECG:	Yes	X-ray:	Yes Right Anlkle
C Spine:	No	CXR:	
MSSu:	No	Urinalysis:	negative
GP Contacted re: UTI:	No.	Blood Tests completed:	Ortho routine (FBC/U+Es/LFTs/ESR/CRP/Glucose) and HBA1C
Hip brace:	No.	Previous MRSA:	No.
		MRSA Screen:	Yes.
		Femoral head:	No.

Notes for Anaesthetist

Anaesthetist e-mailed: No Signature:.....

Signature of Assessment nurse: .....Staff nurse Clarke.....

Print name : MARY CLARKE

Additional Information

Patient unsuitable for Stobhill as BMI 43 Secretary informed

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

General Health Information

Diagnosis:

Heart Attack:	No	Diabetes:	Type 1 on oral hypoglycaemics
Heart Murmur:	No.	Arthritis:	Osteoarthritis.
AF:	No	Palpitations:	No
Heart Failure:	No.		
High Blood Pressure:	Yes	Hiatus hernia / Heartburn / Acid reflux:	No
Angina:	No	Stomach Ulcer:	No
Stroke:	No	Bowel habits and problems:	Regular
Rheumatic Fever:	No	Jaundice:	No
Joint Lung Legs:	No	Epilepsy / Blackouts / (Last episode):	No
Recent H/O cough:	No, Upper Respiratory Infection . Treated with ABX	Bladder or related problems:	Frequent UTI
TB:	No	Asthma / Bronchitis:	No

Other:

Personal History

Alcohol intake:	Yes ? Units weekly	Smoking:	No
Diet:	Diabetic diet	Personal hygiene:	Independent
Recreational Drugs:	No		
Lives with:	Spouse	Dwelling:	Two-storey house
Home Help:	None at present.	District Nurse:	
Hearing:	Normal	Washing facilities:	Bath and Shower
Hearing aids:		Glasses:	Yes Reading Glasses
Communication:	No problems	Contacts:	No
Sleeping:	No problem with sleep		
Neck problems:	No	Dental status:	Own teeth
		Loose teeth:	
Skin:	~~Rash~~ Occasional RASH Investigated at Dermatology. No rash at preop Skin intacr	Crowns:	
Alert/Orientated:		Concerns:	No concerns
Mental well being:	Alert / Orientated		

NHS
Greater Glasgow and Clyde

Orthopaedic Pre-Assessment Continuation Sheet

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

	Yes	No	N/A
Consented Bone Donation	☐	☑	☐
Suitable for Bone Donation	☐	☑	☐

Signature Bone Bank .....

	Yes	No	N/A
Brace Ordered	☐	☑	☐
Femoral Head Requested	☐	☑	☐

Amount ..... for surgery date .....

DVT RISK FACTORS

AGE BMI 43

ALERTS/ALLERGIES

AGE BMI 43 NOW - INSULIN DEP. DIABETIC

Assessors Name S/N Mary Cook

Signature Mary Cook

Additional information as follows:

BP — 135/71 Pulse 76. O2 96 T. 36.7

Patient suscitated for Stobhill Day Surgery

as BMI 43. Secretary informed

Integrated Care Pathway

Acute Services Division

Date: 18/11/09 Ward:

Affix label – or complete details below

Patient's Name: AGNES CLELLAND

Hospital No: 10338654X Age: 54

NHS Greater Glasgow and Clyde

CONFIDENTIAL – PREADMISSION ASSESSMENT QUESTIONNAIRE

PAST MEDICAL HISTORY

1. Please record any health problems that you have including any operations

DIABETIC TABLET CONTROLED

10338654X
CLELLAND
AGNES F
39 RENNIE ROAD 08/09/1955
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

2. Have you ever had a bad reaction to anaesthetic?

NO

3. Please tell us about any other illnesses or medical problems that have not been mentioned yet..

ARTHIRITIS

- Are you allergic to any medicines or other things (eg Penicillin) NO
- Who lives with you at home? HUSBAND
- Do you smoke? NO How many per day?
- Do you drink alcohol? YES How much per ~~day~~/week? 5 UNITS
- Are you working at the moment? YES If so, what is your job? SCHOOL CLEANER
- Do you sleep lying flat, sitting up or propped up? FLAT

Acute Services Division

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

NHS
Greater Glasgow and Clyde

MEDICATION:

Please write down the name of the medication you are taking including the dosage.

Name of medication:	Dose/How much?	How often?
METFORMIN	500MG	2 A DAY
FLUOXETINE	20MG	2 PER DAY
GABAPENTIN	300MG	1 AT NIGHT
ASPIRIN	75MG	1 A DAY
RAMPRIL CAPS	10MG	1 A DAY
SIMVASTATIN	40MG	1 A DAY

Please Tick	YES	NO	Please Tick	YES	NO
Diabetes	✓		Heart Attack		
TB			Stroke		
Asthma or Bronchitis			High Blood Pressure	✓	
Rheumatic Fever			Angina		
Jaundice			Epilepsy		
Stomach Ulcer			Hiatus Hernia		
Clots in legs or lungs					

Please read the following list and tell us if you ever suffer from any of these things.

Please Tick	YES	NO	If yes, use this box to give more details
Pain or tightness in your chest		✓	
Shortness of breath or wheezing		✓	
A cough, do you have a spit as well?		✓	
Upset stomach or heart burn		✓	
Bowel problems		✓	
Headaches or dizzy spells		✓	
Blackouts or faints		✓	
Weakness or loss of function		✓	

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

for photography only

PROBLEMS WITH YOUR ELBOW

Today's date 21/10/2008

During the past 4 weeks.....

✓tick one box for each question

1. *During the past 4 weeks.....*
Have you had difficulty lifting things in your home, such as putting out the rubbish, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☐	☑	☐

2. *During the past 4 weeks.....*
Have you had difficulty carrying bags of shopping, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☐	☑	☐

3. *During the past 4 weeks.....*
Have you had any difficulty washing yourself all over, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☑	☐	☐

4. *During the past 4 weeks.....*
Have you had any difficulty dressing yourself, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☑	☐	☐

5. *During the past 4 weeks.....*
Have you felt that your elbow problem is "controlling your life"?

No, not at all	Occasionally	Some days	Most days	Every day
☐	☐	☐	☐	☑

6. *During the past 4 weeks.....*
How much has your elbow problem been "on your mind"?

Not at all	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☑

During the past 4 weeks.....

✓tick one box for each question

7. *During the past 4 weeks.....*
Have you been troubled by pain from your elbow in bed at night?

Not at all	1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☐	☐	☑

8. *During the past 4 weeks.....*
Have you felt that you needed too much help from other people, <u>because of your elbow problem</u>?

No, not at all	Occasionally	Some of the time	Most of the time	All of the time
☐	☐	☑	☐	☐

9. *During the past 4 weeks.....*
How often has your elbow pain interfered with your sleeping?

Not at all	Occasionally	Some of the time	Most of the time	All of the time
☐	☐	☐	☑	☐

10. *During the past 4 weeks.....*
How much has your elbow problem interfered with your usual work or everyday activities?

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☑	☐

During the past 4 weeks.....
Has your elbow problem limited your ability to take part in leisure activities that you enjoy doing?

No, not at all	Occasionally	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☑

12. *During the past 4 weeks.....*
How would you describe the <u>worst pain</u> you had from your elbow?

No pain	Mild pain	Moderate pain	Severe pain	Unbearable
☐	☐	☐	☐	☑

13. *During the past 4 weeks.....*
How would you describe the pain you <u>usually</u> had from your elbow?

No pain	Mild pain	Moderate pain	Severe pain	Unbearable
☐	☐	☐	☑	☐

THE QuickDASH OUTCOME MEASURE

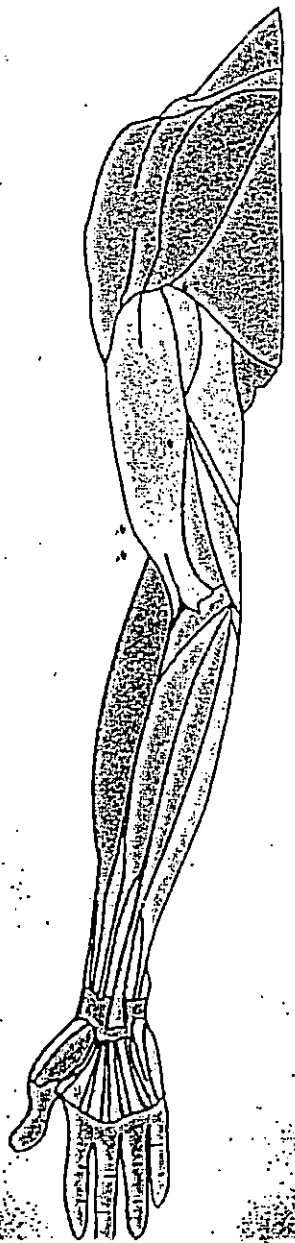
INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* of which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.



QuickDASH

e rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	(5)
2. Do heavy household chores (e.g., wash walls, floors)	1	2	3	(4)	5
3. Carry a shopping bag or briefcase.	1	2	3	(4)	5
4. sh your back	1	2	3	4	(5)
5. Use a knife to cut food.	1	2	3	(4)	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.)	1	2	3	4	(5)

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, *to what extent* has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	(4)	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
ing the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	(4)	5

lease rate the severity of the following symptoms the last week. *(circle number)*	NONE	MILD	MODERATE	SEVERE	EXTREME
. Arm, shoulder or hand pain.	1	2	3	(4)	5
0. Tingling (pins and needles) in your arm, shoulder or hand	1	2	3	(4)	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
1. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? *(circle number)*	1	2	3	(4)	5

ickDASH DISABILITY/SYMPTOM SCORE = $\left(\left[\frac{\text{sum of n responses}}{n}\right] - 1\right) \times 25$, where n is equal to the number completed responses.

QuickDASH

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: SCHOOL CLEANER

o I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	(3)	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	(4)	5
3. doing your work as well as you would like?	1	2	3	(4)	5
4. spending your usual amount of time doing your work?	1	2	3	(4)	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing *your musical instrument or sport or both*. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

o I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

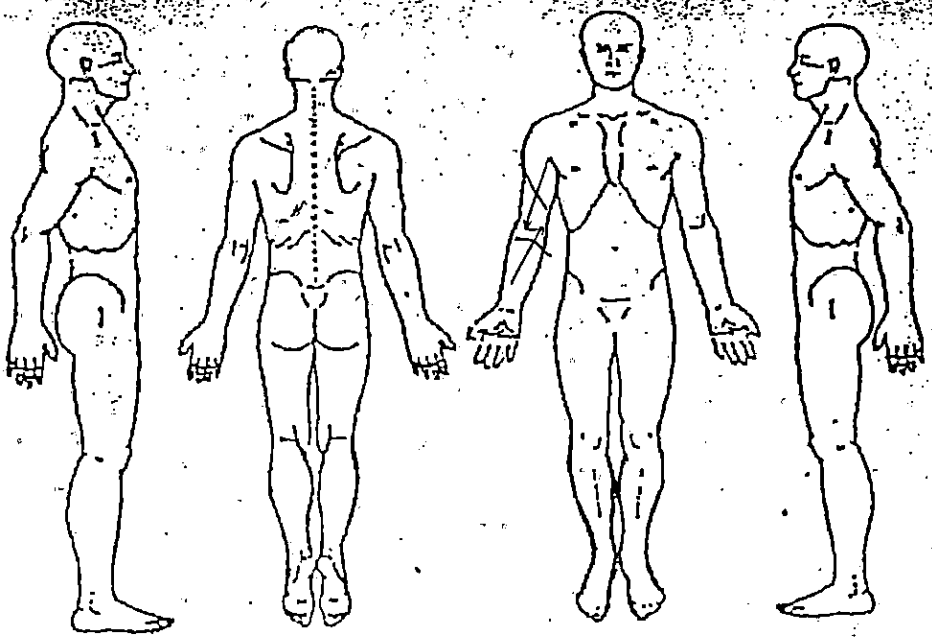
SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by (number of items); subtract 1; multiply by 25.

Optional module score:

PAIN - PATIENT SELF-EVALUATION

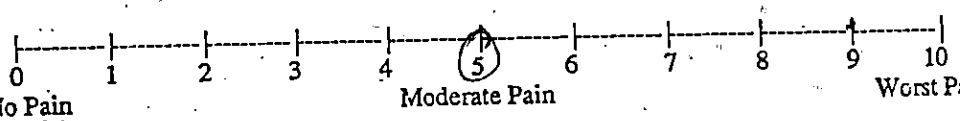
Do you experience pain in your arm shoulder or hand? YES / NO

If yes please mark on the body charts the area of your pain.

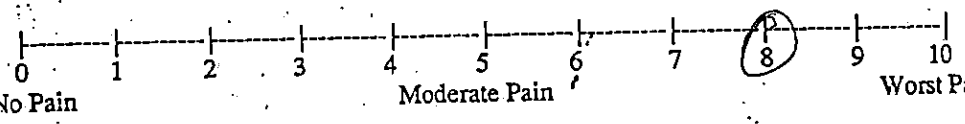


Please indicate your CURRENT pain level on the chart below:

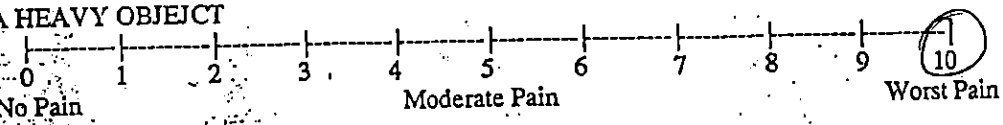
AT REST



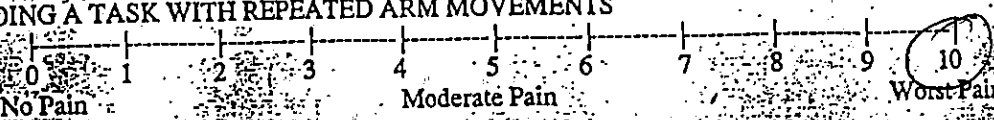
AT NIGHT



LIFTING A HEAVY OBJEJCT



WHEN DOING A TASK WITH REPEATED ARM MOVEMENTS



Do you take pain killers? YES / NO If yes what type are they? (if know) .....

How many do you take? .....

PODIATRY 11/8/09.

Pod NEXT AVAILABLE TUESAM MK? Boccine

VERIFIED Verified By: AUTO REPORTING 02/07/09 0948.
Clinical History : Injury mid-foot, ?lesion medial cuneiform.

MRI Foot Rt :

03 JUL 2009

Technique: Standard protocol.

Findings:
1. Some degenerative changes are noted at the right 2nd TMT joint with thinning of articular cartilage and mild subarticular marrow oedema. There is also slight ill-definition of the Lisfranc ligaments but no evidence of tarsometatarsal dislocation.

2. Slight irregularity of the medial margin of the lateral cuneiform bone which probably accounts for the appearances on the plain radiograph. In particular, no evidence of a bone tumour or tumour-like process.

3. No other significant abnormality.

North Glasgow Hosp

Glasgow Royal Infirmary
CLELLAND, Agnes
39 Rennie Road, Kilsyth, , , G65 9PQ
Referrer: DR C SENTHILKUMAR - GRI ORTHOPAEDIC OP

Diagnostic Imaging Report
DoB: **08/09/1955**
Chi No: **0809555328**
CRIS No: **5087110**
Hosp No: **10338654X**

Conclusions: Localised degenerative changes around the right 2nd TMT joint and possible injury of the Lisfranc ligaments but no evidence of tarsometatarsal dislocation.

Dictated By Ritchie, Dr David

Verified by Ritchie, Dr David

Typed by Smith, Jereldeen

This examination performed at Golden Jubilee Hospital.

Ref. Src: Glasgow Royal Infirmary, 84 Castle Street, Glasgow, G4 0SF
Exams: MRI Foot Rt
Exam Date: 22/06/09 Event: E-11734193

North Glasgow Hospitals

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (ORTHOPAEDIC)	☑		
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	☐

Spire Healthcare

Operation/Treatment not(

WSHR018947
CLELLAND, Agnes
39, Rennie Road
Glasgow
G65 9PQ

WSH35320945
Mrs
Female 08.09.1955
Spinal NHSGCC
Mr P Lakshmanan
C6038229

NOTE: This document must be completed by the surgeon or physician before the patient leaves the theatre suite or place of procedure or treatment.

Operation or treatment performed:

Date: 25-5-26.

Surgeon: MR lakshmanan.
Assistant: M chauhan.
Anaesthetist: DR Bandela.
Scrub nurse: A Postero

Operation/Treatment notes

L4/L5 Lumbar spine posterolateral instrumented fusion with spinal decompression with Gr I Degenerative spondylolisthesis with facet jt synovial cystectomy

GA, IV Antibiotics
II- X-ray control
Midline

L4, L5 Pedicle screws – Expedium– DePuy Synthes

L4/L5 Spinal decompression (One - level)
- Central canal, lateral recess, bilateral foraminal decompression
- Bilateral facetectomy – facet jt cystectomy
- Bilateral nerve root foraminotomy decompression
- Extended thorough decompression

Comorbidities:
1. OA
2. Angina
3. Asthma
4. Diabetes
5. Anaemia
6. High cholesterol
7. Gastritis
8. Obesity

Posterolateral gutter prepared - Autologous bone graft + 10 mL DBx packed
Expedium assembly completed – contoured rods - partial reduction of spondylolisthesis
Check X-rays satisfactory

1 drain; spongistan
Layer closure – staples to skin
Dressings/Pressure dressings applied

Postop Advice:
- 24 hrs iv Antibiotics
- TEDS/Flowtrons
- Remove drain x 24 hrs
- Do not remove pressure dressings x 5days
- ROS x 2/52
- Mobilise normally
- Bloods/Xrays tomorrow
- Clinic x 6/52 – XOA

Treatment/Operation code:

Signature

Musculoskeletal Transplant Foundation
ITEM: 035100 Exp Date: 2027-05-13
DESC: DBX Putty, 10cc
SERIAL No: 04935101459121100002

REF 1797020005 LOT 453485
EXPEDIUM® SPINE SYSTEM
SINGLE INNER SET SCREW
(01)10705034265063(20)12
(17)301031(10)453485
2030-10-31
LCN1 REV. B
Medos International S.A.R.L.

REF 1797020005 LOT 453485
EXPEDIUM® SPINE SYSTEM
SINGLE INNER SET SCREW
(01)10705034265063(20)12
(17)301031(10)453485
2030-10-31
LCN1 REV. B
Medos International S.A.R.L.

REF 1797020005 LOT 453485
EXPEDIUM® SPINE SYSTEM
SINGLE INNER SET SCREW
(01)10705034265063(20)12
(17)301031(10)453485
2030-10-31
LCN1 REV. B
Medos International S.A.R.L.

REF 1797020005 LOT 453485
EXPEDIUM® SPINE SYSTEM
SINGLE INNER SET SCREW
(01)10705034265063(20)12
(17)301031(10)453485
2030-10-31
LCN1 REV. B
Medos International S.A.R.L.

REF 1797126455 LOT 431520
EXPEDIUM® SPINE SYSTEM
SI POLYAXIAL SCREW, 5.5 x 6 x 45mm
(01)10705034266982
(17)300430(10)431520
2030-04-30
LCN1 REV. C
Medos International S.A.R.L.

REF 1797126455 LOT 431520
EXPEDIUM® SPINE SYSTEM
SI POLYAXIAL SCREW, 5.5 x 6 x 45mm
(01)10705034266982
(17)300430(10)431520
2030-04-30
LCN1 REV. C
Medos International S.A.R.L.

REF 1797126455 LOT 431520
EXPEDIUM® SPINE SYSTEM
SI POLYAXIAL SCREW, 5.5 x 6 x 45mm
(01)10705034266982
(17)300430(10)431520
2030-04-30
LCN1 REV. C
Medos International S.A.R.L.

REF 1797126455 LOT 431520
EXPEDIUM® SPINE SYSTEM
SI POLYAXIAL SCREW, 5.5 x 6 x 45mm
(01)10705034266982
(17)300430(10)431520
2030-04-30
LCN1 REV. C
Medos International S.A.R.L.

REF 1797720455 LOT CSHCOH
EXPEDIUM® SPINE SYSTEM
PRE-BENT SPINAL ROD, 5.5 x 45mm
(01)10705034270100
(17)300330(10)CSHCOH
2030-09-30
LCN1 REV. C
Medos International S.A.R.L.

REF 1797720455 LOT CSHCOH
EXPEDIUM® SPINE SYSTEM
PRE-BENT SPINAL ROD, 5.5 x 45mm
(01)10705034270100
(17)300330(10)CSHCOH
2030-09-30
LCN1 REV. C
Medos International S.A.R.L.

Spire Healthcare

PRIVATE AND CONFIDENTIAL

PAS ID: 35320945

Patient Demographics

Patient Surname, Forename: Clelland, Agnes
Date of birth: 08.09.1955
Gender: Female
NHS Number: - Not known
Patient Address: 39, Rennie Road, G65 9PQ Glasgow

Admission Details

Admission Method: 12 - booked
Hospital Site: Spire Washington Hospital

Discharge Details

Admission date: 25.03.2026
Admission time: 12:00:00
Discharging Consultant: MR Lakshmanan, Palaniappan
Date of discharge: 26.03.2026
Time of discharge: 15:11:54
Discharge method: 1. Discharged on clinical advice or with clinical consent
Discharge destination: place of resid
Discharge address: 39, Rennie Road Glasgow G65 9PQ
Hospital Emergency Contact Number: 0191 4188646

Diagnosis

L4/5 Listhesis with stenosis

Procedures

Procedure:
L4/L5 Lumbar spine posterolateral instrumented fusion with spinal decompression with Gr I Degenerative spondylolisthesis with facet joint synovial cystectomy is
Complications related to procedure:
None
Specific anaesthesia issues:
- None identified
Anaesthetic Type:
GA

Investigations and Procedures Requested

Bloods and xray
HB - 105 Lab sample
NA - 133 ISTAT

Plan and Requested Actions

Spire Healthcare

Actions:

PAS ID: 35320945

Follow-up care/appointments
Consultant:
Date: 08.05.2026
Location: 13:50 XOA
Wound care:
Date: 31.03.2026
Location: 14:50 ROD
Other (Please specify):
Date: 08.04.2026
Location: 10:50 ROS

MEDICATION ON DISCHARGE - THIS IS NOT A PRESCRIPTION

Drug	N.Trt (y/n)	N.Dose (y/n)	Dose and Frequency	Route	No.day s	Qty Suppl.	Unit(s)	Ref to Pharm	Reason
SENNA 7.5MG TABLETS			2 t n pmc	ORAL		20	TB		- Not applicable
MORPHINE SULFATE 10MG/5ML ORAL SOLUTION 100ML			Take 2.5ml-5ml qds prn for SEVERE pain op	ORAL		100	ML		- Not applicable

Clinical Summary

Clinical Summary:
Pre and post op care for the above surgery
IV antibiotics given over 24 hours
Drain removed next day
Pressure dressing to stay in place for 5 days until clinic review then removal of sutures in 2 weeks
DVT prevention - TED stockings until back to normal mobility
Mobilise as normally
Bloods and xray as requested
Pain management discussed prior to discharge
Consultant clinic appt. in 6 weeks with XOA
Telephone numbers given should there be any concerns
Infection Status:
No concerns

Information Given

Pain/wound
VTE advice given on discharge
Advice given
Clinical leaflet given

Allergies Adverse Reactions

New and Known Allergies:
No known allergies or new allergies
Causative agents:

Spire Healthcare

PRIVATE AND CONFIDENTIAL

PAS ID: 36320945

- Not applicable

Description of reaction:
- Not applicable

Probable reoccurrence:
- Not applicable

First date experienced: - Not applicable

GP Practice

GP Name: DOCTOR Stafford, E

GP Practice Details (address):
Kilsyth Medical Partnership G65 9JE Kilsyth

Email Address:
- Not known

Telephone Number:
01236 801 677

Person Completing Record

Name: Barbara O'Dowd

Designation or role: Staff Nurse

Grade: RGN

Date Completed: 26.03.2026

Distribution List

Patient Name: Clelland, Agnes - 26.03.2026

GP Name: DOCTOR Stafford, E - 26.03.2026

Medical Record: Spire Healthcare - 26.03.2026

ELECTRONIC PATIENT RECORDS

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

Including:

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

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

Typed: 28/06/2024
Reference: EH

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ

Dear Mrs Clelland

Patient Details:	Mrs Agnes Clelland, 08/09/1955, CHI: 0809555328
Date at A&E:	26/06/2024
Diagnosis:	Ankle. Soft tissue injury (Sprain)
Management Plan:	Letter and discharge

Following recent attendance at A&E an Orthopaedic Consultant has reviewed your medical notes and x-rays regarding your recent injury. Our advice is, you can discard any support or splintage as the pain settles usually within the next 2/3 weeks. Early return to normal activity generally speeds recovery. You may need painkillers for the next 2-3 weeks.

Should you have any concerns or problems, **please contact the Fracture Clinic Help Line on 0141 201 6416 for advice**. For urgent problems or concerns outwith working hours please contact or attend the local A&E department.

If you would like to give feedback, you can email OrthopaedicClinicFeedback@ggc.scot.nhs.uk

Your GP has electronic access to the information contained in this letter.

We wish you a speedy recovery.

The Orthopaedic Department
Glasgow Royal Infirmary

www.nhsggc.scot/orthopaedicsgri

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

NHS
Greater Glasgow and Clyde

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

Clinic Date: 27/06/2024
Typed: 27/06/2024

VIRTUAL TRIAGE ASSESSMENT

Dear Dr Stafford,

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:0809555328; 39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

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

Patient Assessment I

Bodily site:	Ankle
Laterality:	Right
Injury Type:	Soft tissue injury (Sprain)
Management plan:	Letter and discharge

Patient Assessment II

Patient contacted:	Phone
Site:	GRI
Outcome:	Review and discharge NFA required
Consultant:	Mark Blyth

Patient Assessment III

Patient Called Helpline:	No
Outcome of Helpline:	
Nurses notes:	: 27/06/2024 14:24 Pamela McKirdy Spoke with patient and advised of consultant review, patient sustained (R) foot - NBI on x-ray, (R) ankle - NBI on x-ray (R) knee - NBI on x-ray, Is in a Velcro boot and to continue with the boot for next few weeks and can then transition into own footwear as comfort allows, to take regular painkillers as required, elevate foot for swelling. Patient discharged with contact no. Can patient letter and ankle & foot exercises be sent out please?

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

Yours sincerely

The Orthopaedic Department
Glasgow Royal Infirmary

Clinical letter - GP: GP letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	0141 211 4000
Department:	Orthopaedics
Contact Tel:	0141-201-3733
Enquiries to:	
Letter Date:	11/07/2023
Reference:	RS\CWW
Dictated Date:	21/06/2023
Transcribed Date:	21/06/2023

Dear Dr Stafford ,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Outcome: Referral to spinal surgeons

Agnes attended today for review. She had previously been seen in December and had been referred on to the spinal surgeons and an MRI scan as an outpatient had been requested.

She tells me that she still has severe pain in her lower back radiating to both legs. This is worse to the right side. She describes no paraesthesia in her lower limbs, but describes pain and giving way of her legs. She does not describe cramping or feels like extension activities aggravate her lumbar back pain.

The MRI scan results were relayed to Agnes. These show L4/L5 and L5/S1 spinal canal stenosis with bilateral L5 nerve root impingement and S1 nerve root impingement as well. She has a grade 1 anterior spondylolisthesis at L4 and L5 as noted previously.

On examination she was able to mobilise with one stick. Straight leg raise on the right leg aggravated her back but also produced leg pain. This was negative on the left. Power was 4 out of 5 on hip flexion, but otherwise was 5 out of 5 in all lower limb myotomes and her plantars were down going. Sensation was present throughout her lower limbs and not altered.

We discussed her ongoing back pain, she is using Co-codamol, Gabapentin, Naproxen and Amitriptyline for pain relief. I explained that we would refer her on to the spinal surgeons again with the aim of her being reviewed in one of their clinics.

She was pleased to know the results of her MRI scan and happy to be referred on to the spinal team.

Yours sincerely,

Robert Silverwood ST8

Trauma & Orthopaedics

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Robert Silverwood, Doctor

cc.

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Mr Dean
Consultant Orthopaedic Spinal Surgeon
Queen Elizabeth University Hospital:
1345 Govan Road:
Glasgow:
G51 4TF

Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141-201-3733
Enquiries to:
Letter Date: 23/06/2023
Reference: RS\CWW
Dictated Date: 21/06/2023
Transcribed Date: 21/06/2023

Dear Mr Dean ,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

I would be most grateful for your review of Agnes Clelland. She is a 67 year old female who has a history of lumbar back pain with symptoms of spinal stenosis.

She gives a history of worsening back pain in the past year with radiation to her right and left leg. She describes weakness in her legs, with a feeling of her legs giving way, not necessarily cramping.

She had an MRI scan performed under the care of Mr Stark as an outpatient. This shows that she has an L4/L5 spondylolisthesis with a moderate spinal canal stenosis and L5 and S1 bilateral nerve root impingement.

On examination she mobilises with one stick, this is due to her previous bilateral feet surgery. Her sensation is intact in her lower limbs, her power seems to be slightly reduced due to pain on hip flexion, but otherwise her power is 5 out of 5 in all myotomes.

I would be most grateful for your review and advice on ongoing management for this lady.

Yours sincerely,

Robert Silverwood ST8

Trauma & Orthopaedics

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Robert Silverwood, Doctor

cc.

Clinical letter - GP: GP letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141-201-3733
Enquiries to:

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Letter Date: 15/12/2022
Reference: GS\CWW
Dictated Date: 14/12/2022
Transcribed Date: 14/12/2022

Dear Dr Stafford ,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Diagnosis:

L4/5 spondylolisthesis with a Pars defect (probably post-traumatic) with clinical symptoms of spinal stenosis

Outcome:

(1) Urgent MRI lumbosacral scan with contrast

(2) Referral to the spinal service

This 67 year old lady was referred via the on-call service earlier this week. She was brought in for review. She has a few months history of lumbar back pain that's getting really disruptive to her ADL's. This followed a fall on her kitchen floor which she described as falling straight down onto her back. Since then she has been struggling with increasing and sharp lumbar back pain which she didn't have before. When she walks she struggles with a feeling of weakness in her legs. She has been using a stick to help her.

She has pre-existing stress incontinence of urine and has had no changes in her urinary function apart from the fact that she now struggles to get to the toilet in time.

This lady has a past medical history of type 2 diabetes for which she is on Metformin. She says that her need for medication reduced greatly after she lost 5½ stone. She has angina, but has not had an

MI in the past. She has had some forefoot surgery and has metalwork in situ there. She lives with her husband and still drives. She is a non-smoker.

On examination she struggled to get out of her chair and out of the couch due to back pain. She has got a slow but normal gait using her stick for support. She was a bit tender to palpation of her lumbar spine generally. Neurological examination of her lower limbs was normal apart from the fact that I could not elicit ankle reflexes bilaterally. Her knee jerks were normal to brisk bilaterally. She had no altered sensation distally and there was no obvious motor deficit. She did struggle with proximal muscle testing of the hip flexors due to back pain.

A radiograph of her lumbar spine organised by her GP shows a new L4/5 small anterolisthesis, as well as unilateral Pars defect. This is thought to be traumatic because this not noted on a previous CT scan.

I think this lady's symptoms are consistent with probably mechanical type back pain in the sense that I think she has some instability of her lumbar spine. She also has neurological symptoms consistent with stenosis.

I have requested an urgent MRI to look for any signs of her having indeed sustained a Pars fracture and whether this is still healing or completely unhealed. I am also very interested in seeing whether she has got pre-existing degenerative disease which could be causing her stenotic picture.

I am going to refer her to the spine clinic with this in place because I think she merits review in the meantime on the basis of her symptoms. Hopefully her scan will be done in time for this.

Yours sincerely,

Gabrielle Scicluna

Orthopaedic Registrar

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Gabrielle Scicluna , Doctor

cc.

Referral letter:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141-201-3733
Enquiries to:
Letter Date: 15/12/2022
Reference: GS\CWW
Dictated Date: 14/12/2022
Transcribed Date: 14/12/2022

Orthopaedic Spine Surgeons
Queen Elizabeth University Hospital:
1345 Govan Road:
Glasgow:
G51 4TF

Dear Colleagues ,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Diagnosis:

Symptomatic L4/5 spondylolisthesis with mechanical back pain and symptoms of spinal stenosis

Outcome:

For urgent outpatient MRI scan and referral to spinal team

I reviewed this 67 year old lady in the fracture clinic in GRI today. This appointment was organised urgently following a GP referral to the orthopaedic team this week.

This lady gives a history of a few months of very disruptive back pain occurring in her lumbar region. This followed a fall which she sustained on her kitchen floor a few months ago. She did have some preceding backache, but she is really clear that the pain she suffers now is much worse and is very disruptive to her day to day life.

There is a full clinic letter dictated with full history and examination findings. In summary this lady gives a history of what sounds like spinal stenosis with a weakening of her legs occurring with any significant distance of walking. She has no neurological symptoms at rest. Her back pain is worse when she is ambulating, but she is also pretty uncomfortable and pretty sore when she has been sitting for a period of time.

A plain radiograph organised by the GP shows L4/5 spondylolisthesis and a pars defect that is unilateral, but is new compared to previous imaging.

I have organised an urgent MRI scan to look for firstly any signs of trauma, including to assess any healing that is occurring, but also to look for canal stenosis. My thoughts are that she probably had some pre-existing degenerative changes and her traumatic event might have worsened these.

I would be very grateful if you would consider reviewing her in your clinic once the imaging is available.

Yours sincerely,

Gabrielle Scicluna

Orthopaedic Registrar

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Gabrielle Scicluna , Doctor

cc.

NHS
Greater Glasgow and Clyde

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

Telephone: **0141 211 5034**
Fax: **0141 211 4060**

Typed: 27/03/2020
Reference: LMC/PMC/MB

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ

Dear Mrs Clelland

Patient Details: Mrs Agnes Clelland, 08/09/1955 CHI: 0809555328
Date at A&E: 25/03/2020
Diagnosis: Ankle **Soft Tissue Injury**

Your recent attendance at A&E has been reviewed and no further treatment is required for your injury. Early return to normal activity generally speeds recovery. You may need painkillers for the next 2-3 weeks.

Should you have any concerns or problems, please contact the Fracture Clinic Help Line on 0141 211 4239 for advice. For urgent problems or concerns out with working hours please contact or attend the local A&E department.

If you would like to give feedback, you can email OrthopaedicClinicFeedback@ggc.scot.nhs.uk

Your GP has electronic access to the information contained in this letter.

We wish you a speedy recovery.

The Orthopaedic Department
Glasgow Royal Infirmary

www.nhsggc.org.uk/orthopaedics

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

NHS
Greater Glasgow and Clyde

Virtual Clinic Tel : 0141 211 5034
Virtual Clinic Fax: 0141 211 4060

Clinic Date: 26/03/2020
Typed: 26/03/2020

VIRTUAL TRIAGE ASSESSMENT

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:0809555328; 39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Patient Assessment I

Bodily site:	Ankle
Laterality:	Right
Injury Type:	Soft tissue injury (Sprain)
Management plan:	Letter and discharge

Patient Assessment II

Patient contacted:	Phone
Site:	GRI
Outcome:	Review and discharge NFA required
Consultant:	Mark Blyth

Patient Assessment III

Patient Called Helpline:	No
Outcome of Helpline:	
Nurses notes:	: 26/03/2020 10:35 Pamela McKirdy spoke with patient and advised of consultant review, patient sustained injury to (R) ankle - NBI on x-ray, to use the velcro boot for the next 1-2 weeks then can remove and get into own foot wear as tolerated, elevate for any swelling, to take regular painkillers as required, Patient discharged Can Soft Tissue Injury Letter and Ankle and Foot Exercises be sent out please.

MR VATS' REVIEW CLINIC **AV/ AMcD**

Date: 26/9/18

Re: Mrs Agnes Clelland 08/09/1955, CRN:0809555328, CHI: 0809555328
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Diagnosis:	Left foot hallux rigidus and 2nd hammer toe Background of right foot hallux rigidus fusion in January under Miss Madeley.
Past medical history:	Type II diabetes, previous angina, hypertension and mild asthma as well as back problems.

Mrs Clelland is being admitted for left foot 1st toe MTPJ fusion and 2nd hammer toe correction surgery. I have explained the nature of the surgery to her and expected recovery period as well as the associated risks such as infection, bleeding, neurovascular injury, tendon injury, DVT, PE, wound problems, non-union, malunion, persistent pain, CVA, MI and kidney problems. She understands the risks and has signed a consent form today. We will see on the morning of 16/10/18 for her procedure.

Mr Amit Vats
Locum Orthopaedic Consultant

Clinical letter - GP: GP letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	orthopaedics
Contact Tel:	
Enquiries to:	
Letter Date:	04/12/2018
Reference:	DM\CWW
Dictated Date:	30/11/2018
Transcribed Date:	04/12/2018

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Surgery: Left 1st MTP joint fusion and 2nd toe PIP joint fusion – 16.10.2018

This lady attended the nurse led foot clinic today following the above procedure. She is now 6 weeks post-op.

On examination her post-op areas have healed. They are dry and intact. I have no concerns whatsoever.

Agnes has continued with her heel block shoe. Today we were able to take this away and place it into a post-op shoe only to get home. Agnes is now able to go into her own supportive footwear.

We obtained an x-ray today and this is satisfactory for this stage. There are great signs of healing going on and we have also achieved great alignment. We have discussed gradual increase and full weight bearing, elevation and analgesia.

Agnes is in receipt of our telephone number should she have any concerns she knows to contact the clinic. We are happy to discharge this lady from the clinic

Yours sincerely,

Debbie Martin

Staff Nurse

Electronically Signed: Staff Nurse Debbie Martin1, Nurse

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
GGC

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211 4608
Enquiries to:	0141 211 4608
Letter Date:	12/06/2018
Reference:	MG/REM
Dictated Date:	23/05/2018
Transcribed Date:	30/05/2018

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Mrs Clelland was further reviewed at the orthopaedic foot clinic. She is delighted with her recent surgery in the form of a right 1st MTP joint fusion carried out in November last year. She is happy with the progress and improvement she has had, she is back in her own footwear and is keen to go ahead with similar situation to the left side.

The left side is more painful to the 1st MTP joint. She stands with a hallux valgus deformity, the hind foot is well aligned, and pedal pulses are present today. She does have a neighbouring second PIP joint which is a little bit hammer in position. We talked through the processes with regards to correcting the toe. I have advised her there is an element of arthritis in the joint itself and if it is sufficient she would be looking towards fusion similar to the right side, however in the same respects, if there is not so much arthritis present then she may get away with a corrective osteotomy which would help maintain some movement to the joint.

She is happy to go ahead with what would be in her best interest. She is aware of the general risks, benefits and post-op recovery expectations involved with such a procedure and she is keen to pursue. She will pass through the pre-assessment clinic to determine her suitability for surgery, however in the meantime has been listed directly for left foot 1st MTP joint fusion + 2nd PIP joint fusion as a possible day case.

Yours Sincerely,

Melanie Green

ESP Specialist Orthopaedic Podiatrist

Electronically Signed: Podiatrist Melanie Green, Podiatrist

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
GGC

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:
Department: Orthopaedics
Contact Tel: 0141 211-5146/4608
Enquiries to:
Letter Date: 15/03/2018
Reference: KH/SL
Dictated Date: 27/02/2018
Transcribed Date: 02/03/2018

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Surgery: 1st MTP joint fusion- 09/02/2018

Outcome: review 3 weeks nurse led foot clinic Friday morning

Agnes attended today for further review on arrival at the clinic her theatre dressing was removed , her wound has healed with no signs of infection, her suture knots were clipped today and a Premierpore dry dressing was re-applied. Agnes has been advised that she can remove this in a couple of days and to gently wash and moisturise her wound area. She continues to have moderate swelling over the area of her forefoot and she has been advised to keep this well elevated when sitting and to continue to heel weight bear until her return. Agnes is in receipt of a contact telephone number should she have any further concerns prior to her next appointment.

Yours Sincerely

Kathryn Hyndman

STAFF NURSE

Electronically Signed: Nurse Kathryn Hyndman, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211 5146
Enquiries to:	
Letter Date:	06/06/2017
Reference:	MG/EH
Dictated Date:	06/06/2017
Transcribed Date:	15/06/2017

Dear Dr. E Stafford,

Agnes Clelland; D.O.B: 08 Sep 1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Attendance: Specialty - Orthopaedics ; Clinic - GRPODOR34-ORTHO PODIATRY TUESDAY ALL DAY
Date and Time of Appointment - 06/06/2017 10:00

Clinical Comments:

Thank you for referring Agnes who was reviewed at the orthopaedic foot clinic. She is known to us in the past having undergone surgery to the right mid foot at the Nuffield for fusion of the 2nd MTP joint and further down the line tendon transfer for rupture to Achilles to the right side. On review today she is very problematic to both 1st MTP joints finding them increasingly problematic with pain, discomfort as well as accommodating into footwear. She finds that since her surgery things have escalated around the forefoot area. On examination today when weight bearing her hindfoot is well aligned range of movement to the joints are unrestricted although 1st MTP joints are stiffened. Check x-rays do indicate some degenerate changes consistent with arthritis. We talked through the processes of conservative and surgical options to her and she is keen to go down the line of surgical intervention. We talked through the general risks and benefits and post op recovery expectations involved with fusion to both 1st MTP joints although there is hallux deformities present due to the arthritic changes. She is keen to pursue she is medically well today although has angina which is well controlled and type 2 diabetes. She has lost a tremendous amount of weight over the years which has allowed her to reduce her diabetic medication. She is aware of the general risks of surgery and the prolonged recovery post operatively. She is keen to go down the line of a bilateral case however we have mentioned to her the difficulty mobilising, however she will take our advice if unilateral case would be in her best interests. At this stage we will over estimate and we will list her directly for bilateral 1st MTP joint fusions as day case. She will be contacted in due course with regards to admission.

Yours sincerely,

Melanie Green

Extended Scope Practitioner (Orthopaedics)

Electronically Signed: Podiatrist Melanie Green, Podiatrist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211 5146
Enquiries to:	
Letter Date:	25/08/2016
Reference:	JOT/MC
Dictated Date:	25/08/2016
Transcribed Date:	13/09/2016

Dear Dr. E Stafford,

Agnes Clelland; D.O.B: 08 Sep 1955; CHI: 0809555328
39 RENNIE ROAD, KILSYTH, Glasgow, Lanarkshire, G65 9PQ

Attendance: Specialty - Orthopaedics ; Clinic - GRP43OR7-JOHN'S ESP BACK THURS AM SCAN RET CLINIC
Date and Time of Appointment - 25/08/2016 10:00

Clinical Comments:

I reviewed Miss Clelland today. This was following an MRI scan she had of her cervical spine in May due to an onset of severe right sided arm pain. The MRI scan has confirmed a right sided disc bulge at C5/6 with impingement of the C6 nerve root on that side. I related the findings to Miss Clellend, who reported her arm pain has completely settled in the interim, though she has some residual numbness in the C6 dermatome distally. Myotomes were within normal limits and her reflexes are intact and equal in the upper limb. She denies any functional loss due to her upper limb, although is, as you know, affected by global aches and pains. Certainly in relation to Miss Clellend's neck, given that her arm pain has settled, there is no indication here for intervention to the disc at C5/6. I have reassured her of this and discharged her today, though would of course review her in the future should this be requested.

Yours sincerely,

John O' Toole

Extended Scope Practitioner Physiotherapist

Electronically Signed: Physiotherapist John O'Toole, Physiotherapist

cc.

NHS
Greater Glasgow and Clyde

TRAUMA AND ORTHOPAEDICS

Glasgow Royal Infirmary
84 Castle Street
GLASGOW G4 0SF

TEL: 0141 211 5186
FAX: 0141 211 4060

ESP LED SHOULDER CLINIC

Clinic and dictated: 22/04/2016
Typed: 28/04/2016
Our Ref: LM/JG

Dr E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Dear Dr Stafford

Re: Mrs Agnes Clelland 08/09/1955, CRN: 0809555328, CHI: 0809555328
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Diagnosis: **? nerve root irritation right C6**
Outcome: **Referred for MRI scan**
Review with scan result

Agnes attends clinic today. About 7 - 8 weeks ago she turned in bed and felt severe pain down her right arm and numbness in her index finger and thumb. She reports that it is improving but for three weeks the pain in her arm was horrendous but this has not settled. She still experiences some pain but her main persisting symptom is numbness in her index finger and thumb. More recently she has had some numbness in the little finger of her left hand.

She has a background of diabetes, asthma, angina and arthritis. Her arthritis affects her neck, back, hips and shoulders. She has a background pain in her shoulder that is longstanding and she is aware that it has been a long time since she has been able to fully elevate her arms.

She has longstanding problems with swallowing and has not noticed any change in this. More recently she has had increased urinary frequency and again this is longstanding but has been slightly worse of late.

She reports that due to the numbness there is a lack of dexterity within her hand. She does not report any tripping or stumbling but she can experience back pain and her mobility is generally poor. She reports to being dizzy but again this is longstanding.

Assessment of her cervical spine showed both flexion and extension to produce dizziness. She had a relatively well preserved range of rotation but both rotations produced neck pain as did right and left side flexion.

//....

NHS
Greater Glasgow and Clyde

TRAUMA AND ORTHOPAEDICS

Glasgow Royal Infirmary
84 Castle Street
GLASGOW G4 0SF

TEL: 0141 211 5186
FAX: 0141 211 4060

ESP LED SHOULDER CLINIC

On examining her shoulder she elevated to 90° before experiencing some pain. I could bring her through into about 120° which is matched by her unaffected side. She experienced pain on end range external rotation bilaterally and she brought her hand round her back to the level of her belt. She advises that her shoulder has been like this for a long time.

With regard to her neural examination she seemed to have diminished sensation in the C6 distribution of her right arm from her elbow down to her fingers. Her reflexes were normal bilaterally. I found it difficult to assess if she had global weakness in the arm or if it was more pain inhibited.

X-rays today show widespread degenerate change throughout the cervical spine.

There does seem to be an underlying chronic pain picture here but in light of the description of her symptoms and the loss of sensation I am referring her for an MRI to establish if she has right C6 nerve root impingement or indeed more generalised stenosis of the neck.

She will be reviewed following her MRI scan.

Yours sincerely

L. MERCER
Extended Scope Practitioner
(Orthopaedics)

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

Urgency of referral Urgent
Date of referral 18-Mar-2016 **Date sent** 18-Mar-2016

PATIENT DETAILS

Surname	CLELLAND
Forename(s)	AGNES
Title	MRS
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 RENNIE ROAD
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191 07897372529

101011046217Y Unique Care Pathway Number: 101011046217Y

REGISTERED GP DETAILS

Name	Dr Murray Hardie		
GMC code	2546630	GP code	14176
Practice name	Kilsyth Medical Partnership		
Practice code	61502		

Practice address

KILSYTH COMMUNITY HEALTH CENTRE
AIRDRIE ROAD
KILSYTH
LANARKSHIRE
G65 9JE

Contact number(s)

Voice: 01236801677

REFERRING GP DETAILS

Name	Dr. Anne Marie McGregor		
GMC code	4304667	GP code	14672

Practice address

Kilsyth Community Health Centre
Airdrie Road
Kilsyth

Practice name	Kilsyth Medical Partnership (61502)	G65 9JE	
Practice code	61502		Contact number(s)
		Voice: 01236 801677	

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: severe right arm pain

Comment: Dear Doctor,

I would be grateful for your urgent assessment of this 60-year-old lady who is complaining of severe pain in her right arm. This started over 2 weeks ago when she developed pain in her right arm, index and middle finger with reduced sensation in her finger. She was unable to fully flex her index finger. The pain started acutely after rolling over in bed and she had mild neck pain, but this was not severe. She also complained of a sore shoulder and went to Minor Injuries who x-rayed her shoulder and gave her a sling. She is taking Co-Codamol, Naproxen, Gabapentin and Amitriptyline with no relief. She is not sleeping due to the pain.

On examination she has limited movements of her shoulder and is tender over her posterior muscles. She is also tender over her lateral epicondyle and on light touch of her forearm muscles. There is no swelling or redness of her arm and peripheral pulses are normal. She has reduced sensation in her middle finger up to her mid forearm. Power is limited due to pain, but seems reasonable. In view of this lady's debilitating pain I would be grateful for your urgent assessment.

Thank you for seeing her.

Yours sincerely,

Dr. A M McGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset	Date recorded
Rupture Achilles tendon	- tendon transfer L achilles tendon.	New event	01-May-2013	01-May-2013
Recurent+persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	-	22-Feb-2011	22-Feb-2011
Sore throat NOS	Recurrent	-	26-May-2010	26-May-2010
[D]Heartburn	+ reflux	-	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areola.	-	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	-	19-May-2010	19-May-2010
Body mass index 30+ - obesity	-	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Biopsy has confirmed. : DATE_RECORDED=16/01/2009	-	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	-	09-Jan-2007	09-Jan-2007

NIDDM - Non-insu dep diab mel	started on metformin	-	31-Jan-2006	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006	31-Jan-2006
Arthralgia of hip	Left ; mild degenerative changes	-	05-Dec-2002	05-Dec-2002
Depressed mood	-	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	-	01-Nov-1993	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	-	08-May-1975	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin 300mg capsules	180	capsule	2 TDS	-	22-Jun-2012	17-Mar-2016
Naproxen 250mg tablets	56	tablet	1 OR 2 TABLETS TWICE DAILY IF [more]	-	12-Jan-2016	17-Mar-2016
Metformin 500mg tablets	224	tablet	2 TABS TWICE DAILY	-	14-Sep-2009	17-Mar-2016
Diltiazem 90mg modified-release tablets	168	tablet	1 TABLET TDS	-	12-Feb-2013	17-Mar-2016

Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	17-Mar-2016
Isosorbide mononitrate 20mg tablets	112	tablet	1 TABLET TWICE A DAY	-	18-Jan-2013	17-Mar-2016
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	17-Mar-2016
Omeprazole 20mg gastro-resistant capsules	56	capsule	1 CAP DAILY	-	21-Feb-2011	17-Mar-2016
Ramipril 10mg capsules	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	17-Mar-2016
Aspirin 75mg dispersible tablets	56	tablet	1 TAB DAILY	-	30-Oct-2006	17-Mar-2016
Fluoxetine 20mg capsules	120	capsule	2 CAPS DAILY	-	14-Sep-2009	17-Mar-2016
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	17-Mar-2016
Amitriptyline 10mg tablets	56	tablet	TAKE 1 TABLET AT NIGHT	-	06-Mar-2014	17-Mar-2016
Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	15-Feb-2013	17-Mar-2016
Co-codamol 30mg/500mg tablets	112	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	18-Jan-2013	17-Mar-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Diazepam 2mg tablets	28	tablet	1 TABLET THREE TIMES DAILY	-	08-Mar-2016	08-Mar-2016
Tramadol 50mg capsules	60	capsule	1 OR 2 CAPSULES DAILY	-	08-Mar-2016	08-Mar-2016
Naproxen 250mg tablets	56	tablet	1 OR 2 TABLETS TWICE DAILY	-	23-Nov-2015	23-Nov-2015
Otomize ear spray (Forest Laboratories UK Ltd)	5	ml	1 SPRAY THREE TIMES DAILY	-	23-Nov-2015	23-Nov-2015
Gabapentin 300mg capsules	180	capsule	1 TDS	-	22-Jun-2012	16-Nov-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
-	110	60

Body Measurements

Date Recorded	Height	Weight	BMI
-	1.65	96.2	35.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking status on date of event: Never smoked.	10-Sep-2015
Never smoked tobacco:	Smoking status on date of event: Never smoked.	16-Feb-2015
Never smoked tobacco:	Smoking status on date of event: Never smoked.	18-Sep-2014
Never smoked tobacco:	Smoking status on date of event: Never smoked.	12-Sep-2013
Never smoked tobacco:	Smoking status on date of event: Never smoked.	06-Sep-2012
Drinks occasionally:	Drinking status on eventdate: Current drinker.	10-Sep-2015
Drinks occasionally:	Drinking status on eventdate: Current drinker.	16-Feb-2015
Drinks occasionally:	Drinking status on eventdate: Current drinker.	18-Sep-2014
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Sep-2013

Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Sep-2012
Exercise grading:	Type of exercise: Gentle.	18-Sep-2014
Exercise grading:	Type of exercise: Inactive.	12-Sep-2013
Exercise grading:	Type of exercise: Inactive.	06-Sep-2012
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]PH - Drug allergy	Drug code for allergy: Macrobid 100mg modified-release capsules (AMCo), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: macrobid; rash / nausea..	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
Hypersensitivity skin testing	=0 . Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

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

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

NHS
Greater Glasgow and Clyde

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**
Appointments: **0141 211 5067 / 5146**

MR C S KUMAR'S FOOT AND ANKLE ORTHOPAEDIC CLINIC

Clinic and dictated: 13/06/2013
Typed: 27/06/2013
Our Reference: CSK/ SO'D

Dr Hardie
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Hardie

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:0809555328
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Diagnosis: **FHL transfer for Achilles tendon rupture, left side, 6 weeks ago**
Treatment: **Out of cast and physiotherapy**

This lady's left ankle is entirely satisfactory out of plaster. The wound remains well healed. She is slightly tender over the proximal part of the scar but there is no evidence of any problems. I have advised her to start weight bearing fully from now on but not to remove the boot to maintain the equinus position for the next 3-4 weeks. I have also referred her to the physiotherapy department at Kilsyth Cottage Hospital for regaining the movements in the ankle. I have not arranged to see her again routinely but if there are any specific problems please let us know.

Yours sincerely

C.SENTHIL KUMAR F.R.C.S (Tr & Orth)
CONSULTANT ORTHOPAEDIC FOOT AND ANKLE SURGEON

Acute Services Division

Emergency Care and
Medical Service Directorate

NHS
Greater Glasgow and Clyde

DEPARTMENT OF CARDIOLOGY
Stobhill Hospital
Dr Goodfield's Cardiology Clinic

Correspondence Address;
Department of Cardiology
Glasgow Royal Infirmary
Castle Street
Glasgow G4 0SF

17/05/2013

Dictated	17/05/2013
Typed	06/06/2013
Our Ref	NERG/DMCL

Dr F G Dunn **(Secretary 211 5500)**
Dr N E R Goodfield **(Secretary 232 1042)**
Dr J Lindsay **(Secretary 211 9370)**

Dr FG Dunn
Consultant Cardiologist
Kerry Jane Hogg Heart Unit
STOBHILL ACH

Dr W Martin
Consultant Medical Physicist
Glasgow Royal Infirmary
GLASGOW

Dear Frank

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

I think I picked up this woman because I was signing your letters. I was interested to see that her coronaries were normal and that we had said there had been a big perfusion defect on thallium scanning. In fact reviewing the notes she had a thallium scan in October 2012. She had a Dobutamine stress echo with good heart rate but limited blood pressure response with no ECG changes. Stress thallium showed a very large anterior lateral, septal, posterior perfusion defect with preserved regional wall motion. There was partial redistribution anteriorly, distal septally, distal laterally and posteriorly but minimal change basal septally and basal laterally. The defect was thought to at least partly be due to attenuation artefact and was overall felt to be consistent with a small area of reversibility detected in the LAD or Cx territory. She went on to angiography following a letter which suggested that she had a small to moderate area of reversibility although this was not what said on the thallium scan. Subsequent letter actually suggested that there was a large defect in the LAD Cx territory! As a result of this she went to angiography which subsequently turned out to be minor atheroma in the ostium of the right coronary artery with clean LAD and Cx. She also took part in an MRI study which was suggested in the discharge summary from the Golden Jubilee that there was a large CMR defect, although in fact the MRI scan shows the LV is not dilated, left atrial area is mildly elevated but no significant aortic or mitral regurgitation is noted. The right ventricle was thought to be normal but first pass perfusion imaging at rest is unremarkable with no inducible stress perfusion defect. Ie, she had a small thallium defect, no inducible MRI perfusion and relatively normal coronary arteries.

Yours sincerely

Dr N. E. R. Goodfield
Consultant Cardiologist

Ps: Can we review all this.

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

Fax: 0141 211-4060
Appointments: 0141 211-4608

NHS
Greater Glasgow and Clyde

Clinic of/Dictated: 14/05/2013
Typed: 22/05/2013
Our Reference: LP/LMcL

NURSE LED FRACTURE CLINIC

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Dear Dr Hardie

Re: Mrs Agnes Clelland 08/09/1955, CRN:10338654X, CHI: 0809555328
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Surgery: **Secondary repair of Achilles tendon, FHL transfer left ankle – 01.05.2013**
Outcome: **Review Mr Kumar's clinic – 4 weeks**

Agnes was reviewed at the nurse led foot clinic today 13 days following the above surgery where she had her plaster of paris and theatre dressings removed. The wounds are healthy. Suture ends were trimmed. There was minimal swelling and normal sensation. An Atrauman dressing was applied with a below knee cast in full equinus. Cast instructions were given along with a contact number. Advice was given on rest and elevation. Agnes can partial weight-bear in this cast. Partial weight-bearing was explained.

A further follow-up review appointment was given for 4 weeks time at Mr Kumar's clinic with plaster off on arrival.

Yours sincerely

L. PATERSON
Staff Nurse

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

TEL: 0141 211 5402
FAX: 0141 211 4060

DISCHARGE SUMMARY

CONSULTANT: MR C KUMAR

ADMITTED:	01/05/13	WARD:	62
DISCHARGED:	02/05/13	AGE:	08/09/1955
HOSPITAL NUMBER:	10338654X	CHI NUMBER:	0809555328
DISPOSAL HOME		NAME :	Mrs Agnes Clelland
FOLLOW UP		ADDRESS:	39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ
DISTRIBUTION OF LETTERS : Dr Murray Hardie Kilsyth Health Centre G65 0HU			

	FINAL DIAGNOSIS	ICD10		OPERATION	OPCS
1.	Chronic Achilles tendon rupture		1.	Secondary repair and FHL tendon transfer left Achilles tendon	T67.9
2.			2.		Z58.1
3.			3.		

Dear Dr Hardie,

This lady was admitted from the waiting list and underwent the above procedure for treatment of chronic Achilles tendon rupture. A large gap of about 7-8cm was identified and this was bridged by reflecting part of the tendon proximal to distal and in addition to this a tendon transfer was done using the flexor tendon to the big toe. She is currently mobilising in a below knee plaster and will attend the nurses for change of plaster in 10 days time from now.

I will see her in 6-8 weeks for removal of plaster and physiotherapy.

Yours sincerely

C.SENTHIL KUMAR F.R.C.S (Tr & Orth)
CONSULTANT ORTHOPAEDIC FOOT AND ANKLE SURGEON

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

NHS
Greater Glasgow and Clyde

Telephone: **0141 211 5402**
Fax: **0141 211 0481**
Appointments: **0141 211 5067 / 5146**

MR C S KUMAR'S PRE-OPERATIVE ASSESSMENT CLINIC

Clinic and dictated: 11/04/2013
Typed: 12/04/2013
Our Reference: CSK/MMcC

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

This lady was reviewed in the pre-assessment clinic today. She has a rupture of the left Achilles tendon for which she did not seek any medical attention at the time when it happened. She certainly has a large gap with a bulbous distal end and this will require surgical intervention. She is ..... medically speaking, she has multiple medical problems, including diabetes and heart disease, but they seem to have been well controlled. She has been seen by the anaesthetist and declared fit for surgery. We will proceed to surgery as planned on 1st May and I have counselled her regarding the risks of surgery and the post-operative regime to be followed. She is happy to proceed and given consent. We will proceed to reconstruct the Achilles tendon with or without tendon transfer.

C.SENTHIL KUMAR F.R.C.S (Tr & Orth)
CONSULTANT ORTHOPAEDIC FOOT AND ANKLE SURGEON

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**

DC/CSK

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ

Date: 28/03/2013

Dear Mrs Clelland,

(revised admission date)

Re: G.R.I. Hospital No: 10338654X

Please confirm that you are able to attend all of these appointments as soon as possible by telephoning **0141-211 5402.** Failure to contact us may result in the cancellation of your surgery.

I am pleased to confirm that your orthopaedic operation has now been arranged under the care of Mr C S Kumar. Before surgery we would like you to attend for a health check at the Consultant Review Clinic. This is held in the Orthopaedic Clinic, Basement, Surgical Block

Thursday 11th April 2013 at 4.30pm to meet with Mr Kumar

Admission Details:

On condition that your health check is satisfactory, I have arranged your admission as follows:

Admission to ward 62 (Queen Elizabeth Building) on Wednesday 1st May 2013 at 8am (fasted from midnight)

Operation on: Wednesday 1st May April 2013

Please telephone the ward on 0141 211 4430 on the day of admission to confirm that there is a bed available and to be advised what time to arrive at the ward.

Please bring with you **ALL** your medicines, in their original packs to your anaesthetic review appointment and on admission. This includes all medicines bought over the counter, supplements and herbal medicines.

If you require an ambulance for your health check or admission, please telephone 0300 123 1236 as soon as possible as this can take some time to arrange.

Yours sincerely

Deborah Clearie
Orthopaedic Secretary

Acute Services Division

Emergency Care and
Medical Service Directorate

DEPARTMENT OF CARDIOLOGY
Stobhill Hospital
Dr Dunn's Cardiology Clinic

Correspondence Address;
Department of Cardiology
Glasgow Royal Infirmary
Castle Street
Glasgow G4 0SF

08/03/2013

Dictated	08/03/2013
Typed	26/03/2013
Our Ref	FGD/DMCL

Dr F G Dunn **(Secretary 211 5500)**
Dr N E R Goodfield **(Secretary 232 1042)**
Dr J Lindsay **(Secretary 211 9370)**

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre, Burngreen Park, Kilsyth
G65 0HU

Dear Dr Hardie

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

I now have the result of this patient's coronary arteriography and I am pleased to report that it was satisfactory with the coronary arteries as being described as essentially normal. This confirms the additional information from the MRI/cardiac stress Adenosine Study which showed no inducible stress perfusion defect and normal left ventricular systolic function. This is clearly satisfactory.

The patient doesn't currently hold an appointment to come back to the clinic but we would be happy to see her as the need arises but I do hope that the results of these investigations form the basis for reassurance.

Kind regards

Yours sincerely

Dr F G Dunn
Consultant Cardiologist

Acute Services Division

Emergency Care and Medical Service Directorate

NHS Greater Glasgow and Clyde

DEPARTMENT OF CARDIOLOGY
Stobhill Hospital
Dr Dunn's Cardiology Clinic

Correspondence Address;
Department of Cardiology
Glasgow Royal Infirmary
Castle Street
Glasgow G4 0SF

08/03/2013

Dictated	08/03/2013
Typed	26/03/2013
Our Ref	FGD/DMCL

Dr F G Dunn (Secretary 211 5500)
Dr N E R Goodfield (Secretary 232 1042)
Dr J Lindsay (Secretary 211 9370)

Miss Stephanie Hutton
Waiting List Co-ordinator
Golden Jubilee National Hospital
Beardmore Street
CLYDEBANK G81 4HX

Dear Miss Hutton

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

I would be grateful if you could let me know if this patient's coronary arteriorgraphy has been undertaken. Looking at the clinical portal from 14th December, my colleague Dr Shaukat referred her for an angiogram and I would be interested to know if the result of that investigation is to hand.

Yours sincerely

Dr F G Dunn
Consultant Cardiologist

Immediate Discharge Letter

NHS
Greater Glasgow and Clyde

First Issued: 03/05/2013 10:38
Printed: 03/05/2013 10:38
Author: Suzanne Ross

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Admitted: 30/04/2013 **Discharged:** 02/05/2013
Discharged To: Home
Ward: WD62
Consultant: MR SENTHIL KUMAR, OrthopaedicsC8
Hospital No: 10338654X **Date Of Birth:** 08/09/1955
CHI: 0809555328

REGISTERED GP

Dr MURRAY HARDIE
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

PATIENT

AGNES CLELLAND
39 RENNIE ROAD
KILSYTH
GLASGOW
LANARKSHIRE
G65 9PQ

DIAGNOSES	ICD10	PROCEDURES	OPCS4
Procedure, Left, 01/05/2013	-	No procedures for this patient	

MEDICATION

Drug Name	Format	Route	Dose	Admin Times 8	12	14	18	22	PRN/Comment	Course Length	Quantity Dispensed
Diltiazem	Tab	Oral	60mg	X		X		X		Indefinite	70x60mg pod
Omeprazole	Cap	Oral	20mg	X						Indefinite	12x20mg pod
Isosorbide mononitrate	Tab	Oral	20mg	X		X				Indefinite	23x20mg pod
Fluoxetine	Cap	Oral	40mg	X						Indefinite	8x20mg pod
Celebrex		Oral	200mg	X				X			15x200mg pod
mbicort 200	Inhaler	Inhaled	2 puffs	X				X			pod
etformin	Tab	Oral	1 gram	X			X			Indefinite	20x500mg pod
Atorvastatin	Tab	Oral	40mg					X			9x40mg pod
Gabapentin	Cap	Oral	100mg	X				X		Indefinite	9x100mg
Aspirin	Disp tab	Oral	75mg	X						Indefinite	9x75mg
GTN spray	Spray	S/l	2 puffs						for chest pain	Indefinite	pod
Salbutamol	Inhaler	Inhaled	1-2 puffs						prn	Indefinite	pod
Co-codamol 30/500	Tab	Oral	Two						30/500 tabs 4-6hrly prn pain	As required	100x30/500
Ramipril		Oral	10mg	X						Indefinite	18x10mg pod

Pharmacy Comments
GP: please review the contibuous need for celecoxib Screened remotely by pharmacist CCoelho 02.05.2013

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
Ortho	MR S -	14/05/2013 10:00
Ortho	MR S -	4-6 weeks

Outpatient Investigations	**Date**
No arrangements made	

Community Care	**Date**	**Reason**
No arrangements made		

GENERAL COMMENTS
Final discharge letter to follow:

This lady was admitted electively for the above procedure. This was carried out uneventfully.

She will be followed up in clinic as documented.

follow advice giving elevate leg when sitting

keep plaster dry

any problems contact GP or NHS 24

NB - Mrs Clelland had an episode of angina pain on exertion. Troponin was negative and there were no ECG changes. She mentioned she uses her GTN spray regularly as gets angina on fairly minimal exertion. I note the cardiologists had recently made changes to her medication and I would be grateful if you could review her medication to see if you feel there was scope to increase medication to improve her symptom control.

Contact: Suzanne Ross **Designation:** Doctor

This letter has been produced by the NHS Greater Glasgow Incremental Discharge Letter System

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

Pre-op Clinic **0141 211 5535**
Appointments: **0141 211 5146**
Fax: **0141 211 4527**

16/01/2013

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Dear Dr Hardie

Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Your patient attended the Orthopaedic Pre-op assessment Clinic today in preparation for a Tendo-Achilles Decompression/Debridement

Your patient informed us that they are currently attending cardiology and undergoing further investigations which include angiogram

Due to this we are at present cancelling their planned Orthopaedic surgery and removing them from the waiting list.

When the tests/investigations are completed and cardiology is satisfied your patient is fit for surgery please contact the pre-op assessment clinic at the above address and we will arrange to have them re-assessed for surgery.

Yours sincerely

Joyce A Northcote
Pre-op Assessment Department

Acute Services Division

Emergency Care and
Medical Service Directorate

NHS Greater Glasgow and Clyde

DEPARTMENT OF CARDIOLOGY
Stobhill Hospital

Correspondence Address;
Department of Cardiology
Glasgow Royal Infirmary
Castle Street
Glasgow G4 0SF

14/12/2012

Dictated	14/12/2012	**Dr F G Dunn**	**(Secretary 211 5500)**
Typed	27/12/2012	**Dr N E R Goodfield**	**(Secretary 232 1042)**
Our Ref	AS/MD	**Dr J Lindsay**	**(Secretary 211.9370)**

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre,
Burngreen Park,
Kilsyth
G65 0HU

Dear Dr Hardie

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnoses
1. Angina
2. Large defect on thallium scan
3. Type 2 diabetes mellitus
4. Hypertension
5. Hypercholesterolaemia
6. Recent injury, Achilles' tendon rupture, awaiting orthopaedic surgery
7. Asthma

This lady was seen following her attendance in the Rapid Access Chest Pain Clinic which was in September when she managed only a short time on the exercise treadmill. A thallium scan done on 1st October showed a large defect in the LAD/circumflex territory. It was a Dobutamine stress scan and the area of reversibility was thought to be small to moderate but I suspect it is a high risk still she is still experiencing symptoms of angina despite being started on antianginal therapy. I have discussed this with her today and referred her on for coronary angiography.

In the interim, of course, we can further increase her antianginal therapy. She is not on a beta blocker at the moment because of her asthma and requirement of inhaler therapy. An option will be to start her on a limiting calcium channel blocker like Diltiazem to get her heart rate under better control as it is currently 76 beats per minute.

Yours sincerely,

Dr Aadil Shaukat
ST5

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

Telephone: **0141 211 5402**
Fax: **0141 211 0481**
Appointments: **0141 211 4608**

NHS
Greater Glasgow and Clyde

SPECIALIST ORTHOPAEDIC/PODIATRY CLINIC

Clinic and dictated: 10/12/2012
Typed: 07/01/2013
Our Reference: MG/LMcL

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HU

Dear Dr Hardie

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Thank you for referring Agnes who was reviewed at the Orthopaedic Foot Clinic. She presented with a history of injuring her left Achilles in May of this year following a trip in the bedroom. She felt instant pain and discomfort and over time has noticed an increasing general weakness, slapping gait and severe pain around the posterior heel area. You kindly sent her for an MRI which confirms a gap to the Achilles tendon suggestive of a rupture which is a scarred area with a suggestion of retraction of the tendon by about 4cm. Certainly Mrs Clelland is walking with a typical gait pattern with a ruptured Achilles; she struggles to tiptoe and has very little power on plantarflexion. She has a significant amount of muscle wastage as well.

We discussed conservative and surgical options available to her. She feels her activities are severely curtailed as well as a general pain. We suggested further intervention in the form of surgery in the form of a tendon transfer and its general risks, benefits and post-op recovery expectations were discussed. She is keen to pursue and will pass through the pre-assessment clinic to determine her suitability. She is type 2 diabetic and her pedal pulses are normal and adequate today. She will be contacted in due course and will be listed for left Achilles tendon repair, FHL tendon transfer as an in-patient on the specialist foot list.

Yours sincerely

MELANIE GREEN
Orthopaedic Specialist Podiatrist

Acute Services Division

Emergency Care and
Medical Service Directorate

NHS
Greater Glasgow and Clyde

DEPARTMENT OF CARDIOLOGY
Stobhill Hospital

Correspondence Address;
Department of Cardiology
Glasgow Royal Infirmary
Castle Street
Glasgow G4 0SF

29/11/2012

Dictated	29/11/2012
Typed	10/12/2012
Our Ref	SJ/SD

Dr F G Dunn **(Secretary 211 5500)**
Dr N E R Goodfield **(Secretary 232 1042)**
Dr J Lindsay **(Secretary 211 5086)**

Dr Murray Hardie
Kilsyth Medical Partnership
Kilsyth Health Centre, Burngreen Park, Kilsyth
G65 0HU

Dear Dr Hardie

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

I am writing to let you know that your patient failed to attend her appointment at Dr Dunn's cardiology clinic today. I note she had a Dobutamine stress thallium scan in October which demonstrated a small to moderate area of reversibility in the LAD and circumflex territory with preserved LV ejection fraction. I would be grateful if you could ensure that she is on appropriate secondary prevention and we will send her one further appointment.

Yours sincerely

SHONA JENKINS
Specialist Registrar

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

Urgency of referral ROUTINE
Date of referral 19-Sep-2012 **Date sent** 20-Sep-2012

PATIENT DETAILS

Surname	CLELLAND
Forename(s)	AGNES
Title	MRS
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	

Patient's address

39 RENNIE ROAD
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 82219107897372529

1010042182505 Unique Care Pathway Number: 1010042182505

REGISTERED GP DETAILS

Name	Dr Murray Hardie		
GMC code	2546630	GP code	14176
Practice name	Kilsyth Medical Partnership		
Practice code	61502		

Practice address

BURNGREEN
KILSYTH
LANARKSHIRE
G65 0HU

Contact number(s)

Voice: 08444772552

REFERRING GP DETAILS

Name	Dr. Mark Hudson		
GMC code	4710851	GP code	14338
Practice name	Kilsyth Health Centre (61502)		

Practice address

Burngreen Park
Kilsyth
G65 0HU

Practice code	61502	Contact number(s)
		Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Achilles tendonitis

Comment: This 57 year old lady has what I am assuming is left Achilles tendonitis which is causing her to have a sore left heel and examination reveals significant muscle wastage of her left calf and a palpable tender lump around her Achilles insertion.

I have referred her to our local Physiotherapist, but I am concerned about why she has such significant muscle wastage on the left side and would therefore be grateful if she could be seen by yourselves for confirmation of diagnosis and advice regarding further 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	Comment	Date of onset	Date recorded
Recurent persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	22-Feb-2011	22-Feb-2011
[D]Heartburn	reflux	26-May-2010	26-May-2010
Sore throat NOS	Recurrent	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areola.	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	19-May-2010	19-May-2010
Body mass index 30 - obesity	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Biopsy has confirmed. : DATE_RECORDED=16/01/2009	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	20-Oct-2008	20-Oct-2008
Body mass index 30 - obesity	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	09-Jan-2007	09-Jan-2007
Essential hypertension	-	31-Jan-2006	31-Jan-2006
NIDDM - Non-insu dep diab mel	started on metformin	31-Jan-2006	31-Jan-2006
Arthralgia of hip	Left ; mild degenerative changes	05-Dec-2002	05-Dec-2002
Depressed mood	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	01-Nov-1993	01-Nov-1993
Forceps delivery unspecified	live male	08-May-1975	08-May-1975
Pre-eclampsia, unspecified	labour induced	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010

Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	14-Sep-2012
RAMIPRIL caps 10mg	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	18-Jul-2012
ASPIRIN disp tab 75mg	56	tablet	1 TAB DAILY	-	30-Oct-2006	18-Jul-2012
METFORMIN tabs 500mg	224	tablet	2 TABS TWICE DAILY	-	14-Sep-2009	09-Aug-2012
FLUOXETINE caps 20mg	120	capsule	2 CAPS DAILY	-	14-Sep-2009	21-Aug-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	09-Aug-2012
SALBUTAMOL cfc free inh 100micrograms/inhalation	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	10-Apr-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	21-Jun-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule	1 CAP DAILY	-	21-Feb-2011	21-Aug-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	21-Aug-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Epaderm ointment (Molnlycke Health Care Ltd)	500	gram	USE ON FEET AS DIRECTED	-	14-Sep-2012	14-Sep-2012
Isosorbide mononitrate 10mg tablets	56	tablet	1 TABLET TWICE A DAY	-	30-Aug-2012	30-Aug-2012
	200	dose		-	06-Aug-2012	

Glyceryl trinitrate 400micrograms/dose aerosol sublingual...			TAKE 1 PUFF UNDER TONGUE WHEN[more]			06-Aug-2012
SIMVASTATIN tabs 40mg	56	tablet	1 TAB AT NIGHT	-	07-Mar-2006	07-Sep-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	10-Jul-2012
Tubigrip E elas tubular bandage 8.75cm [MOLNLYCKE]	1	m	AS DIRECTED	-	10-Jul-2012	10-Jul-2012
CO-CODAMOL (codeine & paracetamol) tabs 30mg 500mg	60	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	10-Jul-2012	10-Jul-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	22-Jun-2012
CO-CODAMOL (codeine & paracetamol) tabs 8mg 500mg	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	22-Jun-2012	22-Jun-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	22-Jun-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule	1 CAP DAILY	-	21-Feb-2011	01-May-2012
PARACETAMOL DIHYDROCODEINE tabs 500mg 30mg	56	tablet	TAKE 1 OR 2 EVERY FOUR TO SIX HOURS	-	29-May-2012	29-May-2012
DIAZEPAM tabs 5mg	12	tablet	TAKE ONE AS DIRECTED	-	15-May-2012	15-May-2012
TRAMADOL caps 50mg	100	capsule	TAKE 1 OR 2 FOUR TIMES A DAY [more]	-	15-May-2012	15-May-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	21-Jun-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	1	120 dose inhaler	2 Puffs Twice daily	-	31-May-2011	14-Jun-2012
SALBUTAMOL cfc free inh 100micrograms/inhalation	1	200 dose inhaler	2 Puffs 4 times daily PRN	-	31-May-2011	10-Apr-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule(s)	1 Cap Daily	-	21-Feb-2011	01-May-2012
METFORMIN tabs 500mg	224	tablet(s)	2 Tabs Twice daily	-	14-Sep-2009	01-May-2012
FLUOXETINE caps 20mg	120	capsule(s)	2 Caps daily	-	14-Sep-2009	21-Jun-2012
RAMIPRIL caps 10mg	56	capsule(s)	1 Cap In the morning	-	07-Jul-2006	01-May-2012
SIMVASTATIN tabs 40mg	56	tablet(s)	1 Tab At night	-	07-Mar-2006	01-May-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking status on date of event: Never smoked.	06-Sep-2012

Never smoked tobacco:	Smoking status on date of event: Never smoked.	11-Aug-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	10-Jan-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	12-May-2009
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	15-Apr-2008
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Sep-2012
Non-drinker alcohol:	Drinking status on eventdate: Life teetotaler.	11-Aug-2011
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	12-May-2009
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	27-Jul-2007
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	20-Mar-2007
Exercise grading:	Type of exercise: Inactive.	06-Sep-2012
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]PH - Drug allergy	[TRUNCATED]Drug code for allergy: Macrobid 100mg modified-release capsules (Mercury Pharma Group Ltd), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ma	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
Hypersensitivity skin testing	=0 MEA000. Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

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

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

Glasgow Royal Infirmary
Queen Elizabeth Building
16 Alexandra Parade
GLASGOW
G31 2ER

Direct Dial: 014 211 4785
Fax No: 0141 211 4932
E Mail: Anne.Green@northglasgow.scot.nhs.uk

DEPARTMENT OF RESPIRATORY MEDICINE

Dr van der Horst's Respiratory Clinic
31/05/2011

Ref: KC/AG/10338654X

Dictated: 31/05/2011
Typed: 07/06/2011

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnoses:

1. Previous psittacosis from budgies
2. GORD
3. Erythema multiforme
4. Hypertension
5. Non insulin dependent diabetes
6. Previous benign oesophageal stricture (stretched)
7. Severe arthritis

Current medications; Omeprazole, Metformin, Ramapril, Aspirin, Fluoxetine & Simvastatin

I reviewed Mrs Clelland in Dr van der Horst's Respiratory Clinic. She was referred to us with a five month history of non productive cough and increased shortness of breath on exertion. Mrs Clelland feels these symptoms all commenced following an upper respiratory tract infection before Christmas of last year. She describes her cough as being constant at first, however this has now improved and she now only coughs when she exerts herself. She remains quite short of breath on exertion, although her exercise tolerance is unlimited on the flat, she struggles with hills and stairs. The shortness of breath is associated with wheeze and Mrs Clelland describes definite diurnal variation in her symptoms. She currently wakes seven nights out of seven due to a combination of pain from her arthritis and her cough. Mrs Clelland's cough was initially productive of green sputum but is now clear. She denies any chest pain, haemoptysis or weight loss. On examination she was not clubbed, had no lymphadenopathy and her chest was clear to auscultation.

Prior to attending clinic, Mrs Clelland underwent pulmonary function tests which revealed an FEV1 of 2.38 (92% predicted), a ratio of 78% predicted, transfer factor of 7.4 (92% predicted) and total lung capacity of 4.49 (86% predicted). Her chest x-ray revealed no obvious abnormalities and Mrs Clelland is a lifelong

non smoker. She also underwent a Mannitol Challenge, which showed moderately increased bronchial hyper-reactivity.

In view of the diurnal variation in Mrs Clelland's symptoms and their relationship with exercise and positive Mannitol Challenge, I feel it is likely that Mrs Clelland has either asthma or post infective bronchial hyper-reactivity. I would therefore be grateful if you would consider starting her on Symbicort 200/6, two puffs b.d. to see if this helps to control her symptoms. I would be grateful if she could remain on this dose for at least four to six months. If her symptoms are well under control at this point, it would be worth stepping down her asthma therapy in order to maintain her on the lowest possible dose of inhaled therapy. I have not arranged to see her back at clinic, but would be happy to do so should further problems arise.

Yours sincerely

Karine Clearie
ST4

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

Telephone: 0141 211 5649
Fax: 0141 211 0481
E-mail: Susan.Wilson2@ggc.scot.nhs.uk

ORTHOPAEDIC PODIATRY CLINIC – 25/08/2009

13th September 2009

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

MRS AGNES CLELLAND **08/09/1955** **CHI: 0809555328** **CRN:10338654X**
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Mrs Clellnad was further reviewed at the orthopaedic podiatry clinic following on from MRI scan to her right foot. She was reviewed earlier in the year with regards to non-resolving pain to the right foot. She is known to be non-insulin diabetic and had dropped a bottle on her foot with subsequent discomfort about 6 months ago. Subsequent MRI indicates there to be arthritic changes to the 2nd tarsal metatarsal joint. These have been discussed with the Orthopaedic Consultant and he advised that perhaps Mrs Clelland may benefit from steroid injection.

We spoke to Mrs Clelland with regards to this and she was happy to undertake this. 0.5ml 40mg depo-medrone with lignocaine was applied to the right mid foot area to see if this will reduce some of the inflammation she is experiencing. We have also supplied her with an air cast boot to help with mobilising and she is struggling with her mobility. We will further review her again in a few months time, however have encouraged her to contact us should she have any further concerns.

Yours sincerely,

Melanie Kay,
ESP Orthopaedic Specialist Podiatrist.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Trauma and Orthopaedic Surgery - 17032009_Result_333162

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma and Orthopaedic Surgery G General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary	——	**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral URGENT ?malignancy
Date of referral 20-Mar-2009 **Date sent** 20-Mar-2009

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

**

Unique Care Pathway.Number:

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Allyson Gawn		
GMC code	3101966	GP code	10839

Practice address

BURNGREEN PARK
KILSYTH

Practice name	Kilsyth Health Centre (61502)
Practice code	61502

STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Abnormality of right cuneiform bone on x-ray.

Comment: Dear Doctor,

This lady complains of ongoing pain in her foot since dropping something on it in January of this year.

Please find enclosed a copy of the x-ray report.

I assume that the radiologist is concerned about a malignancy.

I would be grateful for your advice as regards further investigation and management.

Thanks for your help.

Yours sincerely,

Dr. A Gawn

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset
Erythema multiforme	Biopsy has confirmed.	-	16-Jan-2009
Body mass index 30+ - obesity	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	07-Mar-2006
Essential hypertension	-	-	31-Jan-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002
Depressed mood	-	-	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	22-Aug-1994

Postviral fatigue syndrome	-	-	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	-	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Total cholesterol measurement	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008
Urine microalbumin	-	-	04-May-2008
Urine microalbumin negative	-	-	04-May-2008
Diabetic on oral treatment	-	-	15-Apr-2008
Total cholesterol measurement	-	-	03-Apr-2008
Thyroid function test	-	-	03-Apr-2008
Total cholesterol measurement	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - diet	-	-	22-Aug-1994
Health ed. - exercise	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole	112	CAPS 20MG	1 Cap	Twice daily	15-Jan-2009	-
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-
Gabapentin	200	CAPS 300MG	1 Cap	Twice daily	15-Jan-2009	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine	120	CAPS 20MG	2 Caps	daily	03-Mar-2009	-
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-
Omeprazole	112	CAPS 20MG	1 Cap	Twice daily	18-Dec-2008	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	qds prn pain	18-Dec-2008	-
Gabapentin	100	CAPS 300MG	1 Cap	as dir	18-Dec-2008	-
Domperidone	60	TABS 10MG	1 Tab	3 times daily ac	18-Dec-2008	-
Clarithromycin	14	TABS 500MG	1 Tab bd as per	attached note	02-Dec-2008	-
Amoxicillin	28	CAPS 500MG	2 Caps bd	as per attached no	02-Dec-2008	-
Omeprazole	56	CAPS 20MG	1 Cap	In the morning	20-Nov-2008	-
Ciprofloxacin	10	TABS 250MG	1 Tab	Twice daily	07-Nov-2008	-
Aciclovir	25	Dispersible TABS 200MG	1 Tab	5 times daily	22-Oct-2008	-
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	16-Oct-2008	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Never smoked tobacco:		01-Dec-2005
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Alcohol intake within recommended sensible limits:		13-Aug-2004
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006

Enjoys light exercise:	01-Dec-2005
Enjoys light exercise:	13-Aug-2004

Clinical warnings

Allergies

Description

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes

Trauma and Orthopaedic Surgery - 17032009 Result 333162

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

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

Telephone: **0141 211 1243**
Fax: **0141 211 0481**
Appointments: **0141 211 4608**

MR L A RYMASZEWSKI'S ELBOW CLINIC

Clinic and dictated: 21/10/2008
Typed: 23/10/2008
Our Reference: MS/HB

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

Dear Dr Stephens

Re: Mrs Agnes Clelland 08/09/1955; CHI: 0809555328; CRN:10338654X
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

Diagnosis; Exacerbation of right tennis elbow following fall
Outcome; Commence physiotherapy at Kilsyth Health Centre
Steroid and local anaesthetic injection of tennis elbow

This 53 year old lady who is right hand dominant gives a history of having tennis elbow for several years. She has had anti inflammatory steroid injections in the past. She reports having a mechanical fall where her right elbow was compressed between a wall and her own body a few months ago. This seemed to have stirred things up. She underwent a cortisone injection approximately six weeks ago which was injected into her proximal forearm which didn't seem to help her symptoms. She reports occasional pins and needles which are more recent and in the median nerve distribution suggestive of carpal tunnel syndrome.

On examination there is no obvious swelling or deformity with tenderness over the lateral epicondyle. Full range of movement - extension/flexion as well as pronation/supination. She is tender over the lateral epicondyle as well as the extensor mobile wod. Resistance of wrist extension reproduces her symptoms.

X-rays do not show any obvious bony deformity. Some calcification noted at the insertion of ECRB. I have injected her lateral epicondyle with 5ml of .5% Marcaine with Kenalog. We have referred her for physiotherapy. She has been discharged from the clinic.

Yours sincerely,

M Siddiqui
Specialist Registrar, ORTHOPAEDICS

MRI Spine lumbar and sacral

Performed	13-Mar-2023 07:49	Received	24-Mar-2023 20:47
Reported	24-Mar-2023 20:45	Order Number	G107H39154419
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Agnes Clelland
Clinical History :
Fall onto bottom/hip few months ago. Xray shows new L4/5 listhesis and pars defect not seen before, therefore ? fracture. Patient presents with symptoms of stenosis (weak legs after walking a short while) and mechanical sounding back pain i.e. worse with mobilising. No findings on examination. Is there an unhealed fracture? is there stenosis from pre existing degenerative changes? Patient quite disabled by this, looking for a surgical target. Previous surgery: forefoot fusions. MEtalwork still in situ. Patient would prefer Stobhill if this is an option to attend scan. Many thanks.

MRI LUMBAR AND SACRAL SPINE

FINDINGS:
The conus medullaris lies at the L1 level. Visualised portions of the spinal cord are within normal limits in signal intensity.

Lumbar lordosis is preserved. The vertebral bodies are within normal limits in signal intensity and morphology, without evidence of vertebral body compression.

There are minor disc bulges at the L1/2, L2/3 and L3/4 levels but no nerve root impingement.

At the L4/5 level there is a grade 1 anterior spondylolisthesis of L4 on L5 with facet joint osteoarthrosis causing left L5 nerve root impingement and mild-to-moderate spinal canal stenosis.

At the L5/S1 level there is a broad-based disc bulge impinging the left S1 nerve roots and the bilateral L5 nerve roots.

The rest of the discs are within normal limits in signal intensity and height, without evidence of a significant disc bulge or protrusion. No central canal or neural foraminal stenosis is identified.

CONCLUSION:
Mild-to-moderate spinal canal stenosis and left L5 nerve root impingement at the L4/5 level.
Bilateral L5 and left S1 nerve root impingement at the L5/S1 level

Dr. Koshy Jacob MBBS, MRCP, FRCR
Consultant Radiologist
GMC: 5196831
Axon Diagnostics

clinicalqueries@axondiagnostics.com

Reported by: Dr Koshy Jacob
Verified by: Dr Koshy Jacob

XR Foot Lt

Performed	30-Nov-2018 10:38	Received	03-Dec-2018 08:47
Reported	03-Dec-2018 08:45	Order Number	G107H34527883
Status	Final	Source System	MiSys

XR Foot Lt Final
Agnes Clelland
Auto reported

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Foot Lt

Performed	23-May-2018 15:40	Received	23-May-2018 16:14
Reported	23-May-2018 16:14	Order Number	G107H33894172
Status	Final	Source System	MiSys

XR Foot Lt Final

Agnes Clelland

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Foot Rt

Performed	23-Mar-2018 10:12	Received	26-Mar-2018 09:04
Reported	26-Mar-2018 09:04	Order Number	G107H33687751
Status	Final	Source System	MiSys

XR Foot Rt Final
Agnes Clelland
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Foot Rt

Performed	06-Jun-2017 10:19	Received	06-Jun-2017 16:42
Reported	06-Jun-2017 16:42	Order Number	G107H32719496
Status	Final	Source System	MiSys

XR Foot Lt Final

Agnes Clelland

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

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Foot Lt

Performed	06-Jun-2017 10:19	Received	06-Jun-2017 16:42
Reported	06-Jun-2017 16:42	Order Number	G107H32719495
Status	Final	Source System	MiSys

XR Foot Lt Final

Agnes Clelland

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

Reported by: Auto Reporting
Verified by: Auto Reporting

MRI Spine cervical

Performed	15-May-2016 17:28	Received	31-May-2016 18:16
Reported	31-May-2016 18:14	Order Number	G107H31362558
Status	Final	Source System	MiSys

MRI Spine cervical Final
Agnes Clelland
Clinical History :

pain and numbness right C6 distribution. weakness noted but non myotomal query pain inhibition. Widespead OA noted on xray. Query stenosis/ right C6 nerve root compression is now starting to get left sided symptoms PMH right mid foot fusion/ achiiles transfer. endometrium ablation

MRI Spine cervical :
There is a very prominent posterior osteophyte/disc bar at C6/C7 level. This appears to be of the higher signal than a 'standard' osteophyte/disc bar and therefore a large component of it could be from a prolapsed disc. This encroaches into the right side of the canal. The right side of the cord is slightly flattened but more importantly there does appear to be encroachment upon the exit foramen at this level. It could, therefore, account for the right sided symptoms.

Elsewhere there are only minimal changes of spondylosis, commonplace in patients of this age. No significant encroachment into the spinal canal at the other levels and no definite nerve root compression seen elsewhere. In particular nothing seen to account for any left-sided symptoms.

Reported by: Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Cervical spine

Performed	22-Apr-2016 09:09	Received	22-Apr-2016 14:44
Reported	22-Apr-2016 14:44	Order Number	G107H31362328
Status	Final	Source System	MiSys

XR Cervical spine Final
Agnes Clelland
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

NM Cardiac ventriculography rest

Performed	01-Oct-2012 14:11	Received	02-Oct-2012 18:27
Reported	02-Oct-2012 18:27	Order Number	G107H27244902
Status	Final	Source System	MiSys

NM Cardiac ventriculography rest Final
Agnes Clelland
This attendance is part of a series
Please see the report for event
(url=cris:E-26913394|26913394)

Reported by: Dr William Martin
Verified by: Dr William Martin

NM MPS Thallium stress gated

Performed	01-Oct-2012 09:33	Received	08-Nov-2012 17:55
Reported	08-Nov-2012 17:55	Order Number	G107H27302070
Status	Final	Source System	MiSys

Exercise Tolerance Testing Final

Agnes Clelland

Clinical History : Rapid access chest pain referral. Atypical chest pain. Multiple risk factors - T2DM; High BP; Hypercholesterolaemia. Inconclusive ETT.

Drugs: ISMN; Statin; Ramipril; GTN; Aspirin; PPI; Metformin; Symbicort; Salbutamol; Gabapentin:

Summary: Dobutamine stress test to THR. No ST change. Small to moderate area of reversibility detected (LAD/Circ). Normal LV and mildly impaired RV ejection fraction.

Stress test:

Stress test: DOBUTAMINE
Workload pattern: 3X5 ;3X10 ;3X20 ;1M 30 S X 30mcg/Kg/min
Stopped with: VOMITING;UNABLE TO HEAR BP
HR response: 78-123-130
BP response: 150/90-140/60-NR
Rest ECG: WITHIN NORMAL LIMITS
Stress ECG: NO ST CHANGE
Interpretation: NEGATIVE ETT (INJECTED AT 130BPM/NERG/GM SEEN ON SCREEN)

Performed by: DR GOODFIELD;MRS MCINTOSH

Thallium (perfusion) scan:
NC study code: MYO124504
Report: Stress thallium scan shows a very large anterior; lateral; septal and posterior perfusion defect with preserved regional wall motion. Partial redistribution anteriorly; distal-septally; distal-laterally and posteriorly. Minimal change basal-septally and basal-laterally on imaging at 3.3 hours. Defect partly attenuation artefact. Overall consistent with a small area of reversibility detected in the LAD/Circumflex territory.

Blood pool ventriculography:
NC study code: CBP124501
LVEF: 43%
RVEF: 30%
(Normal range: LVEF; RVEF >= 40% by this technique)
Report: Overall normal LV and mildly impaired RV ejection fraction. No focal regional wall motion abnormalities.

Analysed by: MM

Reported By: DR MCCURRACH;MRS MCINTOSH;DR MARTIN

Reported by: Dr William Martin and Dr Graham McCurrach
Verified by: Dr William Martin

NM MPS Thallium stress and Redist gated

Performed	01-Oct-2012 09:33	Received	08-Nov-2012 17:55
Reported	08-Nov-2012 17:55	Order Number	G107H27244897
Status	Final	Source System	MiSys

Exercise Tolerance Testing Final
Agnes Clelland
Clinical History : Rapid access chest pain referral. Atypical chest pain. Multiple risk factors - T2DM; High BP; Hypercholesterolaemia. Inconclusive ETT.

Drugs: ISMN; Statin; Ramipril; GTN; Aspirin; PPI; Metformin; Symbicort; Salbutamol; Gabapentin:

Summary: Dobutamine stress test to THR. No ST change. Small to moderate area of reversibility detected (LAD/Circ). Normal LV and mildly impaired RV ejection fraction.

Stress test:

Stress test: DOBUTAMINE
Workload pattern: 3X5 ;3X10 ;3X20 ;1M 30 S X 30mcg/Kg/min
Stopped with: VOMITING;UNABLE TO HEAR BP
HR response: 78-123-130
BP response: 150/90-140/60-NR
Rest ECG: WITHIN NORMAL LIMITS
Stress ECG: NO ST CHANGE
Interpretation: NEGATIVE ETT (INJECTED AT 130BPM/NERG/GM SEEN ON SCREEN)

Performed by: DR GOODFIELD;MRS MCINTOSH

Thallium (perfusion) scan:
NC study code: MYO124504
Report: Stress thallium scan shows a very large anterior; lateral; septal and posterior perfusion defect with preserved regional wall motion. Partial redistribution anteriorly; distal-septally; distal-laterally and posteriorly. Minimal change basal-septally and basal-laterally on imaging at 3.3 hours. Defect partly attenuation artefact. Overall consistent with a small area of reversibility detected in the LAD/Circumflex territory.

Blood pool ventriculography:
NC study code: CBP124501
LVEF: 43%
RVEF: 30%
(Normal range: LVEF; RVEF >= 40% by this technique)
Report: Overall normal LV and mildly impaired RV ejection fraction. No focal regional wall motion abnormalities.

Analysed by: MM

Reported By: DR MCCURRACH;MRS MCINTOSH;DR MARTIN

Reported by: Dr William Martin and Dr Graham McCurrach
Verified by: Dr William Martin

NM MPS Thallium stress and Redist gated

Performed	01-Oct-2012 09:33	Received	08-Nov-2012 17:55
Reported	08-Nov-2012 17:55	Order Number	G107H27244898
Status	Final	Source System	MiSys

Exercise Tolerance Testing Final
Agnes Clelland
Clinical History : Rapid access chest pain referral. Atypical chest pain. Multiple risk factors - T2DM; High BP; Hypercholesterolaemia. Inconclusive ETT.

Drugs: ISMN; Statin; Ramipril; GTN; Aspirin; PPI; Metformin; Symbicort; Salbutamol; Gabapentin:

Summary: Dobutamine stress test to THR. No ST change. Small to moderate area of reversibility detected (LAD/Circ). Normal LV and mildly impaired RV ejection fraction.

Stress test:

Stress test: DOBUTAMINE
Workload pattern: 3X5 ;3X10 ;3X20 ;1M 30 S X 30mcg/Kg/min
Stopped with: VOMITING;UNABLE TO HEAR BP
HR response: 78-123-130
BP response: 150/90-140/60-NR
Rest ECG: WITHIN NORMAL LIMITS
Stress ECG: NO ST CHANGE
Interpretation: NEGATIVE ETT (INJECTED AT 130BPM/NERG/GM SEEN ON SCREEN)

Performed by: DR GOODFIELD;MRS MCINTOSH

Thallium (perfusion) scan:
NC study code: MYO124504
Report: Stress thallium scan shows a very large anterior; lateral; septal and posterior perfusion defect with preserved regional wall motion. Partial redistribution anteriorly; distal-septally; distal-laterally and posteriorly. Minimal change basal-septally and basal-laterally on imaging at 3.3 hours. Defect partly attenuation artefact. Overall consistent with a small area of reversibility detected in the LAD/Circumflex territory.

Blood pool ventriculography:
NC study code: CBP124501
LVEF: 43%
RVEF: 30%
(Normal range: LVEF; RVEF >= 40% by this technique)
Report: Overall normal LV and mildly impaired RV ejection fraction. No focal regional wall motion abnormalities.

Analysed by: MM

Reported By: DR MCCURRACH;MRS MCINTOSH;DR MARTIN

Reported by: Dr William Martin and Dr Graham McCurrach
Verified by: Dr William Martin

NM MPS Thallium rest gated

Performed	01-Oct-2012 09:33	Received	08-Nov-2012 17:55
Reported	08-Nov-2012 17:55	Order Number	G107H27302071
Status	Final	Source System	MiSys

Exercise Tolerance Testing Final
Agnes Clelland
Clinical History : Rapid access chest pain referral. Atypical chest pain. Multiple risk factors - T2DM; High BP; Hypercholesterolaemia. Inconclusive ETT.

Drugs: ISMN; Statin; Ramipril; GTN; Aspirin; PPI; Metformin; Symbicort; Salbutamol; Gabapentin:

Summary: Dobutamine stress test to THR. No ST change. Small to moderate area of reversibility detected (LAD/Circ). Normal LV and mildly impaired RV ejection fraction.

Stress test:

Stress test: DOBUTAMINE
Workload pattern: 3X5 ;3X10 ;3X20 ;1M 30 S X 30mcg/Kg/min
Stopped with: VOMITING;UNABLE TO HEAR BP
HR response: 78-123-130
BP response: 150/90-140/60-NR
Rest ECG: WITHIN NORMAL LIMITS
Stress ECG: NO ST CHANGE
Interpretation: NEGATIVE ETT (INJECTED AT 130BPM/NERG/GM SEEN ON SCREEN)

Performed by: DR GOODFIELD;MRS MCINTOSH

Thallium (perfusion) scan:
NC study code: MYO124504
Report: Stress thallium scan shows a very large anterior; lateral; septal and posterior perfusion defect with preserved regional wall motion. Partial redistribution anteriorly; distal-septally; distal-laterally and posteriorly. Minimal change basal-septally and basal-laterally on imaging at 3.3 hours. Defect partly attenuation artefact. Overall consistent with a small area of reversibility detected in the LAD/Circumflex territory.

Blood pool ventriculography:
NC study code: CBP124501
LVEF: 43%
RVEF: 30%
(Normal range: LVEF; RVEF >= 40% by this technique)
Report: Overall normal LV and mildly impaired RV ejection fraction. No focal regional wall motion abnormalities.

Analysed by: MM

Reported By: DR MCCURRACH;MRS MCINTOSH;DR MARTIN

Reported by: Dr William Martin and Dr Graham McCurrach
Verified by: Dr William Martin

Exercise Tolerance Testing

Performed	01-Oct-2012 09:33	Received	08-Nov-2012 17:55
Reported	08-Nov-2012 17:33	Order Number	G107H27244896
Status	Final	Source System	MiSys

Exercise Tolerance Testing Final
Agnes Clelland
Clinical History : Rapid access chest pain referral. Atypical chest pain. Multiple risk factors - T2DM; High BP; Hypercholesterolaemia. Inconclusive ETT.

Drugs: ISMN; Statin; Ramipril; GTN; Aspirin; PPI; Metformin; Symbicort; Salbutamol; Gabapentin:

Summary: Dobutamine stress test to THR. No ST change. Small to moderate area of reversibility detected (LAD/Circ). Normal LV and mildly impaired RV ejection fraction.

Stress test:

Stress test: DOBUTAMINE
Workload pattern: 3X5 ;3X10 ;3X20 ;1M 30 S X 30mcg/Kg/min
Stopped with: VOMITING;UNABLE TO HEAR BP
HR response: 78-123-130
BP response: 150/90-140/60-NR
Rest ECG: WITHIN NORMAL LIMITS
Stress ECG: NO ST CHANGE
Interpretation: NEGATIVE ETT (INJECTED AT 130BPM/NERG/GM SEEN ON SCREEN)

Performed by: DR GOODFIELD;MRS MCINTOSH

Thallium (perfusion) scan:
NC study code: MYO124504
Report: Stress thallium scan shows a very large anterior; lateral; septal and posterior perfusion defect with preserved regional wall motion. Partial redistribution anteriorly; distal-septally; distal-laterally and posteriorly. Minimal change basal-septally and basal-laterally on imaging at 3.3 hours. Defect partly attenuation artefact. Overall consistent with a small area of reversibility detected in the LAD/Circumflex territory.

Blood pool ventriculography:
NC study code: CBP124501
LVEF: 43%
RVEF: 30%
(Normal range: LVEF; RVEF >= 40% by this technique)
Report: Overall normal LV and mildly impaired RV ejection fraction. No focal regional wall motion abnormalities.

Analysed by: MM

Reported By: DR MCCURRACH;MRS MCINTOSH;DR MARTIN

Reported by: Dr William Martin and Dr Graham McCurrach
Verified by: Dr William Martin

MRI Foot Rt

Performed	22-Jun-2009 12:40	Received	02-Jul-2009 10:10
Reported	02-Jul-2009 09:46	Order Number	G107H12992656
Status	Final	Source System	MiSys

MRI Foot Rt Final
Agnes Clelland
Clinical History : Injury mid-foot, ?lesion medial cuneiform.

MRI Foot Rt :

Technique: Standard protocol.

Findings:
1. Some degenerative changes are noted at the right 2nd TMT joint with thinning of articular cartilage and mild subarticular marrow oedema. There is also slight ill-definition of the Lisfranc ligaments but no evidence of tarsometatarsal dislocation.

2. Slight irregularity of the medial margin of the lateral cuneiform bone which probably accounts for the appearances on the plain radiograph. In particular, no evidence of a bone tumour or tumour-like process.

3. No other significant abnormality.

Conclusions: Localised degenerative changes around the right 2nd TMT joint and possible injury of the Lisfranc ligaments but no evidence of tarsometatarsal dislocation.

Dictated By Ritchie, Dr David

Verified by Ritchie, Dr David

Typed by Smith, Jereldeen

This examination performed at Golden Jubilee Hospital.

Reported by: AUTO REPORTING and BLANK RADIOL
Verified by: AUTO REPORTING

CLELLAND, AGNES ID:0809555328 17-AUG-2018 09:36:55 GREATER GLASGOW SITE-GROPOA ROUTINE RECORD

08-SEP-1955 (62 yr)
Female Caucasian

Room:
Loc:526

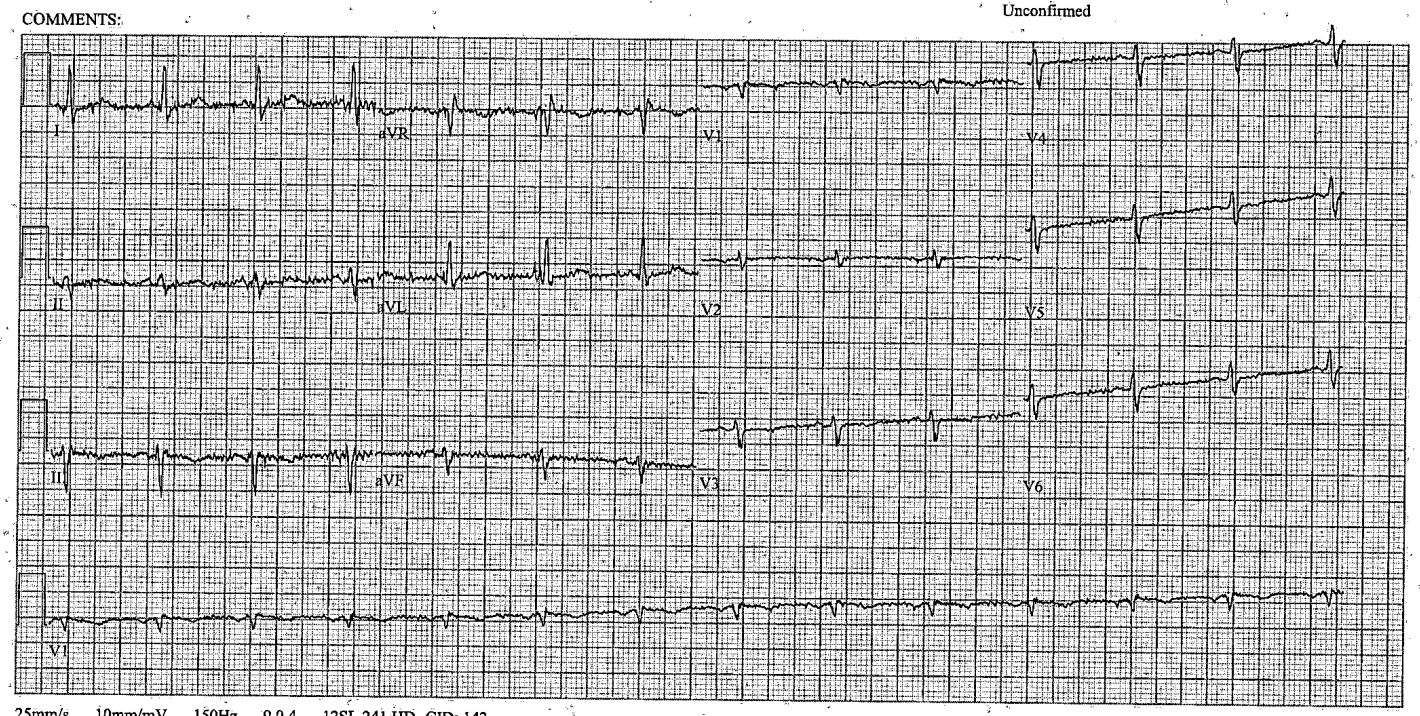
Vent. rate	80	BPM
PR interval	126	ms
QRS duration	92	ms
QT/QTc	384/442	ms
P-R-T axes	43 -37	4

Normal sinus rhythm
Left axis deviation
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Test ind:

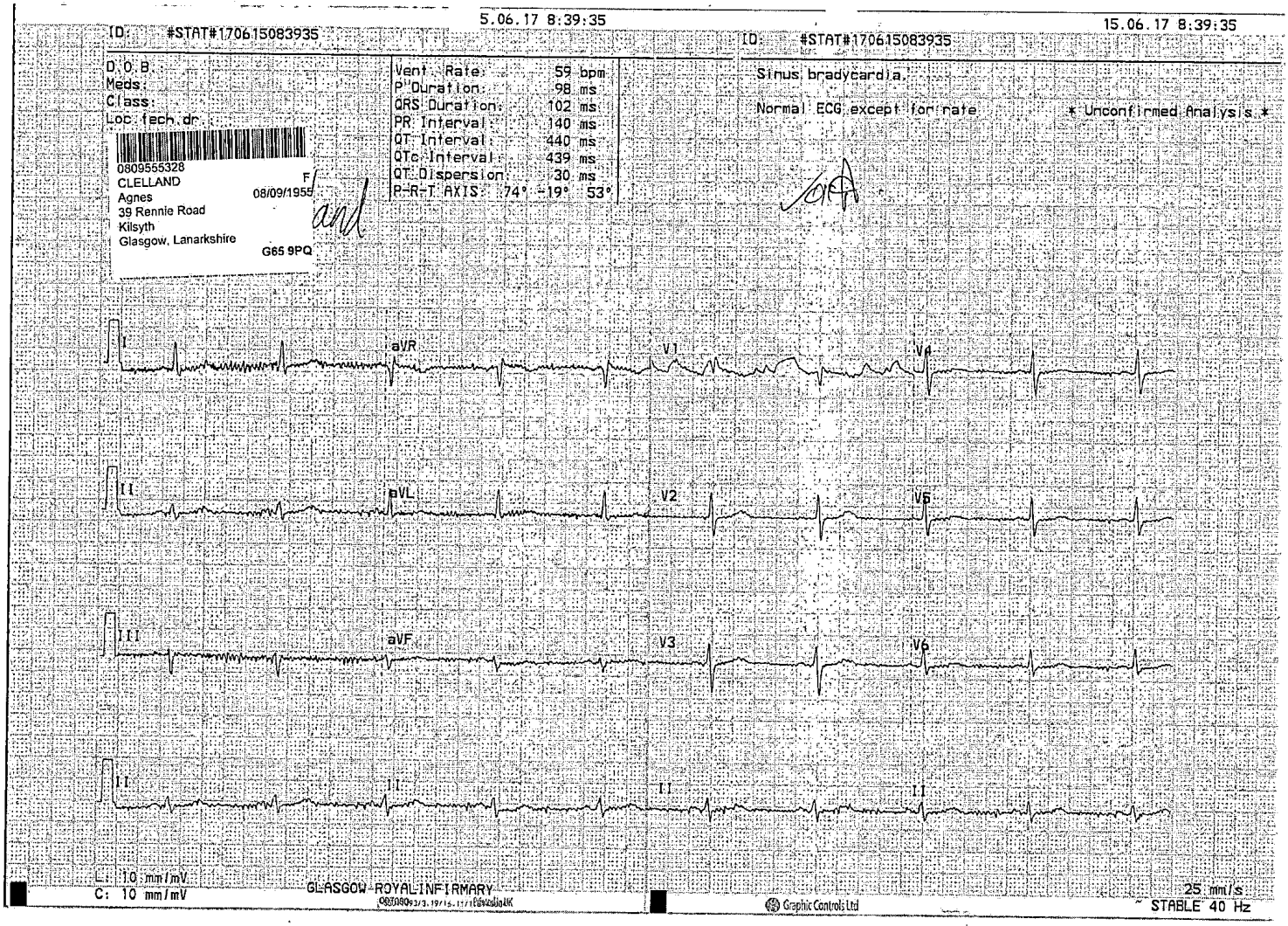
COMMENTS:

Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.4 12SL 241 HD CID: 142

SID: 3359119 EID: EDT: ORDER:


5.06.17 8:39:35
15.06.17 8:39:35
ID: #STAT#170615083935
ID: #STAT#170615083935
D.O.B.
Meds:
Class:
Loc: tech.dr.
0809555328
CLELLAND
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ
F
08/09/1955
Vent. Rate: 59 bpm
P" Duration: 98 ms
QRS Duration: 102 ms
PR Interval: 140 ms
QT Interval: 440 ms
QTc Interval: 439 ms
QT Dispersion: 30 ms
P-R-T AXIS 74° -19° 53°
Sinus bradycardia
Normal ECG except for rate
* 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
GLASGOW ROYAL INFIRMARY
Graphic Controls Ltd
25 mm/s
STABLE 40 Hz

ID: #STAT#170615083924 ID: #STAT#170615083924

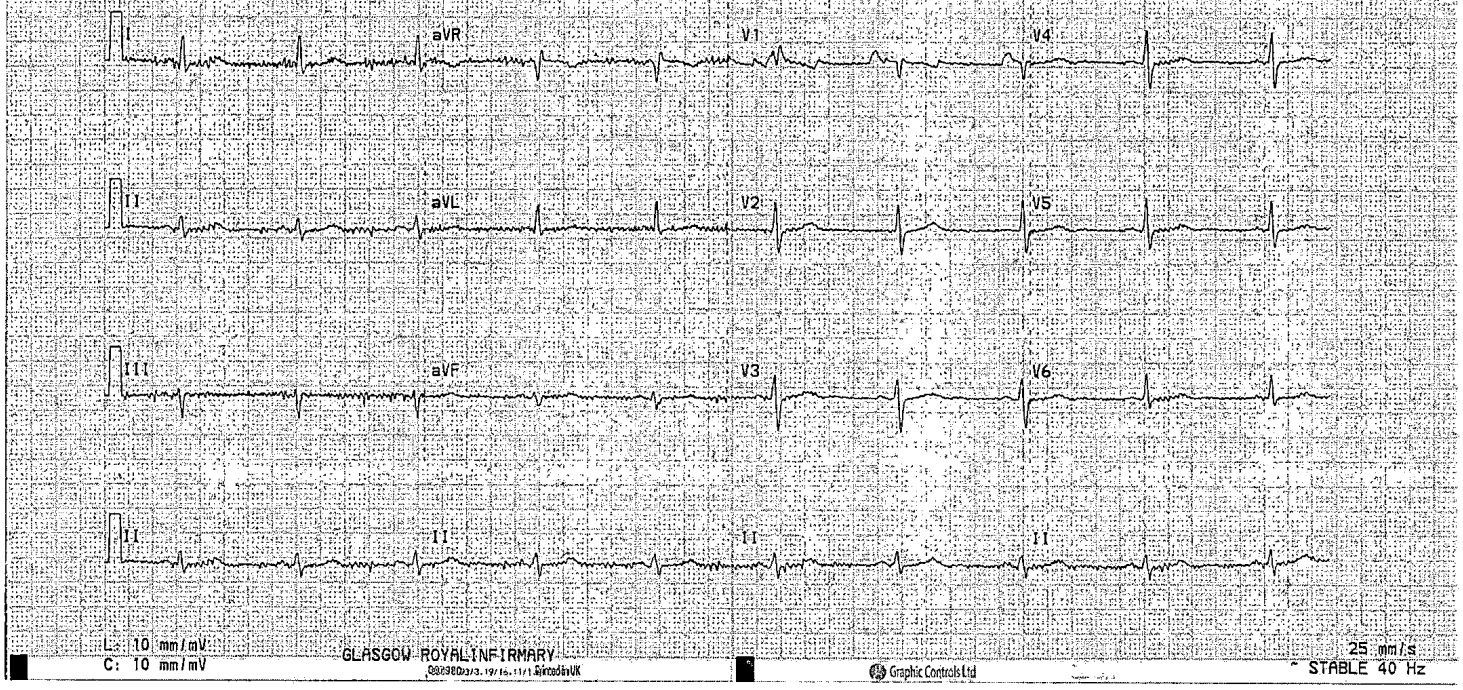
D.O.B
Meds:
Class:
Loc.tech dr.:

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Vent. Rate:	60	bpm
P Duration:	124	ms
QRS Duration:	114	ms
PR Interval:	130	ms
QT Interval:	364	ms
QTc Interval:	364	ms
QT Dispersion:	54	ms
P-R-T AXIS:	35°	-22° 30°

Sinus rhythm.
Inferior T wave changes are nonspecific

Borderline ECG * Unconfirmed Analysis *



L: 10 mm/mV
C: 10 mm/mV
GLASGOW ROYAL INFIRMARY
25 mm/s
STABLE 40 Hz
Graphic Controls Ltd

NHS
Greater Glasgow and Clyde

Specialty: Trauma and Orthopaedic Surgery

Hospital Name:	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STAFFORD, ELIZABETH
Address	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire G65 9PQ	Address	Kilsyth Community Health Centre Airdrie Road Kilsyth
Correspondance Address	,	Telephone	
Correspondance Postcode			
Telephone		Consent	Yes
CHI Number	0809555328	Sensitivity	Sensitive
CRN Number	10338654X, ZM06407457, Z9344895, 0809555328, 08095		
Date of Birth	08/09/1955		
Sex	Female		

27/2/18 attended for wound r/v dressing removed wound dry and intac moderate swelling to forefoot advised to continue to elevate dry dressing eapplied wound care advice givenadvsed to continue to heel w/b ad r/v 3/52 friday am for xoa has contct number if any concerns s/n khyndman

Clinician	Kathryn Hyndman	Designation		Date	06/03/2018

There is no further information for this patient

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

Telephone: 0141 211-5402
Fax: 0141 211-4060
Appointments: 0141 211-4608

NHS
Greater Glasgow and Clyde

Clinic of/Dictated: 30/01/2018
Typed: 31/01/2018
Our Reference: NJM/DC

MISS N. J. MADELEY'S PRE OPERATIVE ASSESSMENT CLINIC

Dr Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Dear Dr Stafford

Mrs Agnes Clelland 08/09/1955 CHI: 0809555328 CRN: 0809555328
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ

This lady has bilateral hallux valgus. The right is currently more symptomatic than the left. X-rays show that it is degenerate and there is certainly pain on any passive motion. The plan is for right 1st MTPJ fusion. The 2nd toe is starting to lift as a result of the deformity and this may need a release as well. The pro's and con's of surgery have been discussed with her today and she has signed the consent form.

Yours sincerely

MISS N. JANE MADELEY, F.R.C.S. (Tr & Orth)
Consultant Orthopaedic Surgeon

5/7/17 Amber Pgnant Bilateral PIPJ fusion re complex PMH

Anaesthetic Record

No. 05148

GLASGOW ROYAL INFIRMARY

PRE-OPERATIVE INSTRUCTIONS:

Asthma
NIDDM
IHD
↑bp.
Nil to ophmide

0809555328
CLELLAND
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ
F
08/09/195[illegible]

PLEASE WRITE OVER WHITE LETTERS

Place	Date & Time	Premedication	Ordered by	Given by	Time Given

PRE-OPERATIVE ASSESSMENT

WEIGHT: 90kg HEIGHT: 156cms BMI 37 AGE 61

PREVIOUS ANAESTHESIA / OPERATIONS:

2010 foot surgery.
2013 Achilles tendon repair.
2013 ~~2008~~ coronary angio – normal coronary.

PREVIOUS MAJOR ILLNESS:

5/17 Recent Rx breast lump – NAD

CO-EXISTING CHRONIC DISORDERS:

CVS : IHD Angina Grade: PVD CC F ~~HBP~~
RS : ~~Asthma~~ COAD Dyspnoea Grade: ~~Smoking~~
GIS : Reflux Liver Disease Alcohol / Drugs
~~Diabetes~~ Obesity
CNS : Epilepsy Chronic CNS Chronic Psychiatric
GUS : Renal Failure

RECENT DRUG THERAPY

B12
Salbutamol inh
Amitriptyline
Aspirin
Statin
Cocodamol 30/500
Diltiazem
Gabapentin
GTN
ISM

~~ALLERGIES / DRUG REACTIONS~~
Metformin
Naproxen
Symbicort
Omeprazole
Ranitidine
Fluoxetine

ASA 1 2 3 4 5 E

Acute Physiological State - Clinical Features

HR 68 R	RR	Hb 123	15/6/17 Na+ 142	Fasted?
BP 124/74 96 82	F_iO_2	WBC 7.7	K^+ 4.6	Dentition:
CVP	P_aO_2	Platelets 367	Cl^-	Jaw / Neck Mobility:
PAWP	P_aCO_2	PT / INR	HCO_3^-	
ECG SR 60/min	H^+	KCCT / APPT	Urea 4.1	Anticipated Difficulty with Intubation:
	HCO_3^-	Blood Group	Creatinine 62 >60	
	CXR	ESR 37	ARF	
State of Consciousness:			Alb 34	
			Glucose HbA1C 44	

Anaesthesia

Patient's Name:.....

Date:- .....

Site of Injections	L/R Hand / Arm / Foot
Site of Infusions	L/R Hand / Arm / Foot
Central Venous Site	
Arterial Site	
Cuffed / Uncuffed	Oro / Nasal Tracheal Tube
Size	Mask
HME	Laryngeal Mask Airway Oral / NP
Ventilation	
Spontaneous Circuit:	I.P.P.V. Ventilator:
Position -	

Intravenous Fluids Blood Warmer ☐

Start: ..... Finish: .....

Drugs and Fluid given:- Time:-

☐ ECG	☐ F_IO_2	☐ CVP
☐ NIBP	☐ E_TAA	☐ IABP
☐ S_pO_2	☐ Temp	☐ PA Cath
☐ E_TCO_2	☐ Disconnect	☐ TOF

I.V. Fluid Nos.

V_{Txf} / Pressure

F_IO_2

Saturation %

E_TCO_2

Temperature

200 180 160 140 120 100 80 60 40 20

CVP/PCWP

Urine

Blood Loss:-

PO_2

PCO_2

H^+

HCO_3

K^+

THb

Mr Kumar

01/05/2013

SECONDARY REPAIR OF ACHILLES TENDON AND FHL TRANSFER LEFT ANKLE

Name: Mrs Agnes Clelland		**Ward:**	62
39 Rennie Road Kilsyth Glasgow Lanarkshire G65 9PQ		**Surgeon:**	Mr Senthil Kumar
Hospital No:	10338654X **D.O.B.:** 08/09/1955	**Assistant:**	Mr Sam Roberts
Indication:	Achilles Tendon Midsubstance Rupture (Left)	**Anaesthetist:**	Dr Shiona Stott

ANAESTHETIC: SPINAL AND POPLITEAL BLOCK(SS)

DVT prophylaxis: Aspirin 150mg for 6 weeks MEDIUM RISK

Antibiotic prophylaxis: 1.5g cefuroxime iv

POSITION AND TOURNIQUET: Prone position. Thigh tourniquet.

APPROACH: Longitudinal midline incision, complete rupture with extensive scarring noted. Proximal retracted by 7-8cm, dissected upto the musculotendinous junction. Turn-down flap of medial third of the gastrocnemius tendon, sutured to the distal stump. FHL divided just distal to the fibrous tunnel and plugged into a drill hole over the back of the os calcis in front of the Achilles tendon, held with a Biotenodesis screw. FHL muscle belly sutured onto the tendon.

CLOSURE: 2,0 vicryl to the subcutaneous layers, with skin closure with clips. No drain was used. Below knee plaster in full equinus applied.

POST – OPERATIVE INSTRUCTIONS:
Routine observations CSM.
Mobilise when comfortable, partial weight-bearing.
Follow up: Nurse-led clinic 10 days for change of plaster,
MAINATAIN FULL EQUINUS.
See in Mr. Kumar's clinic 4-6 weeks thereafter.

Signed: C. S. KUMAR

Addenda:

Procedure	Code Type	Code
Injury of achilles tendon	ICD 10	S86.0
Unspecified primary repair of tendon	OPCS	T67.9
Triceps surae	OPCS	Z58.1

cc:

Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
Kilsyth
G65 0HU

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	0809555328 CLELLAND F Agnes 08/09/1955 39 Rennie Road Kilsyth Glasgow, Lanarkshire G65 9PQ
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

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

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

RIGHT FIRST METATARSOPHALANGEAL JOINT FUSION.

+/- SELOND TOE RELEASE.

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

NON-UNION, DELAYED UNION, SWELLING, STIFFNESS,
NERVE/VESSEL INJURY, VENOUS THROMBOEMBOLISM,
INFECTION, WOUND PROBLEMS.

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

Signature of practitioner	
Name / Designation (print)	MARSH
Date	3/1/18

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

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

I understand

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

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

I agree

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

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

Patient / parent agreement to treatment

Signature	Date 30/1/18
Name (print) AGNES CLELAND	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

0809555328
CLELLAND
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ
F
08/09/1955

Hospital / clinic / GP practice	
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

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

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

Left foot – (1) Fusion 1st MTPJ
(2) Hammer 2nd Toe Correction

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

Infection
bleeding
nerve/wound problems
DVT/PE
wound problems
non union / malunion
persistent pain
CVA/MI / Kidney problems

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

Signature of practitioner	
Name / Designation (print)	A MATS Consultant Ortho
Date	26/9/18

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

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

I understand

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

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

I agree

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

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

Patient / parent agreement to treatment

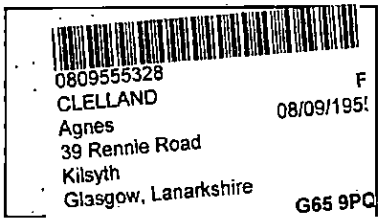
Signature [signature]	Date 26.9.18
Name (print) AGNES CLELAND	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

GLASGOW FOOT AND ANKLE OUTCOMES QUESTIONNAIRE



Dear Patient,

Welcome to the Glasgow Orthopaedic Foot and Ankle Unit
We would like you to complete this questionnaire regarding your general health and your specific foot / ankle problem. This should take no longer than 10 minutes.

This questionnaire is important. Your results will help us to find out what the benefits of different treatments are as well as allowing us to compare our results with those of other surgeons to ensure we are providing the best service that we can.

You will be asked to fill out this questionnaire on more that one occasion so that we can measure your progress.

All the information gathered in this survey will be treated in strict confidence.

Please try to answer every question.

Please provide

Contact Landline Phone Number	01236 822191
Contact Mobile Number	07735555820
Email address	

Consent to participation (Further information regarding the Data Protection Act 1998 on last page)

I consent to my personal details being recorded.

Signature	Date
	17-8-18

Please turn to next page

SECTION 1: MANCHESTER-OXFORD FOOT QUESTIONNAIRE (MOXFQ)

Circle as appropriate: RIGHT / LEFT FOOT ***During the past 4 weeks this has applied to me:***	*Please tick ✓ one box for each statement*				
	None of the time	**Rarely**	**Some of the time**	**Most of the time**	**All of the time**
1. I have pain in my foot	☑	☐	☐	☐	☑
2. I avoid walking long distances because of pain in my foot	☐	☐	☐	☑	☐
3. I change the way I walk due to pain in my foot	☐	☐	☐	☐	☑
4. I walk slowly because of pain in my foot	☐	☐	☐	☐	☑
5. I have to stop and rest my foot because of pain	☐	☐	☐	☐	☑
6. I avoid some hard or rough surfaces because of pain in my foot	☐	☐	☐	☐	☑
7. I avoid standing for a long time because of pain in my foot	☐	☐	☐	☐	☑
8. I catch the bus or use the car instead of walking, because of pain in my foot	☐	☐	☐	☐	☑
9. I feel self-conscious about my foot	☐	☐	☐	☐	☑
10. I feel self-conscious about the shoes I have to wear	☐	☐	☐	☐	☑

Please turn to next page

During the past 4 weeks this has applied to me:	*Please tick ✓ one box for each statement*				
	None of the time	**Rarely**	**Some of the time**	**Most of the time**	**All of the time**
11. The pain in my foot is more painful in the evening	☐	☐	☐	☑	☐
12. I get shooting pains in my foot	☐	☐	☐	☐	☑
13. The pain in my foot prevents me from carrying out my work/everyday activities	☐	☐	☐	☐	☑
14. I am unable to do all my social or recreational activities because of pain in my foot	☐	☐	☐	☐	☑

15. During the past 4 weeks how would you describe the pain you usually have in your foot? *(please tick one box)*

None	Very mild	Mild	Moderate	Severe
☐	☐	☐	☐	☑

16. During the past 4 weeks have you been troubled by pain from your foot in bed at night? *(please tick one box)*

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☑	☐	☐

Finally, please check that you have answered every question

©MOXFQ University of Oxford, Department of Public Health (HSRU), Old Road Campus, Oxford OX37LF, UK

Thank you very much

Please turn to next page

SECTION 2: EQ5D SCORE

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today

Mobility

I have no problems in walking about	☐
I have some problems in walking about	☑
I am confined to bed	☐

Self-Care

I have no problems with self-care	☐
I have some problems washing or dressing myself	☑
I am unable to wash or dress myself	☐

Usual Activities *(e.g. work, study, housework, family or leisure activities)*

I have no problems with performing my usual activities	☐
I have some problems with performing my usual activities	☑
I am unable to perform my usual activities	☐

Pain/Discomfort

I have no pain or discomfort	☐
I have moderate pain or discomfort	☐
I have extreme pain or discomfort	☑

Anxiety/Depression

I am not anxious or depressed	☐
I am moderately anxious or depressed	☑
I am extremely anxious or depressed	☐

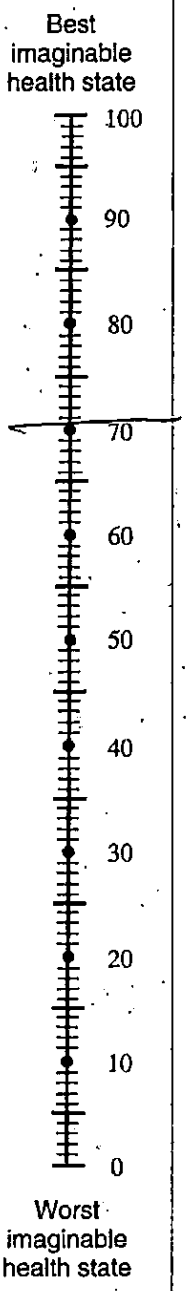
Source: adapted from the EuroQol Group: www.euroqol.org

Please turn to next page

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

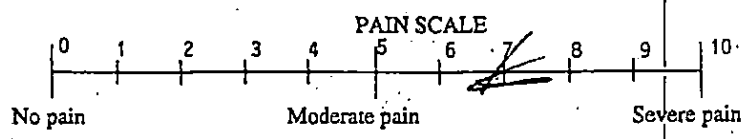
Your own health state today



Source: adapted from the EuroQol Group: www.euroqol.org

SECTION 3: VISUAL ANALOGUE PAIN SCORE

How bad is your pain today? Please place a mark on the line below.



Please turn to next page

Data Protection Act 1998: Audit and Research

Your Personal Health Information
We will record details of your medical history, personal life and treatment as part of your routine care. Our staff needs this information to care for you properly and, like all staff working in the NHS they are bound by a strict code of confidentiality. We will keep this information in your medical case record folder or on computer.

Sharing Your Information
Members of the NHS team looking after you will share your personal health information you will normally meet all of the staff and be introduced to them by name. As ours is a teaching hospital this may also include those students and trainees in medicine, nursing or other healthcare professions who are looking after you. Students and trainees are also bound by the same high standards of confidentiality. Your information will not be available or shared with NHS staff, trainees or students who are not looking after you directly and do not need to know it. This is called the "need to know" principle.
We may share some of your personal information with those staff outside the NHS that work closely with us to provide for your care and other needs, for example in social work and education services. The information is restricted to those items that they "need to know' in order to help you. We will always ask you for permission to share this information.
If you agree, your relatives, friends and carers can also be kept up to date with the progress of your treatment If you do not wish any individual to have access to the information in your medical records, you must indicate this in writing. Forms for this will be available from the medical Records Management Department.

The Caldicott Guardian
The NHS uses information from patients for a wide range of other purposes. Using information in this way is extremely valuable and can improve healthcare for everybody. We may use it to: protect the health of the general public; check that we run our services efficiently; plan health services for the future; train our staff; carry out medical research.
When we use information in this way it is usually made anonymous, however we do sometimes use information that identifies individuals and these uses are explained below. This information is always kept confidential and is only used if authorised by our Catdicott Guardian.

Information for Clinical Audit
We may record some of your personal health information in databases used by doctors and others for clinical audit. This is one way in which we maintain high-quality care. We will check a group of similar cases to your own against agreed standards to see where improvements can be made. Some of these audits are done over groups of hospitals, over Scotland or even in the whole UK. In these cases we make every effort to use anonymous information. We are obliged to action refusal to participate if possible.

Information for Research
We may use some of your personal health information in research. This is when healthcare staff uses information from their patients to help them find the causes of disease and the effects of treatment and for planning new treatments. If the research involves you personally you will be contacted and asked for your consent.

Legal and National Requirements
Sometimes we are required by law to pass on information, for example to notify a birth or report certain infectious diseases for public health reasons.
The Scottish Executive Health Department also requires information from us to help monitor health services and plan for the future. We send basic personal details of all the patients we care for, along with information about their hospital or clinic attendance, to the NHS Information and Statistics Division.

Your Data Protection Rights
The act gives you the right to know how we will use your personal information. This leaflet can only give a short description of how we use information but our Data Protection Officer will be happy to answer any questions you may have.
You also have the right to object to us making use of your information. You can ask us to change or restrict the way we use your information and we are obliged to agree if it is possible to do so. Again our Data Protection Officer will be happy to provide you with guidance.
Where we have a legal duty to notify information about health e.g. notifiable diseases regulations, this information must be disclosed.
The Act also gives you the right of access to any personal information that we hold about you, either in written medical records or on computer. If you wish to see or get a copy of your information, you should contact the Medical Records Department in the hospital you attended. They will explain how to access your record and can arrange for any abbreviations or jargon in the record to be explained to you.
If you think that any of the information in your record in inaccurate, incomplete or out of date you can ask to have the record amended.

Thank you for your cooperation

Please turn to next page

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STAFFORD, ELIZABETH
Address	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire G65 9PQ	Address	Kilsyth Community Health Centre Airdrie Road Kilsyth
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457, Z9344895, 0809555328, 08095
Telephone		Consent	Yes
Patient Contact Number	01236 822191	Sensitivity	Sensitive
CHI Number	0809555328	Consultant Name	
Sex	Female	Requires Transport	No
Date of Birth	08/09/1955	Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	George Clelland	
Address	as above	
Landline	01236 822191	
Mobile		
Relationship	Husband	

Assessment Details					
Assessor	Nicola Porter	Grade	5	Date	17/08/2018
Ward	Orthopaedic pre op assessment clinic				

Surgery / Procedure Attending For
left foot 1st mtpj fusion +/- 2nd pipj fusion

Availability	
Are you available at short notice?	Yes
Period of unavailability	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Reasons for unavailability	
Details	

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

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Details of relevant surgical history	Right 1st MTPJ fusion Feb 18 SECONDARY REPAIR OF ACHILLES TENDON AND FHL TRANSFER LEFT ANKLE 2013 PHARYNGOSCOPY BALLOON DILATATION 2010 Endoscopy 2010 Mid foot fusion 2010 Skin biopsy 2008 Breast biopsies 2010+2017 Cystoscopy 2004 Endometrial laser ablation 1993 Surgical removal of tooth 1981
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

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

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

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

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

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

14. Blackouts	
Do you suffer from blackouts?	No

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

Respiratory	
16. Asthma / Bronchitis / COPD / Emphysema	
Do you have asthma, bronchitis, COPD or emphysema?	Yes
16a. Have you taken oral steroids in the last six months?	No
16b. How often do you get asthma?	Less often than monthly
16c. What level of exertion, if any, causes breathlessness?	Strenuous activity
16d. Have you been admited to hospital with an exacerbation of asthma in the last three months?	No

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

Neurological	
18. Stroke	
Have you had a stroke or TIA?	No

19. Epilepsy	
Do you have epilepsy?	No

20. Neurological Disease	
Do you have any neurological or muscular disease?	No

21. Physical Disability	
Do you have a physical disability?	Yes
Further Details:	Mobilising with a stick
Do you have reduced normal activity?	Yes
Do you have to use a wheelchair?	No

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Haemotological	
22. Bleeding Disorder	
Do you suffer from prolonged bleeding or excessive bruising?	Yes
Details	Bruises easily
Do you have haemophilia?	No
23. Previous DVT	
Have you had a DVT?	No
24. Anaemia	
Do you suffer from anaemia?	Yes
Miscellaneous	
25. Kidney Disease	
Do you have renal failure?	No
26. Liver Disease	
Do you have liver disease or suffer from jaundice?	No
27. Diabetes	
Do you have diabetes?	Yes
27a. Type of diabetes?	Type 2 & Medication Controlled
27b. Is the diabetes well controled? HbA1c <7%?	Yes
27c. Date of the last hypoglycaemic episode?	Never
28. Arthritis	
Do you have arthritis?	Yes
28a. Do you have rheumatoid arthritis?	No
28b. Is this assosciated with reduced neck movement?	No
28c. Do you have restricted movement of your jaw?	No
29. CJD	
Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?	No

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

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

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

33. Smoker	
Do you smoke?	No
Are you an ex-smoker?	No

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

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

36. Language	
Can the patient speak English?	Yes

Drug History
37. Drugs
List all drugs (including herbal remedies and complimentary medicines)

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Tildiem Retard 90mg tablets (Sanofi)
112 tablet
TWICE A DAY

Amitriptyline 25mg tablets
56 tablet
ONE AT NIGHT

Aspirin 75mg dispersible tablets
56 tablet
1 TAB DAILY

Metformin 500mg tablets
112 tablet
1 TABLET TWICE A DAY

Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)
120 dose
2 PUFFS TWICE DAILY

Gabapentin 300mg capsules
180 capsule
2 TDS

Ramipril 10mg capsules
56 capsule
1 CAP IN THE MORNING

Atorvastatin 40mg tablets
56 tablet
1 TABLET ONCE A DAY AT NIGHT

Salbutamol 100micrograms/dose inhaler CFC free
200 dose
2 PUFFS 4 TIMES DAILY PRN MAX OF 8 PUFFS IN 24 HRS

Naproxen 250mg tablets
56 tablet
1 OR 2 TABLETS TWICE DAILY PC IF REQUIRED

Co-codamol 30mg/500mg tablets
112 tablet
TAKE 1 OR 2 FOUR TIMES DAILY PRN PAIN

Glyceryl trinitrate 400micrograms/dose pump sublingual spray
200 dose
TAKE 1 PUFF UNDER TONGUE WHEN HAVING CHEST FOR PAIN

Fluoxetine 20mg capsules
120 capsule
2 CAPS DAILY Instalments: Dispense every 4 weeks

Omeprazole 20mg gastro-resistant capsules
56 capsule
1 CAP DAILY

Isosorbide mononitrate 20mg tablets
112 tablet

1 TABLET TWICE A DAY

Hydroxocobalamin 1mg/1ml solution for injection ampoules
1 ampoule
AS DIRECTED

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

38. Herbal Remedies

Are you taking any herbal remedies or complimentary medicine?	No

39. Steroids

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

40. Allergies

Does patient have any allergies?	No

Implants

41. Pacemaker

Do you have a pacemaker?	No

42. Prosthesis

Do you have any implants?	Yes

43. Coronary stents

Have you had coronary artery stents inserted?	No
Details	Right foot pin, Screw in left achilles

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Examination			
44. Age (years)	62		
Weight (kg)	92.6		
Height (m)	1.65	BMI	34

45. Risk of sleep apnoea			
Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?	No		
How likely are you to fall asleep or doze in the following situations?			
a) Sitting and reading	No Chance		
b) Watching TV	No Chance		
c) Sitting inactive in a public place	No Chance		
d) As a passenger in a car for an hour without a break	No Chance		
e) Lying down to rest in the afternoon when circumstances permit	No Chance		
f) Sitting and talking to someone	No Chance		
g) Sitting quietly after lunch without alcohol	No Chance		
h) In a car while stopped for a few minutes in traffic	No Chance		
Status based on sleep apnoea score	No risk of sleep apnoea	Score	0

46. Blood Pressure			
Systolic/Diastolic BP	121	/	90

47. Pulse		
Pulse Rate	86	/ min
Rhythm	Regular	

48. Oxygen Saturation	97	%

49. Urine Analysis	
Result	
Details	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

Day Surgery Criteria			
51. Day Surgery Criteria			
Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	Yes	Does the patient agree to be a day patient?	Yes

52. Admission Criteria	
Appropriate admission based on nursing assessment	DSU

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

53. MRSA Screening	
Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)	Yes
Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No

Has patient is to be admitted to any of the following:							
Orthopaedics	Yes	Vascular		Renal		Critical Care	

MRSA Lab Test Results									
Nose	Yes	Perineum	Yes	Throat	Yes	Other		Patient refused	
Other details:									

Investigations Required				
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	
Glucose	No	No		No	No	
Group & Save	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Investigations Required

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
LFTs	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
FBC	Yes	Yes	17/08/2018	No	No	
HbA1c	Yes	Yes	17/08/2018	No	No	
U&Es	Yes	Yes	17/08/2018	No	No	
Amylase	No	No		No	No	
CRP	Yes	Yes	17/08/2018	No	No	
Calcium/Bone	No	No		No	No	
ECG	Yes	Yes	17/08/2018	No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
MRSA Screen	Yes	Yes	17/08/2018	No	No	
Pregnancy Test	No	No		No	No	
Temperature	Yes	Yes	17/08/2018	No	No	

Pre-op Assessment Summary

Assessor	Nicola Porter
Grade	5
Summary	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Left foot 1st MTPJ fusion

PMH
HTN - BP 121/90 17/08/18
Type 2 diabetes - medication controlled
Vit B12 deficiency
OA
GORD
Previous benign oesophageal stricture (stretched)
Erythema multiforme
Previous psittacosis from budgies
Recurrent + persistent haematuria 2011
Chronic fatigue syndrome
Depression
Angina - last used GTN spray a few months ago
Asthma - last used blue inhaler 2 weeks ago, never been in hospital with breathlessness

Appears in good general health at present. Mobilising with a stick today

Appears to have good ROM to head/neck/jaw, skin integrity is intact at present, no allergies or MRSA history noted.

Fasting instructions given and information leaflets provided.

Advised to bring all medication to admission & omit Ramipril and Aspirin on morning of surgery.

Advised to contact pre op clinic should any changes occur with general health, including any hospital admissions or medication changes, failure to do so may lead to surgery being cancelled.

Lives with husband & has good family support daily, has own transport arrangements for admission/discharge.

Stobhill/GRI SDAU - amber? Previous amber for left foot

Clerk in

PMH as documented in above assessment.

CVS
Hypertension
Angina, last used GTN spray approx 3months ago, on exertion
HS 1+1̇1+0
No obvious murmur
Well perfused
No oedema

RESPIRATORY
Asthma, well controlled, doesn't use inhalers daily. No recent infections
AE+EXP= Good L=R
Vesicular sounds
Percussion resonant

ABDOMEN
Type 2 diabetes - medication controlled
Omeprazole secondary to medication

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

ABD=SNT
Bowel sounds present
No recent weight loss/loss of appetite

All correct at time of pre op assessment. M.E. Cullen, NP

27.09.18 Amber Review OK to proceed LH

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

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available, if the patient is taking methadone.	No
Print PEER Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist	
Grade	
Summary	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STAFFORD, ELIZABETH
Address	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire G65 9PQ	Address	Kilsyth Community Health Centre Airdrie Road Kilsyth
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457, Z9344895, 0809555328, 08095
Telephone		Consent	Yes
Patient Contact Number	01236 822191	Sensitivity	Sensitive
CHI Number	0809555328	Consultant Name	
Sex	Female	Requires Transport	No
Date of Birth	08/09/1955	Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	George Clelland	
Address	as above	
Landline	01236 822191	
Mobile		
Relationship	Husband	

Assessment Details					
Assessor	Nicola Porter	Grade	5	Date	17/08/2018

Surgery / Procedure Attending For
left foot 1st mtpj fusion +/- 2nd pipj fusion

Short Notice Availability	Yes/No	Details
Available at short notice?	Yes	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	1 upper crown - secure
Neck/Jaw Stiffness	Yes	
Other Risk	No	
Heartburn	No	
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		0

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		Right 1st MTPJ fusion Feb 18 SECONDARY REPAIR OF ACHILLES TENDON AND FHL TRANSFER LEFT ANKLE 2013 PHARYNGOSCOPY BALLOON DILATATION 2010 Endoscopy 2010 Mid foot fusion 2010 Skin biopsy 2008 Breast biopsies 2010+2017 Cystoscopy 2004 Endometrial laser ablation 1993 Surgical removal of tooth 1981
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	Yes	Frequency: Less Often; Caused by: Strenuous or rapid, prolonged exertion;
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	Yes	Gets asthma Less often than monthly; Strenuous activity causes asthma;
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Neurological Disease	No	
Physical Disability	Yes	Reduced normal activity; Mobilising with a stick

Haematological	Yes/No	Details/Problems
Bleeding Disorder	Yes	Bruises easily;
Previous DVT	No	
Anaemia	Yes	

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	Yes	Type 2 & Medication Controlled; Well controlled (HbA1c <7%); Date of last hypoglycaemic episode: Never;
Arthritis	Yes	
CJD Risk	No	

Any serious illness not already mentioned? No

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

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

Drug History

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

Tildiem Retard 90mg tablets (Sanofi)
112 tablet
TWICE A DAY

Amitriptyline 25mg tablets
56 tablet
ONE AT NIGHT

Aspirin 75mg dispersible tablets
56 tablet
1 TAB DAILY

Metformin 500mg tablets
112 tablet
1 TABLET TWICE A DAY

Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)
120 dose
2 PUFFS TWICE DAILY

Gabapentin 300mg capsules
180 capsule
2 TDS

Ramipril 10mg capsules
56 capsule
1 CAP IN THE MORNING

Atorvastatin 40mg tablets
56 tablet
1 TABLET ONCE A DAY AT NIGHT

Salbutamol 100micrograms/dose inhaler CFC free
200 dose
2 PUFFS 4 TIMES DAILY PRN MAX OF 8 PUFFS IN 24 HRS

Naproxen 250mg tablets
56 tablet
1 OR 2 TABLETS TWICE DAILY PC IF REQUIRED

Co-codamol 30mg/500mg tablets
112 tablet
TAKE 1 OR 2 FOUR TIMES DAILY PRN PAIN

Glyceryl trinitrate 400micrograms/dose pump sublingual spray
200 dose
TAKE 1 PUFF UNDER TONGUE WHEN HAVING CHEST FOR PAIN

Fluoxetine 20mg capsules
120 capsule
2 CAPS DAILY Instalments: Dispense every 4 weeks

Omeprazole 20mg gastro-resistant capsules
56 capsule
1 CAP DAILY

Isosorbide mononitrate 20mg tablets
112 tablet
1 TABLET TWICE A DAY

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Hydroxocobalamin 1mg/1ml solution for injection ampoules
1 ampoule
AS DIRECTED

Patient takes the following drugs

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

Does patient have any allergies?	No

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/impantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination						
Weight (kg)	92.6	Height (m)	1.65	BMI	34	Temp
Pulse (bpm)	86	Regular	Regular	BP	121/90	
SaO2 (%)	97					

Investigations	The below investigations are required.
17/08/2018	
FBC	
HbA1c	
U&Es	
CRP	
ECG	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

MRSA Screen

Temperature

VTE Risk

Is patient at risk of VTE?	Yes	**Do they require prophylaxis?**	Yes

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)	Yes
Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No

Has patient is to be admitted to any of the following:

Orthopaedics	Yes	**Vascular**	No	**Renal**	No	**Critical Care**	No

MRSA Lab Test Results

Nose	Yes	**Perineum**	Yes	**Throat**	Yes	**Other**	No	**Patient refused**	No
Other details:									

Admission Criteria

Appropriate admission based on nursing assessment	DSU

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

Pre-operative Assessment Summary

Assessor: Nicola Porter Grade: 5

Left foot 1st MTPJ fusion

PMH
HTN - BP 121/90 17/08/18
Type 2 diabetes - medication controlled
Vit B12 deficiency
OA
GORD
Previous benign oesophageal stricture (stretched)
Erythema multiforme
Previous psittacosis from budgies
Recurrent + persistent haematuria 2011
Chronic fatigue syndrome
Depression
Angina - last used GTN spray a few months ago
Asthma - last used blue inhaler 2 weeks ago, never been in hospital with breathlessness

Appears in good general health at present. Mobilising with a stick today

Appears to have good ROM to head/neck/jaw, skin integrity is intact at present, no allergies or MRSA history noted.

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Fasting instructions given and information leaflets provided.

Advised to bring all medication to admission & omit Ramipril and Aspirin on morning of surgery.

Advised to contact pre op clinic should any changes occur with general health, including any hospital admissions or medication changes, failure to do so may lead to surgery being cancelled.

Lives with husband & has good family support daily, has own transport arrangements for admission/discharge.

Stobhill/GRI SDAU - amber? Previous amber for left foot

Clerk in

PMH as documented in above assessment.

CVS
Hypertension
Angina, last used GTN spray approx 3months ago, on exertion
HS 1+11+0
No obvious murmur
Well perfused
No oedema

RESPIRATORY
Asthma, well controlled, doesn't use inhalers daily. No recent infections
AE+EXP= Good L=R
Vesicular sounds
Percussion resonant

ABDOMEN
Type 2 diabetes - medication controlled
Omeprazole secondary to medication
ABD=SNT
Bowel sounds present
No recent weight loss/loss of appetite

All correct at time of pre op assessment. M.E. Cullen, NP

27.09.18 Amber Review OK to proceed LH

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Anaesthetic Assessment	Anaesthetist:	Grade:

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

WAITING LIST : YES NO

WARD CHECKLIST

PRE-OP DATE: 17/8/18

PROCEDURE: (L) foot 1st MTPJ fusion

	YES	N/A	COMMENTS
GROUP AND SCREEN		✓	
BONE BANK/FEM HEAD		✓	
BLOODS	✓NP 20/8/18		7/12/18 ESR 27 HbA1C 51.
FBC O/A (ANAEMIA PATHWAY)		✓	
MRSA	✓NP 20/8/18		21/12/18
VTE FORM	✓		
TRAKCARE OUTCOMES	✓		
LAST X-RAYS DATES	✓		May 18
CONSENTED			
ECG SCANNED	✓		
KARDEX		✓	
ECHO PFTS OTHER TEST RESULTS	✓		Thalium scan Oct 12 Cardiac MI 2013
INFO LEAFLETS, Medicine Instructions	✓		Aspirin, Ramipril
CLERK IN	✓NM	✓NP 20/8/18	
OTHER (WAIST MEASUREMENT, PAIN TEAM, OXFORD etc)	✓		Foot + ankle questionnaire.
SECRETARY CONTACTED		✓	
CASE NOTE REQUESTED		✓	
ANAESTHETIC STATUS (RED/AMBER/GREEN)	✓		
SUITABILITY for SDAU	✓		Stobhill / GRI SDAU ✓ Amber Complex PMH

NHS GG&C Risk Assessment for Venous Thromboembolism (VTE)

Trauma and Orthopaedic surgery

- **Risk Assessment should be completed for <u>all</u> patients on admission to hospital**
- **Patients should be reassessed every 48 - 72 hours or sooner if condition changes**
- **Assessment should be documented in Kardex**
- **Provide patient information on VTE prevention**



<u>Operative</u> patients start here

<u>Non-operative</u> patients start here

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

Yes

No

Indicators of patients at standard and increased risk of VTE (tick all that apply)

STANDARD RISK	INCREASED RISK	
☑ Acute trauma/surgical admission	☐ Critical care admission	☐ Varicose veins with phlebitis
☐ Dehydration	☑ Obesity (BMI>30Kg/m^2)	☐ Current significant medical condition e.g.
☑ Age >60 years	☐ Active cancer or cancer treatment	• Serious Infection
☐ Surgical procedure with total anaesthetic/surgical time >90 minutes, or >60 minutes if surgery of lower limb	☐ Thrombophilia	• Heart Failure
☐ Expected significant reduction in mobility relative to their normal state for more than 2 days	☐ Personal history or first degree relative with a history of VTE	• Respiratory Failure
☐ Hip or knee replacement surgery or other major orthopaedic elective surgery	☐ Pregnancy or ≤6 weeks post partum (seek specialist advice)	• Inflammatory Disease
	☐ Hormone replacement therapy, tamoxifen	
	☐ Oestrogen containing contraceptive pill	

Yes — Standard/Increased Risks — No

- Risk assessment now complete
- No thromboprophylaxis required
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 – 72 hours or sooner if condition changes.
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Does the patient have any bleeding risk factors? (tick all that apply)

- ☐ Surgery expected within the next 12 hours
- ☐ Surgery expected within the next 48 hours and/or risk of clinically important bleeding
- ☐ Active bleeding or risk of bleeding including
  - New-onset stroke
  - Platelet count <75 x 10^9/L
  - Acute liver failure
  - Active duodenal ulcer or gastric ulcer
- ☐ Concurrent use of therapeutic anticoagulant
- ☐ Acute bacterial endocarditis
- ☐ Any spinal intervention (prophylactic enoxaparin is contraindicated for 12 hours before spinal and epidural anaesthetics and lumbar puncture. Enoxaparin contraindicated for 4 hours after spinal and epidural anaesthetics and removal of epidural catheter.)
- ☐ Persistent uncontrolled hypertension (BP ≥ 230/120 mmHg)
- ☐ Untreated inherited bleeding disorder (e.g. haemophilia or Von Willebrands)
- ☐ Spinal surgery (seek specialist advice)
- ☐ Proliferative diabetic retinopathy

Yes — Bleeding Risks — No

<u>NO BLEEDING RISKS</u>

- Prescribe thromboprophylaxis for standard/increased risk as denoted overleaf
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 - 72 hours or sooner if condition changes
- **Document all assessments on kardex**
- **Tick to confirm** ☐

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated
- Reassess patient every 48 hours or sooner if condition changes
- **Complete risk assessment result box at foot of page**

Risk Assessment Result (tick all that apply)

VTE Risk factors assessed ☐Yes ☐No Bleeding Risk factors assessed ☐Yes ☐No Patient Informed ☐Yes ☐No

Prescribed: ☐Thromboprophylaxis in accordance with Table overleaf ☐AES ☐NONE Information leaflet supplied ☐Yes ☐No

Assessors Name: (PRINT NAME) Assessors signature: Date:

VTE RAT Ortho V.14 10/03/14

Commenced at pre-op assessment clinic 17/8/18 NP

It is the responsibility of the consultant in charge to decide on the appropriate VTE prophylaxis. Follow recommendations recorded in the patient specific VTE prophylaxis instruction sheet. Contra-indications or drug interactions with any of these agents must be observed – if in doubt discuss directly with consultant's team.

Thromboprophylaxis on Admission

Procedure	During admission	
• **Hip fracture** • **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery to lower limbs**	Standard VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily **Or** Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

Thromboprophylaxis on Discharge

Procedure	On discharge	
• **Hip fracture**	Standard VTE risk	Continue enoxaparin SC for an overall treatment course of 2 weeks or until discharge (whichever is sooner)
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
• **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery To lower limbs** • **Total knee replacement**	Standard VTE risk	Aspirin orally 150mg daily for 5 weeks
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

*Arrangements for the supply and administration of enoxaparin after discharge are currently under discussion with Primary Care. Contact clinical pharmacist for information on local arrangements in your hospital.

Date: 23/5/18 JS **Nurse name:** ..... **Planned procedure:** (h) L5/S1 MIPJ Fusion **Please Circle:** (MAJOR) MINOR LOCAL	**Affix label – or complete details below** **Contact No:** Agnes Clelland **NOK:** George Clelland **Contact No NOK:** 01236 822191 **Email address:**

PLEASE BRING A LIST OF ALL MEDICINES TO YOUR PRE-OP APPOINTMENT

YOUR OPERATION MAY BE APPOINTED WITHIN 12 WEEKS.

Please list any holidays or dates you will be unavailable in the next 12 weeks (absences could lead to your operation being cancelled or you being removed from t
18TH – 22ND JUNE

0809555328
CLELLAND
Agnes F
39 Rennie Road 08/09/1955
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

PAST MEDICAL HISTORY

1. Please record any health problems that you have including any operations
ANGINA ASTHMA
DIABETES ARTHRITIS
MID FOOT FUSION
ACHILLES TENDON
RIGHT TOE

2. Have you ever had a bad reaction to anaesthetic?
NO

3. Please tell us about any other illnesses or medical problems that have not been mentioned yet.
—

Are you allergic to any medicines or other things (eg Penicillin)? NO

Who lives with you at home? HUSBAND

Do you smoke? NO — How many per day? —

Do you drink alcohol? VERY RARELY — How much per day/week? 2 A MONTH

Are you working at the moment? NO — If so, what is your job? —

Do you sleep lying flat, sitting up or propped up? FLAT

MEDICATION: please list all medication

Name of medication:	Dose/How much?	How often?
METFORMINE	1 MORNING + NIGHT	DAILY
ASPAIN	1	DAILY
RAMPRIL	1/2	3 TIMES DAILY
GABAPENTIN	1	3 TIMES DAILY
TIDEUM	1	2 DAILY
IBASORBATE		WHEN REQUIRED
NAPROXINE		WHEN REQUIRED
COCODAMOL	2	DAILY

MEDICATION: FLUOXATINE

Please circle if you take any of the following : **ASPIRIN** **WARFARIN** **CLOPIDOGREL**

Please Tick	YES	NO	Please Tick	YES	NO
Diabetes	✓		Heart Attack		✓
TB		✓	Stroke		✓
Asthma or Bronchitis	✓		High Blood Pressure	✓	
Rheumatic Fever		✓	Angina	✓	
Jaundice		✓	Epilepsy		✓
Stomach Ulcer		✓	Hiatus Hernia		✓
Clots in legs or lungs		✓	Recent Heart, Chest or New Health Probs		✓

Please read the following list and tell us if you ever suffer from any of these things.

Please Tick	YES	NO	If yes, use this box to give more details
Pain or tightness in your chest		✓	
Shortness of breath or wheezing	✓		SOMETIMES NOT OFTEN
A cough, do you have a spit as well?		✓	
Upset stomach or heart burn		✓	
Bowel problems		✓	
Headaches or dizzy spells		✓	
Blackouts or faints		✓	
Weakness or loss of function		✓	

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

TO BE COMPLETED BY NURSING STAFF

BP 1) 141 / 89 **Temperature** 35.6 **Height** 165 **M**

BP 2) ..... / ..... **Saturation** 97 **Weight** 92.6 **Kg**

Urinalysis : ..... **Pulse :** 81 **BMI :** .....

Pre-operative Assessment Required : YES NO **MRSA Screening:** YES NO

Patient cancelled : YES NO **Letter sent to GP:** YES NO

If BP recordings > 180 systolic and/or >110 diastolic refer back to GP for recheck

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STAFFORD, ELIZABETH
Address	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire G65 9PQ	Address	Kilsyth Community Health Centre Airdrie Road Kilsyth
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457, Z9344895, 0809555328
Telephone		Consent	Yes
Patient Contact Number	01236 822191	Sensitivity	Sensitive
CHI Number	0809555328	Consultant Name	
Sex	Female	Requires Transport	No
Date of Birth	08/09/1955	Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	George Clelland	
Address	As above	
Landline	01236 822191	
Mobile		
Relationship	Husband	

Assessment Details					
Assessor	Nicola Porter	Grade	5	Date	15/06/2017
Ward	Orthopaedic pre op assessment clinic				

Surgery / Procedure Attending For
Bi-lateral 1st mtpj fusions + left 2nd pipj fusion

Availability	
Are you available at short notice?	Yes
Period of unavailability	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Reasons for unavailability	
Details	

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

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Details of relevant surgical history	Achilles tendon repair 2013 Biopsy of breast 2017 Pharyngoscopy with dilation of pharynx. 2010 Biopsy of breast 2010 Fusion joints mid & forefoot Midfoot 2010 Diag imaging vascular system Angiogram 2008 Diagnos cystoscopy - flexible stress leak. referred for pelvic floor physiotherapy 2004 Endometrial laser ablation 1993 Surgical removal of tooth unerupted teeth - general anaesthetic 1981
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

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

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

11. Angina	
Do you suffer from Angina?	Yes
11a. Is your angina worsening?	No
11b. How often do you get angina?	Less Often
11c. What level of exertion causes angina?	Walking more than 100yds, climbing fights of stairs, emotional stress.
11d. Have you had coronary artery stents inserted?	No

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

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

14. Blackouts	
Do you suffer from blackouts?	No
15. Heart Failure	
Have you been diagnosed with heart failure?	No
Respiratory	
16. Asthma / Bronchitis / COPD / Emphysema	
Do you have asthma, bronchitis, COPD, or emphysema?	Yes
16a. Have you taken oral steroids in the last six months?	No
16b. How often do you get asthma?	Less often than monthly
16c. What level of exertion, if any, causes breathlessness?	Strenuous activity
16d. Have you been admited to hospital with an exacerbation of asthma in the last three months?	No
17. URTI (Upper Respiratory Tract Infection)	
Have you recently had a cold?	No
Neurological	
18. Stroke	
Have you had a stroke or TIA?	No
19. Epilepsy	
Do you have epilepsy?	No
20. Neurological Disease	
Do you have any neurological or muscular disease?	No
21. Physical Disability	
Do you have a physical disability?	Yes
Further Details:	OA pain in feet, knees, back, neck and Achilles tendon pain left leg
Do you have reduced normal activity?	Yes
Do you have to use a wheelchair?	No

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

23. Previous DVT	
Have you had a DVT?	No

24. Anaemia	
Do you suffer from anaemia?	No

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

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

27. Diabetes	
Do you have diabetes?	Yes
27a. Type of diabetes?	Type 2 & Medication Controlled
27b. Is the diabetes well controled? HbA1c<7%?	No
27c. Date of the last hypoglycaemic episode?	Never

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

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

30. Other

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

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

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

33. Smoker	
Do you smoke?	No
Are you an ex-smoker?	No

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

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

36. Language	
Can the patient speak English?	Yes

Drug History
37. Drugs
List all drugs (including herbal remedies and complimentary medicines)

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Hydroxocobalamin 1mg/1ml solution for injection ampoules
1 ampoule
AS DIRECTED

Salbutamol 100micrograms/dose inhaler CFC free
200 dose
2 PUFFS 4 TIMES DAILY PRN MAX OF 8 PUFFS IN 24 HRS

Amitriptyline 25mg tablets
56 tablet
ONE AT NIGHT

Aspirin 75mg dispersible tablets
56 tablet
1 TAB DAILY

Atorvastatin 40mg tablets
56 tablet
1 TABLET ONCE A DAY AT NIGHT

Co-codamol 30mg/500mg tablets
112 tablet
TAKE 1 OR 2 FOUR TIMES DAILY PRN PAIN

Diltiazem 90mg modified-release tablets
168 tablet
1 TABLET TDS

Gabapentin 300mg capsules
180 capsule
2 TDS

Glyceryl trinitrate 400micrograms/dose pump sublingual spray
200 dose
TAKE 1 PUFF UNDER TONGUE WHEN HAVING CHEST FOR PAIN

Isosorbide mononitrate 20mg tablets
112 tablet
1 TABLET TWICE A DAY

Metformin 500mg tablets
112 tablet
1 TABLET TWICE A DAY

Naproxen 250mg tablets
56 tablet
1 OR 2 TABLETS TWICE DAILY PC IF REQUIRED

Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)
120 dose
2 PUFFS TWICE DAILY

Omeprazole 20mg gastro-resistant capsules
56 capsule
1 CAP DAILY

Ramipril 10mg capsules
56 capsule

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

1 CAP IN THE MORNING

Fluoxetine 20mg capsules
120 capsule
2 CAPS DAILY Instalments: Dispense every 4 weeks

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

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

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

40. Allergies	
Does patient have any allergies?	No

Implants	
41. Pacemaker	
Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	Yes

43. Coronary stents	
Have you had coronary artery stents inserted?	No
Details	Right foot pins, left leg screw

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Examination			
44. Age (years)	61		
Weight (kg)	90.4		
Height (m)	1.56	BMI	37

45. Risk of sleep apnoea			
Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?	No		
How likely are you to fall asleep or doze in the following situations?			
a) Sitting and reading	No Chance		
b) Watching TV	No Chance		
c) Sitting inactive in a public place	No Chance		
d) As a passenger in a car for an hour without a break	No Chance		
e) Lying down to rest in the afternoon when circumstances permit	No Chance		
f) Sitting and talking to someone	No Chance		
g) Sitting quietly after lunch without alcohol	No Chance		
h) In a car while stopped for a few minutes in traffic	No Chance		
Status based on sleep apnoea score	No risk of sleep apnoea	Score	0

46. Blood Pressure			
Systolic/Diastolic BP	124	/	74

47. Pulse		
Pulse Rate	68	/ min
Rhythm	Regular	

48. Oxygen Saturation	96	%

49. Urine Analysis	
Result	
Details	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

Day Surgery Criteria			
51. Day Surgery Criteria			
Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	Yes	Does the patient agree to be a day patient?	Yes

52. Admission Criteria	
Appropriate admission based on nursing assessment	DSU

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

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

Investigations Required				
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Ferritin	No	No		No	No	
Folate	No	No		No	No	
B12	No	No		No	No	
Glucose	No	No		No	No	
Group & Save	No	No		No	No	
Cross Matching	No	No		No	No	
Coagulation Screen	No	No		No	No	
Thrombophilia Screen	No	No		No	No	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Investigations Required						
Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
Sickle Dex Test	No	No		No	No	
Hb Electrophoresis	No	No		No	No	
TFT	No	No		No	No	
Lithium level	No	No		No	No	
Digoxin level	No	No		No	No	
Amylase	No	No		No	No	
Calcium/Bone	No	No		No	No	
ECHO	No	No		No	No	
PEFR	No	No		No	No	
PFT	No	No		No	No	
C-Spine X-Ray	No	No		No	No	
Chest X-Ray	No	No		No	No	
Pregnancy Test	No	No		No	No	
FBC	Yes	Yes	15/06/2017	No	No	
HbA1c	Yes	Yes	15/06/2017	No	No	
U&Es	Yes	Yes	15/06/2017	No	No	
LFTs	Yes	Yes	15/06/2017	No	No	
CRP	Yes	Yes	15/06/2017	No	No	
ECG	Yes	Yes	15/06/2017	No	No	
MRSA Screen	Yes	Yes	15/06/2017	No	No	
Temperature	Yes	Yes	15/06/2017	No	No	

Pre-op Assessment Summary	
Assessor	Nicola Porter
Grade	5
Summary	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Bi-lateral 1st mtpj fusions + left 2nd pipj fusion

PMH
Pharyngoscopy with dilation of pharynx. 2010
Chronic fatigue syndrome
Nabothian folicles - cervical 2000
Depression
HTN
Type 2 diabetes - medication
Tennis elbow
Reactive dermatosis
Erythema multiforme
Heartburn
Achilles tendon rupture
Angina - well controlled - not used for 2 months
OA
Asthma
Ibuprofen gives patient an upset stomach

Appears in good general health at present, in pain with OA in knees, back, neck and feet.

Appears to have good ROM to head/neck/jaw, skin integrity is intact at present, no allergies or MRSA history noted.

Fasting instructions given and information leaflets provided.

Advised to bring all medication to admission & omit Ramipril and Aspirin on morning of surgery.

Advised to contact pre op clinic should any changes occur with general health or medication.

Lives with husband & has good family support daily, has own transport arrangements for admission/discharge.

DSU/SDAU -
CLERK IN

CVS- No MI/Palpitations

Micro vessel Angina - better of late GTN used 2/12 when exerted , quick relief.
HS 1+11+0
No obvious murmur
Perfused
No odema

RESPIRATORY – Mild Asthma well controlled with inhalers
SOB on steep incline / exertion
A/E Excellent
L=R Expansion
Percussion resonant
Vesicular sounds no wheeze or creps noted

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

GI
Heartburn well controlled
BS Normal
ABD Soft non tender.

J Northcote
Sister

05/07/17

Amber review outcome ok to proceed to surgery

Gillian Thomson

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

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

Anaesthetist Assessment	
Anaesthetist	
Grade	
Summary	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Glasgow Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STAFFORD, ELIZABETH
Address	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire G65 9PQ	Address	Kilsyth Community Health Centre Airdrie Road Kilsyth
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457, Z9344895, 0809555328
Telephone		Consent	Yes
Patient Contact Number	01236 822191	Sensitivity	Sensitive
CHI Number	0809555328	Consultant Name	
Sex	Female	Requires Transport	No
Date of Birth	08/09/1955	Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	George Clelland	
Address	As above	
Landline	01236 822191	
Mobile		
Relationship	Husband	

Assessment Details					
Assessor	Nicola Porter	Grade	5	Date	15/06/2017

Surgery / Procedure Attending For
Bi-lateral 1st mtpj fusions + left 2nd pipj fusion

Short Notice Availability	Yes/No	Details
Available at short notice?	Yes	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	1 top crown - secure
Neck/Jaw Stiffness	No	
Other Risk	No	
Heartburn	No	
Sickle Cell Disease	No	Risk factors for sickle cell disease: No
Sleep Apnoea Score		0

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		Achilles tendon repair 2013 Biopsy of breast 2017 Pharyngoscopy with dilation of pharynx. 2010 Biopsy of breast 2010 Fusion joints mid & forefoot Midfoot 2010 Diag imaging vascular system Angiogram 2008 Diagnos cystoscopy - flexible stress leak. referred for pelvic floor physiotherapy 2004 Endometrial laser ablation 1993 Surgical removal of tooth unerupted teeth - general anaesthetic 1981
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	Yes	Frequency: Less Often; Caused by: Walking more than 100yds, climbing fights of stairs, emotional stress.;
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

Respiratory	Yes/No	Details/Problems
Asthma/Bronchitis/COPD/Emphysema	Yes	Gets asthma Less often than monthly; Strenuous activity causes asthma;
URTI	No	

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Neurological Disease	No	
Physical Disability	Yes	Reduced normal activity; OA pain in feet, knees, back, neck and Achilles tendon pain left leg

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

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	Yes	Type 2 & Medication Controlled; Date of last hypoglycaemic episode: Never;
Arthritis	Yes	
CJD Risk	No	

Any serious illness not already mentioned?	No

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

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

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

Hydroxocobalamin 1mg/1ml solution for injection ampoules
1 ampoule
AS DIRECTED

Salbutamol 100micrograms/dose inhaler CFC free
200 dose
2 PUFFS 4 TIMES DAILY PRN MAX OF 8 PUFFS IN 24 HRS

Amitriptyline 25mg tablets
56 tablet
ONE AT NIGHT

Aspirin 75mg dispersible tablets
56 tablet
1 TAB DAILY

Atorvastatin 40mg tablets
56 tablet
1 TABLET ONCE A DAY AT NIGHT

Co-codamol 30mg/500mg tablets
112 tablet
TAKE 1 OR 2 FOUR TIMES DAILY PRN PAIN

Diltiazem 90mg modified-release tablets
168 tablet
1 TABLET TDS

Gabapentin 300mg capsules
180 capsule
2 TDS

Glyceryl trinitrate 400micrograms/dose pump sublingual spray
200 dose
TAKE 1 PUFF UNDER TONGUE WHEN HAVING CHEST FOR PAIN

Isosorbide mononitrate 20mg tablets
112 tablet
1 TABLET TWICE A DAY

Metformin 500mg tablets
112 tablet
1 TABLET TWICE A DAY

Naproxen 250mg tablets
56 tablet
1 OR 2 TABLETS TWICE DAILY PC IF REQUIRED

Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)
120 dose
2 PUFFS TWICE DAILY

Omeprazole 20mg gastro-resistant capsules
56 capsule
1 CAP DAILY

Ramipril 10mg capsules
56 capsule
1 CAP IN THE MORNING

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Fluoxetine 20mg capsules
120 capsule
2 CAPS DAILY Instalments: Dispense every 4 weeks

Patient takes the following drugs

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

Does patient have any allergies?	No

Prosthesis/Implants	Yes/No
Pacemaker	No
Implanting/follow up hospital	
Date of implant	
Reason for implant	
Other reason for implant	
Type of pacemaker/impantable defibrillator	
Device manufacturer	
Model No.	
Serial No.	
Further details	

Examination						
Weight (kg)	90.4	Height (m)	1.56	BMI	37	Temp
Pulse (bpm)	68	Regular	Regular	BP	124/74	
SaO2 (%)	96					

Investigations	The below investigations are required.
15/06/2017	
FBC	
HbA1c	
U&Es	
LFTs	
CRP	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

ECG

MRSA Screen

Temperature

VTE Risk

Is patient at risk of VTE?	Yes	**Do they require prophylaxis?**	Yes

MRSA Screening

Does the Patient require a Clinical Risk Assessment?(for patients > 23 hours)	Yes
Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No

Has patient is to be admitted to any of the following:

Orthopaedics	Yes	**Vascular**	No	**Renal**	No	**Critical Care**	No

MRSA Lab Test Results

Nose	Yes	**Perineum**	Yes	**Throat**	Yes	**Other**	No	**Patient refused**	No
Other details:									

Admission Criteria

Appropriate admission based on nursing assessment	DSU

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

Pre-operative Assessment Summary

Assessor: Nicola Porter Grade: 5

Bi-lateral 1st mtpj fusions + left 2nd pipj fusion

PMH
Pharyngoscopy with dilation of pharynx. 2010
Chronic fatigue syndrome
Nabothian folicles - cervical 2000
Depression
HTN
Type 2 diabetes - medication
Tennis elbow
Reactive dermatosis
Erythema multiforme
Heartburn
Achilles tendon rupture
Angina - well controlled - not used for 2 months
OA
Asthma
Ibuprofen gives patient an upset stomach

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Appears in good general health at present, in pain with OA in knees, back, neck and feet.

Appears to have good ROM to head/neck/jaw, skin integrity is intact at present, no allergies or MRSA history noted.

Fasting instructions given and information leaflets provided.

Advised to bring all medication to admission & omit Ramipril and Aspirin on morning of surgery.

Advised to contact pre op clinic should any changes occur with general health or medication.

Lives with husband & has good family support daily, has own transport arrangements for admission/discharge.

DSU/SDAU -
CLERK IN

CVS- No MI/Palpitations

Micro vessel Angina - better of late GTN used 2/12 when exerted , quick relief.
HS 1+11+0
No obvious murmur
Perfused
No odema

RESPIRATORY – Mild Asthma well controlled with inhalers
SOB on steep incline / exertion
A/E Excellent
L=R Expansion
Percussion resonant
Vesicular sounds no wheeze or creps noted

GI
Heartburn well controlled
BS Normal
ABD Soft non tender.

J Northcote
Sister

05/07/17

Amber review outcome ok to proceed to surgery

Gillian Thomson

Recommended Admission Pathway

Referral by nurse to:

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

Anaesthetic Assessment	**Anaesthetist:**	**Grade:**

Acute Services Division

Diagnostics Directorate

Department of Pathology

Specialty: Trauma and Orthopaedic Surgery

NHS Greater Glasgow and Clyde

STA Form Release 1.1 RC 1.1

Hospital Name: Glasgow Royal Infirmary

Patient Details

Name: AGNES CLELLAND

Address: 39 RENNIE ROAD
KILSYTH
Glasgow
Lanarkshire

Postcode: G65 9PQ

Correspondence Address1

Correspondence Address2

Correspondence Postcode

Telephone:

CHI Number: 0809555328

CRN: 10338654X, ZM06407457, Z9344895, 0809555328

D.O.B: 08/09/1955

Sex: Female

GP Details

Name: STAFFORD, ELIZABETH

Address: Kilsyth Community Health Centre
Airdrie Road
Kilsyth

Telephone:

Consent: Yes

Sensitivity: Sensitive

Form Date: 15/06/2017

	Yes	No
1. Did you receive the patient leaflet "The Use of Surplus Tissue for Medical Research & Education"?	•	
2. Does the patient require further information from the Bio Repository Nurses?		•
3. Do you agree that surplus tissue not essential for your diagnosis or future treatment may be used for medical, education and ethically approved medical research?	•	

Withdrawl of Authorisation

Date of Withdrawl

Comments

If a patient withdraws authorisation please complete the date and any information relating to the reason for withdrawal in the comments field.

Bloods / MRSA repeated 30/1/18
9/2

0809555328
CLELLAND
Agnes F
39 Rennie Road 08/09/1955
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

ON WAITING LIST : (YES) NO

WARD CHECKLIST

PRE-OP DATE: 15/6/17

PROCEDURE: Bi-lateral 1st + 2nd PIPJ fusion

	YES	N/A	COMMENTS
GROUP AND SCREEN		✓	
BONE BANK/FEM HEAD		✓	
BLOODS	✓NP 15/6/17		4/10/17 Albumin 34 exp 31/7/18 ESR 37 HbA1c 49 ESR 39 ✓NP 2/2/18
FBC O/A (ANAEMIA PATHWAY)		✓	
MRSA	✓GM		19/10/17 exp 5/6/18 ✓NP 2/2/18
VTE FORM	✓		
TRAKCARE OUTCOMES	✓		
LAST X-RAYS DATES	✓		Jun 17
CONSENTED			
ECG SCANNED	✓		
KARDEX		✓	
ECHO PFTS OTHER TEST RESULTS		✓	
INFO LEAFLETS, Medicine Instructions	✓		Advised patient to not take Aspirin and Ramipril – day of surgery
CLERK IN	✓		
OTHER (WAIST MEASUREMENT, PAIN TEAM, OXFORD etc)		✓	
SECRETARY CONTACTED		✓	
CASE NOTE REQUESTED		✓	
ANAESTHETIC STATUS (RED/(AMBER)/GREEN)	✓		
SUITABILITY for SDAU	✓		Amber – Complex PMH

Date: 6/6/17	**Affix label – or complete details below** Agnes clelland
Nurse name: J. Stewart	**Contact No:**
Planned procedure: Bi-lateral 1st MTP Fusions	**NOK:** 01236822191
Please Circle: MAJOR MINOR LOCAL	**Contact No NOK:** GEORGE CLELLAND 01236822191
	Email address:

PLEASE BRING A LIST OF ALL MEDICINES TO YOUR PRE-OP APPOINTMENT

YOUR OPERATION MAY BE APPOINTED WITHIN 12 WEEKS.

Please list any holidays or dates you will be unavailable in the next 12 weeks (failure to inform us of your absences could lead to your operation being cancelled or you being removed from the waiting list)

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

PAST MEDICAL HISTORY

1. Please record any health problems that you have including any operations
   ANGINA DIABETES
   ARTHRITIS
   ASTHMA

2. Have you ever had a bad reaction to anaesthetic?
   NO

3. Please tell us about any other illnesses or medical problems that have not been mentioned yet.

Are you allergic to any medicines or other things (eg Penicillin)? NO

Who lives with you at home? HUSBAND

Do you smoke? NO — How many per day?

Do you drink alcohol? ~~SOB~~ YES — How much per ~~day~~/week? 1 - 2

Are you working at the moment? NO — If so, what is your job?

Do you sleep lying flat, sitting up or propped up? FLAT

Ramipril

MEDICATION: please list all medication

Name of medication:	Dose/How much?	How often?
METFORMINE	2	1 MORN 1 EVNG
TIOCEM	3	1 MORN 1 AFTER 1 NIGHT
ISOSORBIDE	2	1 MORN 1 AFTER
ASPIRIN	1	DAILY
SALBAPONTINE		AS REQUIRED
CODAMOL		AS REQUIRED
NAPROXIN		AS REQUIRED
FLUOXATINE	2	DAILY

MEDICATION:

Please circle if you take any of the following : (ASPIRIN) **WARFARIN** **CLOPIDOGREL**

Please Tick	YES	NO	Please Tick	YES	NO
Diabetes	✓		Heart Attack		
TB			Stroke		
Asthma or Bronchitis	✓		High Blood Pressure		
Rheumatic Fever			Angina	✓	
Jaundice			Epilepsy		
Stomach Ulcer			Hiatus Hernia		
Clots in legs or lungs			Recent Heart, Chest or New Health Probs		

Please read the following list and tell us if you ever suffer from any of these things.

Please Tick	YES	NO	If yes, use this box to give more details
Pain or tightness in your chest		✓	
Shortness of breath or wheezing		✓	
A cough, do you have a spit as well?	✓	✓	
Upset stomach or heart burn		✓	
Bowel problems		✓	
Headaches or dizzy spells		✓	
Blackouts or faints		✓	
Weakness or loss of function		✓	

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

TO BE COMPLETED BY NURSING STAFF

BP 1) 142 / 86 **Temperature** 35°S **Height** 156 **M**

BP 2) ..... / ..... **Saturation** 95 **Weight** 90.4 **Kg**

Urinalysis : ..... **Pulse :** 81 **BMI :** .....

Pre-operative Assessment Required : YES NO **MRSA Screening:** YES NO

Patient cancelled : YES NO **Letter sent to GP:** YES NO

If BP recordings > 180 systolic and/or >110 diastolic refer back to GP for recheck

Dr Traven McLintock
Anaesthetic Clinic Attendance (RED Assessment) 03/04/2013

/TTC

Mrs Agnes Clelland, 08/09/1955
10338654X
Red review because of complex PMH. Has had Thallium & Cardiac MRI scans which show large defect in region of LAD. However Car Angio shows essentially normal Coe As – Dx is microvascular angina.
Gets angina daily and takes her GTN spray regularly but is mobile on crutches at present and feels she controls her angina well. Description of chest pain is slightly atypical.
Also has oesophageal stricture which has been dilated in past and she feels is starting to cause symptoms again. BMI 45, Weight 129kg.
Note she is on a WLI for a Sunday – this will need to be changed to a regular weekday list as I think it unlikely the anaesthetist doing the WLI would agree to do her.

Dr Traven McLintock
Anaesthetic Amber Casenote Review 20/03/2013

/TTC

Mrs Agnes Clelland
10338654X
Despite stress thallium & Cardiac MR showing abnormalities in region of LAD, coronary angio on 11/2/13 showed normal LAD & circumflex. Cardiologists feel she may have microvascular angina in view of symptoms and perfusion defects. See portal. Appears to use GTN spray several times/day.
Other issues – oesophageal stricture, type 11 DM on metformin, BMI 45 weight 129 kg.
Should be seen at red review clinic.

NHS Greater Glasgow and Clyde

Specialty: Trauma and Orthopaedic Surgery

Nursing Admission Documentation eForm - Version 1.0 RC 0.1

Hospital Name: Glasgow Royal Infirmary

Patient Details		GP Details	
Name:	AGNES, CLELLAND	**Name:**	STEPHENS, MARJORY
Address:	39 RENNIE ROAD KILSYTH Glasgow Lanarkshire	**Address:**	Kilsyth Health Centre Burngreen Park Kilsyth
Postcode:	G65 9PQ	**Telephone:**	
Correspondence Address 1:		**Ward:**	
Correspondence Address 2:		**Date of Admission:**	13/03/2013
Correspondence Postcode:		**Time:**	11:24
Telephone:		**Admitting Consultant:**	Mr Kumar
Patient Contact Number:	01236 822191	**Expected Date Of Discharge**	
CHI Number:	0809555328	**Admitting Nurse:**	Gillian Thomson
CRN:	10338654X, ZM06407457, Z9344895	**Consent:**	Yes
D.O.B:	08/09/1955	**Sensitivity:**	Sensitive
Age:	57		
Sex:	Female		

Next of Kin / Person to Notify

	Next of Kin		Person to Notify
Name:	George Clelland		
Address:	A/A		
Landline:	A/A		
Mobile:			
Relationship:	Husband		
NOK aware of admission:	Yes	**Consent for information to be given to relatives:**	Yes
Nominated family contact - Day:	01236 822191	**Night:**	
Does the patient have an appointed Welfare Guardian / Power of Attorney?	NA		

1. Presenting Complaint / Diagnosis

Left achilles tendon repair and FHL transfer

2.Patient Allergy Summary

3. Observations

Cannard:		**Pulse:**	76	**BP:**	105/66
Waterlow (if required):		**Resp:**		**SaO2:**	97
EWS:	0	**Temp:**	36	**BM:**	
Height(m):	1.69	**Weight(kg):**	129	**BMI:**	45
Urinalysis:				**AMT4 Score:**	0

4. Current Medication

Metformin 1g BD
Ramipril 5mgs
Aspirin 75mgs
Celebrex
Gabapentin BD
Omeprazole 20 mgs BD
Salbutamol inhaler as requd
Symbicort 2 puffs BD
Fluoxetine
Isorbide mononitrate 20 mgs BD
Diltiazem MR 60mgs TID
GTN spray sometimes twice a day but not every day / stairs
atorvastatin

Medicines reconciled on admission?	

5. Relevant Past Medical History

Operation History : Mid foot fusion right foot '10
Endometrium ablation '03
R/O wisdom teeth
Angiogram Feb'13
narrowing oesophagus / stretching of this '10

Anaesthetic History : GA and no problems
Spinal anaesthetic
Normal ROM neck and jaw
Acid reflux related to meds / Omeprazole
upper crowns /molars

PMH : Hypertension on meds
IHD on GTN spray / recent investigations : thallium and recent angiogram. Discharged after recent tests have 6 monthly cardiac review.To have MRI of heart in Aug '13
Type 2 diabetes on tablets
Depression
Peripheral neuropathy on gabapentin
Asthma well managed no hospital admissions / no steroids

Bloods : Routine + HbA1c, LFT's

6. Risk Assessment

Patient's BMI	> 20
Has the patient had unplanned weight loss?	
Will the patient have a significantly reduced diet intake over the next 5 days?	
MUST Score	0
If MUST score 1 or more complete Nutrition Profile.	

Has the patient fallen in the past 6 months?		Cannard Screening Completed?	No

7. MRSA Screening

Has the patient ever had a previous positive MRSA result?	No
Has the patient been admitted from a care home/institutional setting or another hospital?	No
Does the patient have a wound/ulcer or invasive device which was present prior to admission?	No

Has patient is to be admitted to any of the following:

Orthopaedics	No	Vascular	No	Renal	No	Critical Care	No

MRSA Lab Test Results

Nose	Yes	Perineum	No	Throat	Yes	Other	Yes	Patient refused	No
Other details:		Groin							

Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD?	
Infection Control Team contacted?	No

8. Lifestyle

Does the patient smoke?	No		
Refer to smoking cessation clinic?		**Referral made to Smoking Cessation Services?**	No
Does the patient use recreational drugs?	No		
How often does patient have 6 or more drinks on one occasion?			Never
FAST Tool completed?			No

9. Admission Documentation completed by

Name:	Gillian Thomson	**Designation:**	Registered Nurse	**Date:**	13/03/2013

Nursing Admission Assessment

1. Breathing and Circulation

Breathing

Symptoms or history of respiratory problems?	Yes	**Productive / non-productive cough evident?**		NA	
Dyspnoeic at rest?	NA	**Dyspnoeic on minimal exertion?**		Yes	
Dyspnoeic on maximum exertion?	NA	**Normally receives oxygen therapy?**		NA	
Details:					

Circulation

Symptoms?	NA	**Known cardiac or circulatory problems?**		Yes	
Immediate Action Taken:	hypertension IHD Asthma minimal exertion Obese BMI 45				

2. Communication and Mental Status

Assessment of ability to communicate:

What language does the patient speak	English	**Interpreter Required?**					
Does the patient have:	Speech difficulties:						
	Learning difficulties (e.g. Down's syndrome):						

Eyesight

Normal vision?	NA	**Glasses?**	Yes	**Distance?**	NA	**Reading?**	Yes
Prosthesis?	NA	**Left:**	NA	**Right:**	NA		
Contact Lenses?	NA	**Registered Blind?**		NA			

Hearing

Normal?	Yes	**Hearing impaired?**		NA			
Hearing Aid?	NA	**Left:**	NA	**Right:**	NA		

Mental Status

Orientated?	Yes	**Confused?**	NA	**Distressed?**	NA	**Unconscious?**	NA
Aggressive / Abusive	NA						

3. Hydration and Nutrition

Nutrition screening should be repeated in 7 days on the following date:			20/03/2013
Nutrition screening required?		**MUST Score:**	0

4. Elimination

Continent (Bladder):	Yes	**Continent (Bowel):**			Yes
Incontinent (Bladder):	NA	**Incontinent (Bowel):**			NA
Long term urinary catheter insitu?	NA				
Continence assessment commenced?	NA	**Specify any containment products in use:**			
Bowel regular?	NA	**Constipated?**	NA	**Diarrhoea / loose stools?**	NA

Stoma:	NA	**Specify and list appliances used:**	
Immediate Action Taken:	Occasional stress incontinence		

5. Personal Hygiene, Oral Health and Skin Assessment

Personal Hygiene

Self-caring and independent?	Yes	**Requires assistance?**	NA

Oral Health

Oral Care Bundle implemented?	NA		
Self-caring and independent?	Yes	**Evidence or oral ulceration,**	
Requires assistance?	No	**Oral Hygiene Care Bundle?**	

Dentures:	**Not Worn?**	Yes	**Upper set?**	NA	**Lower set?**	NA	**Full set?**	NA	**With patient on admission?** NA

Skin Assessment

Healthy & Intact?	Yes	**Broken?**	NA	**Clammy?**	NA	**Discoloured?**	NA	**Oedematous?**	NA

Wound Assessment Chart completed?		**Pressure ulcer evident?**	
		Grade:	0

6. Mobility

Patient fully mobile/independent?	No	**Prosthesis?**		**Specify:**	
Limited Mobility?	Yes	**Mobile with aid?**	Yes	**Specify:**	Elbow crutches
Moving and handling plan commenced?					

7. Maintaining a Safe Environment

Patient status	
Does the patient have pain?	
What makes the patient's pain better? Provide brief details:	
Bed rail assessment completed?	**Bed rails required?**

8. Sleep and Rest

Sleep Habits		**Sleep Difficulties**	
Less than 8 hours?	NA	**None?**	NA
Morning nap?	NA	**Early wakening?**	NA
Afternoon nap?	NA	**Disturbed e.g. nocturiapain?**	Yes
Medication required?			
Immediate Action Taken:	Nocturia x 3 or 4		

9. Social Circumstances

Lives alone?	NA	**Lives with family?**	Yes	**With friend?**	NA
With dependants?	NA	**Nursing Home?**	NA	**Residential?**	NA

Current care/ Support Service arrangements:

Social Services?	NA	**Private Carers?**	NA	**None?**	NA
Immediate Action Taken:	Has stairs in the house with hand rails fitted Shower within the bath				

10. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and / or sexuality that are relevant to admission?	No
Provide brief details:	

11. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?	No	**Details:**	
Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?	No	**Details:**	

Did patient want ward staff to arrange for a hospital Chaplain to visit while in hospital?	Not at this time	**Faith group:**	

12. Anticipatory Care (where appropriate and relevant)

Is Appropriate?	NA

13. Action List

Action	Yes/No	Date
Waterlow completed?	NA	
Nutrition Profile Completed?	NA	
Infection Control Team contacted?	NA	
Referral made to Smoking Cessation Service?	NA	
Alcohol Screening and Assessment Tool completed?	NA	
Interpreter arranged?	NA	
Oral Care Bundle implemented?	NA	
Wound Assessment chart completed?	NA	
Pressure Ulcer Record completed?	NA	
Moving and handling plan completed?	NA	
Bed rail assessment completed?	NA	
Current Care / Support arrangements suspended?	NA	
Cannard screening completed?	NA	

14. Admission Assessment Completed By

Date of Assessment:	13/03/2013	**Time:**	11:57	**Completed by:**	Gillian Thomson

Clinical Notes

Date:	13/03/2013	**Time:**	12:18	**Name:**	Gillian Thomson

Clinical Note:

Information leaflets issued and fasting instructions discussed. Advised to withhold Metformin, Aspirin and Ramipril on morning of surgery.

Clerk-in

HS 1 + 11 + 0 (no murmur)
No ankle oedema
Peripherally well perfused
ECG SR

Chest Clear
AE and Exp Satis L=R
BS vesicular
Asthma well managed

Abdo (large) SNT
Stretch marks noted
Bowel sounds present

Gillian Thomson
Sister Pre-op
13/03/13

MANUAL PATIENT RECORDS

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

Including:

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

GREATER GLASGOW HEALTH BOARD

STOBHILL HOSPITAL

UNIT NUMBER 338654

SURNAME	D.O.B.	SEX	MARITAL STATE	RELIGION
CLELLAND	8·9·55	F	M	

FIRST NAMES	OCCUPATION
AGNES	School Cleaner

ADDRESS	NEXT OF KIN (NAME & ADDRESS)
39 Rennie Rd Kilsyth POST CODE G65 9PQ TEL. No. 01236 822191	Husband Geo S/A POST CODE TEL. No.

CHANGE OF ADDRESS	NAME & ADDRESS OF OWN DOCTOR
POST CODE TEL. No.	Dr D. Dick Health Centre Kilsyth POST CODE G65 TEL. No.

CHANGE OF ADDRESS	NAME & ADDRESS OF OWN DOCTOR
POST CODE TEL. No.	DR. STEPHENS KHC KILSYTH POST CODE TEL. No.

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC/WARD	DOCTOR	DIAGNOSIS/OPERATION	CODED	DISCH. DATE
2·10·90	KHC ORTHO	MR Illingworth			
21·4·92	KHC GYN	DAVIS			
1/11/93	KHC. CHEST DRUMLROY				
17·2·99	DERM KHC	DR KERR			
9/1/07	UROL / HDS				

USE RED INK FOR NOTIFICATION OF DEATH – ALL OTHER ENTRIES IN BLACK

GREATER GLASGOW HEALTH BOARD — OUTPATIENT CHAR

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
CLELLAND	Agnes	338654		M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
8.9.55	35	F	opd.		

ADDRESS
39 Rennie Rd
Kilsyth G65
TEL. NO.

G.P.'S NAME & ADDRESS
Dr D. Dick
Health Centre
TEL. NO. Kilsyth

DATE	SPECIALTY	CONSULTANT'S NAME
	Ortho KHC	Mr Illingworth

16/t.

Fell jarring 9/- ↓ landed on ↓ knee.
swelling later. ∴ leg went out sideways at knee
i.e. ↑ pain MCL ∴ ↓ medial later

Now No ↓ or ↑. gets sore

OE done. ↑ pressure reproduces Pain.
should be withheld. i.e 60° ↓.
Lig ✓ Pain QC RC Sfet

Tender M/L over MCL ↓ over lower MCL

B leave ut! D ↓

F1

GREATER GLASGOW HEALTH BOARD - NORTHERN UNITS

OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENTS OCCUPATION	MARITAL STATE
CLELLAND	AGNES	338656		M. (yrs) S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME
8.9.55	36	F	KHC		

ADDRESS	G.P's NAME & ADDRESS
39 RENNIE RD. KILSYTH.	DR STEPHENS KHC, KILSYTH.
TEL No.	TEL No.
DATE SPECIALITY–GYNAECOLOGY	CONSULTANT'S NAME DR DAVIS.

Complaint & Duration

Previous History

Previous Obstetric History (Summary of pregnancies and deliveries)

Years Married

Gynaecological History — Contraception — F.M.P. — L.M.P.

Cycle — Loss — Clots — Regularity

Dysmenorrhoea — Backache

Dyspareunia

Discharge — Quantity — Colour

Micturition–Dysuria

Frequency–Day — Night

Stress incontinence — Urgency

Bowels

History of Present condition

Abdomen — Breasts

Pelvic Examination

Pap Smear

Diagnosis

Suggested Treatment

Waiting List		Priority	

Seen by — For Letter Yes/No

Return

JMcC/492368

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
CLELLAND	

DPS 8.9.55

DATE	CLINICAL NOTES	Initials
	Age 27	
	Para 4 to. Vasectomy	
21/9/92	Really heavy period x a Wd crays	
	Perennial discomfort like as if she was pregnant	
	Perennial rash also on vernix part of her anatomy	
	Bowel + Bladder — OK	
	Both Dental Hx only	NK — None
	Ointment for rash	
	Dx: Dyspareunia ? ? help	
	Obese ? ? claims this disappears after her period	
	Intertrigo ? ? Candidal ? ?	
	Vulva red	Quite upset
	Ox healthy ? ? ectopy	
	UR — read — Hx Obese to be sure — ? ? Candida ? ? Mares	
	Which symptom is worst?	
	→ The bloating — See 3/12.	
	Dry Perineal worries daily.	

FORM 39

JMcC/912436

DATE	CLINICAL NOTES	Initials
20.6.92	Danol has helped a little & she has tried to lose wt Keen about her wt problem & would like to lose it. Continue - Danol at 1 tab bd Wt 11st 11½ lbs	
19.2.93	Hysteroscopy Clinic C/o Irregular & heavy periods LMP ~ 1/12 ago 28/3-8 weeks Smear is this last 2 years - ve Para 4 Diagnosis/ Danol with some effect Obese +++ Exam: Uterus 10.2 × 5.5 cm endometrium 1.2 cm ovaries nad Hysteroscopy: regular cavity no focal lesions ostiae ✓ ⇒ Waiting list VEAL Dydrogesterone 10 mg bd Day 11-25 VEAL - leaflet	

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORI

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL	S/H 338654

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
09/12/93	08:08	1 WLDB	1 HOME	Inpatient	19/2/93	3 NHS

WARD	SPECIALTY	CONSULTANT
WD 4B	GYNAECOLOGY	DR JA DAVIS

PATIENT

TITLE	SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MRS	CLELLAND	AGNES		38	08/09/1955	M	

ADDRESS: 39 RENNIE RD, KILSYTH

ALT/PREV SURNAME:

OCCUPATION:

POSTCODE: G65 9PQ

TELEPHONE No.:

OCCUPATION (HUSBAND/FATHER):

REF. G.P.

NAME: G.P. CODE STEPHENS 1348707

PRACTICE: M 61502|1

CONTRACT No.:

ADDRESS: KILSYTH

TELEPHONE No.: 0236 822081 POSTCODE: G65 0HY

NEXT OF KIN

NAME: [illegible]ORGE

RELATIONSHIP: HUSBAND

ADDRESS: SA

DAY PHONE No.:

NIGHT PHONE No.:

AND / OR

NAME:

RELATIONSHIP:

ADDRESS:

DAY PHONE No.:

NIGHT PHONE No.:

MISC.

RELIGION: Ch. of Scotland

VISIT REQ. BY CHAPLAIN YES/NO: Y

PENSION BOOK No.:

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE

DISCHARGED/ TRANSFERRED TO	HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE

DIAGNOSES

		CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS		V643	
OTHER CONDITIONS (D.G,2)	THEATRE CANCELLED	6262	
(D.G,3)		2780	
(D.G,4)			
(D.G,5)			
(D.G,6)			

AND OPERATIONS

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

LOCAL USE			NATIONAL USE	

START COMPLETED

STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL	S/H 338654

ADMISSION DETAILS

DATE	TIME	TYPE	SOURCE	INPAT/DAYCASE	DATE ON W.L.	PATIENT CATEGORY
22/12/93	14:09	WLDB	1. HOME	Inpatient	19/2/93	3 NHS

WARD	SPECIALTY	CONSULTANT
WD 4B	GYNAECOLOGY	DR JA DAVIS

PATIENT

TITLE	SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MRS	CLELLAND	AGNES	M	38	08/09/1955		

ADDRESS
39 RENNIE RD
KILSYTH

POSTCODE: G65 9PQ
TELEPHONE No.:

ALT/PREV SURNAME:
OCCUPATION:
OCCUPATION (HUSBAND/FATHER):

REF. G.P.

NAME:
G.P. CODE: STEPHENS
PRACTICE: M
CONTRACT No.: 1348707 61502|1

ADDRESS: KILSYTH
TELEPHONE No.: 0236 822081
POSTCODE: G65 0HY

NEXT OF KIN

NAME: [illegible]ORGE CLELLAND
RELATIONSHIP: HUSBAND
ADDRESS: SA
DAY PHONE No.:
NIGHT PHONE No.:

AND / OR

NAME:
RELATIONSHIP:
ADDRESS:
DAY PHONE No.:
NIGHT PHONE No.:

MISC.

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

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE

HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE

DISCHARGED/ TRANSFERRED TO:

DIAGNOSES

		CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	Menorrhagia	6262	
OTHER CONDITIONS (D.G,2)	Obesity	2780	
(D.G,3)			
(D.G,4)			
(D.G,5)			
(D.G,6)			

AND OPERATIONS

		CODE	DATE
MAIN OPERATION	TCRT	01 74	2084
OTHER OPERATION (O.P,2)			
(O.P,3)			
(O.P,4)			

LOCAL USE			NATIONAL USE	

STILL CONFIDENTIAL

GREATI

INPATIENT CHART

338654
CLELLAND AGNES
39 RENNIE RD F
KILSTYTH N
08/09/1955
G65 9PQ G.P.Prac.61502

Surname | Forename | Marital State: M. S. W.

Date of Birth | Age | Se | len Name

Address

Date 9.12.93 | Specialty GYN | Consultant's Name DR DAVIS

A1 A/R HEAD

ON ADMISSION — L.M.P. 6/52 ago.

History Menorrhagia : X 2 years
Flooding : Cramps at Start of period
Periods last 7 days.

Pand 200mg TDS X 6/52

EXAMINATION

General

C. V. S. B. P.

R. S.

P. V.

PMH. Wisdom teeth extracted
Psoriasis attends Dr Murray
No Rh F, Tb, J, Ep, Asthma, ABP, DVT

POH Para 1+0 + 1 miscarriage
18 } MCFD
16 } SVD
13 } SVD
17 } SVD

DH Nonel,
No known allergies
n Chest x-ray

SH Married
Housewife
Non Smoker occ alcohol

FORM 26 JMcC/910503

Op^n cancelled Name
Readmit 221293 for 1st dup
231293
Post-period - RAN over Time
RG-ADMITTED - Listing cs above
for HEAL
tmp Tbx for on DANGL
symptoms cleared
resp symptoms
O/E V. obese
CVS pulse 80 reg NS I+II +0
BP 130/80 - no oedema
resp R= - L vesicular +ve/l crackles
Abdo obese + soft, non-tender
CNS nad

=) - menorrhagia
- for HEAL
on DANGL
=)
FBC ✓
U+E's ✓
ECG
PBS's (smear report) ✓
Consent

GREATER GLASGOW HEALTH BOARD

CONTINUATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
CHELLAND	AGNES	338654

22/12/93

Na^+	135	H^+	39
K	4.5	pCO_2	4.4
Cl	105	pO_2	12.2
HCO_3	23	HCO_3	21
Urea	1.5		
Creat	75		

24/12/93 Usual chat
Home fri 4/12

13/5/94 Bleed for 3/52 after op.
Periods now lasting 5-6 days - light
Pre op - were 7-8 & heavy
Overall happy
Discharge
Varsday

FORM 3 JMcC/911630

GREATER GLASGOW HEALTH BOARD

OPERATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
CLELLAND	AGNES	338654

CMP

120 Kgs

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON

Seen

Hemi under Spinal

UCC 9cm Δ Neurlegia Obesity

Well prepared

Tranv Hemi 35mm

In 900ml Out 900ml

Cholecystectomy

SPECIAL INSTRUCTIONS

FORM 7A

23/12/98 DATE

SIGNATURE

GREATER GLASGOW HEALTH BOARD

ANAESTHETIC RECORD No.

Date & Time	Premedication

Ordered by	Given by	Time given

338654
CLELLAND AGNES
39 RENNIE RD F
KILSYTH N
08/09/1955
G65 9PQ G.P:Prac.61502

PRE-OPERATIVE ASSESSMENT

PATIENT'S WEIGHT Kg. WARD 4B

Exercise Tolerance

Previous Operations

R.S. Smoker
CXR
C.V.S. Pulse
B.P.
E.C.G.
Other

Allergies
Biochemistry
Haematology

PATIENT Number Hosp Age Sex Date A (1)

ANAESTHETIST Cons SR Reg SHO OPERATOR Cons SR Reg SHO Other

PROCEDURE Code Time Commenced Duration E OP. SESSION

PRE-OP DISEASE	Resp.	Anaemia	Renal	Neurolog	Other	B	(1) 8–1
	CVS	Endocrine	Hepatic	Muscular			13–16
CURRENT DRUGS							17
PREV. ANAESTH.	Halothane	Complications					18–20
PREMEDICATION	Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other	21–30
INDUCTION	Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)					31–36
RELAXANT	Sux	dtc	Panc	Alcur	Gall	Other (spec)			Neost	Atrop	37–44
MAINTENANCE	N_2O	Hal	Ethrane	Ether	Morphine	Papaveret	Phenop	Other			45–52
		Methox	Trilene	Cyclo	Pethidine	Fentanyl	Pentaz				53–58
TECHNIQUE	Spont	Mask	ETT	Oral	Magill	Tracheos	Circ(cl)	Circ (lk)			59–66
	IPPV	A'way	Cuff	Nasal	T Pce	Hypotens	Pack	Other			67–74
I. V. SITE	R. Arm	R. Hand	R. Leg	Neck						C	(1) 8–1
	L. Arm	L. Hand	L. Leg	Other							12–15
MONITORING	ECG	Pulse	Temp.	CVP line	B.P.	Other					16–21
POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd Down				22–28
REG. ANALGESIA	Spinal	Epidural	Bier	Brach Plex	Other	Cath	Site				29–34
	Amethoc	Priloc	Cinchoc	Bupivac	Lignoc	Adren	Other				35–41
COMPLICATIONS											42
BLOOD LOSS				TRANSFUSION							43–47

FORM 6A.

GGHB – STOBHILL GENERAL HOSPITAL

THEATRE/RECOVERY CARE PLAN

UN 338654
NA CLELLAND AGNES
AD 39 RENNIE RD F
KILSYTH N
08/09/1955
G65 9PQ G.P.Prac.61502

CONSULTANT DR DAVIS
WARD AB
THEATRE
DATE OF OPERATION
TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED tick

1. LAST TIME PATIENT ATE OR DRANK	MIDNIGHT	✓
2. CONSENT SIGNED		✓
3. IDENTITY BAND		✓
4. CASE NOTES, X-RAYS, DRUG KARDEX		✓
5. OPERATION SITE PREPARED AND MARKED		✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE		✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES		✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)		✓
9. ALLERGIES	NONE KNOWN	✓
10. VOIDED URINE		✓
11. BASELINE OBSERVATIONS P: 72 BP: 130/92		

PROBLEMS/NEEDS	INTERVENTION	OUTCOME
Psychosis		

Signature – WARD:

RECEPTION:

B. THEATRE

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MATS ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS – FIRST ☐
– FINAL ☐
INSTRUMENTS ☐
SHARPS – NEEDLES ☐
– BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

Signature of Circulating Nurse:

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE – PULSE & B.P. – OXYGEN/RECOVERY – OXYGEN/WARD – CANNULA/REMOVAL – RECOVERY ☐ WARD ☐ SPECIAL	CONTINUE IV FLUIDS	RATE
INFORMATION/INSTRUCTIONS Signature:		

D. POST OPERATIVEOBSERVATIONS

TIME																	
PULSE																	
BLOOD PRESSURE																	
SATURATION (SaO_2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature _____

CONSENT BY PATIENT/PARENT FOR OPERATION

I Agnes Leonard, of _____

hereby consent to

•submission of _____ to the

operation of HERA

the nature and effect of which have been explained to me by:

Dr/Mr REILLY

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 8/12/93 (Signed) X _____

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 8/12/93 Signed _____

(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

PATIENT PROFILE

Sur
Fo
338654
CLELLAND AGNES
Ad 39 RENNIE RD
KILSYTH
G65 9PQ
F
N
08/09/1955
G.P.Prac.61502

AGE 38 | date

RELIGION: CoS | Seen by minister/priest:

Date of admission: A/A Time:

Type of admission:

Accompanied by: Husband

From where:

PATIENTS OCCUPATION: Housewife

MARITAL STATUS: Married

Children: 4 Ages: 18, 16, 13, 11

Other dependants:

Living alone?

(1) NO—with whom?

(2) YES—any supportive help?

REASON FOR THIS ADMISSION

HEAL.

PAST MEDICAL HISTORY

Psittacosis

)

CURRENT DRUG THERAPY AT HOME

Daonil.

ALLERGIES None known.

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS

Relationship: Husband

Address: S/A

Home phone no: 822191

Work phone no:

ALTERNATIVE NEXT OF KIN:

Relationship: Mother in law.

Address:

Phone No: 823960

VISITING PROBLEMS

SPECIAL PROBLEMS AT HOME

(a) With housing?

(b) Social:

(c) Other:

PATIENT'S UNDERSTANDING OF ILLNESS

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

INFORMATION GIVEN TO RELATIVES (date and by whom)

PATIENT'S PROPERTY

Checked Not Checked

VALUABLES IN HOSPITAL SAFE:

Description:

JM

DAILY LIVING

SLEEP Pattern: Disturbed
How many pillows?
Sedation?
What else helps?

MOBILITY Remarks: Mobile
Assistance needed?

DIET Appetite: Normal
Special diet:
Dislikes:
Fluid preferences:

URINARY Any problems?
Special needs: None

BOWELS Frequency: None
Any problems?
What helps?

MENSTRUATION 'Pill' IUCD
LMP: 4/52 ago
Cycle:
Any problems?

HEARING Any problems?
Hearing aid? Battery Type?

VISION Any problems?
Glasses? Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark:

RECREATIONAL INTERESTS

SMOKING (type and amount)

SOCIAL DRINKING (type and amount)

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION

GENERAL OBSERVATIONS
T P 92 R B/P 130/90
Height: Weight: Norton Score:
Urine:

SKIN INSPECTION

ORAL INSPECTION
Condition of mouth:
Condition of teeth: own teeth
Dentures: Upper Lower Partial
Crown?
Any problems?

ADDITIONAL SIGNIFICANT GENERAL INFORMATION

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation (a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list ...			
Sheltered housing ...			
Other: ...			

G.G H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES

338654
CLELLAND AGNES
39 RENNIE RD F
KILSYTH N
08/09/1955
G65 9PQ G.P.Prac.61502

Date		Signature
9.12.93	DA/A for theatre today for HERC.	
	Fasting as advised	
	? to be cancelled.	
	Discharged	
	New date 22ND 12.93.	

JMcC/912353

GREATER GLASGOW HEALTH BOARD

ANAESTHETIC RECORD No.

CHARTED

22/12/93 ATROVAN 2mg/kg mix

Date & Time	Premedication
23-12-93 7-30AM	CIMETIDINE 1 amp.

Ordered by	Given by	Time given
[illegible]	[illegible]	7.50

338654
CLELLAND AGNES F
39 RENNIE RD N
KILSYTH
08/09/55
G65 9BQ G.P.Prac.61502

PRE-OPERATIVE ASSESSMENT

PATIENT'S WEIGHT Kg. WARD 4B

Exercise Tolerance

Previous Operations

R.S. Smoker Pethidine 100mg IM 13.12.93

CXR Obese ++

C.V.S. Pulse Allergies

B.P. Recent flu.

E.C.G. ✓ Biochemistry ABG: Pco2 4.4 Po2 12.3 H+ 40

Other Haematology WNL

I.V. FLUIDS 38 260 V 36 220 BP A PULSE TEMP 140

PATIENT Number	Hosp	Age	Sex	Date	A (1) 8-26
338654	207338		F	23-12-93	

ANAESTHETIST	Cons	SR	Reg	SHO	OPERATOR	Cons	SR	Reg	SHO	Other	27–35
[illegible]	✓				JAD/MD	✓	✓				

PROCEDURE	Code	Time Commenced	Duration	E	OP	SESSION	36–50 TIME
HEAR.		08 30					

PRE-OP DISEASE	Resp.		Anaemia		Renal		Neurolog		Other		B (1) 8–12 13–16
	CVS		Endocrine		Hepatic		Muscular				
CURRENT DRUGS											17
PREV. ANAESTH.		Halothane		Complications							18–20

PREMEDICATION	Morph	Atropine	Papaveret	Hyosc	Pethidine	Phenergan	Fentanyl	Drop	Diaz	Other	21–30

INDUCTION	Thiopentone	Methohexitone	Althesin	Ketamine	Inhalation	Other (spec)	Time	31–36

RELAXANT	Sux	dtc	Panc	Alcur	Gall	Other (spec)	Neost	Atrop	37–44

MAINTENANCE	N_2O	Hal	Ethrane	Ether	Morphine	Papaveret	Phenop	Other	45–52
		Methox	Trilene	Cyclo	Pethidine	Fentanyl	Pentaz		53–58

TECHNIQUE	Spont	Mask	ETT	Oral	Magill	Tracheos	Circ(cl)	Circ (lk)	59–66
O_2	IPPV	Airway	Cuff	Nasal	T Pce	Hypotens	Pack	Other	67–74

I. V. SITE	R. Arm	R. Hand	R. Leg	Neck	C (1) 8–11 12–15
18G	L. Arm	L. Hand	L. Leg	Other	

MONITORING	ECG	Pulse	Temp.	CVP line	B.P.	Other	16–21
	✓					✓ SaO_2	

POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd Down	22–28
			✓					

REG. ANALGESIA	Spinal	Epidural	Bier	Brach Plex	Other	Cath	Site	29–34
	Amethoc	Priloc	Cinchoc	Bupivac	✓ Lignoc	Adren	Other	35–41

COMPLICATIONS	3 mins 1/2 plain heavy	42
BLOOD LOSS	TRANSFUSION	43–47

FORM 6A.

GREATER GLASGOW HEALTH BOARD — ANAESTHETIC RECORD — No

CHARTED DRUGS

Date & Time	Investigation	Ordered by:	Given by	Time given
22-1-93	Cystoscopy + Lase			
7-30 PM				

Address (public label)

PRE-OPERATIVE ASSESSMENT — PATIENT'S WEIGHT — Kg. — WARD

Exercise Tolerance — Previous Operations

I.V. FLUIDS

V 38 260

BP. 36 220

^ 34–180

•PULSE

o TEMP 140

100

60 Other

20

RESPIRATION

36–50 TIME

A (1) 8–3

27–35

PRE-OP DISEASE: Resp. | Anaemia | Renal | Neurolog | Other | CVS | Endocrine | Hepatic | Muscular

CURRENT DRUGS

PREV. ANAESTH.: Halothane | Complications

Blood Loss

P.V.C.

Urine Vol.

16–20

98. 97

PREMEDICATION: Morph | Atropine | Papaveret | Hyosc | Pethidine | Phenergan | Fentanyl | Drop | Diaz | Other

21–30

Time	Fluid	Volume	Thiopentone	Methohexitone	Altnesin	Ketamine	Inhalational	Other (spec)
8.35	RL	1000						
9.30	RL	1000						

INDUCTION — SPINAL – ? L 3/4

RELAXANT: Sux | dtc | Panc | Alcur | Gall | Other (spec) | Neost | Atrop

31–36 — 37–44

MAINTENANCE: N | Hal | Ethrane | Ether | Morphine | Papaveret | Phenop | Other — 45–52

Entonox | Trilene | Cyclo | Pethidine | Fentanyl | Pentaz — 53–58

TECHNIQUE: Spont | Mech | ETT | Tracheal | Magill | Tracheos | Circ(ci) | Circ (lk) — 59–66

O2 | IPPV | Mask | Face | Trach | Type | Hypoxens | Pack | Other — 67–74

I.V. SITE: Hand | R. Leg | Neck — C (1) 8–11

Arm | Foot | Scalp — 12–15

MONITORING: Pulse | Temp. | C.V.P. line | B.P. | Other — 16–21

POSITION: Supine | Lateral | Prone | Other | Hd Up | Hd Down — 22–28

REG. ANALGESIA: Spinal | Epidural | Bier | Brach Plex | Other | Cath | Site — 29–34

Amethoc | Pilloc | Cinchoc | Bupivac | Lignoc | Adren | Other — 35–41

COMPLICATIONS — 42

BLOOD LOSS | TRANSFUSION — 43–47

FORM 8A

GGI

UN

NA

AD

338654
CLELLAND AGNES
39 RENNIE RD F
KILSYTH N
08/09/55
G65 9PQ G.P.Prac.61502

THEATRE/RECOVERY CARE PLAN

CONSULTANT DR DAVIS

WARD QB

THEATRE 7

DATE OF OPERATION 23/12/93

TIME:

A. WARD – PRE OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED — tick

1. LAST TIME PATIENT ATE OR DRANK	22/12
2. CONSENT SIGNED	yes
3. IDENTITY BAND	✓
4. CASE NOTES, X-RAYS, DRUG KARDEX	✓
5. OPERATION SITE PREPARED AND MARKED	No
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	N/A
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES	No
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	No
9. ALLERGIES	No
10. VOIDED URINE	Yes
11. BASELINE OBSERVATIONS P: 80 BP: 150/80	

PROBLEMS/NEEDS	INTERVENTION	OUTCOME

Signature – WARD: Hydes RECEPTION:

B. THEATRE

OPERATION PERFORMED H.E.A.L.

DIATHERMY BIPOLAR/MONOPOLAR	☐		
HEEL RESTS	☐		
FLOWTRON BOOTS	☐		
SHEEPSKIN HEEL PADS/MATS	☐		
HEATED WATER BED	☐		
ARM BOARDS	☐		

PATIENT POSITION

LATERAL RIGHT	☐	TRENDELENBURG	☐
LATERAL LEFT	☐	REVERSE	☐
SUPINE	☐	LITHOTOMY	☑
PRONE	☐	LLOYD DAVIS	☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER

DRAINS

CATHETER

COUNTS CORRECT

SWABS – FIRST	☑
– FINAL	☑
INSTRUMENTS	☐
SHARPS – NEEDLES	☐
– BLADES	☐
THROAT PACK OUT	☐
PACK IN SITU	☐

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: L McNICOL

Signature of Circulating Nurse: E Mc

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE	– PULSE & B.P.			CONTINUE IV FLUIDS	RATE
	– OXYGEN/RECOVERY				
	– OXYGEN/WARD				
	– CANNULA/REMOVAL – RECOVERY		WARD		
SPECIAL	– SPINAL.				

INFORMATION/INSTRUCTIONS

Discontinue infusion once Pulse + BP stable

Signature: A/C Dermott

D. POST OPERATIVEOBSERVATIONS

TIME	10 10	10 25																
PULSE	76	88																
BLOOD PRESSURE	150/ 103	120/ 68																
SATURATION (SaO_2)																		
RESPIRATORY RATE	R.R	R.R																
AIRWAY	NO	NO																
OXYGEN	4L	4L																
PAIN SCORE	0	0																
SEDATION SCORE	0	0																
TEMPERATURE	✓	—																
WOUND																		
PIV	WNL																	

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM PROBLEM/NEEDS INTERVENTION OUTCOME

Signature

CONSENT BY PATIENT/PARENT FOR OPERATION

I Angus Cleland of

hereby consent to

•submission of self to the

operation of H.E.A.L.

the nature and effect of which have been explained to me by:

Dr/~~Mr~~ Simpson

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 22/12/93 (Signed) X

•Relationship to Patient

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 22/12/93 Signed

(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add

Add sterile water to make 50/60ml volume

Settings: Concentration Dose Duration

Loading Dose Lockout Duration

Bolus Dose Background Infusion

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

PATIENT PROFILE

338654
CLELLAND AGNES
39 RENNIE RD
KILSYTH
08/09/55
G65 9PQ G.P.Prac.61502

No.
Sex
D o' B
F
N

AGE 38
RELIGION: PROT

date
Seen by minister/priest:

Date of admission: 22/2/93 Time:
Type of admission: A+A
Accompanied by: HOME
From where:
PATIENTS OCCUPATION: —
MARITAL STATUS: Married
Children: Ages:
ther dependants:
Living alone?
(1) NO—with whom?
(2) YES—any supportive help?

NEXT OF KIN:
Relationship: Husband
Address: S/A

Home phone no: 0236 822191
Work phone no:
ALTERNATIVE NEXT OF KIN:
Relationship:
Address:

Phone No:

VISITING PROBLEMS

SPECIAL PROBLEMS AT HOME
(a) With housing?
(b) Social:
(c) Other:

REASON FOR THIS ADMISSION
HEAL.

PAST MEDICAL HISTORY

PATIENT'S UNDERSTANDING OF ILLNESS

INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

CURRENT DRUG THERAPY AT HOME
Danol

INFORMATION GIVEN TO RELATIVES (date and by whom)

ALLERGIES NONE KNOWN

PATIENT'S PROPERTY
Checked Not Checked
VALUABLES IN HOSPITAL SAFE:
Description:

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH ENDANGER RECURRENCE OF THIS ILLNESS

IM-/C911759

DAILY LIVING

SLEEP
Pattern:
How many pillows?
Sedation?
What else helps?

MOBILITY
Remarks:

Assistance needed?

DIET
Appetite:
Special diet:
Dislikes:
Fluid preferences:

URINARY
Any problems?
Special needs:

BOWELS
Frequency:
Any problems?
What helps?

MENSTRUATION 'Pill' IUCD
LMP:
Cycle:
Any problems?

HEARING
Any problems?
Hearing aid? Battery Type?

VISION
Any problems?
Glasses? Contact lenses?

LANGUAGE BARRIER/SPEECH DIFFICULTY
Remark:

RECREATIONAL INTERESTS

SMOKING (type and amount)
Nil

SOCIAL DRINKING (type and amount)

PROSTHESIS/APPLIANCE Type:
Help needed:

NURSING ASSESSMENT

GENERAL APPEARANCE/CONDITION

GENERAL OBSERVATIONS
T P 80 R B/P 130/80
Height: Weight: Norton Score:
Urine:
SKIN INSPECTION

ORAL INSPECTION
Condition of mouth:
Condition of teeth:
Dentures: Upper Lower Partial
Crown?
Any problems?

ADDITIONAL SIGNIFICANT GENERAL INFORMATION

DISCHARGE/FUTURE PLANS	Date ordered	Date given	Sign
Education of condition/ limitations/rehabilitation (a) Patient ...			
(b) Relatives ...			
Discharge medications ...			
Wafarin/Steroid/Tetanus card			
Transport home ...			
Out-patient appointments...			
Walking stick/crutches ...			
Dressings: ...			
Other: ...			
Community Nursing ...			
Home help ...			
Meals on wheels ...			
Social worker ...			
Physiotherapy ...			
Occupational therapy ...			
Speech therapy ...			
Geriatric waiting list ...			
Sheltered housing ...			
Other: ...			

G.G H.B
STOBHILL GENERAL HOSPITAL

NURSING NOTES

HEAL.
23/12/93

Hospital No 338654
Surname CLELLAND Forenames AGNES Sex F
Address 39 RENNIE RD KILSYTH
Ward N
G65 9PQ
D.O.B. 08/09/55
G.P.Prac. 61502

Date		Signature
22/12/93	~~AS for theatre today for HEAL~~	
	Fasting	Hughes
pm	Fast from midnight for AM theatre	P Allen
	Pramed due 7.30am.	
23/12/93	Fasted from 12 mn for AM theatre	
	Slept well.	M Mackenzie
Th.	Premed. Cyclimorph 10mg @ 7.30 AM Anxd	
	to H-E-A-L. under Spinal anaesthesia	
	Satisfactory.	G Wilson
	Cyclimorph 10mg @ 1.15pm	
	I.V. in progress	
pm	Settled pm.	
	I.V infusion discontinued.	
	up for a bath.	
	No further analgesia required	Y Liddle
24/12/93	Slept well.	M Mackenzie
	Satisfactory this AM. Advised	
	Home 4/12 Gyn OPD please	G Wilson

JMcC/912353

GREATER GLASGOW HEALTH BOARD — **HOSPITAL PRESCRIPTION SHEET No.**

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A 23/12/93	CYCLIMORPH	10 mg	IM										PRN			
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H																
	J																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS — **DIET**

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
4B.	Agnes Clelland					

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE -	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

KNOWN MEDICINE SENSITIVITIES	1.

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS																											COMMENTS ON DISCREPANCIES
DATE	6 a.m.			8 a.m.			10 a.m.			12 m.d.			2 p.m.			4 p.m.			6 p.m.			10 p.m.			12 m.n.			OTHER TIMES			
23/12/92			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial			Initial	A @ 1p

NAME: Agnes Clelland

UNIT NUMBER:

WARD: GB

KEY: CODE LETTER CIRCLED E.G. (A). = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

PATIENT CARE PLAN:

NAME: Agnes Clelland

WARD: 4B

DATE OF ADMISSION: 22/12/93

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.
~~22/12/93~~ 23/12/93	As able Bed bath	
	MOBILISATION	
22/12 23/12/93	As able. Bed rest	
	DIET	
22/12 23/12	N.G. feeding +	
	BLADDER & BOWEL CARE	
	SPECIAL NEEDS	

DATE COMM.	TECHNICAL CARE	DATE DISC.
23/12	Renal.	
	OBSERVATIONS	
22/12	Baseline obs BP 130/80 P 80	
23/12	Postop obs	
	WOUND CARE	

SPECIMENS	INVESTIGATIONS

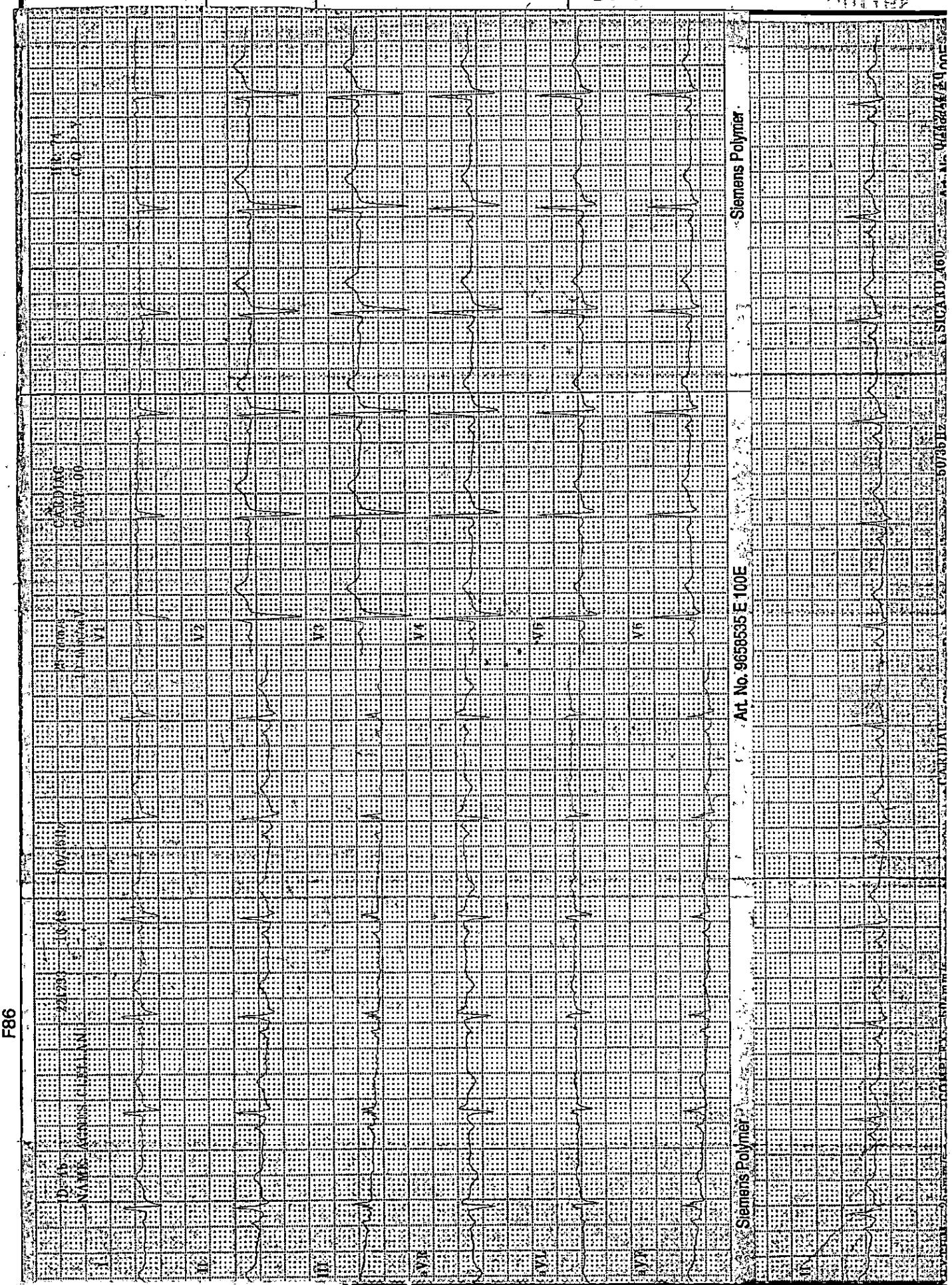
G.G.H.B. -

E.C.G. CHART

SURNAME CHRISTIAN/FORENAME	UNIT No.
Clelland Agnes	338654.

REPORT ON REVERSE SIDE

DATE	WARD	E.C.G. REF. No.	DOCTOR
22/12/93	4B	93/18522	Davis.



F86

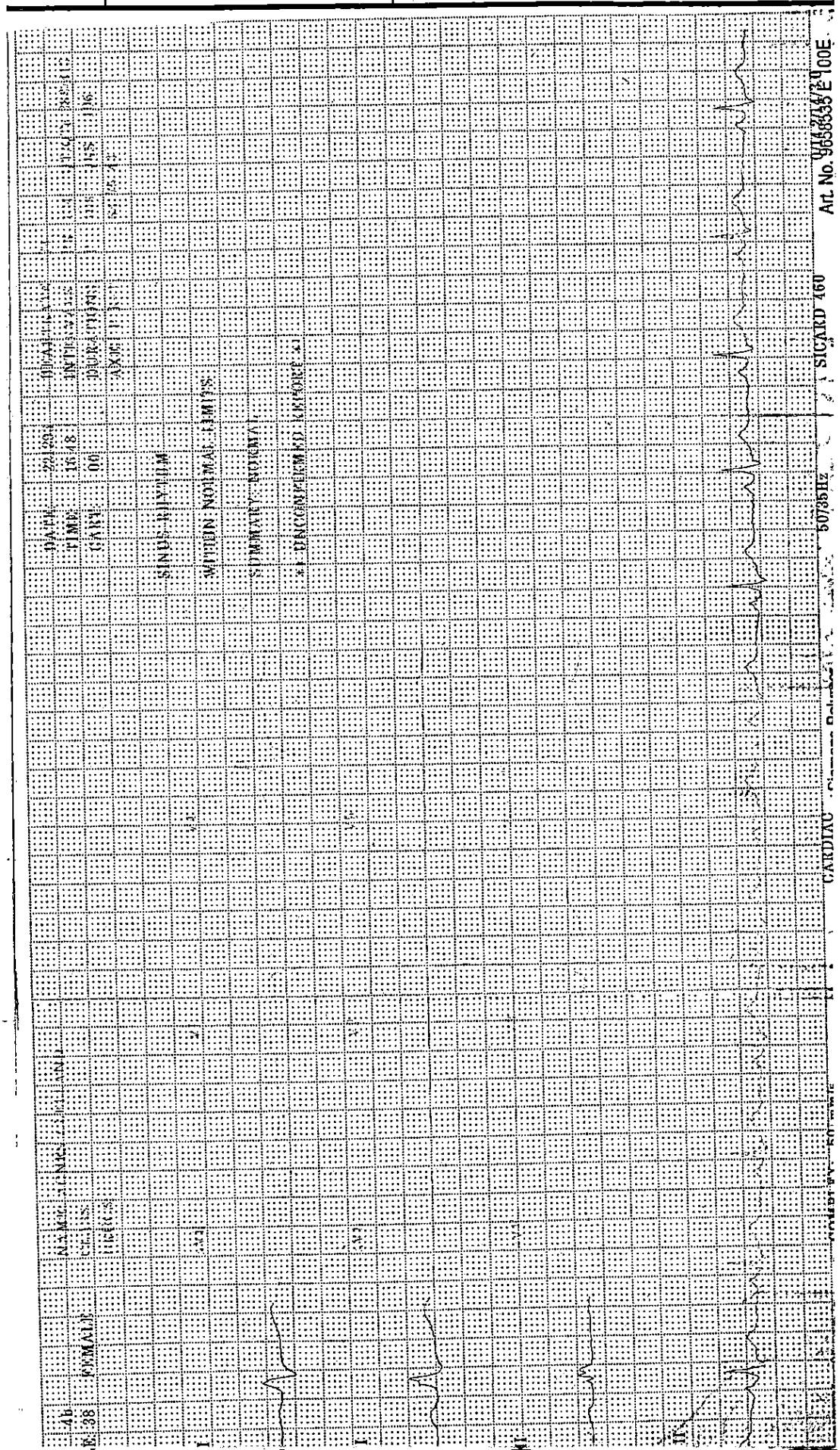
G.G.H.B. -

E.C.G. CHART

SURNAME CHRISTIAN/FORENAME	UNIT No.
Clelland Agnes	338654.

REPORT ON REVERSE SIDE

DATE	WARD	E.C.G. REF. No.	DOCTOR
22/12/93	4B	93/18522	Davis.



GREATER GLASGOW HEALTH BOARD — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
CLELLAND	AGNES	338654		M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
8/9/55	38	F.	OPD KHC		

ADDRESS 39. REANIE. RD KILSYTH. G65 9LQ — TEL. NO.

G.P.'S NAME & ADDRESS DR I STEPHENS KHC — TEL. NO.

DATE | SPECIALTY CHEST | CONSULTANT'S NAME DR. McKOY

1/11/93

38 ♀
Married
Never smoked
Sewing work in past! Not worked for 5 years.

Major problem: Tiredness & Exhaustion

July '93 thought she had the flue
- headaches
- aching legs
- confusion
- feeling tired

GP. prescribed antibiotics - but no improvement.

Example of tiredness
Eg., walking upstairs & making the beds.
→ has to lie down

- walking upstairs - feels breathlessness and tired

Major problem is the sense fatigue & sick feeling

- She feels that she hasn't got the same strength in her limbs
- Worse after she's got the children off to school since this is her busiest time.
- Not worse by the end of the day.
- Muscle aches - Very occasionally (R) arm & (R) forearm & (L) leg.
- No constant muscle aches
- Able to keep working out
- No double vision

FORM 1 JMcC 910465

DATE

URINE

Reaction | Albumin | Sugar | Ketones

WEIGHT (in Kilogrammes)

PHYSICAL EXAMINATION

- occasional cough — Sleep Poor sleep for 3/12
- no wheeze — when lying flat feels that chest not breathing
- Weight ↑ on Danazol. night.
- Appetite - not bad. - Snores. No episodes of apnoea.

Headaches 2/52 ! Intermittent headache. frontal area
o flashing lights o other visual problems

PMH/ o TB o Diabetes
HT when pregnant.

Drugs - Danazol 200mg tds

FH/SH/ Married lady
Husband kept budgies & parrots up to 1 year ago
- Got rid of them due to illness of husband precipitated by exposure to budgies
- She herself continued up until ± 1 year ago (total keeping time only 1 year)

INVESTIGATIONS

O/E/ Obese
Generalised greyish tone to skin
o nodes o clubbing

CVS/ P = 96/- regular
HS I + II + mild
JVP →
BP = 140/90 mHg
No peripheral oedema

Chest/ clear

GREATER GLASGOW HEALTH BOARD

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
Agnes Gelland.	

DATE	CLINICAL NOTES	Initials
	1/11/93	
	Awake, Orient	
	will to feed.	
	No muscle tenderness	
	Symptoms Slowly resolving Viral Infection	
	But for nocturnal oxygen saturation monitoring	
	in view of headaches & tiredness & obesity	
	- ck in view of fatigue	
	- PFTs - Need to arrange.	
	- U&Es	
	LFTs	
	CK	
	transferrin saturation re haemachromatosis	
	See 5/52.	
	A. Carter	
	18 DEC 1993 120Kgs	
	Im 16 (14-29)	
	TIBC 72 (22% saturation)	
	(45-75)	
	Results O.K.	
	WARD 4B	

FORM 39

JMcC/912436

GREATER GLASGOW HEALTH BOARD

OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
Chelland	Agnes	338654		M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
8.9.55	38	F	IKHC.		

ADDRESS	G.P.'S NAME & ADDRESS
39 Rennie Road Kilsyth G65 9PQ TEL. NO.	Dr. Stephens Kilsyth Health Centre. TEL. NO.

DATE	SPECIALTY	CONSULTANT'S NAME
	Chest IKHC	Dr. McIlroy

FORM 1 JMcC 910465

STOBHILL NHS TRUST **OUTPATIENT CHAR**

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
CLELLAND	AGNES.	338554		M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT.	RELIGION	MAIDEN NAME
8.9.55.	43	F	OPD.		

ADDRESS
39 RONNIE ROAD
KILSYTH G65 9QQ
TEL. No.

G.P.'S NAME & ADDRESS
DR BROWN.
KILSYTH HEALTH CENTRE
TEL. NO.

DATE | SPECIALTY DERM KHL | CONSULTANT'S NAME ORTEGA

16.2.99.

3 episodes - acute urticarial rash
limbs - around eyes
lips - around lips.

Last episode before Christmas 98.

Not aware of any triggers
No precipitating factor.

General health O.K. ? Viral this week.

Has lost 4½ stones in wt.

No atopy

Drugs Nil.

? mild eczema on legs ?
? Varicosities

Post inflam. staining on limbs.

Suggest see weekly if in flares.

FORM 1 0181235

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	WEIGHT (in Kilogrammes)			

PHYSICAL EXAMINATION

25 OCT 1999

Came out in urticarial rash on arms, face, swollen eyelids 5/7 ago.
No apparent trigger. No drugs.
Itchy ++

Periorbital area → elbows, arms — urticated weals (erythematous) — seem to resolve c central fading, rim scaling.
2 x vesicles (burst).
[redacted]
D/w Dr Kerr — ? erythema multiforme
→ FBC ESR TFTs ANF U+E LFTs
Biopsy. (Hist - only).
Semprex.
RV 4/52.

2 Nov 99
Rash fading away
- No vesicles — running post mfl staining
INVESTIGATIONS 5mm punch (R) elbow - most recent area
1 suture & Hayden
- Vance. 8 days
Unc um

Bloods (N)

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
CLEVANO AGNES	338654

DATE	CLINICAL NOTES	Initials
22 NOV 1999		
	– Zovirax	
	Cold sore recently & also at previous episodes :.	
	Annular tidy vesicular eruption.	
	Steroids for 2/52	
	Resident staining	
	No drugs :-	
	Histology urticaria vasculitis	
	Make - angina	
	osteoporosis	
	Uncles x 3 – "cancer"	
	Biopsy - urticarial vasculitis – possible	
	but must keep under review	
	– further biopsy medication	
	Anti-histamines needed	
	for itch	
24/11/99		
	5/52	
	Further punch biopsy (L) elbow – more florid.	
	° drugs.	
	Sweats, . Nil else. Vague aches pains ° evidence of	
	arthritis	
	Continue Steroids 5mg for until review	
	See Clin	Ulcer

FORM 39

01/01/363

STOBHILL HOSPITAL — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STAUS
ARLAND	AGNES	838657		M S W

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME
8-9-55	44	F	DERM		

ADDRESS
39 Rennie Road
Kilsyth
TEL. No.

G.P'S NAME & ADDRESS
Dr. Dick
Kilsyth H.C.
TEL No.

DATE	SPECIALITY	CONSULTANT'S NAME
	Derm	Kerr

25/10/99

20 DEC 1999

See 2nd biopsy result -
Clinically in keeping ? E.M.
Initially to take Acyclovir 200mg 5/day for 5 days at onset of cold sore to see if this prevents rash.
review 2/12.
UKerr

28 FEB 2000

Had twice had rash less severe but no H. Simplex
- no precipitating factor
Rash comes on elbows then develops puffiness of eyelids which settles as rash settles.

ANA Screen
Complement C3+4

Prescription of Chlorhexidine - Locabiosol R
Moisturiser
Hydrocortisone

Post inflam changes on elbows
Dryness (+) upper eyelid

FORM1

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (In kilogrammes)			

PHYSICAL EXAMINATION

8 MAY 2000

Recurrent eruption on forearms + face.
? E.M. secondary to cold sore?
More frequent attacks
Feels unwell at same time.

Drugs Co dydramol.
Ibuprofen - didn't agree - (GI upset)

Reload cleaner 6/12
Care assistant in N. Home before

℞ Acyclovir 200mg / day
Emulsifying cream

For P/Tests
31/12.

8 SEP 2000 D.N.A

INVESTIGATIONS Letter to GP.

STOBHILL HOSPITAL **OUTPATIENT CHART**

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
	GP Prac : 615021 CLELLAND 338654 AGNES 08/09/1955 39 RENNIE RD F		Dr M STEPHENS KILSYTH HEALTH [redacted]TRE BURNGREEN PARK	W
DATE OF BIRT		WARD/DEPT	RELIGION	
ADDRESS	KILSYTH G65 9PQ		G.P.'S NAME KILSYTH G65 0HY	
TEL. NO.			TEL. NO.	

DATE	SPECIALITY Derm	CONSULTANT DeKeil

31 JUL 2001

45yr old.

Mole in mons pubis which has changed in colour + become raised. Not changed in last few months.
Occasionally itchy, bleeds if top comes off it.

- Erythema Multiforme (and other skin treatments).

General Health good.

Tablets - Prozac (3½ months).

Allergies — reactn IBUPROFEN (cramp, diarrhoea)

Son — tans very easily.

O/E. 2cm warty like lesion on mons pubis in keeping with seborrhoic keratosis.
Plan to cryotherapy. This
Review in clinic Mr Martin Stru

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			

PHYSICAL EXAMINATION

27 NOV 2007

D.N.

No further appt.
Letter to GP.

C Fleming

STOBHILL HOSPITAL OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT OCCUPATION	MARITIAL STATUS
				M S W

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME

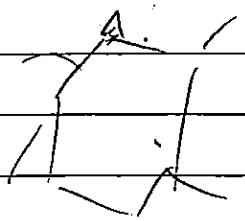
ADDRESS	G.P.'S NAME &
10338654X CLELLAND F AGNES 08/09/1955 39 Rennie Road Kilsyth GLASGOW G65 9PQ	Dr. F MCGHIE KILSYTH HEALTH CENTRE BURNGREEN PARK KILSYTH STIRLINGSHIRE G65 0HY
TEL. No.	TEL. No.

DATE	SPECIALITY	CONSULTANT FRASER
21/7/04	49 y.	
	Stable pyria. frequency nocturia x2.	
	Stress incontinence — wearing pads. °haematuria occ damp.	
	Pain (L) side.	
	Good flow. °incomplete voiding.	
	Hist — calculi ~ 1 ~ elect to recurrent tract.	
	non-smoker.	
	Periods — endometrial ablation.	
	Regular.	
	Bowels — regular. 4 children — 1 M treated.	
PMHx	Psoriasis — 1993. °asthma.	
	Erythema multiforme. Abnormal	
	Chronic fatigue. cervical	
	Arthritis cells.	
DHx	Celebrex. prn.	
	allergic to mint.	
	Butrin.	

AW/FORM 1

DATE.	URINE
	Reaction Albumin Sugar Ketones
	Weight (in kilograms)

PHYSICAL EXAMINATION



SAT nn tender.

PV – Sme discharge
leakage a coughing.

3x Emus ✓
IVV ✓
Flexi ✓
Definite KL
Wedgewoods.

MMM
Akang

INVESTIGATIONS

STOBHILL
NHS TRUST

MEDICAL IN CONFIDENCE

CASE RECORD

ADMISSION FORM V3

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
STO	STOBHILL HOSPITAL	10338654X

ISSION TAILS

DATE	TIME	TYPE	REASON	ADM./TRANS. FROM	INPAT./DAYCASE	DATE ON W.L.	W.L. TYPE	PATIENT CATEGORY
18 Oct 04	14:00	11	1K	12	D	27 Jul 04	TB	NHS

WARD	S. FACILITY	SPECIALTY	CONSULTANT	FROM LOCATION	W.G.E.
DSS*STO	11	UROLOGY	MR M FRASER		

PATIENT

TITLE SURNAME	FORENAME (1)	(2)	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MRS CLELLAND	AGNES		49	08 Sep 1955	F	M

ADDRESS: 39 Rennie Road, Kilsyth, GLASGOW

POSTCODE: G65 9PQ

TELEPHONE No.: 01236 822191

ALT./PREV. SURNAME:

OCCUPATION:

C.H.I. NUMBER: 0809555328

OCCUPATION (HUSBAND/FATHER):

HEALTH BOARD OF RESIDENCE:

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR? Y

EF. I.P.

NAME	G.P. CODE	PRACTICE	CONTRACT No.	FH STATUS
3540020	DRF MCGHIE	615021		

ADDRESS: KILSYTH HEALTH CENTRE, BURNGREEN PARK, KILSYTH, STIRLINGSHIRE

TEL No.: 01236 822081

POSTCODE: G65 0HY

EG. I.P.

NAME	G.P. CODE	PRACTICE	CONTRACT No.	FH STATUS
3540020	DR F MCGHIE	615021	3540020	

ADDRESS: KILSYTH HEALTH CENTRE, BURNGREEN PARK, KILSYTH, STIRLINGSHIRE

TEL No.: 01236 822081

POSTCODE: G65 0HY

EXT OF KIN

NAME	RELATIONSHIP
CLELLAND GEORGE,MR	HUSBAND

ADDRESS: SA, KILSYTH, STIRLINGSHIRE, G65 0HY

DAY PHONE No.:

NIGHT PHONE No.:

ISC.

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

dmission

		SPECIAL WARNINGS
N DIAGNOSIS		
HER CONDITIONS (D.G.2)		
HER CONDITIONS (D.G.3)		

SMR50

	PREVIOUS PSYCH. CARE	CONTRIBUTORY SOCIAL FACTOR

DISCHARGE SUMMARY

CHARGE TAILS

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	

DIAGNOSES

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

ND OPERATI

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

1C

STOBHILL HOSPITAL — THEATRE / RECOVERY CARE PLAN

UNIT NO 10338654X F

NAME : CLELLAND AGNES 08/09/1955

ADDRESS 39 Rennie Road Kilsyth GLASGOW G65 9PQ

CONSULTANT Fraser

WARD D5

THEATRE M6

DATE OF OPERATION 18 10 04

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

		tick
1.	LAST TIME PATIENT ATE OR DRANK	
2.	CONSENT SIGNED	
3.	IDENTITY BAND	
4.	CASE NOTES, X-RAYS, DRUG KARDEX	
5.	OPERATION SITE PREPARED AND MARKED	
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE	
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES	
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9.	ALLERGIES	
10.	VOIDED URINE	
11.	BASELINE OBSERVATIONS P: BP:	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature -

B. THEATRE

OPERATION PERFORMED Flex Cysto

DIATHERMY BIPOLAR/MONOPOLOR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MAT ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS - FIRST ☐
- FINAL ☐
INSTRUMENTS ☐
SHARPS - NEEDLES ☐
- BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: S/N BARLOW

Signature of Circulating Nurse: SNC

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE - PULSE & B.P.	CONTINUE IV FLUIDS	RATE
- OXYGEN / RECOVERY		
- OXYGEN / WARD		
- CANNULA / REMOVAL - RECOVERY ☐ WARD ☐		
SPECIAL		

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

TIME																	
PULSE																	
BLOOD PRESSURE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
SATURATION (SaO^2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
PONV SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM / NEEDS** **INTERVENTION** **OUTCOME**

Signature : _____

CONSENT ... STHESIA, OPERATION, INVESTIGATION OR TREATMENT

10338654X F
CLELLAND 08/09/1955
AGNES
39 Rennie Road
GLASGOW
G65 9PQ

DATE 18/10/14

PROPOSED PROCEDURE (BLOCK CAPITALS) Cystoscopy

TO BE COMPLETED BY CLINICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/parent/guardian

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 medical photography, video and audio.**
5. **The need to read the patient information leaflet on the use of tissue for medical research and teaching.**

Name (Block Capitals) WATT **Signature** _____

Grade/Designation SAS

I AM The Patient/Parent/Gaurdian

I UNDERSTAND The purpose, benefits and significant risks associated with theprocedure which have been explained to me by the doctor named on this form.

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.

That the procedure may not be carried out by the doctor who has been treating me so far.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick box AGREE ☑ **DISAGREE** ☐

Signature _____ **Date** 18/10/14

Name (Block Capitals) _____

Address _____

_____

_____

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
CLELLAND	AGNES	10338654X

AGE: 08/09/55 WARD: DSU

DATE OF OPERATION 18/10/04

SURGEON'S NOTES

MR Z LATIF

OPERATION PERFORMED SURGEON _____

PROCEDURE: FLEXIBLE CYSTOSCOPY.

At cystoscopy there was a mild cystocele. The urethra was not tight. The bladder was normal.

When the bladder was filled up and the scope was removed coughing induced a significant amount of stress incontinence.

SPECIAL INSTRUCTIONS

ZL/CK DICTATED: 18/10/04 TYPED:19/10/04

DATE _____ SIGNATURE _____

00590

STOBHILL HOSPITAL OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT OCCUPATION	MARITIAL STATUS
				M S W

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME

ADDRESS

10338654X
CLELLAND
AGNES F
39 Rennie Road 08/09/1955
GLASGOW
G65 9PQ

TEL. No.

G Dr. F MCGHIE
KILSYTH HEALTH CENTRE
BURNGREEN PARK
KILSYTH
STIRLINGSHIRE
G65 0HY
]

DATE	SPECIALITY URO1	CONSULTANT ZB

5 NOV 04.

ATTENDED FOR CMG.

NOV 26. RE APPOINT PT MUO JAN – REVIEW ± CMG
NO LETTER FROM 5.11.04.
? PHYSIO.

20.1.05 BLADDER DYSFUNCTION:
NO PHYSIO AS YET — HAS APPOINTMENT
CHEST INFECTION XMAS — STRESS LEAKAGE WORSE.
C/O LOIN PAIN ± BLADDER PAIN PRIOR TO VOIDING.
USES 6 × PADS PER DAY.
INTAKE H2O DILUTING JUICES.

URODYNAMICS:
NO POST VOID RESIDUAL
NO EVIDENCE OF OVER-ACTIVITY
MARKED CYST.

IVP STILL NOT PERFORMED — 10/12 WAITING LIST!
? ALBUMIN. SPEAK M.F.

AW/FORM 1

Stobhill Hospital

Patient Name	AGNES CLELLAND	Patient ID	10338654
Date of Birth	08/09/1955	Creation Date	20/01/2005 15:02:33

Stobhill Hospital
Bladder Dysfunction Clinic

Patient Data

Patient ID	10338654	Address 1	39 RENNIE RD
Patient Name	AGNES CLELLAND	Address 2	GLASGOW
Date of Birth	08/09/1955	Address 3	G65 9PQ
Sex	Female		

Notes

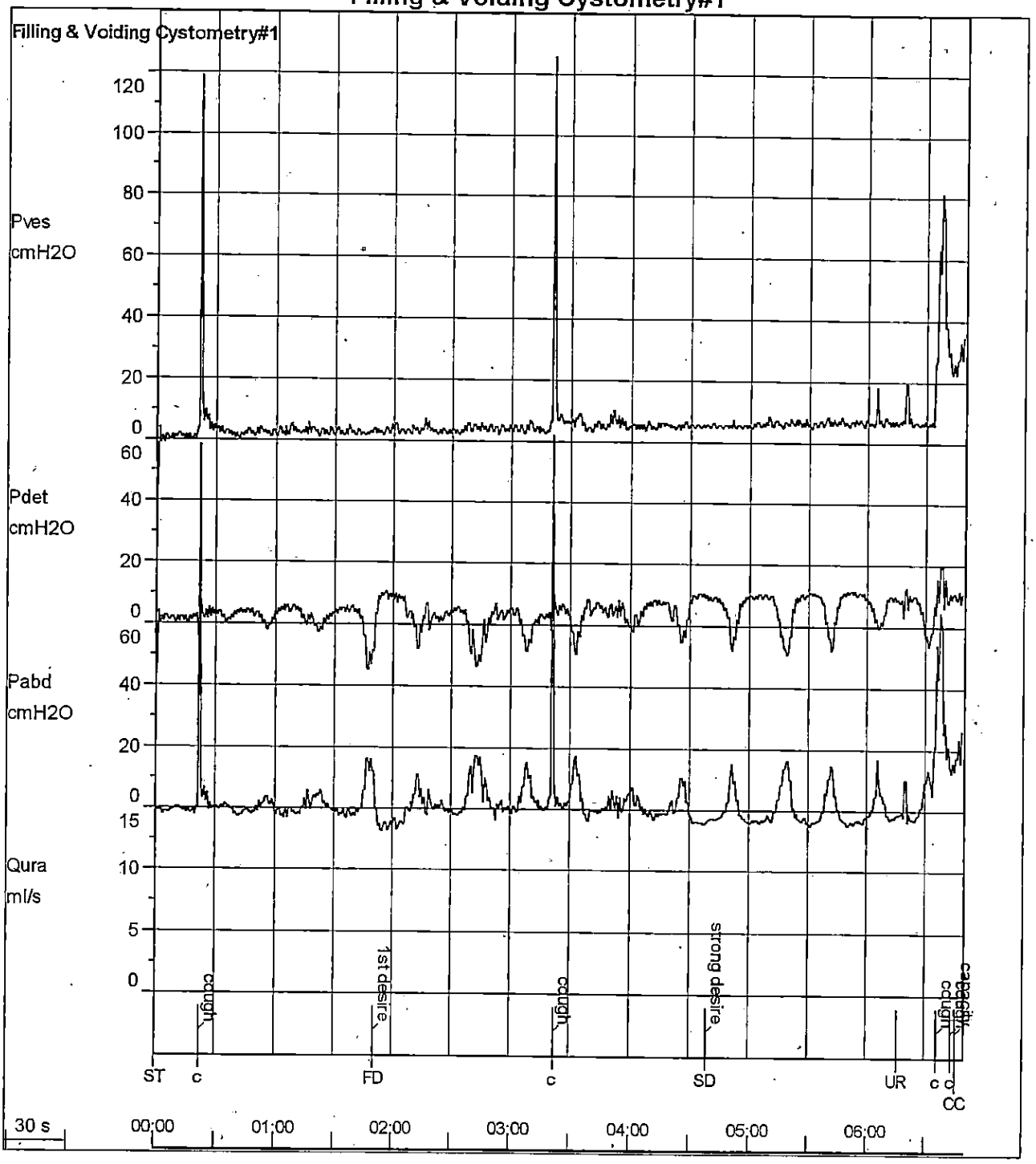
Examining Doctor	ROBINSON/O,CONNELL	Referring Doctor	M BROWN/ MR FRASER
Referring Department	UROLOGY		

Comment
SUI

Patient Name	AGNES CLELLAND	Patient ID	10338654
Date of Birth	08/09/1955	Creation Date	20/01/2005 15:02:33

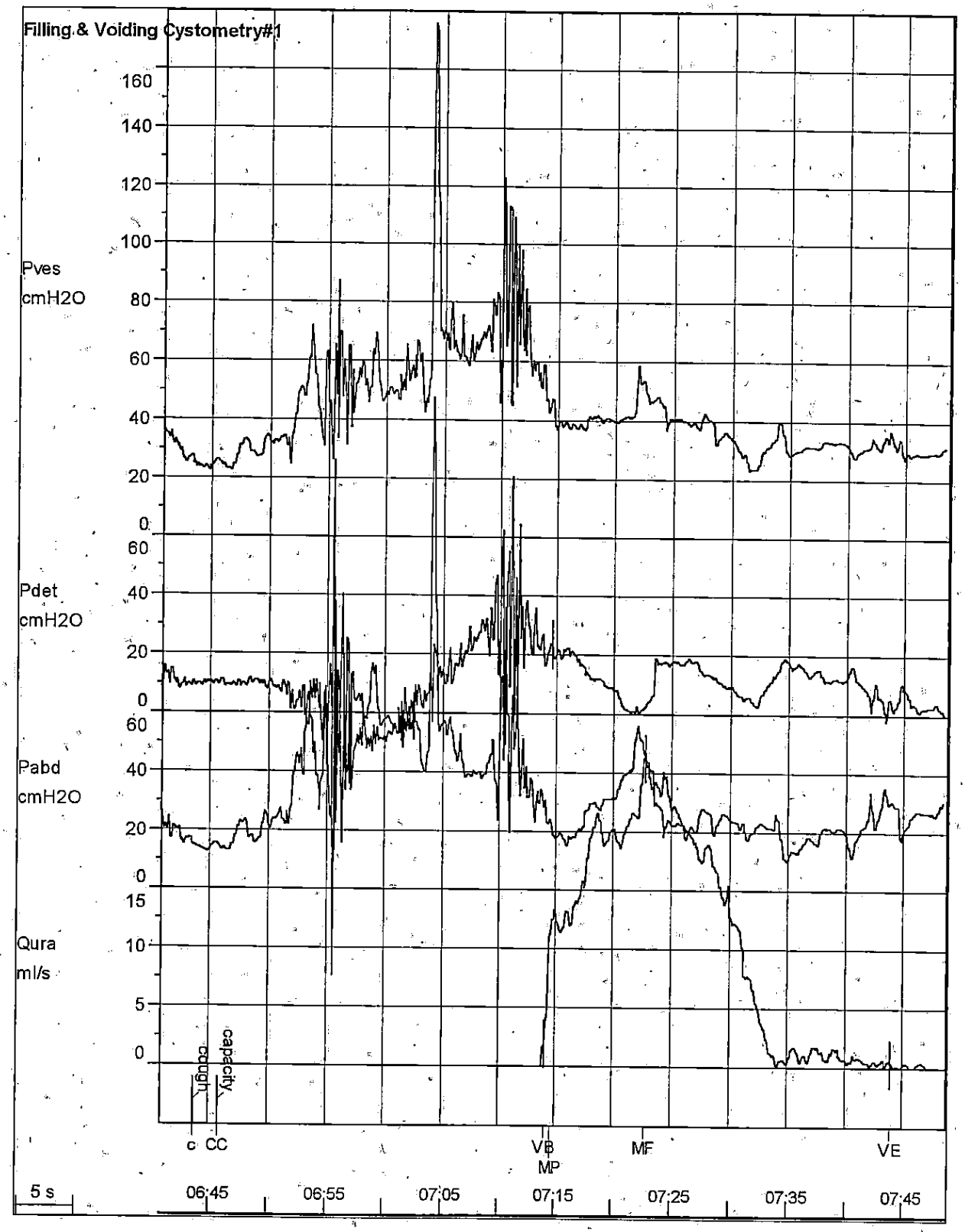
20/01/2005 15:07:29

Filling & Voiding Cystometry#1



Medtronic

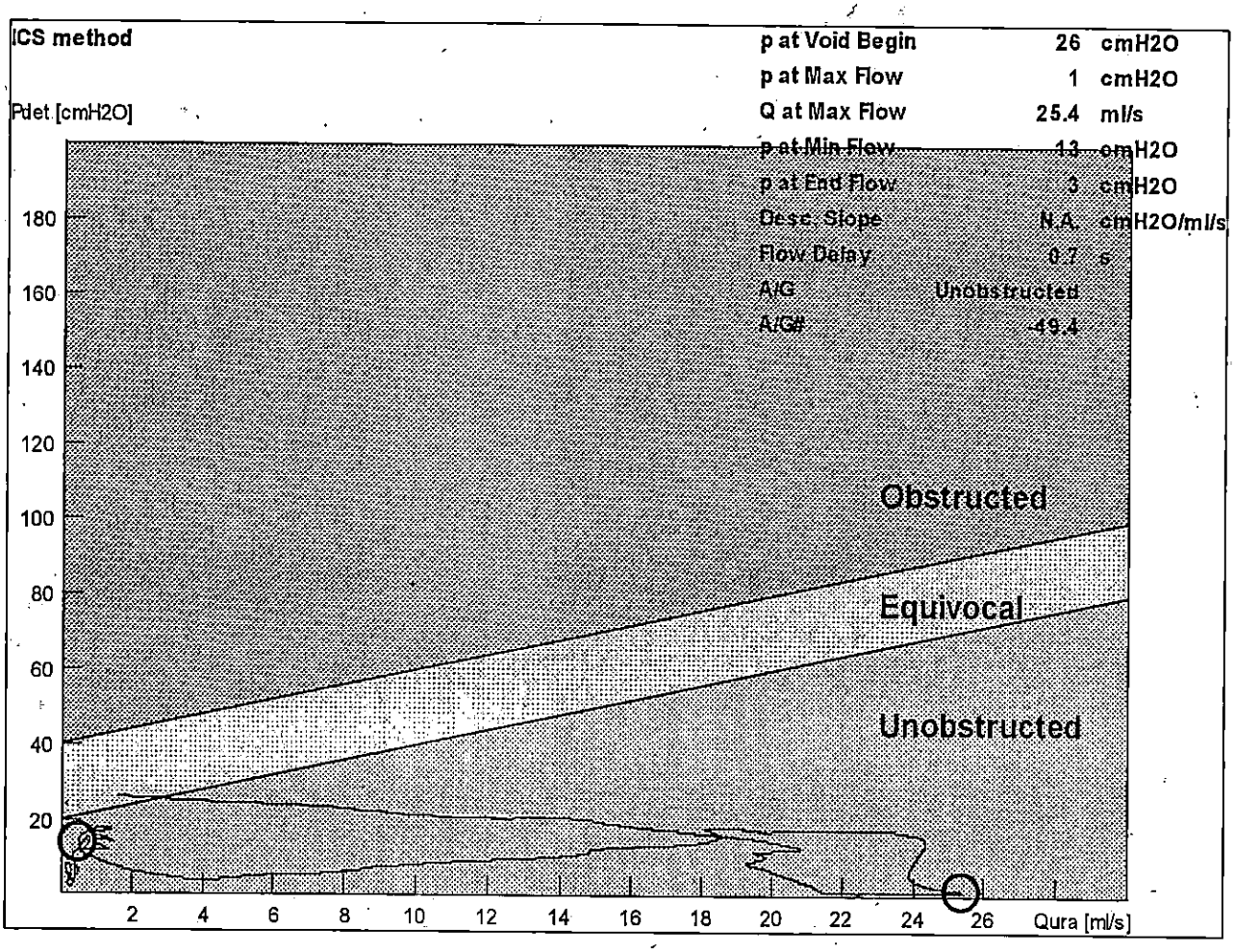
Patient Name AGNES CLELLAND
Date of Birth 08/09/1955
Patient ID 10338654
Creation Date 20/01/2005 15:02:33



Medtronic

Patient Name	AGNES CLELLAND	Patient ID	10338654
Date of Birth	08/09/1955	Creation Date	20/01/2005 15:02:33

Pre-Cystometry Residual	N.A.	ml	Max Flow Rate	26.4	ml/s
Vinfus at First Desire to Void	91	ml	Average Flow Rate	12.3	ml/s
Vinfus at Strong Desire to Void	232	ml	Voided Volume	331	ml
Vinfus at Urgency	313	ml	Residual Urine	7	ml
Vinfus at Max Cystometric Capacity	338	ml	Voiding Time	30	s
			Flow Time	27	s
Pdet at First Desire to Void	-9	cmH2O	Time to Max Flow	9	s
Pdet at Strong Desire to Void	10	cmH2O	Pves at Opening	48	cmH2O
Pdet at Urgency	9	cmH2O	Pves at Max Flow	48	cmH2O
Pdet at Max Cystometric Capacity	11	cmH2O	Max Pdet	24	cmH2O
			Pdet at Max Flow	3	cmH2O
Compliance at Urgency	N.A.	ml/cmH2O			
Compliance at Max Cystometric Capacity	12.3	ml/cmH2O			



Medtronic

Bladder Chart

1033865X

Week commencing: NOV. 2004 Name: AGNES CLELLAND

1. Please enter in the white column the volume (mls) each time you pass urine.

2. Please tick in the shaded column each time you are wet.

Special instructions

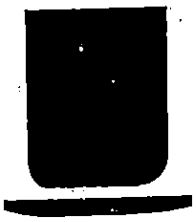
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Midnight														
1am														
2														
3														
4														
5														
6			300ML		400ML									
7														
8	150ML						300ML		100ML					
9			100ML											
10	50ML													
11														
Noon					150ML									
1pm			50ML				100ML							
2														
3														
4														
5														
6	100ML		50ML		100ML		200ML							
7														
8	250ML													
9														
10					100ML									
11														
Totals														

Fluid Chart

Please enter the amount you drink.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midnight							
1am							
2							
3							
4							
5							
6							
7							
8		200 ML	200 ML	400 ML	200ML		
9	200 ML						
10							
11							
Noon	200 ML	200 ML	200 ML				
1pm		50 ML		50ML			
2							
3	200 ML	200 ML					
4			50ML				
5		50 ML					
6	200 ML			100 ML			
7	300ML		330 ML				
8	300 ML						
9	300 ML						
10							
11			100 ML	100 ML			
Totals							

 = 150ml

 = 200ml

Provided as a service to medicine by Pharmacia & Upjohn Limited

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence
Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN 10338654X	Provider SGC04 Hosp STO
Surname CLELLAND	Patient's Address
First Forename AGNES	39 Rennie Road
Second Forename	Kilsyth
Previous Surname	GLASGOW
Date of Birth 08 Sep 1955	Postcode G65 9PQ
Sex Female / Marital Status Married/Sep	Tel No: 01236 822
CHI No 0809555328	Ethnic Group WHITE-SCOTTISH
NHS No	GP Practice KILSYTH HEALTH CENTRE084 4 477 2552
Alt CRN	GMC No: 1348707 STEPHENS

Episode Management

Spell/Care Package ID	Ward DSS*STO	Admission Date 03/01/07
Speciality/Discipline (Code + Text National) URO URO-UROLOGY		Admission Type 11
Significant Facility OTHER OTHER SIG FACILIT		Admission Reason 1K
Consultant Code FRAS		Admission/Transfer From 1 2
Consultant Name FRASER		Admission/Transfer From – Location
Management of Patient DC IN DBU	Patient Category NATIONAL HEA	GP Referral Letter No. CARE
Waiting List Guarantee Exception Code	Waiting List Date 11/12/06	Waiting List Type TB

General Clinical

Main Diagnosis – ICD 10	
Condition – ICD 10 – 2	
3	
4	
5	
6	

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

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1		2
Outcome Measures 1		2
Dependency/Severity Measures 1		2

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
CLELLAND	AGNES	10338654X
AGE: 08.09.1955	WARD: DSU	

DATE OF OPERATION 31 JANUARY 2007

SURGEON'S NOTES

MR C McILHENNY
Consultant:MR FRASER

OPERATION PERFORMED

SURGEON

PROCEDURE: **FLEXIBLE CYSTOSCOPY**

FINDINGS: Flexible cystoscope passed with ease. Normal urethra. Normal bladder.

SPECIAL INSTRUCTIONS

CM/RP/ Dictated & Typed: 31 January 2007

DATE 6/2/7 SIGNATURE

00590

3

STOBHILL HOSPITAL — THEATRE / RECOVERY CARE PLAN

U
10338654X
CLELLAND F
N AGNES 08/09/1955
39 Rennie Road
GLASGOW
A G65 9PQ

CONSULTANT M Fraser
WARD D/S
THEATRE MOPS
DATE OF OPERATION 3.1.07

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

		tick
1.	LAST TIME PATIENT ATE OR DRANK	
2.	CONSENT SIGNED	
3.	IDENTITY BAND	
4.	CASE NOTES, X-RAYS, DRUG KARDEX	
5.	OPERATION SITE PREPARED AND MARKED	
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE	
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES	
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9.	ALLERGIES	
10.	VOIDED URINE	
11.	BASELINE OBSERVATIONS P: BP:	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature -

B. THEATRE

OPERATION PERFORMED Cancelled

DIATHERMY BIPOLAR/MONOPOLOR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MAT ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS - FIRST ☐
- FINAL ☐
INSTRUMENTS ☐
SHARPS - NEEDLES ☐
- BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: _____

Signature of Circulating Nurse: _____

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE -	PULSE & B.P.	CONTINUE IV FLUIDS	RATE
-	OXYGEN / RECOVERY		
-	OXYGEN / WARD		
-	CANNULA / REMOVAL - RECOVERY ☐ WARD ☐		
SPECIAL			

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

TIME																	
PULSE																	
BLOOD PRESSURE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
SATURATION (SaO^2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
PONV SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM / NEEDS** **INTERVENTION** **OUTCOME**

Signature : _____

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

Patient ID Label

DATE

PROPOSED PROCEDURE (BLOCK CAPITALS) _____

_____

TO BE COMPLETED BY CLINICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/parent/guardian

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 medical photography, video and audio.
5. The need to read the patient information leaflet on the use of tissue for medical research and teaching.

Name (Block Capitals) _____ Signature _____

Grade/Designation _____

I AM The Patient/Parent/Gaurdian

I UNDERSTAND The purpose, benefits and significant risks associated with theprocedure which have been explained to me by the doctor named on this form.

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.

That the procedure may not be carried out by the doctor who has been treating me so far.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick box AGREE ☐ DISAGREE ☐

Signature _____ Date _____

Name (Block Capitals) _____

Address _____

_____

_____

HAEMATURIA DIAGNOSTIC ASSESSMENT

ID

10338654X
CLELLAND F
AGNES 08/09/1955
39 Rennie Road
Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

C
Dr. F MCGHIE
KILSYTH HEALTH CENTRE
BURNGREEN PARK
KILSYTH
STIRLINGSHIRE
G65 0HU

PT PHONE NO 01236-822-191

CONSULTANT MR CROOKS / ~~MR FRASER~~ / MR JAMES

REFERRAL GP / ~~OTHER~~ _____

OBSERVATIONS

BP 140/92

PULSE 66 BPM

HEIGHT _____ Meters

WEIGHT 105 Kg

BMI ----------

UR ANALYSIS

M
SG
PI
K
B
L
N

A Clelland

pH 5.5

ROUTINE BLOODS

FBC	✓
ESR	✓
U&E	✓
LFT	✓
CAL/BONE	
GLUCOSE	✓
URATES as required	✓
PSA as required	

PAST MEDICAL HISTORY

ALLERGY Mint.
DIABETES Type 2 Diabetes
HEART NO
CHEST NO
RENAL NO
LIVER NO
BLEEDING NO
SERIOUS ILLNESS

MEDICATION

Metformin 500mg BD.
Lamipril 10mg.
Simvastatin 40mg.
Aspirin 75mg.
Prozac 20mg
Naproxen (as required).

SMOKER Never
ALCOHOL 5 units per week.
MOBILITY Fully Mobile - has arthritis in hips & knees

URINARY SYMPTOMS

HAEMATURIA FRANK / ~~MICROSCOPIC~~ Frank.

DYSURIA ~~YES~~ / NO NO

LOIN PAIN YES / ~~NO~~ (L) side

FREQUENCY YES / ~~NO~~ Yes.

URGENCY YES / ~~NO~~ Yes.

NOCTURIA YES / ~~NO~~ Yes - 1ce

POOR FLOW ~~YES~~ / NO NO

HESITANCY ~~YES~~ / NO NO

DRIBBLING ~~YES~~ / NO NO

INCONTINENCE YES / ~~NO~~ Yes - 5 years incontinence

RECURRENT UTI (PROVEN ON MSSU) Yes.

Urine results - 5/12/06 - results enclosed

OTHER RELEVANT DETAILS

Sudden onset of painless haematuria which lasted about 12hrs. Pt went attended Casualty and was given antibiotics which helped. This happened in August and she has had another episode of U.T.I since then (Dec.)

IMAGING ORDERED/DONE BY GP Mr. Fraser

FLEXIBLE CYSTO APPOINTMENT Awaiting New Date!

OUTPATIENT APPOINTMENT

NURSE SIGNATURE [signature]

DATE 9 / 1 / 07

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C ☐

Patient Identification

Patient CRN	10338654X	Provider SGC04	Hosp STO
Surname	CLELLAND	Patient's Address	
First Forename	AGNES	39 Rennie Road	
Second Forename		Kilsyth	
Previous Surname		GLASGOW	
Date of Birth	08 Sep 1955	Postcode G65 9PQ	
Sex Female	Marital Status Married/Sep	Tel No: 01236 822	
CHI No 0809555328		Ethnic Group WHITE-SCOTTISH	
NHS No		GP Practice KILSYTH HEALTH CENTRE084 4 477 2552	
CRN		GMC No: 1348707 STEPHENS	

Episode Management

Spell/Care Package ID	Ward DSS*STO	Admission Date 31/01/07
Speciality/Discipline (Code + Text National) URO URO-UROLOGY		Admission Type 11
Significant Facility OTHER OTHER SIG FACILIT		Admission Reason 1K
Consultant Code FRAS		Admission/Transfer From 1 2
Consultant Name FRASER		Admission/Transfer From – Location
Management of Patient D DC-IN DB	Patient Category NATIONAL HEA	GP Referral Letter No. CARE
Waiting List Guarantee Exception Code	Waiting List Date 11/12/06	Waiting List Type TB

General Clinical

Main Diagnosis – ICD 10

Other Condition – ICD 10 – 2

3

4

5

6

Main Operation/Procedure

Other 2

Other 3

Other 4

Date Main Operation

Clinician Responsible

Date (OPP2)

Clinician Responsible (2)

Date (OPP3)

Clinician Responsible (3)

Date (OPP4)

Clinician Responsible (4)

Development data

Chronic Sick/Disabled ☐

Clinical Problem of Spell/Care Package

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

4

STOBHILL HOSPITAL

THEATRE / RECOVERY CARE PLAN

UNIT

10338654X
CLELLAND F
NAM AGNES 08/09/1955
39 Rennie Road
ADDI Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

CONSULTANT MR FRASER

WARD D/S

THEATRE MOP

DATE OF OPERATION 31.1.07

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

		tick
1.	LAST TIME PATIENT ATE OR DRANK	
2.	CONSENT SIGNED	
3.	IDENTITY BAND	
4.	CASE NOTES, X-RAYS, DRUG KARDEX	
5.	OPERATION SITE PREPARED AND MARKED	
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE	
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES	
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9.	ALLERGIES	
10.	VOIDED URINE	
11.	BASELINE OBSERVATIONS P: BP:	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature -

B. THEATRE

OPERATION PERFORMED FLEX CYSTO

DIATHERMY BIPOLAR/MONOPOLOR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MAT ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS - FIRST ☐
- FINAL ☐
INSTRUMENTS ☐
SHARPS - NEEDLES ☐
- BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: M. ANDERSON

Signature of Circulating Nurse: S.M. CARVER.

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE -	PULSE & B.P.	CONTINUE IV FLUIDS	RATE
-	OXYGEN / RECOVERY		
-	OXYGEN / WARD		
-	CANNULA / REMOVAL - RECOVERY ☐ WARD ☐		
SPECIAL			

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

TIME																	
PULSE																	
BLOOD PRESSURE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
SATURATION (SaO^2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
PONV SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. RECOVERY ROOM **PROBLEM / NEEDS** **INTERVENTION** **OUTCOME**

Signature : _____

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

10338654X
CLELLAND F
AGNES 08/09/1955
39 Rennie Road
Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

DATE 31/1/17

PROPOSED PROCEDURE (BLOCK CAPITALS) Flexible Cystoscopy

TO BE COMPLETED BY CLINICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/parent/guardian

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 medical photography, video and audio.
5. The need to read the patient information leaflet on the use of tissue for medical research and teaching.

Name (Block Capitals) [illegible] Signature [illegible]

Grade/Designation [illegible]

I AM The Patient/Parent/Gaurdian

I UNDERSTAND The purpose, benefits and significant risks associated with theprocedure which have been explained to me by the doctor named on this form.

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.

That the procedure may not be carried out by the doctor who has been treating me so far.

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

That tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick box AGREE ☒ DISAGREE ☐

Signature [illegible] Date 31/1/17

Name (Block Capitals) _____

Address _____

_____

_____

(3)

STOBHILL HOSPITAL

THEATRE / RECOVERY CARE PLAN

UNIT NO. 10338654X

NAME : CLELLAND F
AGNES 08/09/1955

ADDRESS 39 Rennie Road
Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

CONSULTANT Miss Brown

WARD DSU

THEATRE Theatre

DATE OF OPERATION 11/12/08

A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECK

		tick
1.	LAST TIME PATIENT ATE OR DRANK	
2.	CONSENT SIGNED	
3.	IDENTITY BAND	
4.	CASE NOTES, X-RAYS, DRUG KARDEX	
5.	OPERATION SITE PREPARED AND MARKED	
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE	
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES	
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	
9.	ALLERGIES	
10.	VOIDED URINE	
11.	BASELINE OBSERVATIONS P: BP:	

PROBLEMS/NEEDS **INTERVENTION** **OUTCOME**

Signature -

B. THEATRE

OPERATION PERFORMED FLEX CYSTO

DIATHERMY BIPOLAR/MONOPOLOR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MAT ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS - FIRST ☐
- FINAL ☐
INSTRUMENTS ☐
SHARPS - NEEDLES ☐
- BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: SN BELL

Signature of Circulating Nurse: OJP M-CLARK

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE -	PULSE & B.P.	CONTINUE IV FLUIDS	RATE
-	OXYGEN / RECOVERY		
-	OXYGEN / WARD		
-	CANNULA / REMOVAL - RECOVERY	WARD	
SPECIAL			

INFORMATION / INSTRUCTIONS

Signature:

D. POST OPERATIVE OBSERVATIONS

IME																	
PULSE																	
BLOOD PRESSURE																	
SATURATION (SaO^2)																	
RESPIRATORY RATE																	
AIRWAY																	
OXYGEN																	
PAIN SCORE																	
SEDATION SCORE																	
ONV SCORE																	
TEMPERATURE																	
WOUND																	

PAIN SCORE

0 = NO PAIN
1 = DISCOMFORT / ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE

0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

MULTIDISCIPLINARY NOTES

DATE / TIME

DISCHARGE

		YES	NO
1.	STABLE VITAL SIGNS	☐	☐
2.	CANNULAE REMOVED	☐	☐
3.	ABLE TO DRESS, SIT AND WALK UNAIDED	☐	☐
4.	TOLERATING FOOD AND FLUIDS	☐	☐
5.	INSTRUCTIONS GIVEN SEDATION	☐	☐
6.	GP LETTER GIVEN BEFORE DISCHARGE	☐	☐
7.	FOLLOW UP APPOINTMENT	☐	☐

DISCHARGE AT _____ TO _____ CARE

NURSE'S SIGNATURE _____

CONSENT FORM

Patient Label

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

Proposed operation, investigation or other treatment. **(BLOCK CAPITALS)**

.....

.....

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

An information leaflet/tape has been provided .....

..... (Title)

Signature of Practitioner .....

Name / Designation (Print) .....

Date..... / ..... / .....

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

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

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

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

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

PATIENT AGREEMENT FOR TREATMENT

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

Name (Print): .....

CONFIRMATION OF CONSENT

(to be completed when patient is admitted for procedure if form signed in advance)

I confirm that I have no further questions and wish the procedure to go ahead.

Signature: ..... Print name.....

Date ...../...../.....

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
Clelland DOB: 08/09/1955	Agnes DSU	10338654X

DATE OF OPERATION 11/12/2008

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON Mr A Laird
Miss M Brown

PROCEDURE: Flexible cystoscopy
INDICATION: Frank haematuria

FINDINGS: Informed consent
Prepped and draped
Instillagel local anaesthetic
Cystoscope passed easily
Normal bladder mucosa. Both ureters identified and normal. No intravesical pathology

FOLLOW UP: Outpatient renal tract ultrasound as arranged

SPECIAL INSTRUCTIONS

AL/RL/ DICTATED & TYPED – 11th December 2008

DATE _____ SIGNATURE _____

00590

STOBHILL HOSPITAL — OUTPATIENT CHART

S	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
10338654X CLELLAND AGNES 39 Rennie Road Kilsyth GLASGOW G65 9PQ	K	WARD/DEPT	RE Dr. M STEPHENS KILSYTH HEALTH CENTRE BURNGREEN PARK G.F KILSYTH STIRLINGSHIRE G65 0HU	M S W ME
D. 08/09/1955 F AC CHI-0809555328 TEL. NO.			TEL. NO.	

DATE | SPECIALITY Derm | CONSULTANT Dr Graham

21 OCT 2008

Rash recurred trunk (buttocks) to ~~face~~ extremities
Itchy. mod Thigh

Cold sore. Sept
Few days Itch.
Day Stain.

Prev sere reaction.
Multiple minor reaction intermittent.

Allergy — Peppermint Tabs.
Menthol
Benzoic
Ibuprofen - gastric irritation

Papular elbow
Cold sore

Prev Allergy: Diclofenac
Ranitidine
Mucaine
Metformin
Simvastatin
Celebrex etc.

Acticoat 7 days 5 days 5 days

OPEN

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			
	PHYSICAL EXAMINATION			

6 JAN 2009

Dr review K.M.

Discussed
in casualty

Not been immunosuppressed on TBP, diabetic, neuropathy

Thalidomide contraindicated as neuropathy already

→ OPEN

INVESTIGATIONS

STOBHILL HOSPITAL

CONTINUATION CHART

SURNAME	FORENAME	UNIT NUMBER
10338654X CLELLAND	AGNES	CHI-0809555328

18 NOV 2008	Reactive ? EM ? atypical utricaria vs mild CTCL	
	Flare:	
	UTI ~ 3/52 ago. antibiotics. rash started 10/7 ago.	
	Ulcerated papules, plaques + annular lesions elbows → forearms + upper arm	
	No elsewhere	
	Mucosae intact.	
	→ ? Atypical EM ? Urticarial Vasculitis	
	Rpt Bx HIST + IF. Dermovate Cream bd.	
	6/52 + review ALL Bx.	

F2

00262

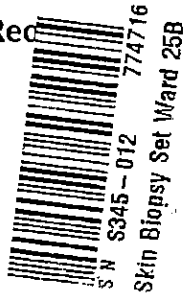
Alan Lyell Centre for Dermatology

GRI ☐ VIG ☐
☑ RAH ☐
G/GGH ☐ IRH ☐
H ☐

NHS Greater Glasgow and Clyde

Dermatological Surgery

Pre-operative Risk Assessment & Biopsy Rec



Date: 8/11/08
Doctor: [signature]
Biopsy date: 18/11/08

Patient data



10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Tel No.:

1. Bleeding Risk

YES / NO

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

2. Anaphylaxis Risk

YES / NO

☐ previous anaphylaxis ☐ latex allergy
☐ rubber allergy ☐ other _____
☐ previous local anaesthetic reaction

3. CV/Respiratory Risk

YES / NO

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

4. Infection Risk

YES / NO

☐ immunocompromised ☑ diabetes mellitus
☐ HIV ☐ Hepatitis B ☐ Hepatitis C ☐ MRSA
☐ other _____

5. Risk of poor wound healing

YES / NO

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

6. Operative risks discussed with patient

YES / NO

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

7. Biopsy request

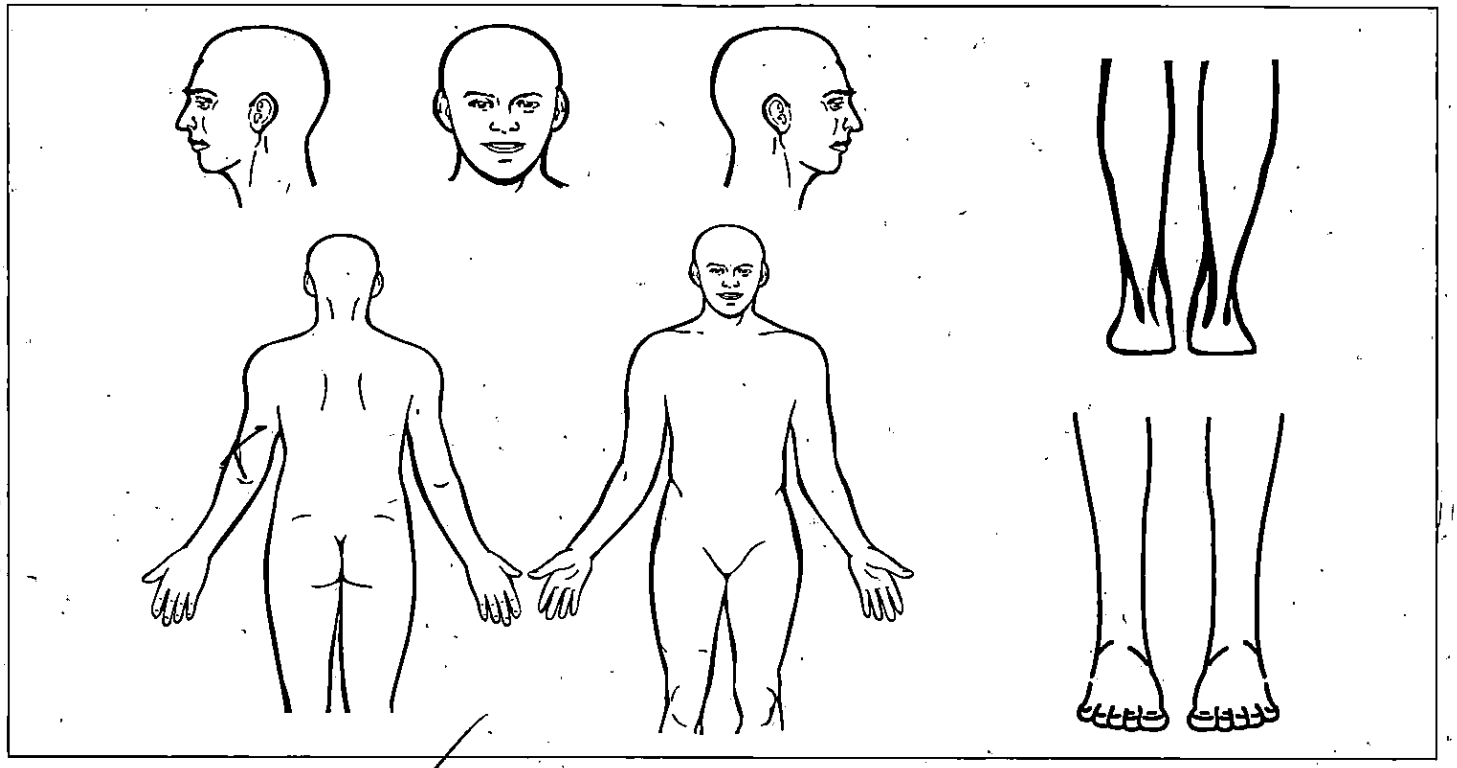
a. ☐ incisional ☑ excisional
b. ☐ curettage ☐ shave ☑ elliptical
☐ punch _____ mm ☐ flap ☐ other _____

Operation note

Date 18 / 11 / 8.

1. Consent ☐ written ☑ verbal ☐ other _____

2. Site(s) of biopsy(ies)



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

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

5. Haemostasis ☐ chemical ☐ hyfrecator _____ high/low ☑ sutures

6. Sutures
   ☐ subcuticular number _____ size _____ type _____
   ☑ cuticular number 3 size 4·0. type Ethilon
   Removal of sutures 7 days (GP) / Dermatology unit / DNurse

7. Additional notes

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

9. Follow-up ☑ appointment 6 weeks ☐ discharge to GP

10. Doctor (Print) J. M'Ewen Nurse H. Graham

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice .....

Patient's surname/family name : ..... 10338654X CLELLAND F

Patient's first name(s): ..... AGNES 08/09/1955 39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ CHI-0809555328

Date of Birth____/____/_____ ...ale ☐

NHS/ CHI Number _____

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

.....

Responsible practitioner: ..... DR H. GRAHAM .....

Job title: ..... ASSOCIATE SPECIALIST .....

STATEMENT FOR PRACTITIONER

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

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

[redacted] incisional biopsy left forearm

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

An information leaflet/tape has been provided.

☐ ..... (title)

Signature of practitioner: .....

Name/Designation (Print) ..... GM L'Ecuyer GP ST2

Date ..18../11..../..8.....

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(*parental responsibility for a minor without capacity)

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

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

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

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

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

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

PATIENT AGREEMENT FOR TREATMENT

Signature: ..... Date 18/11/08

Name (Print): .....

CONFIRMATION OF CONSENT

(to be completed when patient is admitted for procedure if form signed in advance)

I confirm that I have no further questions and wish the procedure to go ahead.

Signature: ..... Print name.....

Date ...../...../.....

Endo.

NHS Greater Glasgow and Clyde

STOBHILL HOSPITAL

DAY SURGERY ENDOSCOPY

DATE 19/1/09.

CONSULTANT Fiona Beck

Unit N [redacted]
Name 10338654X
CLELLAND ✓ F
Addres AGNES 08/09/1955
39 RENNIE ROAD ✓
KILSYTH
GLASGOW G65 9PQ
DOB CHI-0809555328

A. ASSESSMENT

Aspirin.

1. CURRENT MEDICATION Metformin, Simvastatin, Omeprazole, Cadesartan, Tramadol, Fluoxetine, Ranitidine, Domperidone,
2. MEDICAL PROBLEMS NIDDM, Leg pain, Arthritis Hips, Shoulder - Back pain.
3. PAST HISTORY OF HEPATITIS OR JAUNDICE No ☑ Yes ☐
4. DISCHARGE ARRANGEMENTS - Escort No ☐ Yes ☑ Who Husband.
   Overnight No ☐ Yes ☑ Who N/A

PATIENTS DECLARATION

I have read and understood the warnings regarding the after effects of sedation.

Patients signature [signature]

B. PREPARATION

1. LAST ATE OR DRANK	Time	10pm last.			✓
2. IDENTITY BAND					✓
3. CASENOTES/ADMISSION PACK					✓
4. DENTURE/CROWNS/CAPS/BRIDGE		own teeth.			✓
5. BOWEL PREPARATION (If required)					✓
6. UNDERWEAR JEWELLERY REMOVED					✓
7. ALLERGIES		Brufen —			✓
8. BASELINE OBSERVATIONS	Pulse	74	Blood Pressure	141/92	

PROBLEMS/NEEDS

NIDDM. BM 8.0 at 8.20am.

COMMENTS

Signature [signature]

CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

ONCE ONLY PRESCRIPTIONS

Date	Time	Drug	Dose	Route	Signature	Given by	Time given
19/1/8		Midazolan	4mg	IV			

ENDOSCOPY

PROCEDURE Endoscopy

SEDATION	No ☐	Yes ☑		
THROAT SPRAY	No ☐	Yes ☐	Time ____	
PATIENT POSITION	Left Lateral ☑			
DIATHERMY	Yes ☐	No ☑		

SPECIMENS
PATH ☐ BACT ☐ CLO ☐

NAMED NURSES
Martin
Hollen

COMMENTS

RECOVERY

POST ENDOSCOPY OBSERVATIONS

TIME	8.58	9.15	9.38	9.53												
LSE	85	64	63	71												
BLOOD PRESSURE	136/88	136/80	107/72	129/80												
SA O2	94	94	93													
RESPIRATORY RATE	↑	↑	↑													
OXYGEN																
SEDATION SCORE																
VENFLON	✓	✓	✓	✓												
NURSES INITIALS	JD	JD	b													

SEDATION SCORE

A = ASLEEP
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

MULTIDISCIPLINARY NOTES

DATE / TIME

DISCHARGE

		YES	NO
1.	STABLE VITAL SIGNS	✓	
2.	CANNULAE REMOVED	✓	
3.	ABLE TO DRESS, SIT AND WALK UNAIDED	✓	
4.	TOLERATING FOOD AND FLUIDS	✓	
5.	INSTRUCTIONS GIVEN SEDATION	✓	
6.	GP LETTER GIVEN BEFORE DISCHARGE	✓	
7.	FOLLOW UP APPOINTMENT		

N/A

DISCHARGE AT _____ TO _____ CARE

NURSE'S SIGNATURE _____

CONSENT FORM

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

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

Proposed operation, investigation or other treatment. **(BLOCK CAPITALS)**

GASTROSCOPY +/- BIOPSIES

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

An information leaflet/tape has been provided .....

..... (Title)

Signature of Practitioner .....

Name./ Designation (Print) FIONA BEAK NURSE ENDOSCOPIST

Date 19 / 1 / 09

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*
(* parental responsibility for a minor without capacity)

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

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

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

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- that the examination for the purposes of teaching will not be undertaken without my consent
- to the emergency administration of blood or blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

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

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

PATIENT AGREEMENT FOR TREATMENT

Signature: ..... Date 19/1/09

Name (Print) .....



10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

NFIRMATION OF CONSENT
atient is admitted for procedure if form signed in advance)

I confirm t stions and wish the procedure to go ahead.

Signature: ..... Print name.....

Date ...../...../.....

STOBHILL HOSPITAL

OUTPATIENT CHART

10338654X
CLELLAND
AGNES
39 RENNIE ROAD
KILSYTH
GLASGOW
CHI-0809555328

F
08/09/1955
G65 9PQ

FORENAME | UNIT NUMBER

SEX | WARD/DEPT

TEL. NO.

Dr. M STEPHENS
KILSYTH HEALTH CENTRE
BURNGREEN PARK
KILSYTH
STIRLINGSHIRE
G65 0HU

TEL. NO.

MARITAL STATUS
M S W

NAME

DATE	SPECIALITY Urol	CONSULTANT Mr Leonard
04 MAY 2010		
15 FEB 2011	URINE: BLOOD ++ LEUC +	

STOBHILL HOSPITAL **OUTPATIENT CHART**

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS M S W

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME

ADDRESS

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

TEL. NO.

DATE 25/5/10

G.P.'S NAME & ADDRESS

TEL. NO.

CONSULTANT HANSELL

54

PC - 2/12 hx lump 12 o'clock ~~L~~ breast (L)
↑ size.
No nipple D/C.

Left Mamm ∧ 18/12 ago

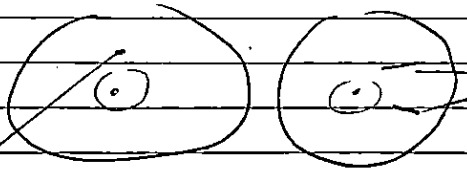
FHx - N.I

PMHx - (R) mid foot fusion - on crutches
Type 2 D.M

DHx - aspirin
- fluoxetine
- simvastatin
- ramipril
- metformin

axilla x 2 clr

O/E
P213



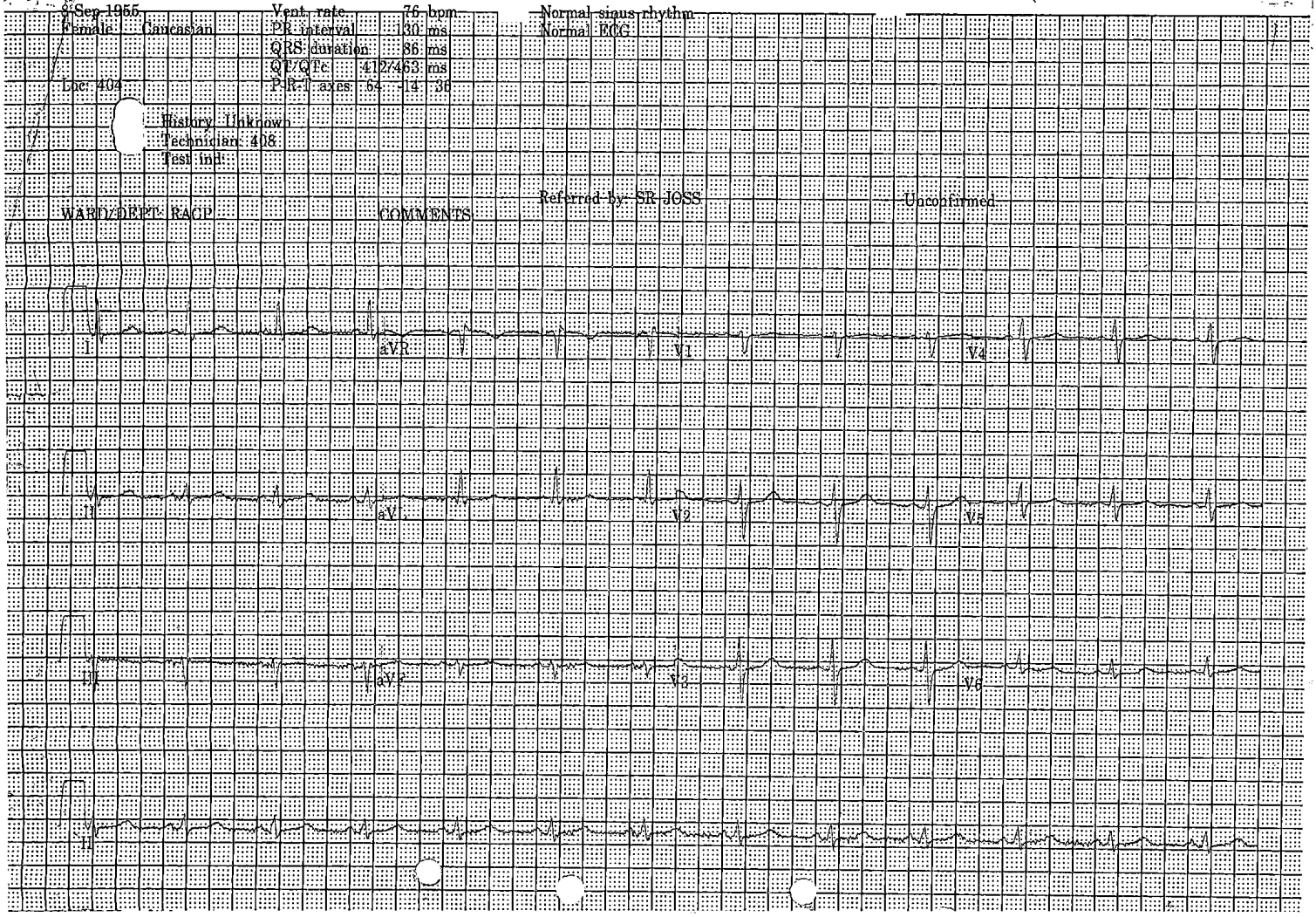
areas of ↑ nodularity

≤5mm smooth ~~S~~ fluctuant cystic lump
Inf cysd

Plan bilat. mamm +/- U/S & revicw. ? Core Bx.

HANSELL

CLELLAND, AGNES ID: 0809555328 28-Aug-2012 9:20:14 STOBHILL HOSPITAL



12/639 F I T

EXERCISE SUMMARY REPORT

Stobhill Hospital

Patient Info

Patient	: AGNES CLELLAND	Date	: 30/08/2012
ID	: 0809555328	Time	: 10:01:51
Address	: 39 RENNIE RD KILSYTH		
Referred by	: DR DUNN/SR JOSS		
Indications	: CHEST PAIN		
Date of Birth	: 08/09/1955 Age : 56	Medications	:
Height	: cm. Sex : F		:
Weight	: kg.		:
Physician	: TECHNICIAN SUPERVISED		:
Technician	: AMCK/AG		:
Comments	:		

Test Result Detail

Stage	Stage Time	Exer. Time	Speed: (MPH)	Grade (%)	METS	HR	BP	RPP	ST Level aVL (mm)	Comments
Sitting	02:13		0.5	0.0	1.1	93	172/ 94	160	0.0	
Stage 1	03:00	03:00	1.7	10.0	4.6	142	112/ 72	159	-0.2	
Stage 2	00:47	03:47	2.5	12.0	5.6	150	101/ 67	152	0.1	
Recov	00:10	03:47	0.0	0.0	5.2	150			0.0	
Recov	00:43	03:47	0.0	0.0	4.0	135	168/ 82	227	-0.1	
Recov	02:10	03:47	0.0	0.0	1.0	99	181/ 88	179	0.0	
Recov	04:10	03:47	0.0	0.0	1.0	83	187/ 90	155	-0.1	

Test Result Summary

Protocol	: Bruce	Test Type	: Treadmill
Exercise Time	: 03:47	Stopping Reason	: SOB
		MTWA Result	: -- ()
Max HR	: 150 (Recov 00:00)	Max. BP	: 187 / 90
% of Predicted	: 91 % of 164	Max. Exercise	: 5.6 METS
Peak RPP	: 281	Max. ST Depression	: 0.3 mm in aVL (Stage 1 02:51)
Impressions	:		

Stobhill Hospital

Patient Info

Patient	: AGNES CLELLAND	Date	: 30/08/2012
ID	: 0809555328	Time	: 10:01:51
Date of Birth	: 08/09/1955		
Physician	: TECHNICIAN SUPERVISED		
Technician	: AMCK/AG		

Test Result Summary

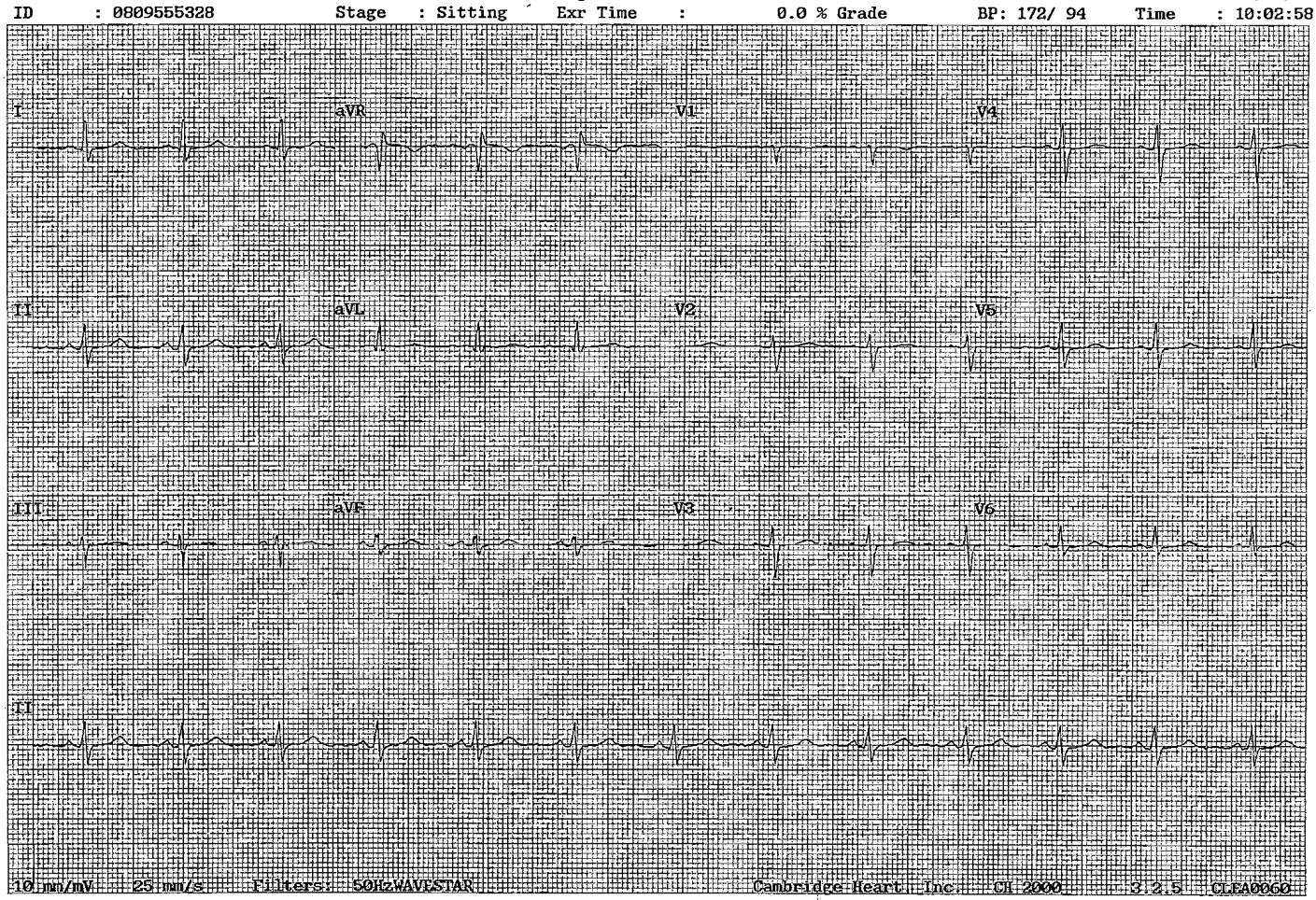
Results
3.47 MINS FULL BRUCE ETT
STOPPED DUE TO HIP PAIN SLIGHTLY SHORT OF BREATH
NORMAL HR RESPONSE
BP APPEARED TO DROP AT PEAK EXERCISE 102/67 RECHECKED 168/82 FELT SLIGHTLY DIZZY
MAX. BP 187/90
ISOLATED SVE AND VE
NO SIGNIFICANT ST CHANGES

REPORTED BY ALLISON MCKENZIE (CARDIAC PHYSIOLOGIST)

Signed: Date:

12 LEAD REPORT

Patient : AGNES CLELLAND	Protocol	Bruce	Stg Time	: 01:08	0.0	H	HR: 76	Date	: 30/08/2012
ID : 0809555328	Stage	: Sitting	Exr Time	:	0.0	% Grade	BP: 172/ 94	Time	: 10:02:58



12 LEAD REPORT

Patient : AGNES CLELLAND
ID : 0809555328

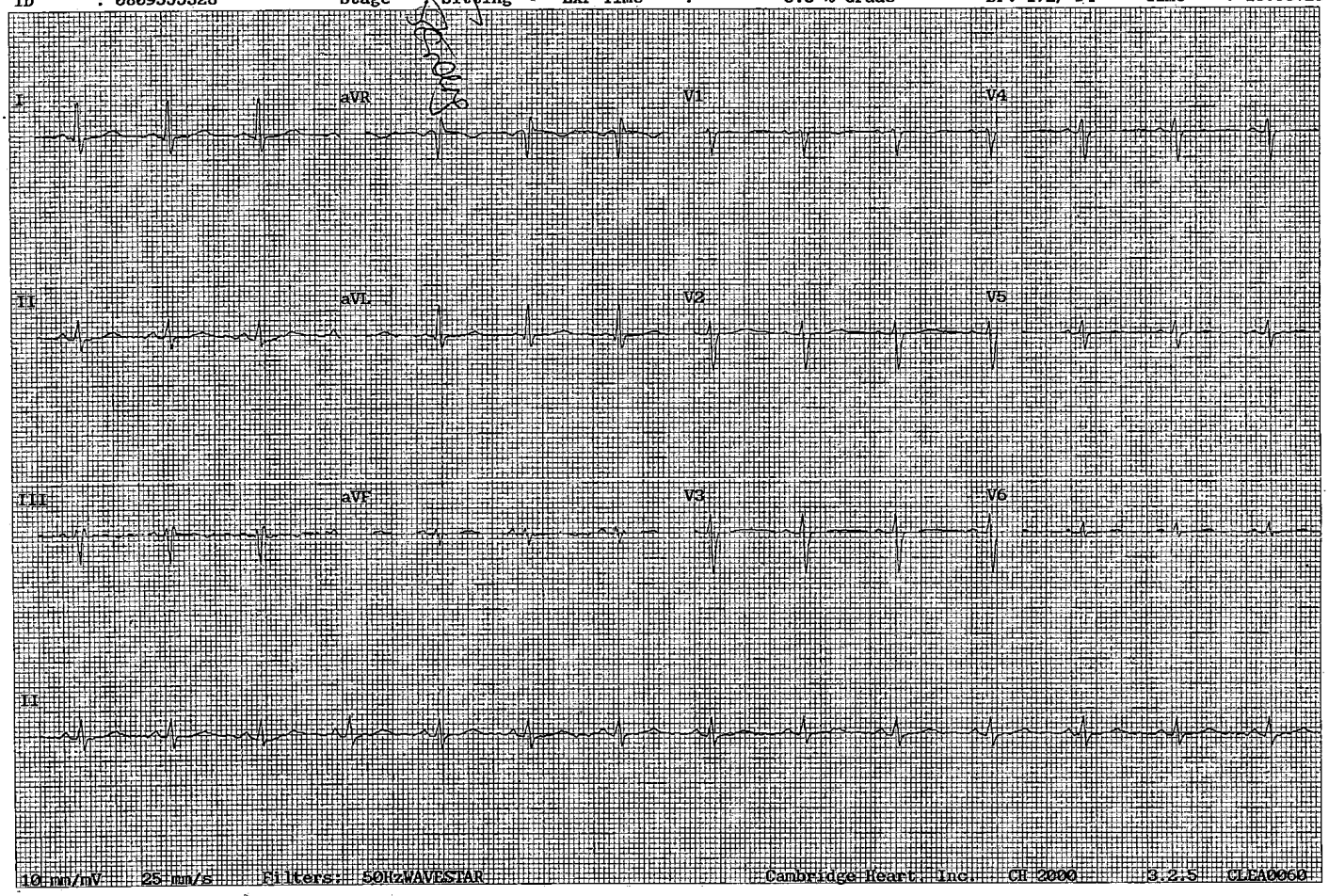
Protocol : Bruce
Stage : Sitting

Stg Time : 01:35
Exr Time :

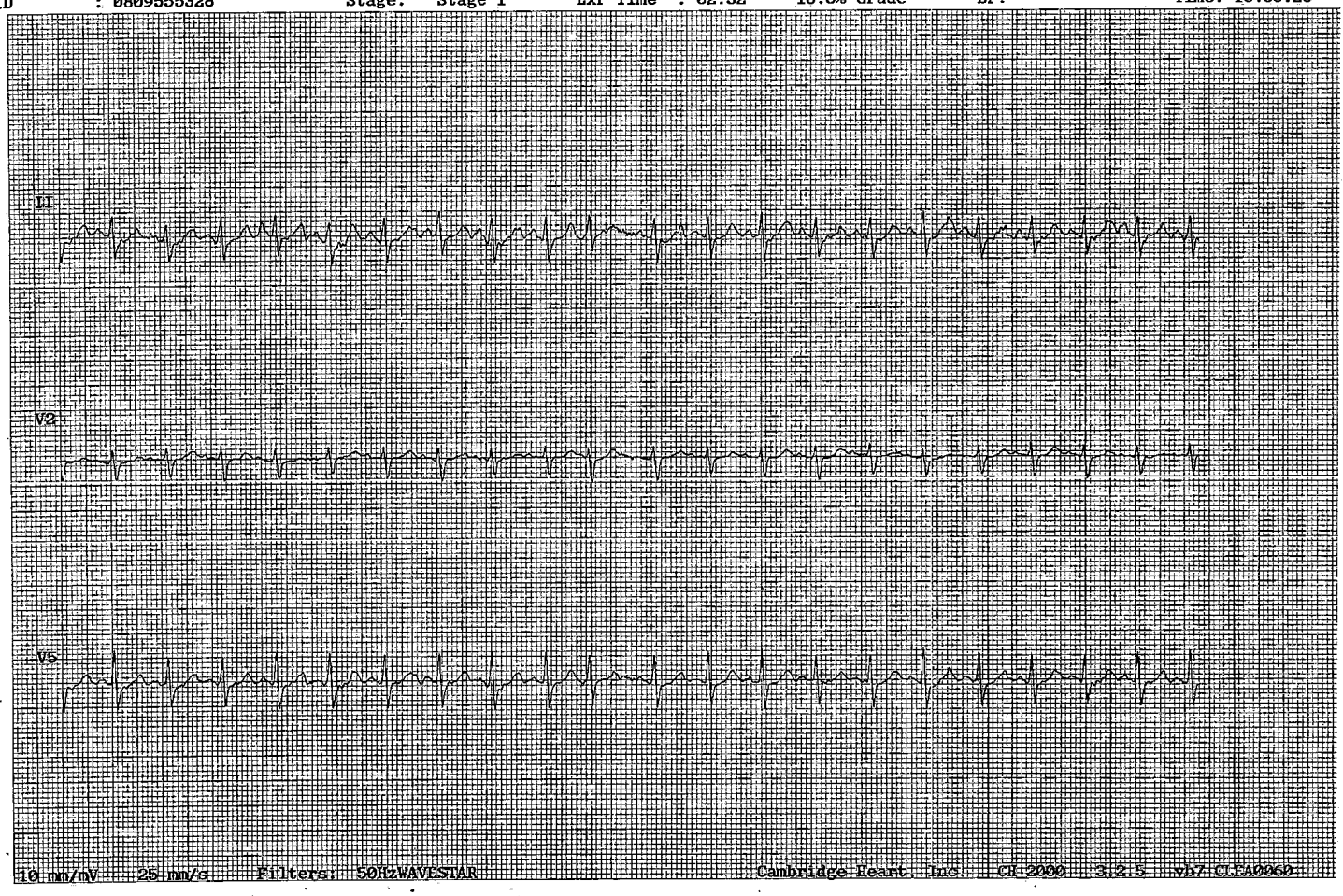
0.0 MPH
0.0 % Grade

HR: 84
BP: 172/ 94

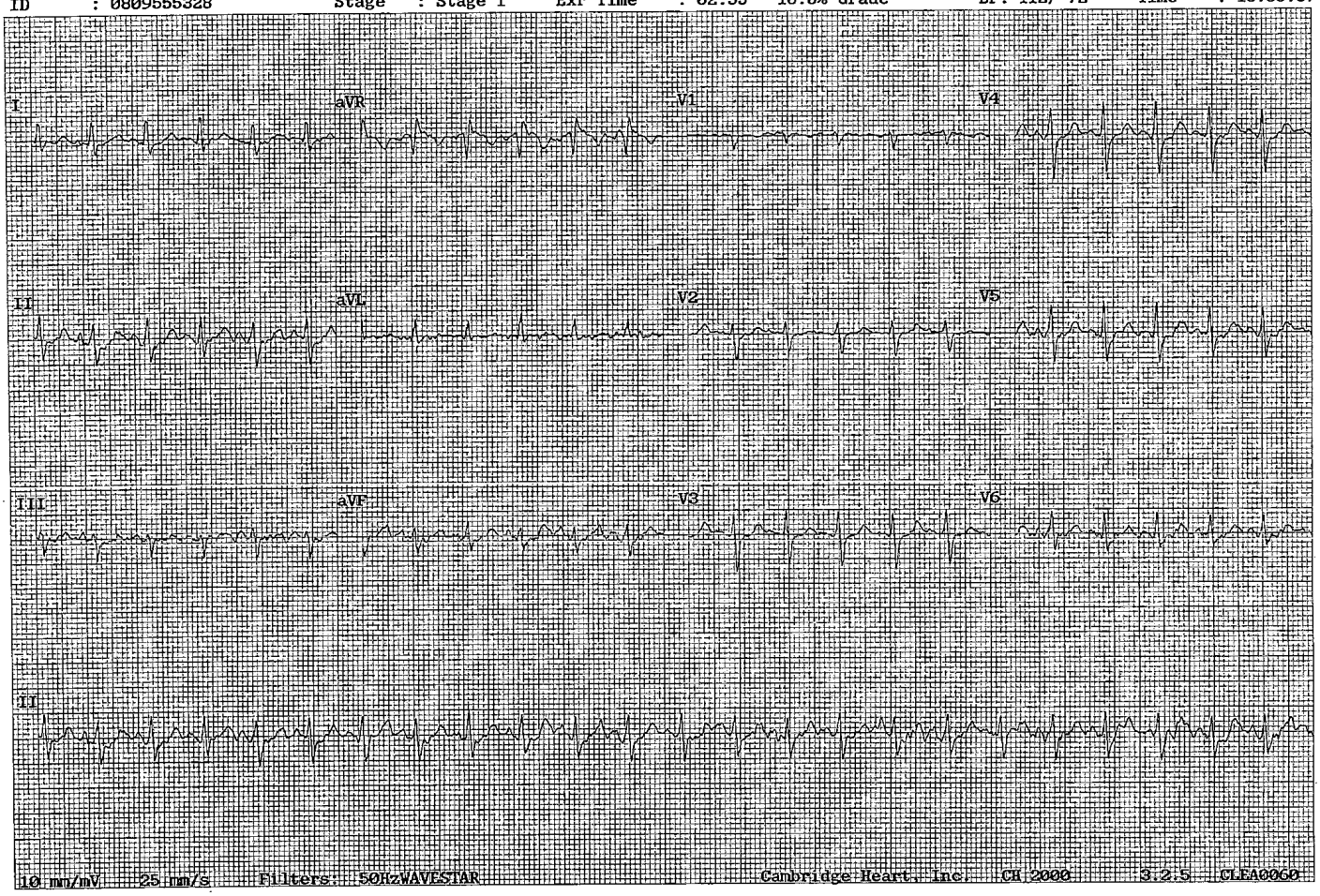
Date : 30/08/2012
Time : 10:03:25



Patient	: AGNES CLELLAND	Protocol.	Bruce	Stg Time	: 02:32	... MPH	HR: 140	Date: 30/08/2012
ID	: 0809555328	Stage:	Stage 1	Exr Time	: 02:32	10.0% Grade	BP:	Time: 10:06:28



Patient	: AGNES CLELLAND	Protoc	Bruce	Stg Time	: 02:55	1.	PH	HR: 142		Date	: 30/08/2012
ID	: 0809555328	Stage	: Stage 1	Exr Time	: 02:55	10.0%	Grade	BP: 112/ 72		Time	: 10:06:57



Patient	: AGNES CLELLAND	Protoc	: Bruce	Stg Time	: 00:47	2.'	PH	HR: 150	Date : 30/08/2012
ID	: 0809555328	Stage	: Stage 2	Exr Time	: 03:47	12.0%	Grade	BP: 101/ 67	Time : 10:07:50



Patient : AGNES CLELLAND
ID : 0809555328

Protoc Bruce
Stage : Recov

Stg Time : 00:10
Exr Time : 03:47

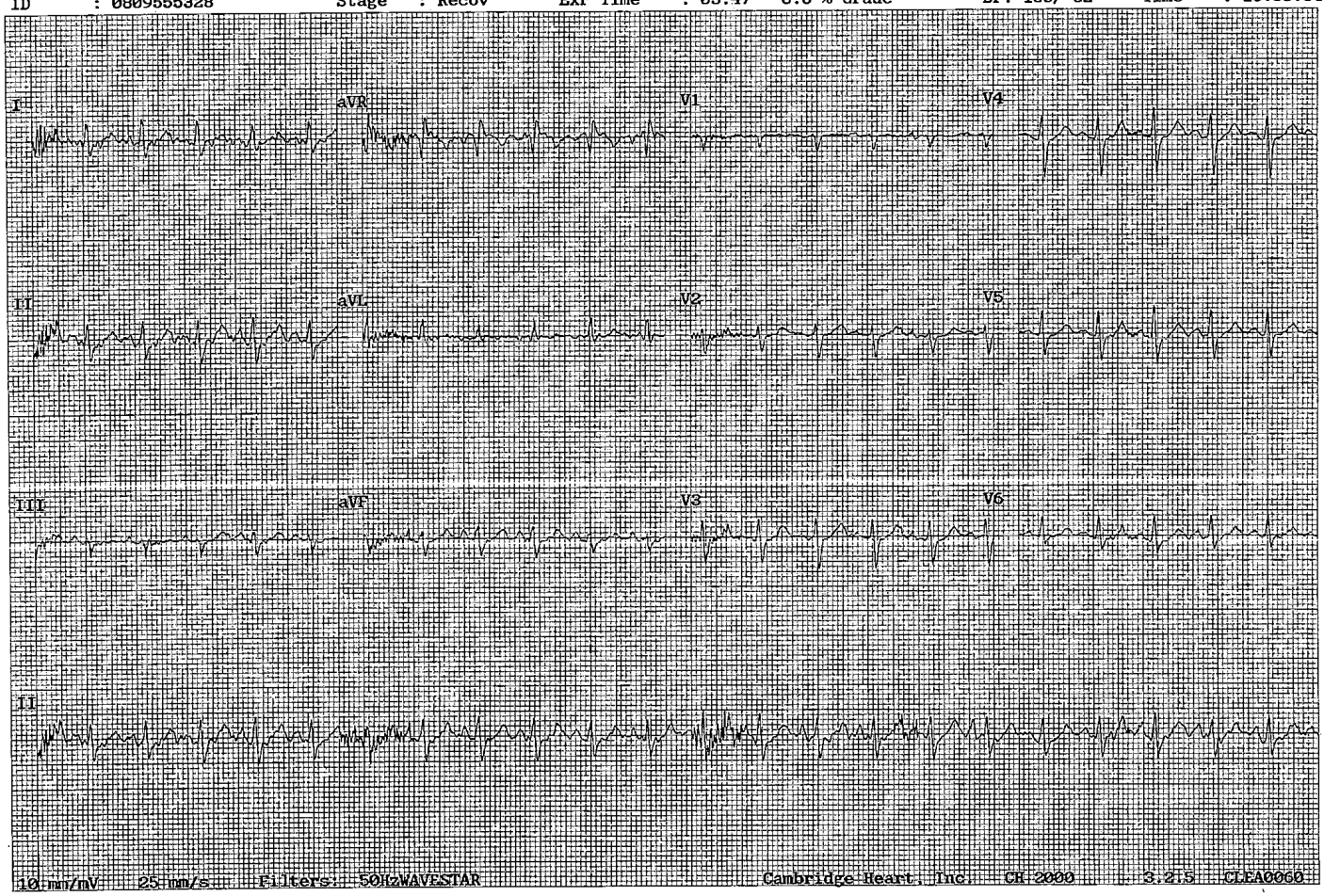
0: PH
0.0 % Grade

HR: 150
BP:

Date : 30/08/2012
Time : 10:07:59



Patient	: AGNES CLELLAND	Protoc	Bruce	Stg Time	: 00:43	0.	PH	HR: 135		Date	: 30/08/2012
ID	: 0809555328	Stage	: Recov	Exr Time	: 03:47	0.0	% Grade	BP: 168/ 82		Time	: 10:08:34



Patient : AGNES CLELLAND
ID : 0809555328

Protocol. Bruce
Stage: Recov

Stg Time : 01:52
Exr Time : 03:47

--- MPH
0.0 % Grade

HR: 107
BP:

Date: 30/08/2012
Time: 10:09:35



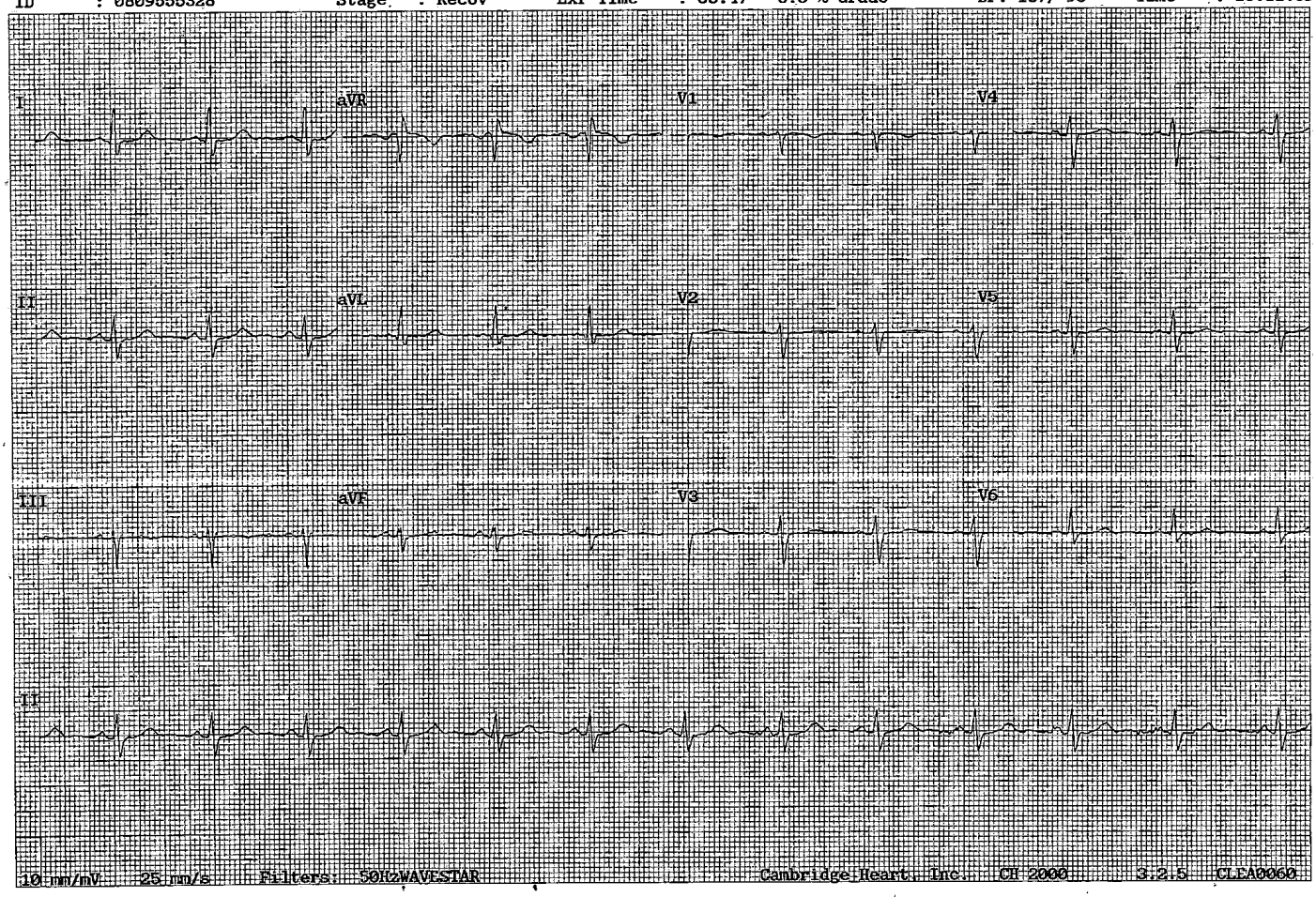
TIMED 12 LEAD REPORT

Patient : AGNES CLELLAND	Protocol : Bruce	Stg Time : 02:10	0.0 MPH	HR: 99	Date : 30/08/2012
ID : 0809555328	Stage : Recov	Exr Time : 03:47	0.0 % Grade	BP: 181/ 88	Time : 10:09:59

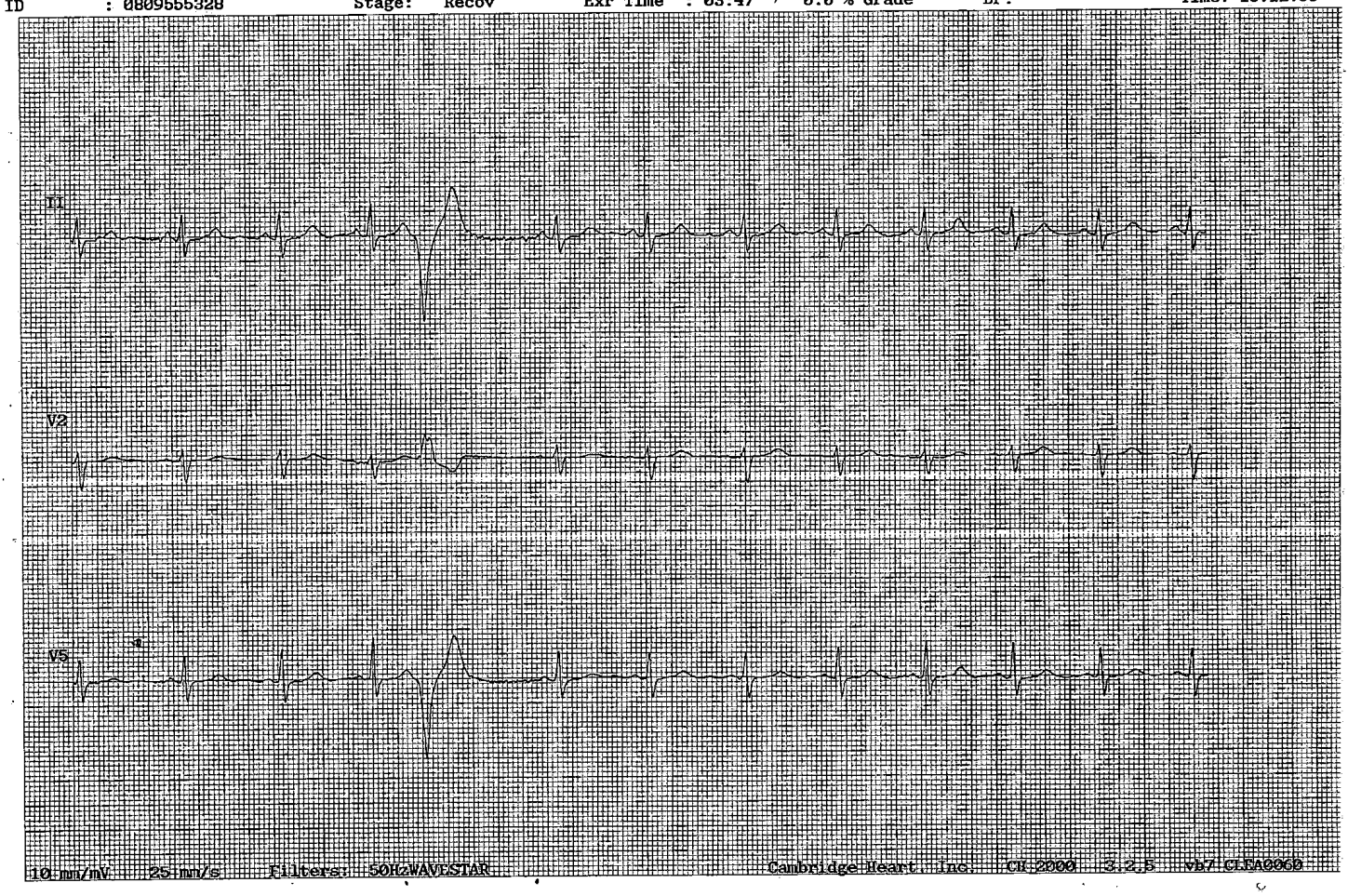


TIMED 12 LEAD REPORT

Patient : AGNES CLELLAND	Protocol : Bruce	Stg Time	: 04:10	0.6 mPH	HR: 83	Date	: 30/08/2012
ID : 0809555328	Stage : Recov	Exr Time	: 03:47	0.0 % Grade	BP: 187/ 90	Time	: 10:11:59

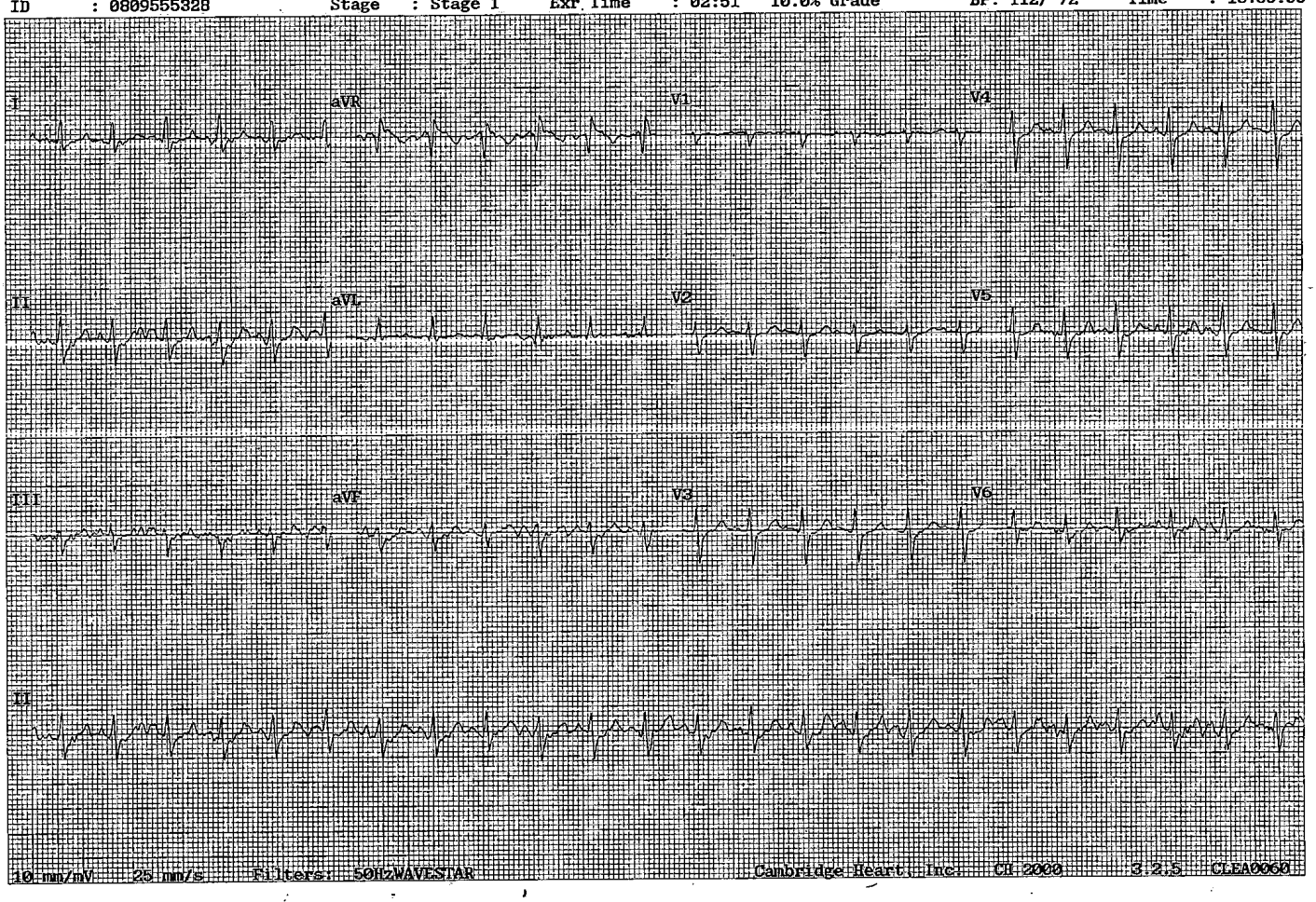


Patient : AGNES CLELLAND Protoco Bruce Stg Time : 04:25 MPH HR: 78 Date: 30/08/2012
ID : 0809555328 Stage: Recov Exr Time : 03:47 0.0 % Grade BP: Time: 10:12:08



WORST CASE 12 LEAD RECORD

Patient : AGNES CLELLAND	Protocol: Bruce	Stg Time	: 02:51	1.7 mPH	HR: 142	Date	: 30/08/2012
ID : 0809555328	Stage : Stage 1	Exr Time	: 02:51	10.0% Grade	BP: 112/ 72	Time	: 10:06:55



EXERCISE SUMMARY REPORT

Stobhill Hospital

Patient Info

Patient	: AGNES CLELLAND	Date	: 30/08/2012
ID	: 0809555328	Time	: 10:01:51
Address	: 39 RENNIE RD KILSYTH		
Referred by	: DR DUNN/SR JOSS		
Indications	: CHEST PAIN		
Date of Birth	: 08/09/1955 Age : 56	Medications	:
Height	: cm. Sex : F		:
Weight	: kg.		:
Physician	: TECHNICIAN SUPERVISED		:
Technician	: AMCK/AG		:
Comments	:		

Test Result Detail

Stage	Stage Time	Exer. Time	Speed (MPH)	Grade (%)	METS	HR	BP	RPP	ST Level aVL (mm)	Comments
Sitting	02:13		0.5	0.0	1.1	93	172/ 94	160	0.0	
Stage 1	03:00	03:00	1.7	10.0	4.6	142	112/ 72	159	-0.2	
Stage 2	00:47	03:47	2.5	12.0	5.6	150	101/ 67	152	0.1	
Recov	00:10	03:47	0.0	0.0	5.2	150			0.0	
Recov	00:43	03:47	0.0	0.0	4.0	135	168/ 82	227	-0.1	
Recov	02:10	03:47	0.0	0.0	1.0	99	181/ 88	179	0.0	
Recov	04:10	03:47	0.0	0.0	1.0	83	187/ 90	155	-0.1	

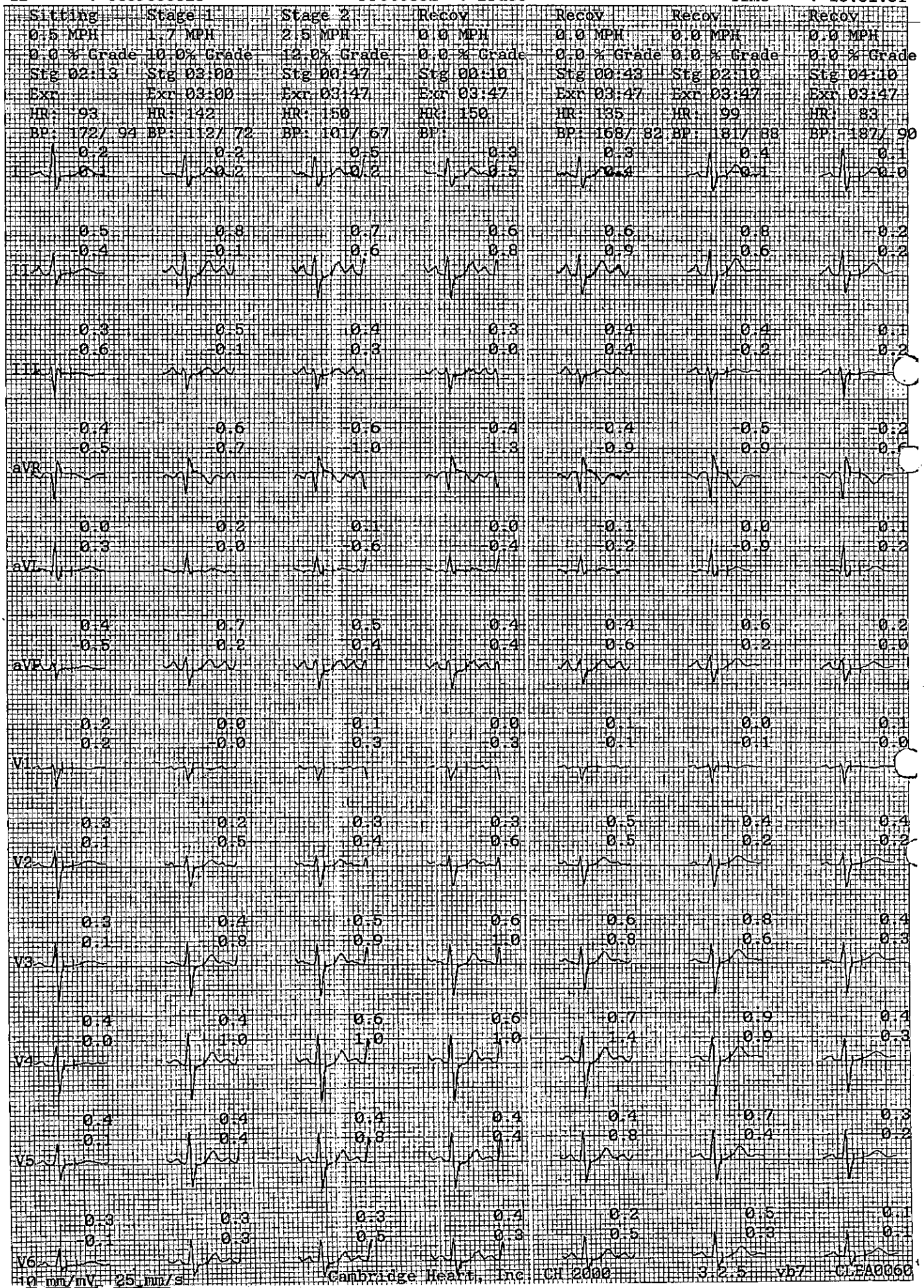
Test Result Summary

Protocol	: Bruce	Test Type	: Treadmill
Exercise Time	: 03:47	Stopping Reason	: SOB
		MTWA Result	: -- ()
Max HR	: 150 (Recov 00:00)	Max. BP	: 187 / 90
% of Predicted	: 91 % of 164	Max. Exercise	: 5.6 METS
Peak RPP	: 281	Max. ST Depression	: 0.3 mm in aVL (Stage 1 02:51)
Impressions	:		

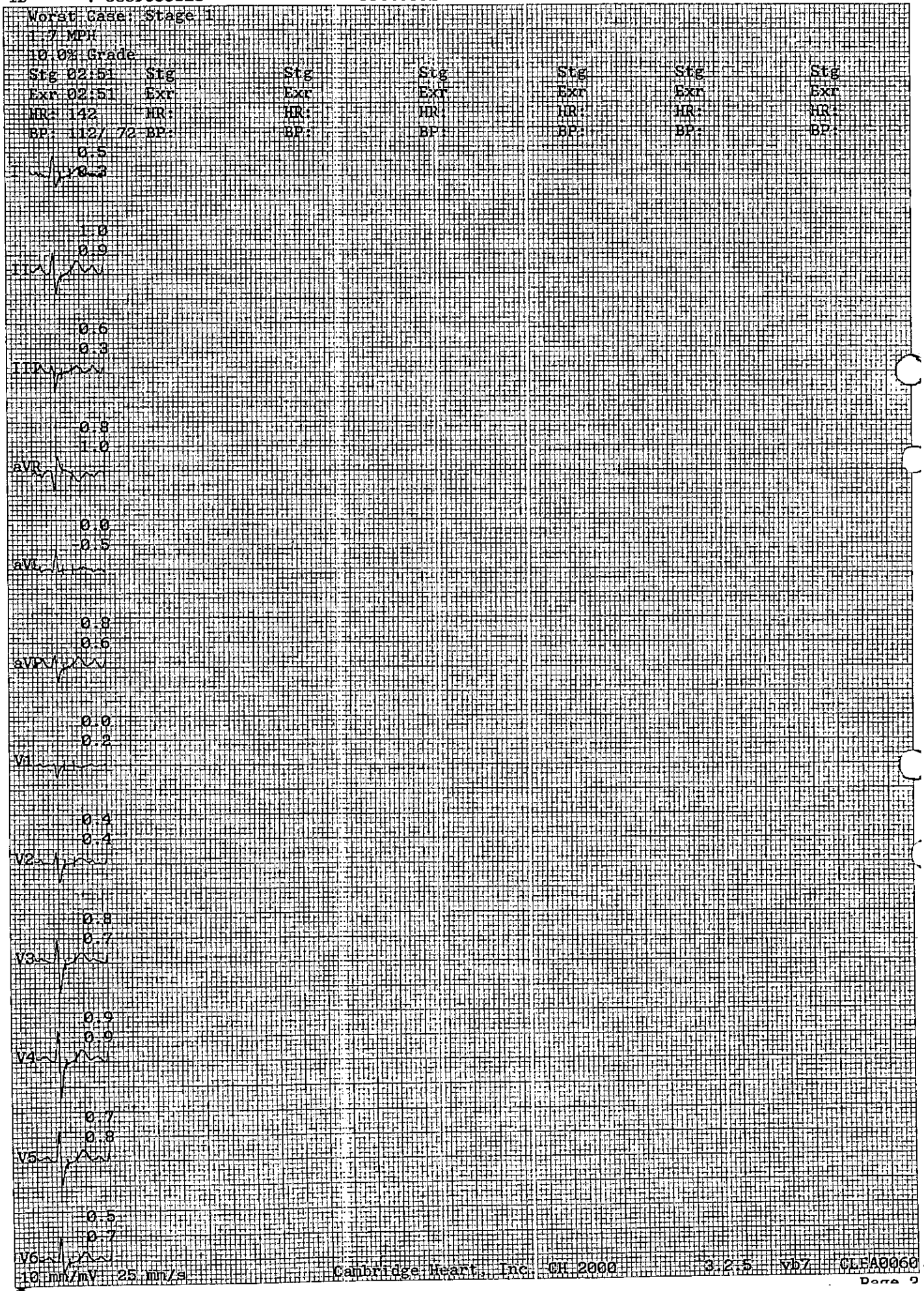
Results

Signed: Date:

Patient : AGNES CLELLAND | MEDIANS SUMMARY REPORT | Date : 30/08/201
ID : 0809555328 | Protocol : Bruce | Time : 10:01:51

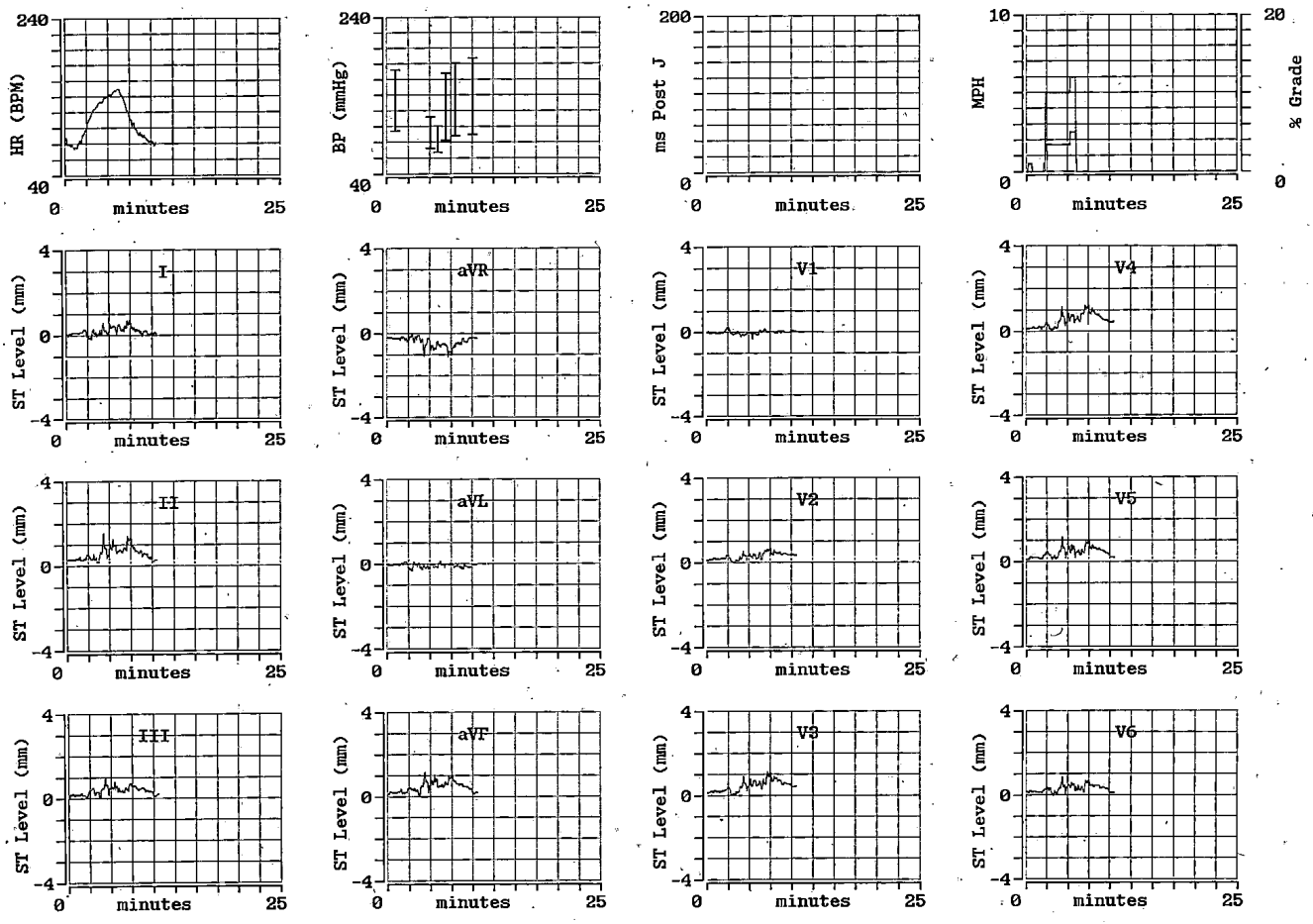


Patient : AGNES CLELLAND | MEDIANS SUMMARY REPORT | Date : 30/08/201
ID : 0809555328 | Protocol : Bruce | Time : 10:01:51



ST LEVEL TREND REPORT

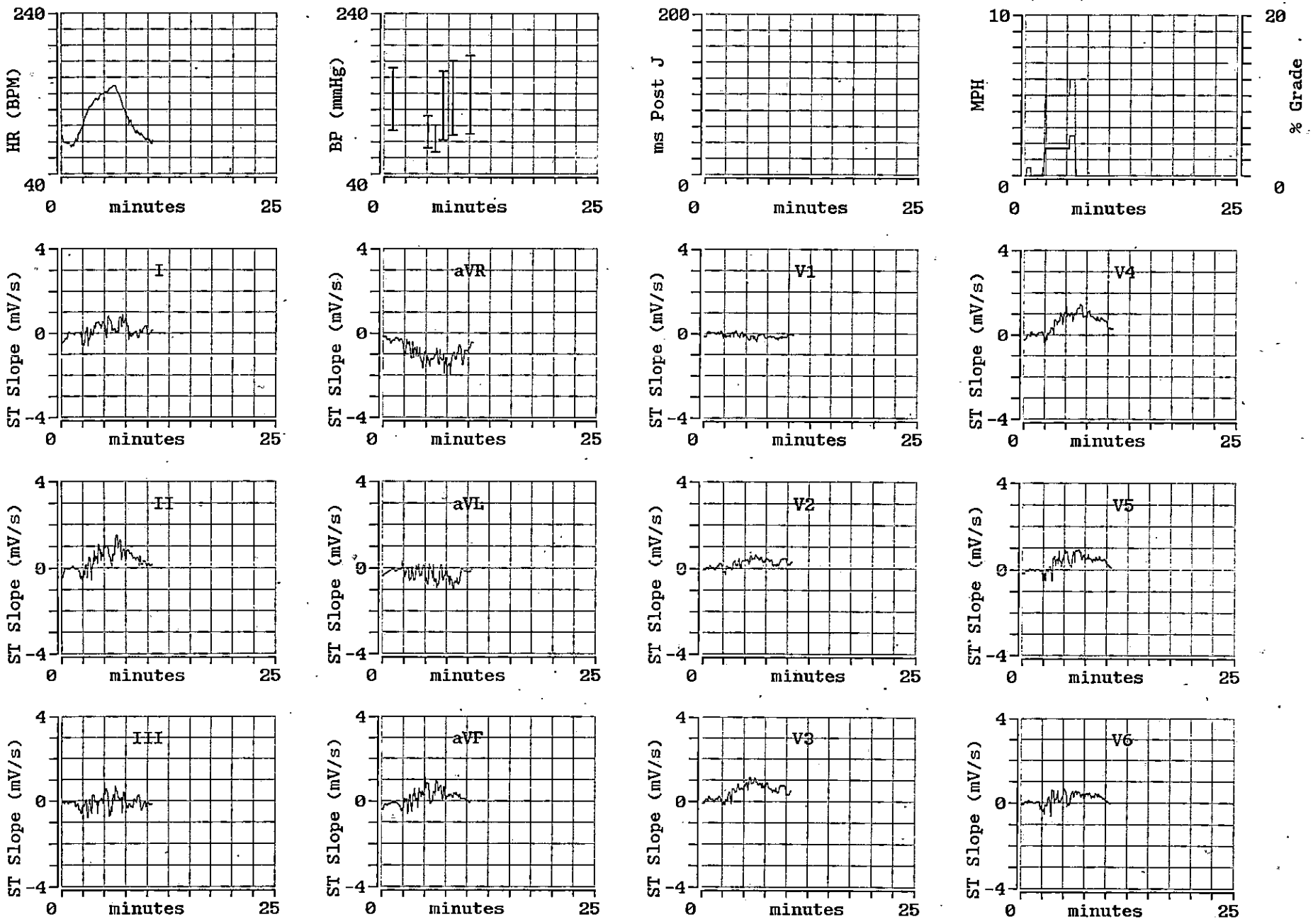
Patient	AGNES CLELLAND	Protocol : Bruce	Date: 30/08/2012
ID	0809555328		Time: 10:01:51



10 mm/mV Cambridge Heart, Inc. CH 2000 3.2.5 vb7 CLEA0060

ST SLOPE TREND REPORT

Patient	AGNES CLELLAND	Protocol : Bruce	Date: 30/08/2012
ID	0809555328		Time: 10:01:51



STOBHILL HOSPITAL

OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
CLELLAND	AGNES	10338654X F	MRS STEPHENS KILSYTH HEALTH CENTRE BURNGREEN PARK	M S W

DATE OF BIRTH	ADDRESS	SEX	WARD/DEPT	RELIGION	MAIDEN NAME
08/09/1955	39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ CHI-0809555328			KILSYTH STIRLINGSHIRE G65 0HU	

ADDRESS	G.P.'S NAME & ADDRESS

DATE 26.5.10 SPECIALITY - ENT

CONSULTANT'S NAME MR IRVINE

HISTORY

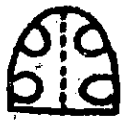
FIRST EXAMINATION 8/52.

Recurrent sore throat. Stage 4/52. Pain on op. Feels she's choking - hard to eat. Asks to eat well. Constantly clearing throat. Feels as if lump there. Gets catarrhal pain over bridge of nose sprays. Foot type 2 diabetic. Breast lump. Hypertension. Gets headaches.

INFECTIOUS DISEASES

- CHICKEN POX
- GERMAN MEASLES
- MEASLES
- MUMPS
- SCARLET FEVER
- WHOOPING COUGH
- DIPHTHERIA IMMUNISATION
- VACCINATION
- POLIO VACCINATION

NOSE:



Very swollen

NASO-PHARYNX: ✓

PHARYNX:



Erythema, Nasality

Baby tonsils

MOUTH: ✓

LARYNX:



✓

INVESTIGATIONS

BH Nasendoscopy.
Respiratory Allergies
Asthma
Sinusitis
Flow rates

SH Nasendoscopy.
Blood chemistry.

SN 43081

www.scantrackuk.com

Right



EARS

HEARING
F.W.
C.V.
L.V.
RINNE
WEBER



WAITING LIST FOR

PPI, Nasonex.

Ba Sodium.

DATE

F56

No. 00546

DATE	TREATMENT: CLINICAL & OPERATION NOTES
2/8/10	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

10338654X
CLELLAND
AGNES
CHI-0809555328

Date & Time	12 DEC 2012	Signature, Print Name & Designation
11-20	Wght 128·6 kg	
	NIBP (L) - 137/81	
	P - 76	
	HCSW Mark Ford	
	· Stran → Pain.	Diabetic Type II
	· Walking too swelling 4 this	↑ BP
		Tchols
	- Rupture achille tendon -	Asthm.
		? Family Hx - Mother
	long distant within	- Father
		- Non smok
	Achille tendon repair dec	
		· ISMN 20mg
	C. Coll.	· Atorvastatin 40mg
		· Labetalol
		· Omeprazole
		· Salbu.
		· Symbicort
		· Fluoxetine
		· metformin
		· Aspirin 75mg
		· Ramipril 1mg
		· Simvastatin 40mg

193443

KA 28/8/12

NHS
Greater Glasgow and Clyde

Department of
Medical Cardiology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER
Prof. S.M. Cobbe

NUCLEAR CARDIOLOGY

ARSAC Holder & Consultant Cardiologist:
Dr. N.E.R. Goodfield
Consultant Physicist:
Dr. W. Martin

Tel.: 0141 211 4592
Fax: 0141 232 0942

28/11/12 DRG

REPORT

Name:	AGNES CLELLAND	Hospital No:	1033865 4X
Date of Birth:	08/09/1955	CHI No:	0809555328
Address:	39 RENNIE ROAD KILSYTH G65 9PQ		

Referring Physician: DR GOODFIELD Report to: RAPID ACCESS STOBHILL

Examination Date: 01/10/2012

Study Code:	MYO124504	Thallium-201 Dose: 58.3 MBq	
Study Code:	CBP124501	Tc-99m Dose: 631.0 MBq	

Drugs: ISMN;STATIN;RAMIPRIL;GTN;ASPIRIN;PPI;METFORMIN;SYMBICORT;SALBUTAMOL;GABAPENTIN:

Stress test:	DOBUTAMINE 3X5;10;20;1M 30S X 30MCG/KG/MIN
Stopped with:	END OF PROTOCOL + NAUSEA
HR response:	78-123-130 BP response 150/90-140/60-NR
Rest ECG:	WITHIN NORMAL LIMITS
Stress ECG:	NO ST CHANGE
Interpretation:	NEGATIVE ETT (INJECTED AT 130BPM NERG/GM SEEN ON SCREEN) Performed by: DR GOODFIELD/GAYLE MCINTOSH

Thallium scan:
Stress thallium scan shows a very large anterior; lateral; septal and posterior perfusion defect with preserved regional wall motion. Partial redistribution anteriorly; distal-septally; distal-laterally and posteriorly. Minimal change basal-septally and basal-laterally on imaging at 3.3 hours. Defect partly attenuation artefact. Overall consistent with a small area of reversibility detected in the LAD/Circumflex territory.

Bloodpool Ventriculography: LVEF = 42.50% RVEF = 30.00%
(normal LVEF,RVEF >=40% by this technique) MM

Overall normal LV and mildly impaired RV ejection fraction. No focal regional wall motion abnormalities.

SUMMARY:
Dobutamine stress test to THR. No ST change. Small to moderate area of reversibility detected (LAD/Circ). Normal LV and mildly impaired RV ejection fraction.

Reported by: DR MCCURRACH;MRS MCINTOSH;DR MARTIN Signature:

9.11.12 Please file pt's heart test and return

240667

North Glasgow Hospitals

Department of Pathology
Pathology Report

Enquiries: 0141 211 2473

Lab No.:P,10.0011732 CHI No. 0809555328

Name:CLELLAND AGNES DOB/Age:08.09.55
Post code:G65 9PQ

Hosp.No(orPath.Comp.Ref.ZP): 10338654X

Consultant:MR.HANSELL Location:Stobhill Hospital

RIGHT BREAST LUMP

Clinical history

Smooth lump ?lipoma.

Gross

The specimen is a 15x11x5mm piece of fatty tissue. On cross section there is a firm white area 5mm in diameter extending close to one margin.

Microscopy

Microscopy shows adipose tissue within which there is an area of fat necrosis. There is no evidence of malignancy and no breast epithelium is noted in the biopsy.

Sk E A Mallon

This report has been authorised electronically by Dr E A Mallon.

Date collected 08.06.10
Date received 09.06.10
Date reported 14.06.10

North Glasgow Hospitals

Department of Pathology
Pathology Report

Enquiries: 0141 211 2473

Lab No.:P,08.0022177 CHI No. 0809555328

Name:CLELLAND AGNES DOB/Age:08.09.55
Post code:G65 9PQ

Hosp.No(orPath.Comp.Ref.ZP): 10338654X

Consultant:DR. GRAHAM (DERMAT) Location:STOBHILL DERMATOLOGY OPD

EXCISION SKIN BIOPSY.

Clinical History

Recurrent reactive rash elbows. Annular / [illegible]
?EM ?urticarial vasulitis.
Previous biopsy Stobhill.

Gross

A fragment of tissue measuring 5mm.

Microscopy

Sections show perivascular lymphohistiocytic infiltrate. A focal area of dermoepidermal separation is noted. These features may represent early erythema multiforme.

M Elgoweini
SK K Blessing 21.11.08

SUPPLEMENTARY REPORT 28/11/08

Direct Immunofluorescence is negative.

BB K Blessing

Date collected 18.11.08
Date received 18.11.08
Date reported 28.11.08

9)

TOBHILL HOSPITAL 9293 GYNAECOLOGICAL CYTOLOGY

HOSPITAL .....

USE BALLPOINT PEN FIRMLY

LAB. NUMBER C2000 09639

338654

CLELLAND, F

AGNES 08/09/1955

39 RENNIE RD

KILSYTH

G65 9PQ

Postal Code

Birth Date D 08 M 09 Y 55

Date of Examination 2007 06

CHI. Number

Hospital Record Number

Address Results to be sent if different

Postal Code

Previous Examination or Cytology Number

Date of Previous Examination

Name and Full Postal Address of G.P. Dr Stephens Kilsyth H/C

Postal Code G65 0HY

Name and Address of Sender J Farrell Coun. 252

Postal Code

SENDER

1 G.P.
2 F.P. Clinic
3 W.W. Clinic
4 Maternity
5 Gynaecology
6 G.U.M.
7 Other
8 Colposcopy

Reason for Smear

1 1st Ever Examination
2 Routine Repeat
3 Repeat of previous non-neg.
4 Other (specify)

Date of L.M.P. 6/7/06

No. of Pregnancies 1

Age at Menopause 2

Radiation (Pelvic) YES 1 3

Hormone Treatment YES 1 4

Contraception

	I.U.C.D.	Oral
Nil	1	1
Past	2	2
Current	3	3

Smear Type

Cervical 1
Vaginal 2
Other 3

Appearance of Cervix

Intact 1
Ectopy 2
Infected 3
Suspicious 4
Malignant 5

Clinical Diagnosis and Comments

Smear Ex at GP: A+C TLCC.
Colp Nabothian follicles ++
Large loop Biopsy
Cervix

Clinician's Signature

Pathologist's Comments

TZ sampled

Pathologist's Signature

Date 31/7/07

RESULT

FOR LAB. USE ONLY

Negative	1	Trich	1
Borderline	2	Yeast	2
Mild Dyskaryosis	3	Virus	3
Moderate "	4		
Severe "	5		
Other	6		
Unsatisfactory	7		

ADVICE

Routine Repeat in 3 years 1
Repeat in KCJ Months 2
Refer to Gynaecology/Colposcopy 3

0197811

The North Glasgow University Hospitals NHS Trust - Pathology

Patient Details:

Name	*Date of Birth*	*Unit Number*	*Pathology Number*
CLELLAND, Agnes	08-Sep-55	338654	H00-07414
Consultant /GP	*Location*		*Date Received:*
Dr C A FORREST	Colposcopy		21/07/2000

Histopathology Report

Clinical History: Nabothian follicles at Colpo. No AWE.

Loop Biopsy

Gross: Two irregular mucosal fragment measuring 10 and 13mm max respectively. Both have abundant mucus attached.

Micro: The cervical biopsy consists of TZ mucosa showing an active chronic cervicitis. The metaplastic epithelium shows HPV-changes but there is no evidence of CIN.

GP FU - 1yr.

Reported by:	*Date despatched:*	*DCode*
Dr M Rahilly	**16 August 2000**	**83C.2E**

Department of Pathology, Stobhill Hospital

Enquiries: 0141-201 3536

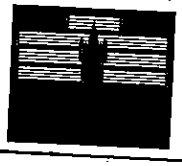
STOBHILL

LOCATION/ REPORT ADDRESS	SURNAME		
WARD 25B STOBHILL HOSPITAL	CLELLAND		
	FORENAME AGNES		SEX
	D.O.B./AGE 08/09/1955 44 Yrs	HOSPITAL No. SB338654	
CONSULTANT KERR	SAMPLE DATE 28/02/00	DATE RECEIVED 28/02/00	REPORT DATE 10/04/2000

TEST NAME	RESULT
Complement C3d (EP)	TEXT

C3dg TEXT = <12 = Normal.

NO TESTS WILL BE PERFORMED ON SAMPLES WITH INCOMPLETE OR ILLEGIBLE REQUEST FORMS



CLINICAL IMMUNOLOGY LABORATORY
NORTH GLASGOW HOSPITALS
GLASGOW
G11 6NT
Consultant: Dr. A.M. Farrell

CPA ACCREDITED LABORATORY

LAB No. 109432C

AUTHORISED BY Auto

LABORATORY RESULTS AND ENQUIRIES

Autoantibodies/Complement Tel: 0141-211-2327/2432
Cellular/H.L.V. Tel: 0141-211-2213
Tel: 0141-211-2213

LOCATION/ REPORT ADDRESS	SURNAME	
WARD 25B STOBHILL HOSPITAL	CLELLAND FORENAME: AGNES	SEX: Female
	D.O.B./AGE: 08/09/1955 44 Yrs	HOSPITAL No.: SB338654
CONSULTANT: KERR	SAMPLE DATE: 28/02/00	DATE RECEIVED: 28/02/00 / REPORT DATE: 28/03/2000

TEST NAME	RESULTS	UNITS	NORMAL RANGE
ANA Screen	NEG		

NO TESTS WILL BE PERFORMED ON SAMPLES WITH INCOMPLETE OR ILLEGIBLE REQUEST FORMS

CLINICAL IMMUNOLOGY LABORATORY
NORTH GLASGOW HOSPITALS
GLASGOW
G11 6NT
Consultant: Dr. A.M. Farrell

CPA ACCREDITED LABORATORY

LAB No. 109431V

AUTHORISED BY Auto

CLINICAL IMMUNOLOGY LABORATORY
NORTH GLASGOW HOSPITALS
GLASGOW
G11 6NT
Consultant: Dr. A.M. Farrell

ACCREDITED CPA LABORATORY

LAB No. 109431V

AUTHORISED BY Auto

NO TESTS WILL BE PERFORMED ON SAMPLES WITH INCOMPLETE OR ILLEGIBLE REQUEST FORMS

LOCATION/ REPORT ADDRESS	SURNAME	FORENAME	SEX
WARD 25B STOBHILL HOSPITAL	CLELLAND	AGNES	Female
CONSULTANT KERR	D.O.B./AGE 08/09/1955 44 Yrs	HOSPITAL No. SB338654	
	SAMPLE DATE 28/02/00	DATE RECEIVED 28/02/00	REPORT DATE 03/03/2000

TEST NAME	RESULTS	UNITS	NORMAL RANGE
Complement C3	1.43	g/l	(0.88 - 1.82)
Complement C4	0.31	g/l	(0.19 - 0.45)

LABORATORY RESULTS AND ENQUIRIES

Autoantibodies/Complement Tel: 0141-211-2327/2432

CLINICAL IMMUNOLOGY LABORATORY
NORTH GLASGOW HOSPITALS
GLASGOW
G11 6NT

Consultant: Dr. A.M. Farrell

CPA
ACCREDITED
LABORATORY

LAB No. 0402066
AUTHORISED BY DR.G.P.

NO TESTS WILL BE PERFORMED ON SAMPLES WITH INCOMPLETE OR ILLEGIBLE REQUEST FORMS

ANA Patterns Seen/Ied.

TEST NAME	RESULTS	UNITS	NORMAL RANGE
ANA Screen	1:40		

CONSULTANT KERR

REPORT ADDRESS/LOCATION
FARD 25B
STOBHILL HOSPITAL

SURNAME	FORENAME	SEX
CLELLAND	AGNES	Female

D.O.B./AGE	HOSPITAL No.
08/09/1855 44 Yrs	SB338654

SAMPLE DATE	DATE RECEIVED	REPORT DATE
25/10/99	26/10/99	24/11/1999

LABORATORY RESULTS AND ENQUIRIES

Autoantibodies/Complement	Tel: 0141-211-2327/2432
Cellular/H.I.V.	Tel: 0141-211-2213
Immunoglobulins/Allergy	Tel: 0141-211-2213

Specialist Registrar Tel: 0141-211-2201

STOBHILL GENERAL HOSPITAL — DEPARTMENT OF PATHOLOGY

Name	Age	Ward	Physician/Surgeon
~~JT~~ CLELLAND Agnes	8.9.55	4B	Dr Davis

Nature of Specimen	Date Received	Report Issued	Unit No.
Endometrial biopsy	20.2.93	23.2.93	338654

Gross Small tissue fragments, volume approximately 0.5mls. All processed.
LMP 8.1.93

Microscopy These are small pieces of secretory endometrium. In one fragment the glands are a little irregular and the stroma denser with some thick-walled blood vessels and this is regarded as a part of a benign endometrial polyp. There is no evidence of inflammation, hyperplasia or neoplasia.

Dr. D. Barker Dr. G.D. Smith

H1215/93 Code 84B.1
Lab. No.

The North Glasgow University Hospitals NHS Trust - Pathology

Patient Details:

Name	*Date of Birth*	*Unit Number*	*Pathology Number*
CLELLAND, Agnes	08-Sep-55	338654	H99-12042
Consultant /GP	*Location*		*Date Received:*
Dr R E I KERR	Dermatology, Stobhill		24/11/99

Histopathology Report

Clinical History: Recurring erythematous anular rash. Appears with herpes simplex. Vesicular margin most like erythema multiforme. Previous biopsy H99 10876

Punch Biopsy of Skin (site not stated)

Gross: A circle of skin, 5mm diameter.

Micro: The epidermis has focal areas of parakeratosis and in addition there is a moderate degree of spongiosis with accompanying lymphocyte exocytosis. In contrast to the previous biopsy (H99-10876) there are also a small number of degenerate keratinocytes. The papillary dermis is markedly oedematous with blurring of the dermoid epidermal interface due to the spongiosis. Within the deeper tissues there is a very prominent perivascular lymphocytic infiltrate similar to that seen previously. Overall these appearances are consistent with a pattern of erythema multiforme particularly in the light of the variation seen within the current and previous lesions.

Reported by:	*Date despatched:*	*DCode*
Dr D Millan	**03 December 1999**	**01.4**

Department of Pathology, Stobhill Hospital

Enquiries: 0141-201 3536

STOBHILL

The North Glasgow University Hospitals NHS Trust - Pathology

Patient Details:

Name	*Date of Birth*	*Unit Number*	*Pathology Number*
CLELLAND, Agnes	08-Sep-55	338654	H99-10876
Consultant /GP	*Location*		*Date Received:*
Dr R E I KERR	Dermatology, Stobhill		27/10/99

Histopathology Report

Clinical History: A flare of rash on extensors, mainly elbows, associated swelling of eyes. Erythematous, urticarial rash, settles with staining ? urticarial vasculitis ? en..

Punch Biopsy of Left Elbow

Gross: A circle of skin.

Micro: The most striking feature is the presence of an intense deeply vascular lymphocytic infiltrate within the superficial dermis. Within the vessels there are also frequent marginated polymorph neutrophils. In addition there is a mild degree of oedema within the superficial dermis and there is a variable but in areas moderately intense infiltrate at the epidermoid junction with accompanying spongiosis and exocytosis of lymphocytes into the basal layers of the epidermis. There is no significant migration into the upper epidermis which is notable that there is no keratotic or parakeratotic scales.

Overall these appearances are in keeping with a vasculopathic reaction pattern and as the clinical history suggests is more in keeping with an urticarial vasculitis rather than a pityriasiform eruption. However these findings should be interpreted in the context of the clinical findings.

Reported by:	*Date despatched:*	*DCode*
Dr D Millan	**05 November 1999**	**01.4**

Department of Pathology, Stobhill Hospital
Enquiries: 0141-201 3536

STOBHILL

Glasgow Hospitals

Department of Pathology
Pathology Report

Enquiries: 0141 211 2473

Lab No.:P,09.0000943 CHI No. 0809555328

Name:CLELLAND AGNES DOB/Age:08.09.55
Post code:G65 9PQ

Hosp.No(orPath.Comp.Ref.ZP): 10338654X

Consultant:DR NEIL.JAMIESON GAS Location:STOBHILL DAY SURGERY UNIT

GASTRIC BIOPSY.

Clinical history:

Dyspepsia and nausea on PPI. Recent eradication therapy. ? H pylori.

Macro:

Three biopsies the largest 3 mm.

Micro:

Microscopy shows pieces of specialised and non specialised gastric mucosa the latter showing foveolar hyperplasia and increased smooth muscle fibres in the lamina propria consistent with chemical/biliary reflux gastritis. Helicobacters are not identified. There is no intestinal metaplasia, dysplasia or malignancy.

LS M Seywright

Date collected 19.01.09
Date received 19.01.09
Date reported 21.01.09

GREATER GLASGOW HEALTH BOARD -- STOBHILL HOSPITAL UNIT

CONSENT TO OPERATION CHART

SURNAME	CHRISTIAN/FORENAMES	UNIT NUMBER

338654 F/M
CLELLAND AGNES
39 RENNIE RD
KILSYTH
61502
G65 9PQ 08/09/1955

I _____

hereby consent to undergo the operation of Punch biopsy Q. fever

the nature and effect of which have been explained to me by Dr./Mr. [illegible]

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 24/11/99 (Signed) [signature]

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 24/11/99 Signed (Doctor's Signature) [signature]

FORM 5A

NHS Greater Glasgow and Clyde

Stobhill Hospital
CLELLAND, Agnes
39 Rennie Road, Kilsyth, , , G65 9PQ
Referrer: Dr Brian Irvine - STOB ENT OP CLINIC

Diagnostic Imaging Report
DoB: **08/09/1955**
Chi No: **0809555328**
CRIS No: **5087110**
Hosp No: **10338654X**

VERIFIED Verified By: DR RL STEVENS 23/06/10 1505.
Clinical History : Feeling of food sticking. Tightness in mid oesophagus. ? Mucosal lesion in distal oesophagus.

Barium swallow : There is a short, sharp, shelf-like indentation anteriorly in the column of barium within the hypopharynx at the approximate level of C4/5. Appearances are consistent with a small web. The oesophagus is unremarkable. No significant gastro-oesophageal reflux. Degenerative changes noted in the lower cervical spine.

North Glasgow Hospitals

Ref. Src: Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UW
Exams: Barium swallow
Exam Date: 23/06/10 Event: E-12455268

08965

rt

North Glasgow Hospitals

SYNTAX CHECKED by: LINDSEY LEEN (Radiog) 27/05/10 1615 Report By: DR NF DAWSON 25/05/10 and: LINDSEY LEEN (Radiog).

Clinical History : 2 month history of lump in the 12 o'clock position above the right areola. Increasing in size. On examination today the findings are graded P2/3. There is a 5 mm smooth, soft lump. ? Cyst. Within the lateral aspect of the left breast there are areas of increased nodularity.

XR Mammogram Both :

There is predominantly fatty breast pattern. There is a slightly increased density in the 12 o'clock position within the right breast with an associated oil cyst. R2. Nil else seen.

US Breast Rt :

Scanning over the palpable area corresponds with an area of hyperechogenicity (8mm). This may be fat necrosis or mature fat. No skin bruising. No sinister features. Core biopsy should be performed to prove benignity. This could be done free hand as area palpable or could be performed under ultrasound guidance any Thursday afternoon or Tuesday. Overall the appearances are graded R2/U3.

Ref. Src: Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UW
Exams: XR Mammogram Both,US Breast Rt
Exam Date: 25/05/10 Event: E-12450123

08965

North Glasgow University Hospitals Division

Stobhill Hospital

CLELLAND, Agnes
39 Rennie Road, Kilsyth, , , G65 9PQ
Referrer: DR MM BROWN - STOB WARD 2B OUTPATIENT

Diagnostic Imaging Report
DoB: **08/09/1955**
Chi No: **0809555328**
CRIS No: **5087110**
Hosp No: **10338654X**

VERIFIED Verified By: DR RL STEVENS 07/01/09 1511.
Clinical History : Frank haematuria ultrasound and flexible cystoscopy normal.

CT Urogram : There is no evidence of renal tract calculi. Both renal collecting systems outline normally as do both ureters with no evidence of dilatation or filling defect. The bladder is likewise unremarkable on CT. There is no significant abnormality in the liver, spleen or adrenal glands and no retroperitoneal or pelvic lymphadenopathy. Early degenerative changes noted in the lumbar spine and SI joints.

In summary - Unremarkable examination.

notes

Ref. Src: Stobhill Hospital, 133 Balornock Road, Glasgow, , G21 3UW
Exams: CT Urogram
Exam Date: 06/01/09 Event: E-11440709

08965

NHS Greater Glasgow and Clyde

North Glasgow Hospitals

Stobhill Hospital

CLELLAND, Agnes
39 Rennie Road, Kilsyth, , , G65 9PQ
Referrer: DR MM BROWN - STOB WARD 2B OUTPATIENT

Diagnostic Imaging Report

DoB: **08/09/1955**
Chi No: **0809555328**
CRIS No: **5087110**
Hosp No: **10338654X**

VERIFIED Verified By: DR J SHAND 17/12/08 1505.
Clinical History : Frank haematuria.

US Abdomen : Both kidneys are of normal size, shape and position with bipolar diameters of just over 10 cms. No cause can be seen for the patient's haematuria. The liver, spleen and gallbladder appear normal.

Ref. Src: Stobhill Hospital, 133 Balornock Road, Glasgow, , G21 3UW
Exams: US Abdomen
Exam Date: 15/12/08 Event: E-11416809

08965

NHS Greater Glasgow and Clyde

Stobhill Hospital

Diagnostic Imaging Report

Name - AGNES ,CLELLAND
39 Rennie Road, G65 9PQ
Ward:SH02BOP Ref:MR M FRASER

DOB - 08/09/1955
CHI:0809555328

Event No: E-10453818
CRIS No: 5087110
Hosp No: 10338654X

US RENAL / URINARY TRACT

VERIFIED .. Report by: DR A MCCAFFERTY
Clinical History : Frank haematuria.

US RENAL / URINARY TRACT : Both kidneys appear normal.

North Glasgow Hospitals

NHS Greater Glasgow

Stobhill Hospital

Diagnostic Imaging Report

Name - AGNES ,CLELLAND
39 Rennie Road, G65 9PQ
Ward:SH02BOP Ref:MR M FRASER

DOB - 08/09/1955
CHI:0809555328

Event No: E-9541382
CRIS No: 5087110
Hosp No: 10338654

Notes

IVU

VERIFIED .. Report by: JULIAN KEANIE

Clinical History : Left loin pain. Sterile pyuria. Microscopic haematuria.

IVU : A soft opacity is seen just above the left transverse process of L5 on the control film. There are otherwise no radio-opacities projected over the renal tract.

Following contrast administration, there is prompt bilateral uptake and excretion. The renal outlines appear normal. The pelvicalyceal systems also appear normal and drain satisfactorily. The ureters are well visualised and appear normal. The radio-opacity seen on the control film is demonstrated to lie outwith the ureter. The bladder was not examined in detail.

Conclusion: Normal I.V.U.

North Glasgow University Hospitals Division

GENERAL HOSPITAL, GLASGOW
RADIOLOGY DEPARTMENT

93008904 E | 19/02/93 | MN 0070010 338654 | **X-RAY REPORT**

CLELLAND, Agnes | 37Y | F | JA, DAVIS | GYNOP

39 RENNIE ROAD, KILSYTH, G65 9PQ

Clinical Information :
Menorrhagia. Hysteroscopy clinic.

ULTRASOUND PELVIS

(Transabdominal and Transvaginal) Anteverted uterus measuring 10.2cm x 5.5cm. Several small nabothian cysts were demonstrated in relation to the cervix. All measuring below 1.1cm in diameter. Both ovaries appear within normal.

*DR J NEGRETTE/LMB 19/02/93

19/02/93 - U/S PELVIS

Hospital use Only | Clinic | Day Date | Time | Hospital No. 338654 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital STOBHILL Date 13.08.90

Please arrange for this patient to attend the Orthopaedic clinic of Dr/Mr Illingworth

Patient's Surname CLELAND
First Names Agnes
Address 39 Rennie Road,
KILSYTH,
Postal Code G65 Contact telephone number

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 8.09.55
Patient's Occupation

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital
Year of Attendance Hospital No 338654

If the patient's name and/or address has/have changed since then please give details:
former address: 37 Cronulla Place,
KILSYTH.

Can patient attend at short notice? YES/NO
If YES, minimum notice required days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr. D. Dick,
Health Centre,
KILSYTH.

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

MM

Thank you for seeing this overweight lady who has been attending, for about eight months now, with pain down the medial border of the left knee. This seemed to be from a fall in the beginning but the discomfort, has persisted and despite a trial of several different anti-inflammatories and painkillers, and resitrcted by some diet, the pain persists causing her continued absence from work.

The main area of the pain is at the lower edge of the medial ligament, she does not have any locking and there is no other abnormality on examination of the leg. However, since it has been going on such a long time now I would be grateful for your advice on whether you think there is anything else you can do for this lady and, indeed, any clarification on the diagnosis since this seems a long time for a medial ligament sprain to take to heal up.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age) Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

HMSO-Dd8177736MD-11/89 M10.5 CCN13161

GI/JW

Clinic 2nd October 1990
Typed 3rd October 1990

Dr D Dick
The Health Centre
Kilsyth
GLASGOW G65 0HY

Dear Dr Dick

Agnes Clelland, d.o.b. 8.9.55. Unit No. 338654
39 Rennie Road, Kilsyth

Thank you for your note about this lady. At 16 stones - which she now is - she is 60% overweight and has one enormous problem. I think she sprained her medial collateral ligament last January at the same time as she damaged her patello-femoral joint. The ligament itself has recovered pretty well although there is still a bit of tenderness there but the main problem is her PF joint and this requires treatment with the loss of 6 stones in weight. There is nothing surgically I can offer here and no advice I can give apart from the fact that she must lose weight. This will obviously take a long time but she must be encouraged strongly to do it. Six stones is an awful lot to carry for anyone.

Yours sincerely

G Illingworth F R C S
CONSULTANT ORTHOPAEDIC SURGEON

Use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital STOBHILL Date 21.04.92

Please arrange for this patient to attend the Gynaecology clinic of Dr/Mr Davis

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname CLELLAND
First Names Agnes
Address 39 Rennie Road, KILSYTH,
Postal Code G65
Contact telephone number.

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 08.09.55.
Patient's Occupation

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital
Year of Attendance Hospital No 338654
If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO
If YES, minimum notice required.....days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr. M. Stephens,
Health Centre,
KILSYTH.

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

MM

I would appreciate your assessment of this 34 year old woman who complains of menorrhagia for the past few months, and a constant vaginal discharge and vulval irritation. At the time of examination she was tender on bimanual palpation to the right side particularly. I felt the uterus was large but then Mrs. Clelland is extremely large herself but I wondered if she did have some fibroids in her uterus. A smear carried out on 27th March, 1992, was reported as negative, extremely inflammatory smear. On 27th March, 1992, I prescribed Dicynene to take 4/6 hourly for use with her next period.

I would value your assessment and help in her further management.

Apart from her obesity, her general health is good. Many thanks for seeing her.

Yours sincerely,

Dr. M. Stephens.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

HMSO Dd8301754MD 12/90 M14.5 13161

JAD/AMMCS
CLI 21.4.92.

TYPED 22ND APRIL, 1992.

Dr. M. Stephens,
THE HEALTH CENTRE
Burngreen
KILSYTH
G65 0HY

Dear Dr. Stephens,

Agnes Clelland, dob 8.9.55. Unit No. 338654
39 Rennie Road, Kilsyth, G65.

Thank you for asking me to see this lady who has had quite heavy periods for some time with a lot of cramps. She also gets pre-menstrual discomfort which makes her feel as if she is pregnant. She also told me about a pre-menstrual rash which she gets from time to time on different parts of her anatomy. Currently it is affecting her abdominal wall. She is otherwise okay.

Examination shows that she is an obese lady with quite marked intertrigo in the abdominal skin fold. Pelvic examination was essentially normal although it was difficult to be certain that there was no uterine enlargment in view of her obeseity.

She tells me that the worst symptom is the bloating. She certainly seemed quite an unhappy lady and burst into tears when I suggested that getting her weight down may well help with her problems. Obviously she is well aware of her weight difficulties and I think she would find it impossible to lose the amount of weight which would make any real difference to her quality of life.

I really do not know where to start with her. She has quite bad pre-menstrual symptoms and hormones may help with some of them. I think the best thing would be to try her with a very small dose of Danol say 100 mg. a day and hope that this does not make her weight problem any worse. It this is unacceptable then we may have to try her with some combined oestrogen and progestogen preparation. I will see her again in three months' time.

Yours sincerely

J.A. Davis
Consultant Gynaecologist,
Kilsyth Health Centre

DIVISION OF OBSTETRICS AND GYNAECOLOGY
DR. D. McKAY HART (CHAIRMAN)
DR. J.A. DAVIS (SECRETARY)
DR. C.A. FORREST
DR. R.M. STILL
DR. R.A.L. LOW

FAX NO: 041 557 0468

JAD/KR

Dict: 25.8.92- KILSYTH CLINIC
Typed: 26.8.92

Dr. M. Stephens,
THE HEALTH CENTRE
Burngreen
KILSYTH
G65 0HY

Dear Dr. Stephens,

AGNES CLELLAND, D.O.B. 8.9.55. UNIT NO. 338654.
39 RENNIE ROAD, KILSYTH, G65.

Your patient did not attend for her routine follow up appointment on 25.8.92.

As the clinics are very large I do not particularly want to send her another appointment unless she has problems.

I therefore presume that her premenstrual problems have indeed improved with the treatment that I recommended last time and I am not arranging to see her again. However, if she wishes to be re-referred I would happily send her an appointment once I have heard from you.

Yours sincerely,

J.A. DAVIS
CONSULTANT GYNAECOLOGIST

DEPARTMENT OF GYNAECOLOGY
Dr D McKay Hart (Chairman)
Dr J A Davis (Secretary)
Dr C A Forrest
Dr R M Still
Dr R A L Low

Fax: 041 557 0468

JAD/AW

Clinic: 20.10.92
Typed: 29.10.92

Dr M Stephens
Health Centre
Kilsyth
G65 0HY

Dear Dr Stephens

AGNES CLELLAND, D.O.B. 8.9.55, UNIT NO. 338654
39 RENNIE ROAD, KILSYTH, G65

Mrs Clelland returned to my clinic on 20 October. Apparently there had been some mix-up over her previous appointment.

She found that the Danazol has helped a little with her menstrual and premenstrual problems. It has however, increased her tendency to put on weight, but she has been able to control this.

She is well aware of her weight problem and would dearly love to lose it.

I think she should continue on her Danazol low dose for the time being and I will put her on the waiting list for hysteroscopic out-patient assessment with vaginal ultrasound.

Yours sincerely

J A DAVIS
CONSULTANT GYNAECOLOGIST
KILSYTH HEALTH CENTRE

Extension No: 4042

Fax Number: 041 557 0468

KP/AC/DICT. 01.03.93

4th March 1993

Dr M Stephens
Kilsyth Health Centre
Burngreen
Kilsyth
G65 OHY

Dear Dr Stephens

Agnes Clelland, dob 08.09.55. Unit No 338654
39 Rennie Road, Kilsyth G65 OPQ

This patient attended the Hysteroscopy clinic on 19th February 1993. This revealed a regular uterine cavity without any focal lesion.

After discussions of her treatment options, her name has been put on the waiting list for HEAL.

In the interim I would be grateful if you could prescribe her Dydrogesterone 10 mg b.d. from the 11th to the 25th day of her menstrual cycle.

Yours sincerely

DR KAREN PIEGSA
Registrar

Hospital use Only	Clinic	Day Date 1.11.93	Time 2.40pm	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital STOBHILL Date 19.10.93

Please arrange for this patient to attend the Medical clinic of Dr/Mr Milroy

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname CLELLAND
First Names Agnes
Address 39 Rennie road, KILSYTH, G65 9PQ.
Postal Code
Maiden Surname
Single/Married/Widowed/Other
Date of Birth 08.09.55
Patient's Occupation
Contact telephone number.

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital
Year of Attendance Hospital No 338654
If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO
If YES, minimum notice required..... days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

61502

Dr. M. Stephens,
Health Centre,
KILSYTH.

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

MM

I would appreciate your assessment of this 38 year old woman who became unwell whilst on holiday in August, with a pyrexial illness, sore throat, cough and shortness of breath, and since this time she has complained of lack of energy and general weakness and persistent cough with breathlessness on slightest exertion. When she was first seen on 12th August, an ESR was reported as 106. This was repeated on 23/08/93 when it was down to 54. Virology reported a rising titre to Chlamydia and further virology on 31/08/93 again suggested exposure to Chlamydia psittaci and this was confirmed with a further virology on 01/09/93, the IgG titre being 128. I prescribed a course of Tetracycline 250mgs 4 times daily for two weeks on 30/08/93. She has continued to feel tired all the time with breathlessness and cough. I carried out a chest x-ray on 21/09/93 and this was reported as being normal. She does have a history of exposure to budgerigars in that about a year ago when her husband became unwell (Mr. George Clelland who I believe has been attending you) and he was advised to get rid of his aviary, for a short while Mrs. Clelland took care of the birds. There has been no recent exposure. Her ESR remains elevated at 37 on 12/10/93. In view of the persistence of her symptoms I would appreciate your assessment of her and advice on how best to manage her.

Other routine bloods were within the normal range, that is Biochem. Screen, Random Blood Sugar and Thyroid Function Test. Although she is grossly overweight her general health has been satisfactory, although she is attending Dr. Davis, Gynaecologist, currently with menstrual problems and she is due to be admitted in December for hysteroscopic Endometrial Ablation by Laser, and in preparation for ~~Diagnostic Hysteroscopic Diagnostic~~ this she is on Danazol 600mgs daily. Many thanks for seeing her

Yours sincerely,

Present drug treatment and potential special hazards

X-ray (women of childbearing age). Date of first day of L.M.P.

Dr. M. STephens.

Relevant X-rays available from: No. (if known)

Signature

DEPARTMENT OF RESPIRATORY MEDICINE

Consultant Physicians

Dr Gavin Boyd 4218
Dr Robert Milroy 4217

Ext.4239

Fax number 041.557.0468

AC.EM.Kilsythcl 1
3rd November 1993
(Dictated 1st November 1993)

Dr D. Dick,
The Health Centre,
KILSYTH,
Glasgow G65 OHY

Dear Dr Dick,

AGNES CLELLAND, dob 8.9.55, Unit No. 338654
39 Rennie Road, KILSYTH, G65

Problem: Tiredness and exhaustion

Thank you for referring this lady to Dr Milroy's clinic. I saw her together with Dr Milroy on the 1st November 1993. As you know she dates her problems back to July of this year when she had ~~watch~~ what she thought was the flu. This consisted of headaches, aching in her legs, catarrhal symptoms and feeling tired. You prescribed some antibiotics but these failed to lead to any improvement in her symptoms. She has noticed the fatigue in that she now gets very tired after walking upstairs and making the beds. She has also noticed this is particularly bad after she has got the children off to school in the morning and finds that she has to rest herself after this period. There is no tendency for her symptoms to get worse towards the end of the day. There is no diplopia, loss of voice or difficulty with swallowing or eating. She has no constant aches and occasionally describes some vague muscular aches in her right arm and right forearm and left leg. She feels generally that she has lost some of the strength in her limbs and can no longer do things that she could do before without needing to rest.

She describes poor sleep for the last 3 months. Sometimes when she is lying down flat she feels as though she is not breathing right, and she cannot find comfort in any particular position. She snores also. Her husband has commented on this but he also is a deep sleeper. He has not noticed any episodes of apnoea. She has suffered with intermittent episodes of headaches for the last few months. In the last 2 weeks these have been a particular problem occurring in the frontal area. These are not associated with visual auras.

There are no respiratory symptoms of note and in particular no cough, wheeze or breathlessness. Her husband kept budgies and parrots up to one year ago after having had them for a period of 18 months. He was forced to get rid of them due to an illness precipitated by exposure to the budgies. She also had contact with the birds. She is a married lady. She has never smoked. She has performed factory work in the past but has not worked for 5 years.

Agnes Clelland Unit No. 338654 3rd November 1993

She has 4 children.

Current medication includes Danazole 2 mg t.d.s. and she is due to attend in December for hysteroscopic endometrial oblation.

On examination she was obese, she had a slight pigmented hew to her skin. There was no nodes andno clubbing. No cyanosis. Cardiovascular system - nil of note. Respiratory examination - nil of note, no thyroid palpable. Abdominal examination - obese with nothing to feel. No muscle tenderness.

I discussed her case with Dr Milroy and he feels the most likely explanation is a sort of viral fatigue syndrome in relation to the psittocosis.

To be totally certain of this I have arranged to check her pulmonary function tests, creatinine kinases with respect to any muscle problem, transferrin saturation and liver function tests with respect to any liver disease (haemochromatosis) and doing the overnight oxygen saturation monitoring with respect to the headaches, tiredness and obesity to make sure she is not suffering from nocturnal desaturation.

She will be reviewed again in 5 weeks' time.

Yours sincerely,

ANN CROWTHER
SHO 3 to Dr Robert Milroy

DIVISION OF OBSTETRICS &
GYNAECOLOGY

Dr D McKay Hart (Chairman)
Dr J A Davis (Secretary)
Dr C A Forrest
Dr R M Still
Dr R A L Low

Extension No: 4042

Fax Number: 041 557 0468

MD/AC

7th October 1993

Dr M Stephens
Kilsyth Health Centre
Burngreen
Kilsyth
G65 OHY

Dear Dr Stephens

Agnes Clelland, dob 08.09.55. Unit No 338654
39 Rennie Road, Kilsyth G65 0PQ

Further to Dr Davis' previous letter, I am writing to report that your patient will be admitted for Hysteroscopic Endometrial Ablation by Laser on 9th December 1993.

I would be grateful if you could give her a prescription for Danazol, 600 mg. daily as previously arranged, to be taken up until the day of admission.

Yours sincerely

MRS. A COYLE
Secretary - Dr J A Davis

DEPARTMENT OF RESPIRATORY MEDICINE

Consultant Physicians

Dr Gavin Boyd 4218
Dr Robert Milroy 4217

Ext.4225

Fax number 041.557.0468

AC.EM.RMcl.8
15th Decwember 1993
(Dictated 15.12.93)

Dr M.S. Stephens,
The Health Centre,
KILSYTH,
Glasgow G65 OHY

Dear Dr STephens,

AGNES CLELLAND, dob 08 09 55, Unit No. 338654,
39 Rennie Road, KILSYTH, G65 9PQ

I reviewed this lady in Dr Milroy's clinic on the 8th December 1993. Further to my last letter, all her investigations so far have been normal, in particular the pulmonary function tests were normal, the blood tests were normal. We were planning to check her oxygen saturation and we were hoping to do this on the 10th December since she was due to be admitted to ward 4B for a gynaecological procedure. Unfortunately this admission was cancelled. The oxygen saturation monitoring overnight is likely to be normal and we do not have a very high index of suspicion for any degree of sleep apnoea or nocturnal hypoxia. In the light of this I am not arranging for her to have the oxygen saturation monitoring overnight. I will write to Mrs Clelland directly and inform her of this.

The overall feeling is that there is not anything serious going on with this lady and I have discharged her from the clinic. Naturally should there be any new development we would be most happy to see her again.

Yours sincerely,

ANN CROWTHER
SHO 3 to Dr Robert Milroy

DEPARTMENT OF RESPIRATORY MEDICINE

Consultant Physicians

Dr Gavin Boyd 4218
Dr Robert Milroy 4217

Ext.4225

Fax number 041.557.0468

AC.EM.RMcl.8
15th Decwember 1993
(Dictated 15.12.93)

Mrs Agnes Clelland,
39 Rennie Road,
KILSYTH,
Glasgow G65 9PQ

Dear Mrs Clelland,

You will recall that I saw you in Dr Milroy's clinic on the 8th December 1993. I hear that you were not admitted to ward 4B on the 9.12.93. All your tests so far have been normal. It is unlikely that the monitoring of the oxygen overnight will be particularly helpful. We have therefore decided not to go ahead and do this. As stated in the clinic all your investigations so far have been normal and we are not unduly concerned. I have written to your doctor and should there be new development we would be happy to review you again in the clinic.

Yours sincerely,

ANN CROWTHER
SHO 3 to Dr Robert Milroy

DEPARTMENT OF RESPIRATORY MEDICINE - STOBHILL GENERAL HOSPITAL

AGNES CLELLAND
39 RENNIE ROAD
KILSYTH
G65 9PQ

U.NO. 338654

D.O.B. 8/9/55

CONSULTANT DR.MILROY

DEPT. 12A/OP

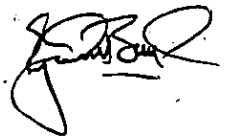
DATE. 8/12/93

WEIGHT. KG.=119.3 HEIGHT. M.=1.69

	PRE BD	% PRED	POST BD	NORMAL RANGE
SPIROMETRY (LITRES BTPS)				
FVC	4.01	110		(3.13 TO 4.15)
FEV1	3.13	105		(2.18 TO 3.76)
PFR	352	89		(299 TO 491)
FEV%	78	100		(65 TO 91)
BODY PLETHYSMOGRAPHY(LITRES BTPS)				
TLC	5.49	101		(4.4 TO 6.52)
RV	1.27	83		(.83 TO 2.23)
%RV	23	82		
FRC	2.04	231		(-.02 TO 1.78)
TGV	3.31			
RAW	.24			< 0.2
SGAW	2.3			> 1.1
SINGLE BREATH (MMOL/MIN/KPA)				
TLCO	9.92	102		(6.69 TO 12.73)
KCO	2.59	144		(1.4 TO 2.2)

HISTORY: Shortness of breath.

REPORT: Body plethysmography reveals normal lung volumes with a minor degree of air flow obstruction. The diffusing capacity and transfer co-efficient are normal.



DEPARTMENT OF RESPIRATORY MEDICINE – STOBHILL GENERAL HOSPITAL

AGNES CLELLAND
39 RENNIE ROAD
KILSYTH
G65 9PQ

U.NO. 338654

D.O.B. 8/9/55

CONSULTANT **DR.MILROY**

DEPT. 12A/OP

DATE. 8/12/93

WEIGHT. KG.=119.3 HEIGHT. M.=1.69

	PRE BD	% PRED	POST BD	NORMAL RANGE
SPIROMETRY (LITRES BTPS)				
FVC	4.01	110		(3.13 TO 4.15)
FEV1	3.13	105		(2.18 TO 3.76)
PFR	352	89		(299 TO 491)
FEV%	78	100		(65 TO 91)
BODY PLETHYSMOGRAPHY(LITRES BTPS)				
TLC	5.49	101		(4.4 TO 6.52)
RV	1.27	83		(.83 TO 2.23)
%RV	23	82		
FRC	2.04	231		(-.02 TO 1.78)
TGV	3.31			
RAW	.24			< 0.2
SGAW	2.3			> 1.1
SINGLE BREATH (MMOL/MIN/KPA)				
TLCO	9.92	102		(6.69 TO 12.73)
KCO	2.59	144		(1.4 TO 2.2)

GREATER GLASGOW HEALTH BOARD – STOBHILL HOSPITAL UNIT

338654 F/M
CLELLAND AGNES
39 RENNIE RD
KILSYTH

61502
G65 9PQ 08/09/1955

T TO OPERATION CHART

ENAMES	UNIT NUMBER

I _____ of _____

hereby consent to undergo the operation of Punch biopsy (R) elbow

the nature and effect of which have been explained to me by Dr./Mr. GMcM

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 27/10/99 (Signed) X

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 27/10/99 Signed (Doctor's Signature)

FORM 5A

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)
Dr J A Davis
Dr D McKay Hart
Dr R A L Low
Dr R Still

Ext No: 4042
Fax No: 041 557 0468

JAD/AC/DICT. 09.01.94

14th January 1994

Dr D Dick
Kilsyth Health Centre
Burngreen
Kilsyth
G65 OHY

Dear Dr Dick

Agnes Clelland, dob 08.09.55. Unit No 338654
39 Rennie Road, Kilsyth G65 9PQ

Admitted: 22/12/93
Discharged: 24.12.93
Ward No: 4B

Your patient was admitted for Hysteroscopic Endometrial Ablation by Laser. This was carried out satisfactorily and she will be reviewed at the clinic in 4 months' time.

Yours sincerely

DR J A DAVIS
Consultant Gynaecologist

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)
Dr J A Davis
Dr D McKay Hart
Dr R A L Low
Dr R Still

Ext No: 4042
Fax No: 041 557 0468

OJO/AC/JDOPC. 13.05.94

19th May 1994

Dr D Dick
Kilsyth Medical Practice
Burngreen
Kilsyth
G65 OHY

Dear Dr Dick

Agnes Clelland, dob 08.09.55. Unit No 338654
39 Rennie Road, Kilsyth

This patient came back for review today following her endometrial ablation. She is still bleeding but her periods are considerably improved from what they were.

I have discharged her from the clinic and have made no arrangements to see her again.

Yours sincerely

DR O J OWENS
Senior Registrar

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital STOBHILL Date 13.11.98 CHI No. 5 3 2 8 . . . . . .

Please arrange for this patient to attend the Dermatology clinic of Dr/Mr Kerr

Patient's Surname CLELLAND Maiden Surname

First Names Agnes Single/Married/Widowed/Other

Address 39 Rennie Road Date of Birth 08.09.55

KILSYTH Patient's Occupation

Postal Code G65 9PQ Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital

Year of attendance Hospital No. 338654

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

61502

Dr. S. Brown
Health Centre
KILSYTH.

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

MM 17/2/99 10.45

I would be obliged if you could see this lady, who has a recurrent problem with an allergic-type rash on her upper arms. The first time it appeared, this occurred on her arms, legs and face, and we wondered if she had a reaction to something at her work. It eventually with Betnovate topically and Loratidine orally. Her full blood investigations were within normal limits, including her Viral Titres as there was a slight chance the rash may have been viral in nature. Thigns appeared to settles until this week when the rash once more recurred. The rash appeared on Thursday night, and she had been abse from her work since the Tuesday night. Once again the rash if very itchy with weal-type appearance, and I have treated it as I did previously. However, inv iew of the recurrent nature of the rash I would value your assessment as to whether skin-testing may be appropriate.

Thank you.

Sandra Brown

Fri's available Kilsyth RK 24.11.98.

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

Printed for The Stationery Office , Dd8457208,08/97, R.P.(53791)

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.LE KERR
Tel: 0141 201 3141

REIK/JW

CLINIC: 16.2.99
DICT: 16.2.99
TYPED: 17.2.99

Dr Brown
HEALTH CENTRE
Burngreen
KILSYTH G65 0HY.

Dear Dr Brown

AGNES CLELLAND DOB 8.9.55 UNIT NO 338654
39 RENNIE ROAD KILSYTH G65 9PQ

I saw this patient at the dermatology clinic at the Health Centre on 16.2.99. Mrs Clelland gives two episodes of very acute urticarial eruption involving the trunk and limbs, not associated however with lip or tongue swelling. She herself is unaware of any trigger factor. She also describes a recurrent rash on her thighs although there is no current rash present. Her general health is reasonable, she has lost over four stones in weight in the past few months. There is no history of atopy and she is not on any routine medication.

On examination there is certainly some post inflammatory staining on the limbs where the rash was but otherwise there are no changes.

I have suggested to Mrs Clelland that if her eruption flares then it would be most appropriate if we could see her at that point, prior to embarking on any investigations. I wondered if she might be experiencing an urticarial vasculitis rather than a straight forward urticaria but I do not have the impression that patch testing would be helpful at this point and I would be doubtful whether RAST testing would be helpful in view of us having no fixed ideas on any particular positive factor. I have therefore suggested to Mrs Clelland that should her eruption flare she should get in touch with you and if you let us know we would be happy to fit her in at a clinic.

Yours sincerely

REBECCA E I KERR
Consultant Dermatologist

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

ES/AMD

CLINIC: 25.10.99.
DICT: 26.10.99.
TYPED: 27.10.99.

Dr. Brown,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Brown,

Re. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

This lady re-attended the dermatology department following a flare up of her previously undiagnosed rash. This had recurred about five days before her attendance affecting her arms, face and causing swelling of the eyelids. The rash was itchy. She could not think of any apparent trigger such as drugs.

On examination in the periorbital area, elbows and arms there were discoid erythematous urticated wheals, some of which were resolving with central fading to leave target lesions. I discussed her with Dr. Kerr who felt that this was a form of erythema multiforme and we have arranged some blood tests and biopsy. It was recommended she try Semprex as an antihistamine for the itch. She will be reviewed in four weeks.

Yours sincerely,

Eileen Smith
Senior House Officer 3

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

HG/AMD

CLINIC: 22.11.99
DICT: 23.11.99.
TYPED: 24.11.99.

Dr. S. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

RE. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

I reviewed the above lady at the dermatology department. She had a further flare up of her atypical rash and today it was very annular affecting the extensor aspect of the forearms, anterior chest wall and also the face. It was rather in keeping with erythema multiforme I felt and it is interesting that she has just had a cold sore and she has had cold sores on all the previous episodes. I have opted to do a further biopsy of these fresh lesions to see if it can confirm my clinical impression and we will see her back at the clinic thereafter.

Yours sincerely,

Heather Graham
Senior House Officer

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

ES/AMD

DICT: 12.11.99.
TYPED: 16.11.99.

Dr. Brown,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Brown,

RE. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

This lady's recent biopsy was fairly non diagnostic. There was an intense vascular lymphocytic infiltrate in the superficial dermis and a mild degree of oedema and it was felt to represent a vasculo-pathic reaction possibly in keeping with urticarial vasculitis. She has an appointment for review.

Yours sincerely,

Eileen Smith
Senior House Officer 3

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

ES/AMD

DICT: 7.12.99.
TYPED: 9.12.99.

Dr. Brown,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Brown,

RE. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

The second biopsy of this lady's rash had histological appearances consistent with erythema multiforme. She has an appointment for review.

Yours sincerely,

Eileen Smith
Senior House Officer 3

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

HG/AMD

CLINIC: 20.12.99.
DICT: 21.12.99.
TYPED: 24.12.99.

Dr. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

Re. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.
Diagnosis: Erythema multiforme

I reviewed the above lady at the dermatology clinic. A second punch biopsy was more in keeping with erythema multiforme which was also in keeping with the clinical picture. I feel that the most likely trigger is her recurring herpetic lesions on the lips and I would therefore be grateful if she could be prescribed Acyclovir 200 mgs. five times a day for five days at the immediate onset of a cold sore to see if this will prevent the erythema multiforme occurring. We will continue to monitor her progress.

Yours sincerely,

Heather Graham
Senior House Officer

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

REIK/AMD

CLINIC: 28.2.00.
DICT: 28.2.00.
TYPED: 1.3.00.

Dr. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

RE. Agnes Clelland, d.o.b. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

I reviewed this patient at the dermatology clinic on 28.2.00. Mrs. Clelland, as you know, had a rather puzzling recurrent eruption which histologically is in keeping with an erythema multiforme. We had wondered if herpes simplex was the trigger factor but in fact that has not been shown to be the case and the other puzzling point is that she has associated with the rash puffiness of her eyelids which takes some days to settle but does settle as the rash settles.

Routine investigations have been normal. I have however repeated her ANA screen and complement studies.

At the present time the skin changes were mainly those of post inflammation and some dryness of the left upper eyelid.

Mrs. Clelland has an appointment for review.

Yours sincerely,

Rebecca E.I. Kerr
Consultant Dermatologist

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

REIK/AMD

DICT: 3.3.00.
TYPED: 7.3.00.

Dr. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

Re. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

Further to my recent letter the result of this patient's ANA screen is now to hand. The result was a very low positive at 1:40 with a speckled pattern.

Yours sincerely,

Rebecca E.I. Kerr
Consultant Dermatologist

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

REIK/AMD

DICT: 20.3.00.
TYPED: 21.3.00.

Dr. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

Re. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

Further to my recent letter the result of this patient's complement levels is now to hand. The complement C3 and complement C4 levels were both within the normal range.

Yours sincerely,

Rebecca E.I. Kerr
Consultant Dermatologist

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

REIK/AMD

DICT: 2.5.00.
TYPED: 3.5.00.

Dr. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

Re. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

The result of this patient's ANA screen is now to hand and was negative. As you know her complement studies were within the normal range.

Yours sincerely,

Rebecca E.I. Kerr
Consultant Dermatologist

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

TEL. NO. 0141 201 3141

AF/AMD

CLINIC: 8.5.00.
DICT: 8.5.00.
TYPED: 9.5.00.

Dr. Dick,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

cc.

Dr. Angela Forsyth,
Consultant Dermatologist,
Contact Dermatitis Unit,
Glasgow Royal Infirmary,
Glasgow, G4.

Dear Dr. Dick,

Re. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

This lady has continuing problems with her skin reaction which seems to be an urticarial vasculitis or erythema multiforme. I have in the past asked such patients to take 1 Acyclovir daily despite the fact there appears to be no active herpes lesions. Herpes can be present in all sorts of occult forms and I think that to take 1 Acyclovir daily is a reasonable way of counteracting that potential. I am also arranging for her to have some patch testing done to see if we can identify a precipitating or triggering factor here. I will see her again when that has been carried out. A topical steroid such as Eumovate would be useful to keep under control any lesions which do develop.

Kind regards.

Yours sincerely,

Angela Forsyth
Consultant Dermatologist

Hospital use Only	Clinic	Day Date	Time	Hospital No.

REQUEST FOR OUT-PATIENT CONSULTATION

Appointment Category Routine

Date: 30-May-00

CHI No.: 5 3 2 8

Hospital: **STOBHILL(S)**

Clinic : **COLPOSCOPY**

Please arrange for this patient to attend :-

of Dr/Mr :

Patient's Surname: **CLELLAND**

Maiden Surname:

First Names: **AGES**

Marital Status: not known

Address1: **39 RENNIE ROAD**

Date of Birth: **08. 09. 55**

Address2: **KILSYTH**

Occupation:

Post Code: **G65 9PQ**

Contact phone no.:

Has the patient attended hospital before ?

If yes:- Name of Hospital

Year of attendance Hosp.No. **338654**

Patient's previous name/address: →

Patient can attend at short notice:

NAME/ADDRESS OF MEDICAL PRACTITIONER

GP Name: M. Stephens

Practice number **61502**

Practice Address Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HU

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs follows:

This 44 year old woman attended for a routine smear today. On examination of the cervix, she had three large nabothian follicles, one of which seemed to be ulcerated and bled on contact. She has been complaining of a discharge for a while, and in view of the unusual appearance of the cervix I would appreciate your assessment of her. I have sent a cervical smear today. She has attended the Gynaecology Department in the past, when she underwent an endometrial ablation in 1993. Her previous smear, carried out in July 1996, No C96/10184, was negative.

Many thanks for seeing her.

Signature: .....

please
ring for
result of smear
urgent appt. (1)

COLPOSCOPY CLINIC- WARD 25A

DR MIRIAM DEENY
DR C A FORREST
DR JA D DAVIS
DR N SIDDIQUI

0141 201 3451

Our Ref:- MSL/JH/9293/338654
22nd August, 2000.

Dr. Stephens,
The Health Centre,
Kilsyth,
G65 OHY

Dear Dr. Stephens,

Agnes Clelland, d.o.b. 8.9.55,
39 Rennie Road, Kilsyth, G65

Further to our letter of 26.7.00, the biopsy shows HPV-like changes only and the smear is reported as negative.

We have therefore discharged this lady to your care. Ms. Clelland should have her smear repeated in one year. Thank you.

Yours sincerely,

DR. MARGARET S. LAING
CLINICAL ASSISTANT

COLPOSCOPY CLINIC- WARD 25A

DR MIRIAM DEENY
DR C A FORREST
DR JA D DAVIS
DR N SIDDIQUI

0141 201 3451

Our Ref:- MSL/JH/9293/338654
22nd August, 2000.

Ms. Agnes Clelland,
39 Rennie Road,
Kilsyth,
G65

Dear Dr. Clelland,

We are pleased to inform you that the smear and biopsy taken recently at the Colposcopy Clinic have been reported and show no significant abnormality.

We have therefore discharged you to the care of your G.P. You should have your smear repeated by your G.P. in one year.

Yours sincerely,

DR. MARGARET S. LAING
CLINICAL ASSISTANT.

Referral Details

Date: 14/06/00
RMO: Dr. Margaret S Laing

Referrer:
Organisation:

COLPOSCOPY CLINIC- WARD 25A

DR MIRIAM DEENY
DR C A FORREST
DR JA D DAVIS
DR N SIDDIQUI

0141 201 3451

Our Ref:- MSL/JH/9293/338654
26th July, 2000.

Dr. Stephens,
The Health Centre,
Kilsyth,
G65 OHY

Dear Dr. Stephens,

Agnes Clelland, d.o.b. 8.9.55,
39 Rennie Road, Kilsyth, G65

The above patient attended the Colposcopy Clinic on 20.7.00.

Colposcopic examination revealed Nabothian follicles. A loop biopsy was obtained and a smear performed and we will write to you when these results are available. We will also arrange follow-up for Ms. Clelland.

Yours sincerely,

DR. MARGARET S. LAING
CLINICAL ASSISTANT.





RETURN VISITS

CLINIC	~~CONSULTANT~~	DATE	TIME
Colposcopy	Dr Laing	20/7/00	2.15

Cat Code 0185904

9293

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

OUT PATIENT ATTENDANCE CARD

HOSPITAL No. 338654 08/09/1955
CLELLAND F
AGNES
39 RENNIE RD
KILSYTH G65 9PQ



OUT-PATIENTS CONSULTATION

Arrangements have been made for you to attend the Out-patient Department

On At

If this appointment is not suitable please write to the Clinic for an alternative date

SUGGESTIONS & COMPLAINTS

If you have any suggestions for an improvement in the services we are providing or should you have a complaint regarding your care or treatment whilst in hospital, you should bring this to the attention of the charge nurse in the ward of the departmental head at the first available opportunity. You can ask for your suggestion or complaint to be officially recorded in the ward/department "Suggestions and Complaints Book".

Alternatively, you can write direct to Patient Services Stobhill Hospital Glasgow G21 3UW giving brief details of your suggestion or complaint.

Any letter of complaint or suggestion will receive an acknowledgement and a further detailed letter of explanation, as appropriate.

PLEASE BRING THIS CARD WITH YOU AT EACH VISIT

Hospital use Only	Clinic	Day Date 31/7/01	Time 10.30	Hospital No.

REQUEST FOR OUT-PATIENT CONSULTATION

Appointment Category Routine

Date: 31-May-01

CHI No.: **5328**

Hospital: **STOBHILL(s)**

Please arrange for this patient to attend :-

Clinic : **DERMATOLOGY**

of Dr/Mr : Ashman or Kerr

Patient's Surname: **CLELLAND**

First Names: **AGNES**

Maiden Surname:

Address1: **39 RENNIE RD**

Marital Status: not known

Address2: **KILSYTH**

Date of Birth: **08.09.55**

Post Code: **G65 9PQ**

Occupation:

Has the patient attended hospital before ?

Contact phone no.: **01236-822191**

If yes:- Name of Hospital

Year of attendance Hosp.No. **338654**

Patient's previous name/address:

Patient can attend at short notice:

NAME/ADDRESS OF MEDICAL PRACTITIONER

GP Name: M. Stephens

Practice number **61502**

Practice Address Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HU

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs follows:

I would appreciate your assessment of this 45 year old woman who presented with a mole present on the mons pubis which has been there for some years. However, recently there has been an increase in pigmentation and the lesion feels raised and is itchy. In view of the changes, I would appreciate your advice on her further management. Agnes is in good health. She has attended Dermatology in the past with a diagnosis of erythema multiforme associated with herpes infection. Many thanks for seeing her.

Yours sincerely

Signature: .....

DATE REC -4 JUN 2001

UR

SA

R.

R. Kerr
5.6.01

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR
DR. DAVID TILLMAN
DR. ANGELA FORSYTH

TEL. NO. 0141 201 3141

MM/AMD

CLINIC: 31.7.01.
DICT: 31.7.01.
TYPED: 1.8.01.

Dr. Stephens,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Stephens,

RE. Agnes Clelland, D.o.B. 8.9.55. (Unit No. 338654)
39 Rennie Road, Kilsyth, G65 9PQ.

Thank you for referring this 45 year old woman with a warty like lesion on her mons pubis which has been present for many years. It has got slightly bigger and changed colour.

On examination this looks to be in keeping with a seborrhoeic keratosis with no sinister features I have thus treated it today with cryotherapy but will review her in case there are any changes or no improvement with treatment.

Yours sincerely,

Marjorie Makin
Senior House Officer in Dermatology

~~HMRA~~ 21/2/14
2.25

Hospital use Only	Clinic	Day Date	Time	Hospital No.

REQUEST FOR OUT-PATIENT CONSULTATION

Appointment Category Routine

Date: 15-Mar-04

CHI No.: **5328**

Hospital: **STOBHILL**

Please arrange for this patient to attend :-

Clinic : **UROLOGY**

Patient's Surname: **CLELLAND**

of Dr/Mr :

First Names: **AGNES**

Maiden Surname:

Address1: **39 RENNIE ROAD**

Marital Status: not known

Address2: **KILSYTH**

Date of Birth: **08. 09. 55**

Post Code: **G65 9PQ**

Occupation:

Has the patient attended hospital before ?

Contact phone no.:

If yes:- Name of Hospital

Year of attendance Hosp.No. **338654**

Patient's previous name/address:

Patient can attend at short notice: →

NAME/ADDRESS OF MEDICAL PRACTITIONER

GP Name: F. McGhie / H Wilson

Practice number **61502**

Practice Address Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HU

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs follows:

I would be grateful if you would see this lady who presents with a one month history of frequency of urine. She does have some stress type incontinence symptoms but no dysuria. She also has an intermittent history of left loin pain. In view of her symptoms a MSU was organised which showed a sterile pyuria and on perusing the notes it seems like she had a previous sample in August 2003 which also showed a sterile pyuria, which I believe was taken prior to antibiotic treatment. She had presented in August with lower back pain and vomiting and at this time dip stick showed +++ blood and a trace of protein. I organised some routing bloods which showed a normal FBC and U's & E's, but a raised ESR of 42 and I have arranged for this to be repeated. Her third MSU was reported as no growth. I have organised KUB, but in view of her continuing symptoms and two reported samples showing a sterile pyuria, I wonder whether she warrants further investigation.

She has a past medical history of pre-eclampsia in 1975, medial collateral ligaments left patello-femoral joint dysfunction 1990, endometrial ablation 1993, medial ligament of the left knee 1990, psittocosis 1993 and her ESR was also noted to be elevated, erythema multiforme 1999, chronic fatigue 1995, epicondylitis of the elbow 2000, low mood 2001, frozen shoulder 2002 and hip pain with mild degeneration of the left hip in December 2002. She is not on any regular medication at present.

On examination her abdomen is soft and non-tender with no palpable masses, pv showed possible mild anterior vaginal wall prolapse on coughing, it was difficult to assess due to obesity, she has mild suprapubic discomfort.

Yours sincerely,

Signature: .....

KHC 21st July
2.25

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3829
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

MB/RLM

CLINIC &
DICTATED: 21 07 04
TYPED: 26 07 04

Dr F McGhie
Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HY

cc Urology Nurse Specialist
Ward 2B
Stobhill Hospital

Dear Dr McGhie

AGNES CLELLAND (DOB 08 09 55) – UNIT NO 10338654X CHI NO 5328
39 RENNIE ROAD, KILSYTH G65 9PQ

Thank you for referring this 48 year old lady who has a number of problems. Firstly she has persistent sterile pyuria with some associated frequency and nocturia. She also complains of stress incontinence especially on coughing and sneezing and is wearing pads. Oddly, she describes some renal angle pain.. I believe a KUB carried out by yourself revealed some calcification in relation to the renal tract. She describes a good flow with no incomplete voiding and has a very small caffeine intake. She has previously had endometrial ablation and her periods are now regular. She had four children, the first was a forceps delivery. Her bowels are regular. She has previously had psittacosis, erythema multiforme clinic fatigue and arthritis. She has no history of diabetes or asthma. She occasionally takes Celebrex and is allergic to Brufen.

Abdominal examination revealed her to be overweight. Her abdomen was soft and non-tender. Perineal examination revealed some slight anterior descent and leakage of urine on coughing.

In the first instance I am going to arrange for her to have three early morning urines checked. I have also arranged an IVU and flexible cystoscopy. In view of her frequency and urgency I would be grateful if you would try her on Detrusitol XL 4mgs once per day and with regards to her stress incontinence I am arranging for her to have some urodynamics. I shall keep you informed of her progress.

With kind regards,

Yours sincerely,

MISS M BROWN
SPR TO MR MICHAEL FRASER.

PS Dear Carol, I would be grateful if you would see this lady with a view to urodynamics. Thank you.

STOBHILL HOSPITAL
DEPARTMENT OF UROLOGY
Balornock Road, Glasgow, G21 3UW

Mr J Crooks
Mr M Fraser
Mr A S James

Telephone No: ***0141-201-3829***
Fax No: ***0141-201-3779***
Enquiries to: ***Mrs R Morrison/Mrs K Johnstone***

ZL/CK/10338654X

DICTATED & TYPED: 18/10/04

DR F McGHIE
Kilsyth Health Centre
Burngreen Park
Kilsyth
Glasgow
G65 0HY

Dear Dr McGhie

AGNES CLELLAND, DOB 08/09/55, 39 RENNIE ROAD, KILSYTH, G65 9PQ

ADMITTED: DAY CASE – 18/10/04
WARD: DAY SURGERY UNIT

Further to Miss Brown's last letter this lady attended today for a flexible cystoscopy. There was obvious stress leak after I had filled up her bladder at the end of the cystoscopy.

The bladder mucosa was normal and the urethra was normal.

Her early morning urines were negative for TB.

She has not yet had her IVP.

In view of her history of incontinence we will arrange for her to have pelvic floor physiotherapy in the first instance. We will see her back in the clinic in 6 months.

Yours sincerely

Mr Z Latif
Specialist Registrar

STOBHILL HOSPITAL
DEPARTMENT OF UROLOGY
Balornock Road, Glasgow, G21 3UW

Mr J Crooks
Mr M Fraser
Mr A S James

Telephone No: ***0141-201-3829***
Fax No: ***0141-201-3779***
Enquiries to: ***Mrs R Morrison/Mrs K Johnstone***

ZL/CK/10338654X

DICTATED & TYPED: 18/10/04

Mrs McLean
Physiotherapy Department
Stobhill Hospital

Dear Mrs McLean

AGNES CLELLAND, DOB 08/09/55, 39 RENNIE ROAD, KILSYTH, G65 9PQ

I would be grateful if you could organise pelvic floor physiotherapy for this lady who has fairly severe stress urinary incontinence.

Yours sincerely

Mr Z Latif
Specialist Registrar

UROLOGY DIRECTORATE
STOBHILL HOSPITAL
133 BALORNOCK ROAD
GLASGOW G21 3UW

Mr J E Crooks
Mr M Fraser
Mr A S James

BLADDER DYSFUNCTION CLINIC
CONTINENCE ADVISORY SERVICE
WARD 2B

Direct Line: 0141 201 3831
Fax No. 0141 201 3779

SISTER CATHY McLEAN
SISTER LINDA GOLDIE
SISTER SARAH ROBINSON
SISTER CAROL O'CONNELL
Direct Line: 0141 201 3834

CO'C/MMcE

Typed: 02.12.04

Ms Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow G65 9PQ

Dear Ms Clelland

Unit no: 10338654X

Following your recent appointment at the Bladder Dysfunction Clinic I have made another date to see you on Thursday 27th January 2005 at 1:30pm. This appointment is for review.

I look forward to seeing you then however if this date is not suitable please contact me on our direct line: 0141 201 3831 between the hours of 8:30am and 12:30pm Monday to Friday.

Yours sincerely

Sister Carol O'Connell
Urology Nurse Specialist

UROLOGY DIRECTORATE
STOBHILL HOSPITAL
133 BALORNOCK ROAD
GLASGOW G21 3UW
Consultants:
Mr J E Crooks
Mr M Fraser
Mr A James

BLADDER DYSFUNCTION CLINIC
WARD 2B

SISTER CATHY McLEAN
SISTER LINDA GOLDIE
SISTER SARAH ROBINSON
SISTER CAROL O'CONNELL
Direct Line: 0141 201 3834

Direct Line: 0141 201 3831
Fax No. 0141 201 3779

CO'C/MMcE

Dictated: 27.01.05
Typed: 04.02.05

Physiotherapy Department
Stobhill Hospital
Glasgow G21 3UW

Dear Colleagues

AGNES CLELLAND (D.O.B: 08.09.55) – UNIT NO: 10338654X
39 RENNIE ROAD, KILSYTH, GLASGOW G65 9PQ

Would you be kind enough once you have discharged Mrs Clelland from your care to refer her back to the Bladder Dysfunction Clinic.

Yours sincerely

Sister Sarah Robinson
Urology Nurse Practitioner

UROLOGY DIRECTORATE
STOBHILL HOSPITAL
133 BALORNOCK ROAD
GLASGOW G21 3UW
Consultants:
Mr J E Crooks
Mr M Fraser
Mr A James

BLADDER DYSFUNCTION CLINIC
WARD 2B

SISTER CATHY McLEAN
SISTER LINDA GOLDIE
SISTER SARAH ROBINSON
SISTER CAROL O'CONNELL
Direct Line: 0141 201 3834

Direct Line: 0141 201 3831
Fax No. 0141 201 3779

SR/MMcE

Dictated: 27.01.05
Typed: 04.02.05

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow G65 9PQ

Dear Mrs Clelland

Unit no: 10338654X

Following your visit to the Clinic on 20th January 2005 I have spoken to Mr Fraser regarding your kidney x-ray. Unfortunately he does not feel it is necessary to try and speed up the department in doing this x-ray but hopefully you will get an appointment in the near future. We will see you back in the Bladder Dysfunction Clinic once Physiotherapy have discharged you.

Yours sincerely

Sister Sarah Robinson
Urology Nurse Practitioner

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3829
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

MF/RLM

DICTATED &
TYPED: 22 03 05

Dr F McGhie
Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HY

cc Sister C O'Connell
Urology Nurse Specialist
Stobhill Hospital

Dear Dr McGhie

AGNES CLELLAND (DOB 08 09 55) – UNIT NO 10338654X CHI NO 5328
39 RENNIE ROAD, KILSYTH G65 9PQ

This lady's IVU is normal. I will arrange for the Nurses in the Bladder Dysfunction Clinic to review her again.

With kind regards,

Yours sincerely,

MR MICHAEL FRASER
CONSULTANT UROLOGICAL SURGEON.

PS Dear Carol, I would be grateful if you could see this lady. Her IVU is normal and you have requested referral back to yourselves. Thank you.

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3829
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

MF/RLM

DICTATED &
TYPED: **22 03 05**

Mrs A Clelland
39 Rennie Road
Kilsyth G65 9PQ

Dear Mrs Clelland

Unit No 10338654X

I am writing to let you know that your kidney x-ray was normal. The Nurses in the Bladder Clinic will arrange follow-up for you.

With kind regards,

Yours sincerely,

MR MICHAEL FRASER
CONSULTANT UROLOGICAL SURGEON.

HMSS - VCC required 30/03/05

North Glasgow University Hospitals Division
Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3829
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

NHS Greater Glasgow

MF/RLM

DICTATED & TYPED: 22 03 05

Dr F McGhie
Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HY

cc Sister C O'Connell
Urology Nurse Specialist
Stobhill Hospital

Dear Dr McGhie

AGNES CLELLAND (DOB 08 09 55) – UNIT NO 10338654X CHI NO 5328
39 RENNIE ROAD, KILSYTH G65 9PQ

This lady's IVU is normal. I will arrange for the Nurses in the Bladder Dysfunction Clinic to review her again.

With kind regards,

Yours sincerely,

DATE RECEIVED 24/3/05
DATE SEEN

MR MICHAEL FRASER
CONSULTANT UROLOGICAL SURGEON.

PS Dear Carol, I would be grateful if you could see this lady. Her IVU is normal and you have requested referral back to yourselves. Thank you.

Take off U/I

Await Physio report – then review

Need notes

POSITIVE ABOUT DISABLED PEOPLE

North Glasgow University Hospitals Division
Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3829
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

NHS Greater Glasgow

MB/RLM

CLINIC & DICTATED: 21 07 04
TYPED: 26 07 04

21/10/04

DATE RECEIVED	16/08/04
DATE SEEN	05/11/04

CMG

10-30 am

Dr F McGhie
Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HY

cc Urology Nurse Specialist
Ward 2B
Stobhill Hospital

Dear Dr McGhie

AGNES CLELLAND (DOB 08 09 55) – UNIT NO 10338654X CHI NO 5328
39 RENNIE ROAD, KILSYTH G65 9PQ

Thank you for referring this 48 year old lady who has a number of problems. Firstly she has persistent sterile pyuria with some associated frequency and nocturia. She also complains of stress incontinence especially on coughing and sneezing and is wearing pads. Oddly, she describes some renal angle pain. I believe a KUB carried out by yourself revealed some calcification in relation to the renal tract. She describes a good flow with no incomplete voiding and has a very small caffeine intake. She has previously had endometrial ablation and her periods are now regular. She had four children, the first was a forceps delivery. Her bowels are regular. She has previously had psittacosis, erythema multiforme clinic fatigue and arthritis. She has no history of diabetes or asthma. She occasionally takes Celebrex and is allergic to Brufen.

Abdominal examination revealed her to be overweight. Her abdomen was soft and non-tender. Perineal examination revealed some slight anterior descent and leakage of urine on coughing.

In the first instance I am going to arrange for her to have three early morning urines checked. I have also arranged an IVU and flexible cystoscopy. In view of her frequency and urgency I would be grateful if you would try her on Detrusitol XL 4mgs once per day and with regards to her stress incontinence I am arranging for her to have some urodynamics. I shall keep you informed of her progress.

With kind regards,

Yours sincerely,

MISS M BROWN
SPR TO MR MICHAEL FRASER.

PS Dear Carol, I would be grateful if you would see this lady with a view to urodynamics. Thank you.

GIVE ABOUT DISABLED PEOPLE

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Urology CB
G General Referral

Consultant / receiving practitioner and/or specialty clinic

Stobhill Hospital

Hospital and hospital address

Hospital location code.
G207H

Email address

Urgency of referral Routine

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

SEEN BY GP DETAILS

Name	Dr. Marjory Stephens		
GMC code	1348707	GP code	12807
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING PRACTITIONER DETAILS

Name	Dr. Marjory Stephens		
GMC code	1348707	GP code	12807
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Haematuria, frequency and dysuria.

Comment: Dear Doctor,

I would appreciate your assessment of this 51-year-old woman who first presented in August of this year to A&E at Stobhill with frank haematuria, an MSSU was positive and she was treated appropriately with an antibiotic. Her symptoms settled and she has returned today with frequency and dysuria.Her urine is again +ve for blood and protein. I have sent the specimen for C&S, but feel she requires further assessment.

She has recently been diagnosed with type II diabetes and hypertension.

Many thanks for seeing her.

Yours sincerely,

Dr M Stephens

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		07-Mar-2006
Light drinker - 1-2u/day:		27-Aug-2003
Alcohol intake within recommended sensible limits:		07-Mar-2006
Enjoys light exercise:		20-Aug-2002
Enjoys light exercise:		07-Mar-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Date recorded	Modifier	Extension	Date of onset
Patients Notes Summarised	20-Jun-2006	-	-	20-Jun-2006
O/E - right foot pulses present	07-Mar-2006	-	-	-
O/E - Vibration sense of right foot normal	07-Mar-2006	-	-	-
O/E - Vibration sense of left foot normal	07-Mar-2006	-	-	-
Essential hypertension	31-Jan-2006	-	-	-
NIDDM - Non-insulin dependent diabetes mellitus	31-Jan-2006	-	started on metformin	-
Arthralgia of hip	05-Dec-2002	Left	mild degenerative changes	05-Dec-2002
Depressed mood	09-Apr-2001	-	-	09-Apr-2001
Nabothian follicles	20-Jul-2000	-	cervical	20-Jul-2000
Chronic fatigue syndrome	01-Jan-1995	-	-	01-Jan-1995
O/E - weight > 20% over ideal	22-Aug-1994	-	-	-
Postviral fatigue syndrome	01-Nov-1993	-	-	01-Nov-1993
Spontaneous vaginal delivery	30-Oct-1982	-	live female	30-Oct-1982
Spontaneous vaginal delivery	03-Dec-1980	-	labour induced - live child	03-Dec-1980
Spontaneous vaginal delivery	24-Apr-1977	-	induced - live male	24-Apr-1977
Forceps delivery unspecified	08-May-1975	-	live male	08-May-1975
Pre-eclampsia, unspecified	08-May-1975	-	labour induced	08-May-1975

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - exercise	-	-	22-Aug-1994
Health ed. - diet	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Aspirin	02.09.00.0	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-
Metformin Hydrochloride	06.01.02.2	TABS 500MG	1 Tab	Twice daily	23-May-2006	-
Simvastatin	02.12.00.0	TABS 40MG	1 Tab	At night	07-Mar-2006	-
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-
Ramipril	02.05.05.1	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Macrobid	05.01.13.0	CAPS 100MG	1 Cap	4 times daily	05-Dec-2006	-
Aspirin	02.09.00.0	TABS 75MG	1 Tab	Daily	07-Mar-2006	-

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Smoking status

Alcohol consumption

Units per day

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

Administrative information

Referred By:Seen by GP

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

CARLAN SER064

9/1 14/12

FEMALE 04/08/2004 3/1/07

Hospital use only	Clinic	Day Date	Time	Hospital No.
				1033865 4X

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Urology CB
G General Referral — **Consultant / receiving practitioner** and/or **specialty clinic**

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

Hospital location code: G207H

Email address:

Urgency of referral Routine

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

SEEN BY GP DETAILS

Name	Dr. Marjory Stephens		
GMC code	1348707	GP code	12807
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

DATE RECEIVED 0 8 DEC 2006

REFERRING PRACTITIONER DETAILS

Name	Dr. Marjory Stephens		
GMC code	1348707	GP code	12807
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Haematuria, frequency and dysuria.

Comment: Dear Doctor,

I would appreciate your assessment of this 51-year-old woman who first presented in August of this year to A&E at Stobhill with frank haematuria, an MSSU was positive and she was treated appropriately with an antibiotic. Her symptoms settled and she has returned today with frequency and dysuria.Her urine is again +ve for blood and protein. I have sent the specimen for C&S, but feel she requires further assessment.

She has recently been diagnosed with type II diabetes and hypertension.

Many thanks for seeing her.

Yours sincerely,

Dr M Stephens

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		07-Mar-2006
Light drinker - 1-2u/day:		27-Aug-2003
Alcohol intake within recommended sensible limits:		07-Mar-2006
Enjoys light exercise:		20-Aug-2002
Enjoys light exercise:		07-Mar-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history - please ensure inappropriate and irrelevant codes are deleted

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

Description	Date recorded	Modifier	Extension	Date of onset
Patients Notes Summarised	20-Jun-2006	-	-	20-Jun-2006
O/E - right foot pulses present	07-Mar-2006	-	-	-
O/E - Vibration sense of right foot normal	07-Mar-2006	-	-	-
O/E - Vibration sense of left foot normal	07-Mar-2006	-	-	-
Essential hypertension	31-Jan-2006	-	-	-
NIDDM - Non-insulin dependent diabetes mellitus	31-Jan-2006	-	started on metformin	-
Arthralgia of hip	05-Dec-2002	Left	mild degenerative changes	05-Dec-2002
Depressed mood	09-Apr-2001	-	-	09-Apr-2001
Nabothian follicles	20-Jul-2000	-	cervical	20-Jul-2000
Chronic fatigue syndrome	01-Jan-1995	-	-	01-Jan-1995
O/E - weight > 20% over ideal	22-Aug-1994	-	-	-
Postviral fatigue syndrome	01-Nov-1993	-	-	01-Nov-1993
Spontaneous vaginal delivery	30-Oct-1982	-	live female	30-Oct-1982
Spontaneous vaginal delivery	03-Dec-1980	-	labour induced - live child	03-Dec-1980
Spontaneous vaginal delivery	24-Apr-1977	-	induced - live male	24-Apr-1977
Forceps delivery unspecified	08-May-1975	-	live male	08-May-1975
Pre-eclampsia, unspecified	08-May-1975	-	labour induced	08-May-1975

Past procedures (High and medium priority - all)

Description	Laterality	Modifier	Date performed
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - exercise	-	-	22-Aug-1994
Health ed. - diet	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Aspirin	02.09.00.0	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-
Metformin Hydrochloride	06.01.02.2	TABS 500MG	1 Tab	Twice daily	23-May-2006	-
Simvastatin	02.12.00.0	TABS 40MG	1 Tab	At night	07-Mar-2006	-
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-
Ramipril	02.05.05.1	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Macrobid	05.01.13.0	CAPS 100MG	1 Cap	4 times daily	05-Dec-2006	-
Aspirin	02.09.00.0	TABS 75MG	1 Tab	Daily	07-Mar-2006	-

Clinical warnings

Smoking status

Alcohol consumption

Units per day

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

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

Administrative information

Referred By:Seen by GP

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

STOBHILL HOSPITAL
DEPARTMENT OF UROLOGY
Balornock Road, Glasgow, G21 3UW

Mr J Crooks
Mr M Fraser
Mr A S James

Telephone No: *0141-201-3829*
Fax No: *0141-201-3779*
Enquiries to: Mrs K Johnstone/Mrs R Morrison

CM/RP/ 10338654X
Dictated & Typed: 31 January 2007

Dr M Stephens
Kilsyth Health Centre
Burngreen Park
KILSYTH
G65 0HY

Dear Dr Stephens

AGNES CLELLAND (DOB: 08.09.1955 CHI-5328) 39 Rennie Road, Kilsyth, Glasgow G65 9PQ

Admitted:	Day Case – 31 January 2007
Ward:	Day Surgery Unit
Diagnosis:	Microscopic haematuria
Procedure:	Diagnostic Flexible Cystoscopy
Follow Up:	Discharged

Mrs Clelland attended for a flexible cystoscopy today for follow up of her microscopic haematuria. Blood tests were normal including U's & E's and full blood count and urine macroscopy demonstrated the presence of no blood cells and no growth.

Flexible cystoscopy was normal today and I have reassured Mrs Clelland about that. She also had a normal renal ultrasound last week and I have also reassured her about this result.

We have discharged her back to your care.

Yours sincerely

MR C McILHENNY
Specialist Registrar in Urology

MRL 810..

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow

Dr Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HU

15 October, 2007

Dear Dr Stephens,

Re. AGNES CLELLAND, 39 Rennie Road, Kilsyth, GLASGOW, G65 9PQ
Date of Birth 08.09.55 Hospital Number: 10338654X CHI Number: 0809555328

Your patient attended Stobhill Hospital on the 14 OCT 2007 at 11:53 am.

The presenting complaint was:	**R/ELBOW/ARM INJ LAST NIGHT**
Triage Information:	**Nil**
The following investigations were carried out:	**Raduis & Ulna X-Ray Right**
The A&E diagnosis was:	**** Injury ** - Contusion - Upper Limb Right - Forearm**
The following treatment was given:	**Broad Arm Sling**
At the conclusion of treatment the patient was:	**Discharged**
F up:	**Discharged**
Additional Information:	**Nil**

Yours sincerely,

Lawrence Mcglynn
Emergency Nurse Practitioner

Consultants
:

Haematuria Diagnostic Service
Outpatient Department
Telephone: 0141 201 3514

Department of urology

Mr J CROOKS
MR M FRASER
MR A JAMES



10338654X F
CLELLAND
AGNES 08/09/1955
39 Rennie Road
Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

Dear Doctor

The above patient attended the Haematuria Diagnostic Service on
.....9.1.1.07..... when the appropriate investigations were carried out.

~~He~~/she will be returning to the Urology Clinic in due course.

We will keep you informed of their progress.

Yours sincerely

NURSE PRACTIONER

21/10/08 9.30

Hospital use only	Clinic	Day Date	Time	Hospital No.
				10338654Y

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Dermatology A7
G General Referral — **Consultant / receiving practitioner and/or specialty clinic**

Stobhill Hospital — **Hospital and hospital address**

Hospital location code. G207H

Email address -

Urgency of referral **URGENT**

Severe flare-up of dermatitis not responding to treatment.

Date of referral 26-Sep-2008 **Date sent** 01-Oct-2008

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Sandra Brown		
GMC code	2856289	GP code	10791
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

DATE - 1 OCT 2008

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

DATE

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Severe flare-up of dermatitis not responding to treatment.

Comment: Dear Doctor,

The above named lady was investigated several years ago for a non-specific dermatitis for which no cause was found. She has been relatively asymptomatic from this until recently at the beginning of September she had a severe flare-up covering most of her body. Apparently it was very itchy and it did not respond to treatment with anti-histamines or topical steroids. Although she had started on Arcoxia at that time, the rash apparently presented before she took these tablets. She works as a Cleaner in a school and has not, as far as she is aware, had any change in anything that she is in contact with. Her current regime includes Dermol shower lotion, Betnovate RD twice daily, Telfast twice daily and Dermol moisturiser. Her symptoms are now beginning to resolve slightly, but in view of the severity and the non-specific nature of this rash, I would value your urgent assessment.

Thank you for seeing her.

Yours sincerely,

Dr. S Brown

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Never smoked tobacco:		01-Dec-2005
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Alcohol intake within recommended sensible limits:		13-Aug-2004
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005
Enjoys light exercise:		13-Aug-2004

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date recorded	Modifier	Extension	Date of onset
Body mass index 30+ - obesity	-	-	-	15-Apr-2008

O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	2007-01-09	-	-	09-Jan-2007
Patients Notes Summarised	2006-06-20	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
Essential hypertension	-	-	-	31-Jan-2006
NIDDM - Non-insulin dependent diabetes mellitus	-	-	started on metformin	31-Jan-2006
Arthralgia of hip	2002-12-05	Left	mild degenerative changes	05-Dec-2002
Depressed mood	2001-04-09	-	-	09-Apr-2001
Nabothian follicles	2000-07-20	-	cervical	20-Jul-2000
Chronic fatigue syndrome	1995-01-01	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	1993-11-01	-	-	01-Nov-1993
Spontaneous vaginal delivery	1982-10-30	-	live female	30-Oct-1982
Spontaneous vaginal delivery	1980-12-03	-	labour induced - live child	03-Dec-1980
Spontaneous vaginal delivery	1977-04-24	-	induced - live male	24-Apr-1977
Forceps delivery unspecified	1975-05-08	-	live male	08-May-1975
Pre-eclampsia, unspecified	1975-05-08	-	labour induced	08-May-1975

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Urine microalbumin	-	04-May-2008
Urine microalbumin negative	-	04-May-2008
Diabetic on oral treatment	-	15-Apr-2008
Total cholesterol measurement	-	03-Apr-2008
Thyroid function test	-	03-Apr-2008
Total cholesterol measurement	-	13-Mar-2008
Pneumococcal vaccination given	-	27-Nov-2007
Plain X-ray lumbar spine	-	22-Nov-2007
Plain X-ray pelvis	-	22-Nov-2007
Diabetic on oral treatment	-	20-Mar-2007
Urine microalbumin	-	13-Mar-2007
Urine microalbumin positive	-	13-Mar-2007
Total cholesterol measurement	-	09-Mar-2007
Thyroid function test	-	09-Mar-2007
Chlamydia psittaci IgG level	-	20-Jun-2006
Urine microalbumin negative	-	07-Mar-2006
Diabetic retinopathy screening	-	07-Mar-2006
Total cholesterol measurement	-	13-Dec-2005
Thyroid function test	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	-	18-Oct-2004
Hypersensitivity skin testing	-	08-May-2000
Health ed. - diet	-	22-Aug-1994
Health ed. - exercise	-	22-Aug-1994
Endometrial laser ablation	-	22-Dec-1993
Psittacosis LGV antibody level	-	31-Aug-1993
Cervical smear: negative	GP Care	19-Mar-1992
Cervical smear: negative	GP Care	04-Nov-1987
Surgical removal of tooth NOS	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-	651 Days
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-	811 Days
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-	888 Days
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-	766 Days
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-	770 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Dermol 500	500	LOT	Apply	BD prn	25-Sep-2008	-	0 Days
Dermol 200	200	Shower Emollient LOT	use as directed	-	18-Sep-2008	-	0 Days
Betamethasone Valerate	100 grams	CREAM 0.025%	APPLY SPARINGLY	TWICE DAILY	18-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	18-Sep-2008	-	0 Days
Crotamiton	100	CREAM 10%	Apply	3 times daily	17-Sep-2008	-	0 Days
Famciclovir	7	TABS 750MG	1 Tab	Daily	17-Sep-2008	-	0 Days
KETOCONAZOLE SHAMPOO	1 (OP)	120ML	APPLY	use as shower gel	10-Sep-2008	-	0 Days
Miconazole	90 grams	CREAM 2%	apply	bd	10-Sep-2008	-	0 Days
Fexofenadine Hydrochloride	60	TABS 120MG	1 Tab	Twice daily	10-Sep-2008	-	0 Days
Mometasone Furoate	100	OINT 0.1%	apply spairingly	Twice daily	08-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	08-Sep-2008	-	0 Days
Etoricoxib	28	TABS 120MG	1 Tab	Daily	04-Sep-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	15-Aug-2008	-	0 Days
Aciclovir	35	Dispersible TABS 800MG	1 Tab	5 times daily	22-Jul-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	04-Jul-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 or 2 Caps	Twice daily	28-May-2008	-	0 Days
Epaderm Emollient	1	500g	-	-	16-May-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 or 2 Caps	Twice daily	24-Apr-2008	-	0 Days

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
- Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
South West
North East
- Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 20/10/2008
DICT: 20/10/2008
TYPED: 23/10/2008

HG/AMD

DR. GRAHAM – TUESDAY MORNING
GENERAL DERMATOLOGY CLINIC

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis: **Possible erythema multiforme**
Management: **Aciclovir 200mgs five per day for five days**
Follow-up: **Open appointment**

Thank you for referring the above lady. She was reviewed originally by Dr. Kerr in 1999 with a very atypical eruption. She was investigated extensively at that point including multiple biopsies which favoured a diagnosis of either erythema multiforme or urticarial vasculitis but there were certainly some atypical features. At the time it was wondered if a cold sore may be a trigger. Since 1999 she has had much milder episodes and has tended to ignore them. This episode started in September and was a severe reaction. It tended to affect her trunk and buttocks to mid thigh and to just below the submammary region. She describes it as being bright red and itchy and it has resolved leaving some staining and some peeling. She did have a cold sore and she also developed further cold sores currently. She has also had dental infections and at times has had urinary infections. She is diabetic and currently on Ramipril, Fluoxetine, Metformin, Simvastatin and occasional Celebrex. All of these drugs have been started since the reaction. Mrs. Clelland was also urticarial patch tested and was shown to be allergic to peppermint, menthol and benzoates which she tries her best to avoid. She tells me that when she touches fresh mint in the garden she gets an itch but not the same type of reaction.

On examination there were a few erythematous papules on her left elbow and she had a cold sore at the corner of the left side of her mouth. I have given Mrs Clelland an open appointment so that I can see her if the rash recurs. I have also given her Aciclovir to treat the cold sore and to see if we can possibly prevent the reaction from happening although I do think this may be unlikely.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

Acute Services Division

Surgery and Anaesthetic Directorate

Department of Urology

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Mr J Crooks
Mr M Fraser
Mr A S James
Ms L Seaward

Dictated 11/12/2008
Typed 11/12/2008
Our Ref
Enquiries to: Ms K McConnell
Direct Line: 0141-201-3829
Fax: 0141-201-3779

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

ADMITTED:	DAY CASE - 11th December 2008
WARD:	DAY SURGERY UNIT
INDICATION:	Frank haematuria
PROCEDURE:	Flexible cystoscopy
FOLLOW-UP:	Renal tract ultrasound

Thank you for referring this 53 year old lady who had previously been seen with symptomatic microscopic haematuria with normal flexible cystoscopy and renal tract ultrasound. She represented with an episode of frank haematuria but no associated abdominal pain or lower urinary tract symptoms. I note she is a non insulin dependent diabetic and hypertensive. Analysis today confirms sterile pyourea only. Flexible cystoscopy was conducted today. I am pleased to say this was normal. An ultrasound has already been arranged and this will be conducted on Monday. If this shows no obvious cause then I think we should proceed to CT IVU. I will keep you up to date with her progress.

Yours sincerely

Mr A Laird
Specialist Registrar

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 06/01/2009
DICT: 06/01/2009
TYPED: 09/01/2009
HG/JMcI
DR GRAHAM'S CLINIC

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis: **Erythema multiforme**
Management: **Open appointment**

I reviewed Mrs Clelland. I explained that the biopsy has confirmed the clinical impression of erythema multiform. Currently it is inactive. In Mrs Clelland's case it always seems to be associated with infections, although unfortunately it is either a cold sore, a dental infection or urinary infection. If it was simply a cold sore we could consider long-term Acyclovir therapy but I do not think it is appropriate when other infections are also causing the triggers. Other agents used are either immune-suppression tablets, but she already has hypertension and is diabetic, or Thalidomide is used but she already has neuropathy secondary to her diabetes.

I have discussed all of these options with Mrs Clelland on balance we have agreed to simply observe the situation and if she has a significant flare I have asked her to telephone me when I may need to consider a short course of oral steroids.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

19.1.09 INVITE 29/12

Hospital use only	Clinic	Day Date	Time	Hospital No.
				10338654X

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gastroenterology A9
G General Referral — **Consultant / receiving practitioner** and/or **specialty clinic**

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

Hospital location code: G207H

Email address: -

Urgency of referral ROUTINE
Date of referral 19-Dec-2008 **Date sent** 19-Dec-2008

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Allyson Gawn		
GMC code	3101966	GP code	10839
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

DATE 22 DEC 2008

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

Soon OGD then clinic

SIGN
DATE

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Nausea, occasional dysphagia, heartburn and indigestion

Comment: This lady is complaining of ongoing nausea for some months. She has had occasional dysphagia along with heartburn and indigestion. Omeprazole initially abolished the symptoms, but they have now recurred. As a Helicobacter blood test was positive, I have given her eradication therapy with only temporary benefit. She is diabetic and suffering from leg pains, which are probably due to nerve damage. She is also getting rather depressed and low about her weight, which continues to increased despite all her efforts. I have re-referred her to the Dietitian.

She also complains of occasional pain in the right upper quadrant.

Apart from the positive Helicobacter, all of her blood tests were normal including U&E's, glucose, CRP, Amylase, liver function tests, bone biochemistry and cholesterol. Her last HbAIC was 6.4 and her last full blood count was normal except that she had an ESR of 45.

I have given her Domperidone to use if required, and increased her Omeprazole to twice daily.

In view of her ongoing upper abdominal symptoms, I would appreciate your advice as to whether any further investigation would be appropriate.

Thanks for your help.

Yours sincerely

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Never smoked tobacco:		01-Dec-2005
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Alcohol intake within recommended sensible limits:		13-Aug-2004
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005
Enjoys light exercise:		13-Aug-2004

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date recorded	Modifier	Extension	Date of onset

O/E - dermatology exam.	2008-11-18	-	reactive dermatosis	18-Nov-2008
Tennis elbow	2008-10-21	-	exacerbation of following fall - steriod and local anaesthetic injection	21-Oct-2008
Erythema multiforme	2008-10-20	-	possible	20-Oct-2008
Body mass index 30+ - obesity	-	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	2007-01-09	-	-	09-Jan-2007
Patients Notes Summarised	2006-06-20	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	-	-	started on metformin	31-Jan-2006
Essential hypertension	-	-	-	31-Jan-2006
Arthralgia of hip	2002-12-05	Left	mild degenerative changes	05-Dec-2002
Depressed mood	2001-04-09	-	-	09-Apr-2001
Nabothian follicles	2000-07-20	-	cervical	20-Jul-2000
Chronic fatigue syndrome	1995-01-01	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	1993-11-01	-	-	01-Nov-1993
Pre-eclampsia, unspecified	1975-05-08	-	labour induced	08-May-1975
Forceps delivery unspecified	1975-05-08	-	live male	08-May-1975

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Total cholesterol measurement	-	01-Dec-2008
Diagnostic imaging of vascular system	-	01-Oct-2008
Urine microalbumin	-	04-May-2008
Urine microalbumin negative	-	04-May-2008
Diabetic on oral treatment	-	15-Apr-2008
Total cholesterol measurement	-	03-Apr-2008
Thyroid function test	-	03-Apr-2008
Total cholesterol measurement	-	13-Mar-2008
Pneumococcal vaccination given	-	27-Nov-2007
Plain X-ray pelvis	-	22-Nov-2007
Plain X-ray lumbar spine	-	22-Nov-2007
Diabetic on oral treatment	-	20-Mar-2007
Urine microalbumin	-	13-Mar-2007

Urine microalbumin positive	-	13-Mar-2007
Total cholesterol measurement	-	09-Mar-2007
Thyroid function test	-	09-Mar-2007
Chlamydia psittaci IgG level	-	20-Jun-2006
Urine microalbumin negative	-	07-Mar-2006
Diabetic retinopathy screening	-	07-Mar-2006
Total cholesterol measurement	-	13-Dec-2005
Thyroid function test	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	-	18-Oct-2004
Hypersensitivity skin testing	-	08-May-2000
Health ed. - diet	-	22-Aug-1994
Health ed. - exercise	-	22-Aug-1994
Endometrial laser ablation	-	22-Dec-1993
Psittacosis LGV antibody level	-	31-Aug-1993
Cervical smear: negative	GP Care	19-Mar-1992
Cervical smear: negative	GP Care	04-Nov-1987
Surgical removal of tooth NOS	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-	897 Days
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-	893 Days
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-	778 Days
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-	1015 Days
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-	938 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Domperidone	60	TABS 10MG	1 Tab	3 times daily ac	18-Dec-2008	-	0 Days
Omeprazole	112	CAPS 20MG	1 Cap	Twice daily	18-Dec-2008	-	0 Days
Gabapentin	100	CAPS 300MG	1 Cap	as dir	18-Dec-2008	-	0 Days
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	qds prn pain	18-Dec-2008	-	0 Days
Clarithromycin	14	TABS 500MG	1 Tab bd as per	attached note	02-Dec-2008	-	0 Days
Amoxicillin	28	CAPS 500MG	2 Caps bd	as per attached no	02-Dec-2008	-	0 Days
Omeprazole	56	CAPS 20MG	1 Cap	In the morning	20-Nov-2008	-	0 Days
Ciprofloxacin	10	TABS 250MG	1 Tab	Twice daily	07-Nov-2008	-	0 Days
Aciclovir	25	Dispersible TABS 200MG	1 Tab	5 times daily	22-Oct-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	16-Oct-2008	-	0 Days
Dermol 500	500	LOT	Apply	BD prn	25-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	18-Sep-2008	-	0 Days

Dermol 200	200	Shower Emollient LOT	use as directed	-	18-Sep-2008	-	0 Days
Betamethasone Valerate	100 grams	CREAM 0.025%	APPLY SPARINGLY	TWICE DAILY	18-Sep-2008	-	0 Days
Crotamiton	100	CREAM 10%	Apply	3 times daily	17-Sep-2008	-	0 Days
Famciclovir	7	TABS 750MG	1 Tab	Daily	17-Sep-2008	-	0 Days
Miconazole	90 grams	CREAM 2%	apply	bd	10-Sep-2008	-	0 Days
KETOCONAZOLE SHAMPOO	1 (OP)	120ML	APPLY	use as shower gel	10-Sep-2008	-	0 Days
Fexofenadine Hydrochloride	60	TABS 120MG	1 Tab	Twice daily	10-Sep-2008	-	0 Days
Mometasone Furoate	100	OINT 0.1%	apply spairingly	Twice daily	08-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	08-Sep-2008	-	0 Days
Etoricoxib	28	TABS 120MG	1 Tab	Daily	04-Sep-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	15-Aug-2008	-	0 Days
Aciclovir	35	Dispersible TABS 800MG	1 Tab	5 times daily	22-Jul-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	04-Jul-2008	-	0 Days

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

NHS Greater Glasgow And Clyde

Day Surgery Unit, Stobhill Hospital

GASTROSCOPY REPORT

Name:	**Agnes CLELLAND, 08/09/1955 (F)**	Address:	39 Rennie Road
CHI No:	**0809555328**		Kilsyth
Case note no.:	**10338654X**		Glasgow
			Lanarkshire
			G659PQ

GP: Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G650HU

Procedure date
19th January 2009

Status: Day patient/NHS
Hospital: Stobhill Hospital
Ward: (none)
Referring Cons: GP
(Direct Access)

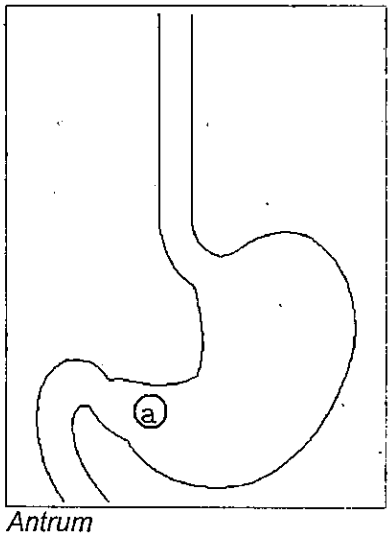
Indications
Dyspepsia, nausea and/or vomiting, reflux symptoms and intermittent dysphagia.
Clinically important comments: Recent eradication therapy.

Consultant/Endoscopist
Endoscopist No1: Fiona Beck
Nurses: SN Elaine Martin
SN Gayle Hollen

Instruments
STP GREEN A120367 EC2770K
Disposable forceps

Premedication
Midazolam (IV) 4 mg

Report
Apparent mucosal junction at 36cm from the incisors.
The whole upper gastro-intestinal tract was normal.



a: *Antrum*

Follow up
No further follow up.

Advice/comments
If H. Pylori positive for eradication therapy. Reflux and dysphagia improved with PPI.

Specimens taken
Biopsy (x4)

Fiona Beck
Nurse Endoscopist

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000

Dr N F Jamieson
Dr A Cahill
Consultant Physicians &
Gastroenterologists

Typed	28/01/2009
Clinic date	19/01/2009
Dictated	28/01/2009
Your Ref	
Our Ref	FB/AMMCK
Enquiries to:	Alison McKenzie 0141 201 3338
:	Claire Thacker 0141 201 3305
Fax No:	0141 201 3888
E-Mail:	Alison.mckenzie@northglasgow.scot.nhs.uk
	Claire.thacker@northglasgow.scot.nhs.uk

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

I now have the results of biopsies obtained at Mrs Clelland's endoscopy on 19 January. These show a chemical/biliary reflux gastritis with no evidence of Helicobacter Pylori.

As such she should continue on her PPI and no further follow up has been arranged.

Yours sincerely

Sister Fiona Beck
Specialist Nurse Endoscopist

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James
Miss L A Seaward

MB/CL/**10338654X**

Dictated: 5/3/09
Typed: 9/3/09

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park,
Kilsyth,
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady with a history of frank haematuria and normal flexible cystoscopy and ultrasound, has had a normal CT urogram. I will see her for review in the clinic in three months' time.

With kind regards.

Yours sincerely

MARY BROWN
Locum Consultant

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James
Miss L A Seaward

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

MB/CL/**10338654X**

Dictated: 5/3/09
Typed: 9/3/09

Ms Agnes Clelland
39 Rennie Road
KILSYTH
G65 9PQ

Dear Ms Clelland

Just to let you know, your recent CT scan has shown no abnormality. I will see you in the clinic in three months' time.

With kind regards.

Yours sincerely

MARY BROWN
Locum Consultant

Verified by Miss Brown & signed on her behalf

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 18/11/2008
DICT: 18/11/2008
TYPED: 21/11/2008

HG/AMD

DR. GRAHAM-TUESDAY MORNING
GENERAL DERMATOLOGY CLINIC

DICTATED AND TYPED IN THE ABSENCE OF CASE NOTES

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis: **Reactive dermatosis**
Management: **Ellipse biopsy for histology and IF**
Follow-up: **Six weeks**

I reviewed Mrs Clelland who had an open appointment. Approximately three weeks ago she had urinary infection which was treated by antibiotics of which she is uncertain of the name. Ten days after the start of the UTI, an eruption appeared on the extensor aspect of her elbows, forearms and upper arms. It has now been present for ten days.

On examination it is slightly urticated with some annular lesions, although not exactly targetoid. Oral mucosa, vulval mucosa are intact. There is slight periorbital irritation but the cornea are intact. This is again exactly the same eruption as has previously been identified and I think we are dealing with a reactive dermatosis. Whether this is an urticarial vasculitis or perhaps an atypical erythema multiforme is difficult to decide and I have taken a further biopsy today although I am really uncertain whether it will decipher between the two. I have given her Dermovate cream to be applied twice per day and I plan to review the histology with Dr Blessing and also the two previous biopsy specimens. I will see Mrs Clelland back in six weeks.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

Acute Services Division

NHS
Greater Glasgow and Clyde

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

DICT: 09/12/2008
TYPED: 10/12/2008

HG/AMD

DICTATED AND TYPED IN THE ABSENCE OF CASE NOTES

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

The biopsy could well represent erythema multiforme. Immunofluorescence is negative. We will review the pathology.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 20/10/2008
DICT: 20/10/2008
TYPED: 23/10/2008

HG/AMD

DR. GRAHAM – TUESDAY MORNING
GENERAL DERMATOLOGY CLINIC

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis:	**Possible erythema multiforme**
Management:	**Aciclovir 200mgs five per day for five days**
Follow-up:	**Open appointment**

Thank you for referring the above lady. She was reviewed originally by Dr. Kerr in 1999 with a very atypical eruption. She was investigated extensively at that point including multiple biopsies which favoured a diagnosis of either erythema multiforme or urticarial vasculitis but there were certainly some atypical features. At the time it was wondered if a cold sore may be a trigger. Since 1999 she has had much milder episodes and has tended to ignore them. This episode started in September and was a severe reaction. It tended to affect her trunk and buttocks to mid thigh and to just below the submammary region. She describes it as being bright red and itchy and it has resolved leaving some staining and some peeling. She did have a cold sore and she also developed further cold sores currently. She has also had dental infections and at times has had urinary infections. She is diabetic and currently on Ramipril, Fluoxetine, Metformin, Simvastatin and occasional Celebrex. All of these drugs have been started since the reaction. Mrs. Clelland was also urticarial patch tested and was shown to be allergic to peppermint, menthol and benzoates which she tries her best to avoid. She tells me that when she touches fresh mint in the garden she gets an itch but not the same type of reaction.

On examination there were a few erythematous papules on her left elbow and she had a cold sore at the corner of the left side of her mouth. I have given Mrs Clelland an open appointment so that I can see her if the rash recurs. I have also given her Aciclovir to treat the cold sore and to see if we can possibly prevent the reaction from happening although I do think this may be unlikely.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

6/4

Kilsyth Medical Partnership

Telephones: 0844 477 2552
Fax: (01236) 826231

Health Centre
Burngreen Park
Kilsyth G65 0HU

AG/MT

26/2/10
LS
OPC

3rd February 2010

Dr. Mary Brown
Urology Locum Consultant/or replacement
Stobhill Hospital
Glasgow G21 3UW

Dear Doctor

Agnes Clelland, 39 Rennie Road, Kilsyth G65 9PQ
Date of birth 08.09.55 CHI 5328

This lady was seen by Dr. Brown, Locum Consultant in March 2009. She was supposed to be reviewed about June 2009 but never received an appointment.

This has come to my attention because she has had another episode of haematuria. This was painless but was associated with frequency and stranguary. This happened three weeks ago. I have asked her to hand in an MSSU although the symptoms have settled for some time. She also mentioned that prior to her renal scan she passed what she describes as "sand" in her urine and I am assuming this was some calculus.

Mrs. Clelland is not hugely keen on further investigations of her urinary tract, particularly as her employers are extremely unsympathetic about any time off sick no matter how well justified, but I would be grateful if you could review her and advise as to whether any further investigation of this would be appropriate. Thanks for your help.

Yours sincerely

.....
Dr. A Gawn

Soon appt LS per MB

4ROC

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line **0141 201 3617 08:45 – 14:45**
Fax Number **0141 201 3779**
Clinical Co-ordinator 0141 355 1776

MISS SEAWARD UROLOGY CLINIC

'2010
'2010
'2010

ıtre
Kilsyth, Stirlingshire
G65 0HU

Dear Dr Gawn

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Many thanks for re-referring this pleasant lady to the urology outpatient clinic. I note th unfortunately she was lost to follow up in 2009. She has a history of first microscopic haematur with normal investigations and further frank haematuria with a normal renal ultrasound, flexib cystoscopy and CT IVU. These investigations were concluded in 2008 and she has had a furth episode of frank haematuria in early 2010. She states that this is painless and resolve spontaneously. I note that the MSSU that you sent in a few weeks after the event showed r growth and no haematuria.

Mrs Clelland has remained asymptomatic for the past three months. Unfortunately she has had difficult time with operations on her foot and awaits surgical investigation of a breast lump. I no she has a history of hypertension and type II diabetes.

We have repeated an MSSU today and will forward you any abnormal results. I have encourage Mrs Clelland to provide urine samples for sending off anytime she notes any frank haematuria any symptoms of cystitis. I explained it is very helpful for us to be able to see a pattern on th computer of cultures and haematuria. It could be that this is a recurrent infection or passage multiple small stones. In any case we will follow her up and see how she is doing in three montl time. We will repeat urinalysis on arrival.

Yours sincerely

Dr Katie Busby
GP ST1 in Urology to Miss Seaward

25.10 09.50

Hospital use only	Clinic	Day Date	Time	Hospital No.
	DM			1033865 4X

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Breast
GGC General Referral

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

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

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

Hospital location code.
G207H

Email address
-

Urgency of referral ROUTINE
Date of referral 19-Apr-2010 **Date sent** 20-Apr-2010

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)
Voice: 822191

1010004045923 Unique Care Pathway Number: 1010004045923

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)
Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Marjory Stephens		
GMC code	1348707	GP code	12807
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)
Voice: 08444 772552

S 25/5

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Small nodule in the right breast

Comment: I would appreciate your assessment of this 54 year old woman who presents with a small less than pea sized nodule affecting the R) breast at the 12 o'clock position just distal to the areolar margin. The nodule is non tender and she feels it has increased in size over the past week. I felt that this was a non suspicious lump, but would appreciate your assessment of her and help in her further management.

Many thanks for your help in this.

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	Comment	Modifier	Date of onset
Erythema multiforme	Biopsy has confirmed.	-	16-Jan-2009
Body mass index 30+ - obesity	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002
Depressed mood	-	-	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000
			01-Jan-

Chronic fatigue syndrome	-	-	1995
O/E - weight > 20% over ideal	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993
Forceps delivery unspecified	live male	-	08-May-1975
Pre-eclampsia, unspecified	labour induced	-	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Other primary fusion of joint	rt mid foot fusion	-	12-Mar-2010
Total cholesterol measurement	-	-	05-Feb-2010
Approach to organ under MRI control	Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	Right	25-Aug-2009
Smoking cessation advice	-	-	12-May-2009
Urine microalbumin	-	-	12-May-2009
Urine microalbumin negative	-	-	12-May-2009
Diabetic on oral treatment	-	-	12-May-2009
Total cholesterol measurement	-	-	08-May-2009
Thyroid function test	-	-	08-May-2009
Total cholesterol measurement	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008
Urine microalbumin	-	-	04-May-2008
Urine microalbumin negative	-	-	04-May-2008
Diabetic on oral treatment	-	-	15-Apr-2008
Total cholesterol measurement	-	-	03-Apr-2008
Thyroid function test	-	-	03-Apr-2008
Total cholesterol measurement	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - exercise	-	-	22-Aug-1994
Health ed. - diet	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	1466 Days
Fluoxetine	120	CAPS 20MG	2 Caps	daily	14-Sep-2009	179 Days
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	1229 Days
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	1344 Days
Metformin Hydrochloride	224	TABS 500MG	2 Tabs	Twice daily	14-Sep-2009	179 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Erythromycin	28	Ec TABS 250MG	2 Tabs	Twice daily	31-Mar-2010	0 Days
Cefalexin	20	CAPS 250MG	1 Cap	4 times daily	17-Mar-2010	0 Days
Co-Codamol	100	8mg/500mg TABS	2 Tabs	qds prn	12-Mar-2010	0 Days
Diazepam	12	TABS 5MG	1 Tab	as dir	26-Jan-2010	0 Days
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	19-Nov-2009	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		12-May-2009
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		12-May-2009
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005

Clinical warnings

Allergies

Description
[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

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

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

MEDICAL HISTORY

IIF Epilepsy Thyroid ↑/↓

ition/procedure	Y	N	Date	Notes
a				
disease				
failure				
tes – type I				
tes – type II	✓			
tension	✓			
cholesterolaemia	✓			
TIA				
/Asthma	✓			

ENT MEDICATION (and recent changes)

	Y	N	Drug	Dose	Frequency	Notes
						Simvastatin
lopgrel						Ramipril
						Aspirin
itrate						Metformin
locker						Fluvoxetine
ocker						Symbicort
and II						Salbutamol
A/ARB						Celecoxib
tic						Omeprazole
medication						Citalopram

ne counter medication _____

GIES Sensitive to [illegible]

spirin ☑ GTN ☑ commenced?

Ibuprofen

RISK FACTORS

Smoking: Current (how many? ___) Ex (when? ___) (Never) Pack years ___

Alcohol: Units per week Normal limit M ≤ 21 F ≤ 14

Exercise: Type Duration Frequency

limited.

Family history of premature coronary disease: Mother SVT.

SOCIAL HISTORY lives ± husband. Not working.

CLINICAL EXAMINATION

GENERAL

Height 5'5" Weight _____ BMI _____

Normal Pre-obese Obese Class I Class II Class III

Pale	Y/N	Corneal arcus	Y/N
Jaundiced	Y/N	Xanthomata	Y/N
Cyanosed	Y/N	Oedema	Y/N
Finger clubbing	Y/N		

CARDIOVASCULAR

HR 76 (REG)/IRR BP [illegible] POSTURAL DROP

JVP APEX BEAT

Heart Sounds I + II + Murmurs nil Chest clear Carotid bruit

Pale cheek blush

If any murmurs are audible the SHO in department must confirm/clarify

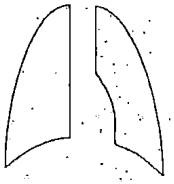
RESPIRATORY

RR _____

Air entry ✓

Wheeze _____

Crackles _____



OTHER

INVESTIGATIONS:

ECG:

ETT results: NEGATIVE INCONCLUSIVE POSITIVE STRONGLY POSTIVE
See ETT for full result

ETT not undertaken (reason) _____

Echo: Y/N Results summary:

Bloods: Y/N U's and E's, LFT's, TFT's, Gluc, Chol, Troponin, FBC, ESR, CRP,
Other _____

Chest x-ray Y/N

MANAGEMENT PLAN

Impression: To come back Thurs for treadmill if bloods ok.

Discharge
Admit Yes ☐ No ☐
Review at Cardio Clinic Yes ☐ No ☐ If "Yes" how many months

Coronary angio Routine ☐ Soon ☐ Urgent ☐ Allergy test ☐ PFTs ☐ 24 hour tape/r test ☐

Pulses ☐

Thallium Stobhill ☐
Thallium GRI ☐

Other Investigation ☐ State: 30/8/12 Bloods ok.

Referral to other speciality ☐
State: Treadmill inconclusive owing to low effort. Slightly atypical however risk factors (Dr SM)

Referral to Cardiac Rehab ☐

Lifestyle advice ☐
Lifestyle leaflets ☐
Letter to GP ☐

GTN ☐
B/blocker ☐
Cal chan blocker ☐
Nicorandil ☐
Nitrate ☐
Aspirin ☐
Clopidogrel ☐
Statin ☐
ACE Inhibitor ☐
Inhalers ☐
PPI ☐
Other ☐

Try LMO + Nicorandil + review.

MIS 149128

RACP CHEST PAIN PROFORMA

NHS
Greater Glasg
and Clyde

Date: 28/8/12

Time :

Nurse: K. Boss

10338654X
CLELLAND
AGNES F
39 RENNIE ROAD 08/09/1955
KILSYTH
GLASGOW
CHI-0809555328 G65 9PQ

Dr. M HARDIE
Kilsyth Health Centre
Burngreen Park
Kilsyth
365 0HU

Age: 56yrs

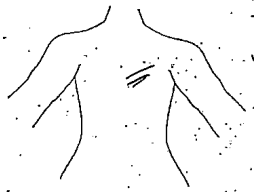
Home No: 07735558228
01236 822 191

GP Phone No. :

AUDIT INFORMATION

Length of history of symptoms prior to attending GP 3-4/12

CHEST PAIN ASSESSMENT – **new onset / worsening angina**



Location 3-4 months of chest pains
Description which are progressing.
Radiation Localised left sided chest
Associated features pain. Occ radiate
Precipitated by Can have ass. sweat.
Relieved by Lasts 5-10 mins, with GTN
Duration settles after a couple of mins.
Frequency No obvious trigger. Episodes
Last episode 0-2 a day, 2-3 times
Recent changes a week.
Previous angina Episodes more frequent.
REST PAIN

Looks pale ⇒ decide more than 1 in normal

Clinical impression: Probability of IHD: Low Intermediate High Unstable (infor

BREAST CLINIC

DIRECT REPORT - PROVISIONAL

DATE: 25/5/10

NAME: AGNES CLELAND
CR S. 508710

MAMMOGRAPHY: fatty pattern ~~xx~~.
Slight ↑ density 12 o'clock ® breast
+al cyst – R_2.

Vrl else.

Eileen.

ULTRASOUND:
12 o'clock right breast

palpable area corresponds with an area of hyperechogenicity (8mm) may be fat necrosis may be mature fat. No skin bruising. No sinister features
Will need Bx to prove benignity.
Can be done freehand as palpable or
Lady can return any Thursday pm or Tuesday, please send card

Patient offered first come first serve week.

R2/43

PLEASE RETURN FILMS TO X-RAY FOR FORMAL REPORTING

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

Department of General Surgery

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Mr D Hansell
General Surgical Clinic
Symptomatic One Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Clinic & Dictated	25/05/2010
Typed	25/05/2010
Our Ref	KH/GR
Clinic Co-ordinator	0141 201 3000 Page 4232
Secretary	0141 355 1506

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park,
Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Thank you for referring this 54 year old lady who reports a two month history of a lump at 12 o'clock above her right areola. It has slowly in this time increased in size.

On examination I could feel a 5 mm smooth fluctuant lump. Mammography examination revealed this likely to be an oil cyst. Ultrasound examination revealed this likely to be either a lipoma or an area of fat necrosis.

She will receive word for a free-hand core biopsy to be performed, hopefully two weeks today. After this time, her pathology will be discussed at the Multidisciplinary Team Meeting and follow-up shall be arranged thereafter.

Many thanks.

Yours sincerely

Dr Kirsten Halstvedt
Specialty Doctor

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

Department of General Surgery

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Mr D Hansell
General Surgical Clinic
Symptomatic One Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Clinic & Dictated	08/06/2010
Typed	09/06/2010
Our Ref	SF/GR
Clinic Co-ordinator	0141 201 3000 Page 4232
Secretary	0141 355 1506

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady attended the clinic this afternoon to have a core biopsy carried out on a small lump in the right breast. This has been assessed at the clinic radiologically and was thought to be a possible area of fat necrosis or mature fat and was graded as R2/U3.

When I examined her today it was felt that this really would be very difficult to carry out a free hand core biopsy on and the lady was keen for this to be removed. As such, we have performed instead, an excision biopsy under local anaesthetic. Looking at this it looked like a small lipoma, however, I have expressed to Mrs Clelland that if it turns out to be something more sinister, then she will indeed need further surgery and she is very aware of that.

We will send a sample to pathology and will hopefully have the result back in about a week. She has had a couple of stitches put in which will need removed at the practice in the next seven days.

We will keep you posted of her pathology results.

Yours sincerely

Mr Stuart Falconer
Specialty Registrar

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice .....

Patient's surname/family na .....

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

Date of Birth___/___/___ ıle ☐ Female ☐

NHS/ CHI Number _____

10338654X F
CLELLAND 08/09/1955
AGNES
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

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

.....

Responsible practitioner: FALCONER

Job title: Specialty Registrar

STATEMENT FOR PRACTITIONER

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

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

EXCISION BIOPSY of SMALL LUMP

(R) Breast.

Risks - Bleeding, infection, further surgery if required.

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

Signature of practitioner: .....

Name/Designation (Print) MR S FALCONER SHO

Date 8/6/10

005

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

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

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

I agree -

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

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

PATIENT REFUSAL FOR BLOOD PRODUCTS

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

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

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

PATIENT/PARENT* AGREEMENT FOR TREATMENT

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

Name (Print): .....

DTH/LM/10338654X

Dictated & Typed: 17th June 2010

Multidisciplinary Breast Meeting - Thursday 17th June 2010

AGNES CLELLAND

Was for core biopsy but given that the diagnosis was apparently fat necrosis and given that the lesion was very small, the lesion was excised under local anaesthetic. Histology confirms fat necrosis. Patient to be reassured and discharged.

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

Department of General Surgery

Mr D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

Dictated & Typed 22/06/2010
Our Ref EM/LM/10338654X/0809555328
Clinic Co-ordinator: 0141 201 3000 Page 4232
Secretary: 0141 355 1506

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ

Dear Mrs Clelland

I write with regards to the small nodularity you had removed from your breast recently. I am pleased to say that pathology result is now available and this showed completely benign features. There was no evidence of any malignancy.

Thank you for your time.

Yours Sincerely,

Euan Mabon
GPST1 in General Surgery

Acute Services Division
Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

Department of General Surgery

Mr D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

Dictated & Typed 22/06/2010
Our Ref EM/LM
Clinic Co-ordinator: 0141 201 3000 Page 4232
Secretary: 0141 355 1506

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This patient was seen by my colleague initially on 25th May 2010 and was found to have a small 5 mm smooth lump at the 12 o'clock position about the right areola. It was planned to arrange a freehand biopsy, however, it was felt that given the size it would actually be easier just to excise this under local anaesthetic which was carried out. I am pleased to say that the results are now available and these showed an area of fat necrosis only. We will, therefore, write to the patient with reassurance and discharge from follow-up.

Thank you for your time.

Yours Sincerely,

Euan Mabon
GPST1 in General Surgery

Patient Details

Surname	CLELLAND
Forename	AGNES
CHI	0809555328
GP Details	STEPHENS, MARJORY KILSYTH HEALTH CENTRE
Age	54
Hospital CRNs	10338654X, ZM06407457

BI = 26/5/10
9-05

Referral Details

Date Received	14/05/2010 08:22:44
ReferralID	4701097
Priority	URGENT
New Priority	URGENT

27/5

Priority History

URGENT	14/05/2010 09:01:31	no priority reason given

Redirection Information

Specialty	Hospital	Reason	Redirected Date	Redirected By
ENT - Head, Neck and Throat	Stobhill Hospital	Record Creation	14/05/2010 9:01	Anne McArthur

Tracking/Vetting Details

Cancer Code	
Date Vetted	17/05/2010 10:07:52
Vetting Status	Vetted
Outcome	Direct OP Appointment
Vetted By	David Simpson

Tests

Clinics

Consultant

Site Stobhill Hospital

Instructions	bwi 26/5
HRCompleted	False

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

10338654

REFERRAL TO

ENT - Head, Neck and Throat
GGC General Referral

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

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

— **Hospital and hospital address**

Hospital location code.
G207H

Email address

Urgency of referral URGENT
Date of referral 13-May-2010 **Date sent** 14-May-2010

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

1010004889872 Unique Care Pathway Number: 1010004889872

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Anne Marie McGregor		
GMC code	4304667	GP code	14672
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Persistent sore throat

Comment: Dear Doctor,

This 54-year-old lady has complained of a sore throat fairly persistently for a couple of months. She was noted by my colleague at the end of March to have tonsillitis and was given Erythromycin. She complains that her glands are frequently swollen, although this was not evident on examination today and, aside from a slightly inflamed throat, ENT examination was normal. I have given her some Nasonex for a post nasal drip, however, in view of her persistent sore throat, I would value your opinion to exclude any sinister cause.

Thank you for seeing her.

Yours sincerely,

Dr. A M McGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset
Erythema multiforme	Biopsy has confirmed.	-	16-Jan-2009
Body mass index 30+ - obesity	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006
			05-Dec-

Arthralgia of hip	mild degenerative changes	Left	2002
Depressed mood	-	-	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	-	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Thyroid function test	-	-	22-Apr-2010
Other primary fusion of joint	rt mid foot fusion	-	12-Mar-2010
Total cholesterol measurement	-	-	05-Feb-2010
Approach to organ under MRI control	Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	Right	25-Aug-2009
Smoking cessation advice	-	-	12-May-2009
Urine microalbumin	-	-	12-May-2009
Urine microalbumin negative	-	-	12-May-2009
Diabetic on oral treatment	-	-	12-May-2009
Total cholesterol measurement	-	-	08-May-2009
Thyroid function test	-	-	08-May-2009
Total cholesterol measurement	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008
Urine microalbumin	-	-	04-May-2008
Urine microalbumin negative	-	-	04-May-2008
Diabetic on oral treatment	-	-	15-Apr-2008
Total cholesterol measurement	-	-	03-Apr-2008
Thyroid function test	-	-	03-Apr-2008
Total cholesterol measurement	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - exercise	-	-	22-Aug-1994
Health ed. - diet	-	-	22-Aug-1994

Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	1403 Days
Metformin Hydrochloride	224	TABS 500MG	2 Tabs	Twice daily	14-Sep-2009	238 Days
Fluoxetine	120	CAPS 20MG	2 Caps	daily	14-Sep-2009	179 Days
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	1229 Days
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	1466 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Duration
Migraleve	24	Complete TABS	1 Tab	As directed	11-May-2010	0 Days
Mometasone Furoate	1	140 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	Daily	11-May-2010	0 Days
Erythromycin	28	Ec TABS 250MG	2 Tabs	Twice daily	31-Mar-2010	0 Days
Cefalexin	20	CAPS 250MG	1 Cap	4 times daily	17-Mar-2010	0 Days
Co-Codamol	100	8mg/500mg TABS	2 Tabs	qds prn	12-Mar-2010	0 Days
Diazepam	12	TABS 5MG	1 Tab	as dir	26-Jan-2010	0 Days

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		12-May-2009
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		12-May-2009
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005

Clinical warnings

Allergies

Description
[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information

Administrative information

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

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

STOBHILL ACH

Consultants
Mr. B.W.H. Irvine
Mr. D.C. Simpson

Level 2, Clinic L
133 Balornock Road
Glasgow
G21 3UW

Tel:- 0141 355 1827

Clinic 26/05/2010
Dictated 26/05/2010
Typed 02/06/2010
Your Ref
Our Ref
Direct Line 0141 355 1827

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady has recurrent sore throats which started about 8 weeks ago, 2 weeks after she had an Orthopaedic operation on her foot. She feels that she is choking and it is hard to eat although she is able to eat well. She is constantly clearing her throat and she feels as though there is a lump in her throat. I understand that you have given her some nasal spray and she feels that this just dries up her nose. She does have heartburn but has never smoked.

On examination her nasal airway is very narrow and inflamed. Her nasopharynx is clear but again quite inflamed and there is erythema, pharyngitis and bulky tonsils. Her mouth and larynx were all completely clear. This picture often goes along with heartburn and reflux and I would be grateful if you could give her twice daily Omeprazole. I have also arranged for a barium swallow to make sure that there are no distal lesions.

Yours sincerely

David Walker
Specialist Registrar in ENT

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice .....

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

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

Date of Birth___/____/_____ ☐ Female ☐

NHS/ CHI Number _____

10338654X F
CLELLAND
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH G65 9PQ
GLASGOW
CHI-0809555328

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

.....

Responsible practitioner: Irving

Job title: ET Consultant

STATEMENT FOR PRACTITIONER

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

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

Pharyngoscopy + balloon dilation

- explained risks + help.

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

Signature of practitioner: .....

Name/Designation (Print) ..... SpR

Date 2../8../10.....

00526

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

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

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

I agree -

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

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

PATIENT REFUSAL FOR BLOOD PRODUCTS

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

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

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

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: x ..... Date 2/8/10

Name (Print): .....

STOBHILL ACH

Consultants
Mr. B.W.H. Irvine
Mr. D.C. Simpson

Level 2, Clinic L
133 Balornock Road
Glasgow
G21 3UW

Tel:- 0141 355 1827

Clinic 02/08/2010
Dictated 02/08/2010
Typed 10/08/2010
Your Ref
Our Ref
Direct Line 0141 355 1827

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This ladies barium swallow has come back showing a slight web and it is not particularly improved with her PPI. She is quite keen to have treatment and we discussed a balloon dilation although I explained that this may not improve her symptoms much. She is keen to go ahead and has been listed for balloon dilatation which will be carried out in due course.

Yours sincerely

David Walker
Specialist Registrar in ENT

Consultants
Mr J E Crooks
Mr A S James
Miss L A Seaward

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617 08:45 – 14:45
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 355 1776

MISS SEAWARD UROLOGY CLINIC

LS/SN/**10338654X**

Clinic 15/02/2011
Dictated 15/02/2011
Typed 18/02/2011

Dr Gawn
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Gawn

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady known to me with persistent microscopic haematuria attended urology clinic this morning. Her urine dipstick on this occasion revealed two ++ blood.

She is completely asymptomatic and she had a normal flexible cystoscopy, renal ultrasound and CT IVU before.

I did discuss red flags with this lady including recurrent UTIs as well as frank haematuria. If she does have any of these she needs to be re-referred to urology immediately. I am discharging her back to your care and shall gladly see her in future if any new problem occurs.

Yours sincerely

Lizette Seaward
Consultant Urologist

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

NHS
Greater Glasgow and Clyde

Dr. Murray Hardie
Kilsyth Health Centre
Burngreen Park
G65 0HY

Printed on: 04/09/2012

Dear Dr. Murray Hardie,

Re: MRS AGNES CLELLAND (CHI 0809555328). 39 Rennie Road Kilsyth Glasgow G65 9PQ

Your patient was seen at the Rapid Access Chest Pain Clinic on 28/08/2012 at Stobhill Hospital.

Presenting History

New onset of symptoms.

Presenting Notes 3-4 month history of chest pains which she feels are progressing in frequency. Localised left sided dull ache, no radiation. Can have assoc sweat. Lasts 5-10mins, now has GTN s/l and feels this is effective after a few mins. No obvious trigger. Episodes 0-2 times a day, 2-3 times a week.

Relevant Past Medical History

Asthma, Type II Diabetes, hypertension and hypercholesterolaemia.

Investigations

ECG
Heart Rate: 76 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT
ETT not done.

Clinical Findings

BP (mmHg) 144/83

Smoking Status Never Smoked

Diagnosis and Recomendations

Additional discharge comments: Following assessment today, slightly atypical pain however risk factors++, she looks quite pale and I have taken off bloods today prior to putting her on the treadmill. She is returning on Thurs for this if her bloods are ok.

30/08/12 - returned today, bloods satisfactory. She unfortunately managed a really low workload on the treadmill and this was therefore inconclusive. In view of her risk factors I have suggested she goes on to have a Dobutamine Thallium scan, which I will arrange. As she feels the GTN s/l helps then I have also recommended a trial of Isosorbide Mononitrate 10mg BD unless contraindicated. She has been given a review appointment to be seen back at clinic.

FAO of nuclear medicine: Current medication as follows

Simvastatin
Ramipril
Aspirin
Metformin
Fluoxetine

Symbicort
Salbutamol
Celecoxib
Omeprazole
Gabapentin
GTN s/l
Isosorbide Mononitrate ?started
NKDA

NHS
Greater Glasgow and Clyde

Referral for patients requiring Pre-operative Assessment

Surgical Assessment Clinic
Clinic K, Level 2
Reception Ext 11296

NB: Case notes must follow patient to Assessment Clinic:

Date: 2/8/10

Consultant: Irvine

Admission Hospital: GGH

Patie

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Procedure:	Pharyngoscopy + balloon dilation
TCI:	3 - 4 weeks.

Please Tick:

In-patient:	☐	Same Day Admission	☐	Day Case in Ward:	☑	Day Case in DSU:	☐
Bed:	☐	Routine:	☑	Soon:	☐	Urgent:	☐

Comments:

POA 20.8.10 9.45am

STOBHILL ACH

Consultants
Mr. B.W.H. Irvine
Mr. D.C. Simpson

Level 2, Clinic L
133 Balornock Road
Glasgow
G21 3UW

Tel:- 0141 355 1827

Clinic 02/08/2010
Dictated 02/08/2010
Typed 10/08/2010
Your Ref
Our Ref
Direct Line 0141 355 1827

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This ladies barium swallow has come back showing a slight web and it is not particularly improved with her PPI. She is quite keen to have treatment and we discussed a balloon dilation although I explained that this may not improve her symptoms much. She is keen to go ahead and has been listed for balloon dilatation which will be carried out in due course.

Yours sincerely

David Walker
Specialist Registrar in ENT

Acute Services Division

Surgery and Anaesthetics Directorate

NHS
Greater Glasgow and Clyde

STOBHILL ACH

Consultants
Mr. B.W.H. Irvine
Mr. D.C. Simpson

Level 2, Clinic L
133 Balornock Road
Glasgow
G21 3UW

Tel:- 0141 355 1827

Clinic 26/05/2010
Dictated 26/05/2010
Typed 02/06/2010
Your Ref
Our Ref
Direct Line 0141 355 1827

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady has recurrent sore throats which started about 8 weeks ago, 2 weeks after she had an Orthopaedic operation on her foot. She feels that she is choking and it is hard to eat although she is able to eat well. She is constantly clearing her throat and she feels as though there is a lump in her throat. I understand that you have given her some nasal spray and she feels that this just dries up her nose. She does have heartburn but has never smoked.

On examination her nasal airway is very narrow and inflamed. Her nasopharynx is clear but again quite inflamed and there is erythema, pharyngitis and bulky tonsils. Her mouth and larynx were all completely clear. This picture often goes along with heartburn and reflux and I would be grateful if you could give her twice daily Omeprazole. I have also arranged for a barium swallow to make sure that there are no distal lesions.

Yours sincerely

David Walker
Specialist Registrar in ENT

Back

CRIS: 5087110	Patient	Details	Address	GP
Hospital No	10338654X			
Chi No.	0809555328		39 RENNIE ROAD KILSYTH G65 9PQ	
Surname	CLELLAND			
Forenames	AGNES			
DoB	08/09/1955	Female		
Film Location	G107HFFM			

*Search *Enquire *Result *Log off

Attended	Ward	Referrer
23/06/2010 @ 0909	G207HOPENT	Dr Brian Irvine

Verified Report

Clinical History : Feeling of food sticking. Tightness in mid oesophagus. ? Mucosal lesion in distal oesophagus.

Reported	Typed	Verified
By: Dr Rhona Stevens On: 23/06/2010 At: 1223	By: Katrina Slaven On: 23/06/2010 At: 1228	By: Dr Rhona Stevens On 23/06/2010 At: 1505

Verified Report

Barium swallow : There is a short, sharp, shelf-like indentation anteriorly in the column of barium within the hypopharynx at the approximate level of C4/5. Appearances are consistent with a small web. The oesophagus is unremarkable. No significant gastro-oesophageal reflux. Degenerative changes noted in the lower cervical spine.

Reported	Typed	Verified
By: Dr Rhona Stevens On: 23/06/2010 At: 1223	By: Katrina Slaven On: 23/06/2010 At: 1228	By: Dr Rhona Stevens On 23/06/2010 At: 1505

Back Log off

Copyright Healthcare Software Systems 2000 - CRIS e*Pages - Current user:nxkylka

Immediate Discharge and Medicine Prescription Form - Confidential

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

Ref. No: 089615

NHS Greater Glasgow and Clyde

Name of GP:
Surgery/Health Centre:

Fix ID label to all 4 copies

Patient: AGNES CLELAND
Address: 39 RENNIE RD
HILLSYTH GLASGOW
Post Code: G61 9PQ
DOB: 8/9/1911 Unit no: 1033865J4X
Weight: CHI no: 0809 55 5728

Ward: 2C Tel:
Consultant: IRVINE
Named Nurse:
Specialty: ENT
Admission date: 22/9/10
Mode of admission: Elective ☑ Emergency ☐ Transfer ☐
Source of Admission: GGH
Discharge date: 23/9/10

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
	BALLOON DILATATION	

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		CO-CODAMOL 30/500	PO	2 TAB	✓		✓	✓	✓		5 DAYS

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

Prescribers name: BEN TATTERSALL Signature: B Tatt Date: 23/9/10
Designation: FY1 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

NHS Greater Glasgow and Clyde

Anaesthetic Record

Name [redacted]
Hospital Number 10338654X F
DoB 08/09/1955
39 Rennie Road
Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

Premedication Omeprazolo.

Procedure(s) Balloon Dilatation.

Anaesthetist(s) ☐ ☐ ☐ C SpR SHO

Surgeon(s) ☐ ☐ ☐

Date 23 / 9 / 10.

Pre-operative assessment

Weight(kg) BMI ~~35~~ 38.

Airway 4 Broken tooth. MP I IP A. TM ~5cm. Good Mouth opening & Neckform

Haematology WBC 7.5 Hb 126 Plt 378

Biochemistry Na 137 K 4.2 Cl 97 Gluc

RS No wheeze.

ECG SR 72.

CVS BP / Hypertension - treated. No IHD. HS 1+11 to. No Murmurs.

CXR

ET. - ½ mile on flat.

Current therapy
MetFormin 1g BD.
Ramipril.
Aspirin.
Fluoxetine. Omeprazole.
Celebrex Simvastatin.

Other significant illnesses
NIDDM → well controlled, 7-9.
Reflux → PPI. Hb A1C 6.4

Allergies
NKDA. Ibuprofen → GI upset.

Previous anaesthesia
x3 GA. foot fusion. & forceps delivery. & wisdom teeth. - No problems.
x1 Epidural.
No FHx.

Smoking - N;I Alcohol - <7 Units/wk

ASA 1 2 3 4 5 E

Comments / Technique

GA - Dental / sore throat / Hoarseness

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

GA ☑ Spinal ☐ Epidural ☐ Other LA _____

ETT 5.0 LMA _____ F Mask ☐ Airway ☐ DLT ____ Laryngoscopy grade I with BURP

IV site(s) 20G Left Dorsum Hand · **Technique details:**

Art line — Eyes taped. & PPP.

CVP/PAWP — VT 500 R 10 Peep 7.

Ventilator Aestiva 5.

Breathing system Circle.

Start 12:30

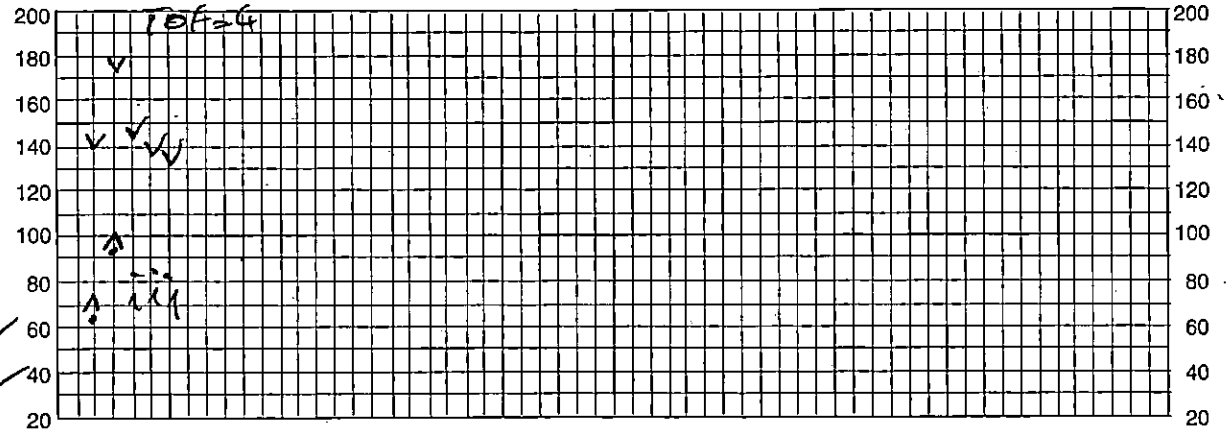
Finish :

Equipment check ☑

PROPOFOL mg	100
FENTANYL mcg/mg	100 50
ONDANSETRON mg	4
MIVACURIUM mg	20
NEOSTIGMINE	2.5/.5
IV Fluids	

Pre-ox ☐
RSI ☐

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



Time	12:30	13:00	13:30	14:00
Events				
FiO_2 O_2/air.	0.53			
SpO_2	97			
$ETCO_2$	5.9			
ETAA Des	5.8			
MAC	1.0			

Events	IV Fluids	Warmer ☐
①	①	
②	②	
③	③	
④	④	
⑤	⑤	
⑥	⑥	
⑦	⑦	
⑧	⑧	
⑨	⑨	

Anaesthetist's signature MACFAY C+I

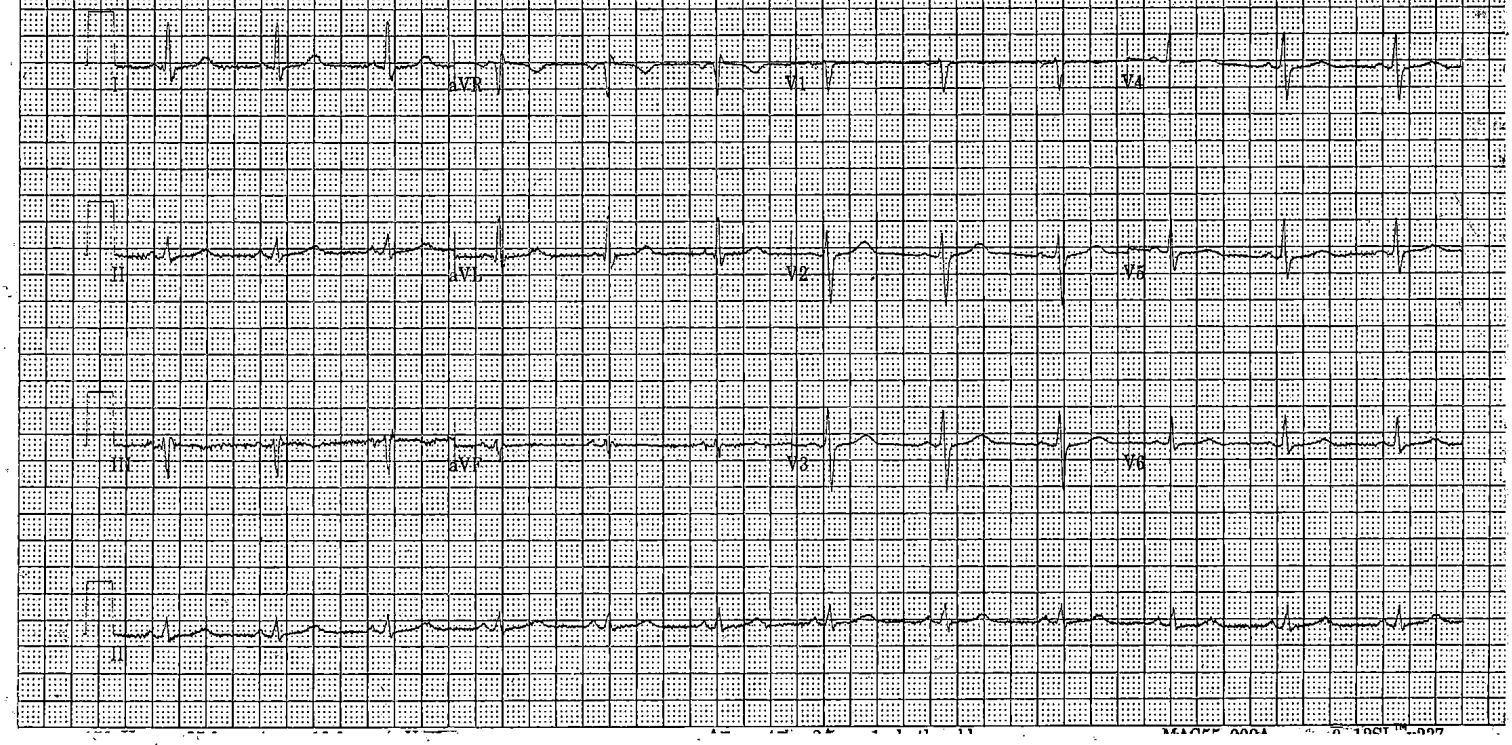
CLELLAND, AGNES ID: 010338554X 20-Aug-2010 9:[illegible] STOBHILL HOSPITAL

8-Sep-1955 Vent. rate 7[illegible] Normal sinus rhythm
Female Caucasian PR interval 128 ms Normal ECG
QRS duration 88 ms
QT/QTc 416/455 ms
Loc: 100 P-R-T axes 46 12 17

History: Unknown
Technician: MD
Test ind:

Referred by: MR IRVINE Unconfirmed

WARD/DEPT: ASSESS COMMENTS:



MAC55 000A [illegible] 10SL [illegible]-027

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

Name: [redacted]

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KIRKINTILLOCH
GLASGOW G65 9PQ
CHI: 0809555328

Height:

Weight:

Surface area:

Date of writing discharge prescription: ___/___/___

Ward:

Date of Admission: ___/___/___

Consultant Name:

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 ☐

PCA and other infusions ☐

Anticoagulants: Heparin ☐ Oral ☐

Topical: ☐

TPN: ☐

Enteral Nutrition: ☐

Oxygen Therapy: ☐

Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN
23/9/10	OMEPRAZOLE	20mg	ORAL	0900	R MACFAUL		

PHARMACY INFORMATION

Community Pharmacy Details:

Tel No.:

Use of Patients Own Medicines in Hospital

Patient Consent Y/N	Initials	Date

Compliance Aid Details:

PATIENT'S NAME:

Parenteral Drugs: Regular Prescription

ADMINISTRATION

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.

A DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

B DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

C DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

D DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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.

F DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

G DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

H DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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 and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

K DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

L DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

M DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Patient's Own Medicine

N DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

P DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

R DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

S DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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 and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

Patient's Own Medicine

For Use Y/N

Qty:

Date:

Assessed by:

Ordered from Pharm.

T DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

V DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

W DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

X DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Patient's Own Medicine

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

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 and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

Patient's Own Medicine — For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

DD DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

EE DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

FF DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

GG DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Patient's Own Medicine

HH DRUG

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

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

JJ DRUG

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

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

KK DRUG

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

FOR PRESCRIBERS USE ONLY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

LL DRUG

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

FOR PRESCRIBERS USE ONLY

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 and draw a diagonal line through section

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

(Maximum number of doses as per protocol)

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: _____

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Sign your full name clearly against each prescription entry.

4. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes.

5. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

6. The following metric unit abbreviations must be used –

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

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

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

O	= oral	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 2, 01/2009

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

[illegible] Services Division
[illegible] and Anaesthetics Directorate
[illegible] Assessment Unit
[illegible] Nose and Throat (ENT)

NHS
Greater Glasgow and Clyde

Hospital Name Gartnavel Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STEPHENS, MARJORY
Address	39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ	Address	KILSYTH HEALTH CENTRE BURNGREEN PARK KILSYTH STIRLINGSHIRE G65 0HU
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457
Telephone	01236 822191	Consent	Yes
CHI Number	0809555328	Sensitivity	Sensitive
Sex	Female	Consultant Name	MR IRVINE
Date of Birth	08/09/1955	Requires Transport	No
		Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	GEORGE CLELLAND	
Address	S/A	
Landline	S/A	
Mobile	07735555820	
Relationship	HUSBAND	HUSBAND

Assessment Details

Assessor	CATHERINE OCONNOR	Grade	5	Date	20/08/2010
Ward	2C				

Surgery / Procedure Attending For

PHARYNGOSCOPY BALLOON DILATATION

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	TOP 5 CHIPPED
Neck/Jaw Stiffness	No	

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

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		ENDOSCOPY, MID FOOT FUSION , EXTRACION OF 8's,
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	No	
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

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

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	Yes	Reduced normal activity; ARTHRITIS

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

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	Yes	Type 2 & Medication Controlled; Well controlled (HbA1c <7%); Date of last hypoglycaemic episode: NEVER HAD ONE;

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Arthritis	Yes	Associated with reduced neck movement; Has restricted movement of the jaw;
CJD Risk	No	
Any serious illness not already mentioned?	No	

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

Social	Yes/No		
Alcohol (units/week)	5		
Smoker	No		
Ex Smoker	No		
IV drug abuser	No	Methadone Req:	
Pregnant	No	LMP	Could Be Pregnant: No

Drug History

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

METFORMIN 500mg X 2 ,RAMIPRIL10mg, SIMVASTATIN 40mg, ASPIRIN 75mg, FLUOXETINE 20mg, OMEPRAZOLE 20mg X 2

Patient takes the following drugs

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

Prosthesis/Implants	Yes/No		
Pacemaker	No	Date of last Check	Date of Insertion
		Reason for insertion	
		Other Reason	
Prosthesis/Other	Yes	PIN RIGHT FOOT,	

Examination

Weight (kg)	121	Height (m)	1.69	BMI	42	Temp
Pulse (bpm)	81	Regular	Regular	BP	129/83	
SaO2 (%)	97					

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Investigations

The below investigations are required.

20/08/2010

U&E	Yes	FBC	Yes	ECG	Yes
Glucose	Yes	Coag Screen	Yes	LFTs	Yes
Group & Save	No	Other	HbA1c; MRSA Screen;		

VTE Risk

Is patient at risk of VTE? Yes

Do they require prophylaxis? Yes

Pre-operative Assessment Summary

Assessor: CATHERINE OCONNOR Grade: 5

1) HIGH BLOOD PRESSURE ON TREATMENT WELL CONTROLLED.

2) TYPE 2 DIABETIC ON MEDICATION. 602mmols

3) B12 DEFICIENCY 3 MONTHLY INJECTIONS

4) BMI 38 SHE IS REDUCING.

Recommended Admission Pathway

Referral by nurse to:

Nurse to arrange the attendance of:

Nurse to:

Referral by Anaesthetist to:

Type of admission to be decided by:

Type of Admission:	SDA
Admission Deferred:	No

Anaesthetic Assessment

Anaesthetist: Grade:

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Services Division
nd Anaesthetics Directorate
nit: Pre Assessment Unit
Ear, Nose & Throat (ENT)

NHS
Greater Glasgow and Clyde

Hospital Name	Gartnavel Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STEPHENS, MARJORY
Address	39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ	Address	KILSYTH HEALTH CENTRE BURNGREEN PARK KILSYTH STIRLINGSHIRE G65 0HU
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457
Telephone	01236 822191	Consent	Yes
CHI Number	0809555328	Sensitivity	Sensitive
Sex	Female	Consultant Name	MR IRVINE
Date of Birth	08/09/1955	Requires Transport	No
		Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	GEORGE CLELLAND	
Address	S/A	
Landline	S/A	
Mobile	07735555820	
Relationship	HUSBAND	HUSBAND

Assessment Details

Assessor	CATHERINE OCONNOR	Grade	5	Date	20/08/2010
Ward	2C				

Surgery / Procedure Attending For

PHARYNGOSCOPY BALLOON DILATATION

Anaesthetic History

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

3. Dentition Risk	
Do you have any loose teeth, caps or dentures?	Yes
Details	TOP 5 CHIPPED

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

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

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

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

Surgical History	
8. Affects suitability for DSU or SDA	
Have you ever had surgery?	Yes
Details of relevant surgical history	ENDOSCOPY, MID FOOT FUSION , EXTRACION OF 8's,
Will this affect the suitability for DSU?	No
Have you ever had a serious surgical or anaesthetic complication?	No

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Cardiovascular

9. Hypertension

Do you have high blood pressure? Yes

Are you on treatment for high blood pressure? Yes

10. Arrhythmias

Symptoms: Irregular heartbeat No Palpitations No Atrial Fibrillation No

How often does it occur?

Are they associated with exercise?

Does it cause you to faint?

11. Angina

Do you suffer from Angina? No

12. Heart Attack

Have you had a heart attack? No

13. Heart Murmur

Do you have a heart murmur? No

14. Blackouts

Do you suffer from blackouts? No

15. Heart Failure

Have you been diagnosed with heart failure? No

Respiratory

16. Asthma / Bronchitis / COPD / Emphysema

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

17. URTI (Upper Respiratory Tract Infection)

Have you recently had a cold? No

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Neurological	
18. Stroke	
Have you had a stroke or TIA?	No
19. Epilepsy	
Do you have epilepsy?	No
20. Neurological Disease	
Do you have any neurological or muscular disease?	No
21. Physical Disability	
Do you have a physical disability?	Yes
Further Details:	ARTHRITIS
Do you have reduced normal activity?	Yes
Do you have to use a wheelchair?	No
Haemotological	
22. Bleeding Disorder	
Do you suffer from prolonged bleeding or excessive bruising?	No
23. Previous DVT	
Have you had a DVT?	No
24. Anaemia	
Do you suffer from anaemia?	Yes
Miscellaneous	
25. Kidney Disease	
Do you have renal failure?	No
26. Liver Disease	
Do you have liver disease or suffer from jaundice?	No
27. Diabetes	
Do you have diabetes?	Yes

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

27a. Type of diabetes?	Type 2 & Medication Controlled
27b. Is the diabetes well controled? HbA1c <7%?	Yes
27c. Date of the last hypoglycaemic episode?	NEVER HAD ONE

28. Arthritis

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

29. CJD

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

30. Other

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

Exercise Tolerance

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

Social History

32. How many units of alcohol each week?	5.00	units/week -

33. Smoker

Do you smoke?	No
Are you an ex-smoker?	No

34. Drug Abuse

Do you currently or have you ever used intravenous or recreational drugs?	No

35. Pregnant

LMP	
Are you pregnant?	No
Could you be pregnant?	No
Details	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

36. Language	
Can the patient speak English?	Yes

Drug History

37. Drugs

List all drugs (including herbal remedies and complimentary medicines)

METFORMIN 500mg X 2 ,RAMIPRIL10mg, SIMVASTATIN 40mg, ASPIRIN 75mg, FLUOXETINE 20mg, OMEPRAZOLE 20mg X 2

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

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

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

40. Allergies

Implants

41. Pacemaker	
Do you have a pacemaker?	No

42. Prosthesis	
Do you have any implants?	Yes
Details	PIN RIGHT FOOT,

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

43 Coronary stents

Have you had coronary artery stents inserted?	No

Examination

44 Age (years)	54		
Weight (kg)	121		
Height (m)	1.69	BMI	42

45 Risk of sleep apnoea

Do you suffer from daytime sleepiness, restless sleep or witnessed breath holding during sleep?	No

How likely are you to fall asleep or doze in the following situations?		
a) Sitting and reading		
b) Watching TV		
c) Sitting inactive in a public place		
d) As a passenger in a car for an hour without a break		
e) Lying down to rest in the afternoon when circumstances permit		
f) Sitting and talking to someone		
g) Sitting quietly after lunch without alcohol		
h) In a car while stopped for a few minutes in traffic		
Status based on sleep apnoea score		Score

46 Blood Pressure

Systolic/Diastolic BP	129 / 83

47 Pulse

Pulse Rate	81 / min
Rhythm	Regular

48 Oxygen Saturation

	97 %

49 Urine Analysis

Result	
Details	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

50. VTE Risk

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

Day Surgery Criteria

51. Day Surgery Criteria

Is the procedure suitable for day surgery?	Yes		
Can transport be arranged?	Yes	Can an escort be arranged?	Yes
Is a carer available for 24 hours?	Yes	Is home access suitable?	Yes
Is there access to a telephone following discharge?	Yes	Is there easy access to a toilet?	Yes
Does the patient live within a one hour care journey?	Yes	Does the patient agree to be a day patient?	Yes

Investigations

Investigation	Required	Requested
FBC	Yes	No
Termum	No	No
Folate	No	No
B12	No	No
HbA1c	Yes	No
Glucose	Yes	No
Group & Save	No	No
Cross Matching	No	No
Coagulation Screen	Yes	No
Thrombophilia screen	No	No
Sickle Dex Test	No	No
Hb Electrophoresis	No	No
U&E	Yes	No
LFTs	Yes	No
TFT	No	No
Lithium level	No	No
Digoxin level	No	No
Amylase	No	No
CRP	No	No
Calcium/Bone	No	No
ECG	Yes	Yes
ECHO	No	No
PEFR	No	No

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

ECG	No	No
C-Spine X-Ray	No	No
Chest X-Ray	No	No
MRSA Screening	Yes	Yes
Pregnancy Test	No	No
Temperature	No	No

Pre-op Assessment Summary	
Assessor	CATHERINE OCONNOR
Grade	5

Summary

1) HIGH BLOOD PRESSURE ON TREATMENT WELL CONTROLLED.

2) TYPE 2 DIABETIC ON MEDICATION. 602mmols

3) B12 DEFICIENCY 3 MONTHLY INJECTIONS

4) BMI 38 SHE IS REDUCING.

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Advise to take usual anti-reflux medication	Yes
Dispensed Ranitidine as per PGD directive	No
Refer to smoking cessation clinic	No
Advise not to take "intravenous or recreational drug(s)" during the 24 hours before surgery (related to 33. Drug Abuse):	No
Anticoagulant advice	No
Clopidogrel advice	No
Aspirin advice	Yes
OCP advice	No
Provide Herbal Medicine Advice:	No
Arrange for dialysis the day before surgery	No
Ensure facilities for dispensing methadone are available, if the patient is taking methadone:	No
Print HERR Advice Sheet	No
Print ECG Advice Sheet	No

Anaesthetist Assessment	
Anaesthetist	
Grade	
Summary	

Acute Services Division
Surgery and Anaesthetics Directorate
Department of Pre Op Assessment Unit
Specialty: Ear, Nose & Throat (ENT)

NHS
Greater Glasgow and Clyde

PreAdmission Form Release 1.0

Hospital Name: Gartnavel Royal Infirmary

Patient Details		GP Details	
Name:	CLELLAND, AGNES	**Name:**	STEPHENS, MARJORY
Address:	39 RENNIE ROAD KILSYTH GLASGOW	**Address:**	KILSYTH HEALTH CENTRE BURNGREEN PARK KILSYTH STIRLINGSHIRE G65 0HU
Postcode:	G65 9PQ	**Telephone:**	
Correspondence Address 1:		**Consent:**	Yes
Correspondence Address 2:		**Sensitivity:**	Sensitive
Correspondence Postcode:		**Consultant Name:**	MR IRVINE
Telephone:	01236 822191	**Admission Date:**	
CHI Number:	0809555328	**Time:**	
CRN:	10338654X, ZM06407457	**Ward:**	2C
D.O.B:	08/09/1955	**Procedure/Operation:**	PHARYNGOSCOPY AND BALLOON DILATATION

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

There are no allergies to display

Emergency Contact Numbers
Name
Relationship
Phone

Discharge	Yes	No
Estimated Date		
Transport Required		
Supervising Adult for Discharge		

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

Medicines	Yes	No
Own Supplied		

Valuables	Yes	No
Valuables Returned		

MRSA		
Positive	**Negative**	**Unknown**

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

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: Ear, Nose & Throat (ENT)

NHS Greater Glasgow and Clyde

Hospital Name	Gartnavel Royal Infirmary

Patient Details		GP Details	
Name	CLELLAND, AGNES	Name	STEPHENS, MARJORY
Address	39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ	Address	KILSYTH HEALTH CENTRE BURNGREEN PARK KILSYTH STIRLINGSHIRE G65 0HU
Correspondance Address	,	Telephone	
Correspondance Postcode		CRN Number	10338654X, ZM06407457
Telephone	01236 822191	Consent	Yes
CHI Number	0809555328	Sensitivity	Sensitive
Sex	Female	Consultant Name	MR IRVINE
Date of Birth	08/09/1955	Requires Transport	No
		Religion	Protestant

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	GEORGE CLELLAND	
Address	S/A	
Landline	S/A	
Mobile	07735555820	
Relationship	HUSBAND	HUSBAND

Assessment Details					
Assessor	CATHERINE OCONNOR	Grade	5	Date	20/08/2010
Ward	2C				

Surgery / Procedure Attending For
PHARYNGOSCOPY BALLOON DILATATION

Anaesthetic	Yes/No	Details/Problems
Previous GA	Yes	
Previous LA	Yes	
Detention Risk	Yes	TOP 5 CHIPPED
Neck/Jaw Stiffness	No	

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

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

Surgical History	Yes/No	Details/Problems
Affects suitability for DSU	No	
Relevent details of surgical history		ENDOSCOPY, MID FOOT FUSION , EXTRACION OF 8's,
Any serious surgical or anaesthetic complication	No	

Cardiovascular	Yes/No	Details/Problems
Hypertension	Yes	On treatment for high blood pressure.
Arrhythmias		
Angina	No	
Heart Attack	No	
Murmur	No	
Blackouts	No	
Heart Failure	No	

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

Neurological	Yes/No	Details/Problems
Stroke	No	
Epilepsy	No	
Neurological Disease	No	
Physical Disability	Yes	Reduced normal activity; ARTHRITIS

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

Miscellaneous	Yes/No	Details/Problems
Kidney disease	No	
Liver disease/jaundice	No	
Diabetes	Yes	Type 2 & Medication Controlled; Well controlled (HbA1c <7%); Date of last hypoglycaemic episode: NEVER HAD ONE;

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Arthritis	**Yes**	Associated with reduced neck movement; Has restricted movement of the jaw;
CJD Risk	**No**	

Any serious illness not already mentioned? **No**

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

Social	**Yes/No**		
Alcohol (units/week)	5		
Smoker	**No**		
Ex Smoker	**No**		
IV drug abuser	**No**	**Methadone Req:**	
Pregnant	**No**	**LMP**	**Could Be Pregnant:** **No**

Drug History

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

METFORMIN 500mg X 2 ,RAMIPRIL10mg, SIMVASTATIN 40mg, ASPIRIN 75mg, FLUOXETINE 20mg, OMEPRAZOLE 20mg X 2

Patient takes the following drugs

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

Prosthesis/Implants	**Yes/No**		
Pacemaker	**No**	**Date of last Check**	**Date of Insertion**
		Reason for insertion	
		Other Reason	
Prosthesis/Other	**Yes**	PIN RIGHT FOOT,	

Examination

Weight (kg)	121	**Height (m)**	1.69	**BMI**	42	**Temp**
Pulse (bpm)	81	**Regular**	Regular	**BP**	129/83	
SaO2 (%)	97					

CHI Number: 0809555328 Patient Name: CLELLAND, AGNES

Investigations	The below investigations are required.				
20/08/2010					
U&E	Yes	FBC	Yes	ECG	Yes
Glucose	Yes	Coag Screen	Yes	LFTs	Yes
Group & Save	No	Other	HbA1c; MRSA Screen;		

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

Pre-operative Assessment Summary	Assessor:	CATHERINE OCONNOR	Grade:	5

1) HIGH BLOOD PRESSURE ON TREATMENT WELL CONTROLLED.

2) TYPE 2 DIABETIC ON MEDICATION. 602mmols

3) B12 DEFICIENCY 3 MONTHLY INJECTIONS

4) BMI 38 SHE IS REDUCING.

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

Anaesthetic Assessment	Anaesthetist:	Grade:

HOSPITAL No.
10338654X
CLELLAND F
AGNES 08/09/1955 AGE
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328
PHY) DEPT.
SURG. WARD

HISTORY

23/9/10	Patient admitted to ward, checklisted for
0905	theatre. BM 6.2 at 0840. A Wilson
1640	Patient returned to ward following theatre.
	Observations as charted, commenced on 2L O_2
	as sats 92% on air, sats now 99%.
	IV fluids in progress. Patient has slept for
	long periods since return. A Wilson
1945	Tolerated diet and fluids. Voided post op.
	Oxygen discontinued.
	Reviewed by Mr Irvine patient discharged
	~~EU~~ AW NFU: A Wilson

00558

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

IN PAT. FORM 1

NAME	HOSPITAL No.
AGNES CLELLAND	AGE
PHY/ SURG. 08/09/55	DEPT. WARD

HISTORY

28/9 WR POST OP MR IRVINE.

- HOME TONIGHT IF WELL.
- TO CONTACT GP RE CHANGING TO ESOMEPRAZOLE ON DISCHARGE LETTER
- NO F/U REQUIRED.

AGNES STUBBS

00558

NORTH GLASGOW HOSPITALS

CLINICAL DIRECTORATE OF ANAESTHESIA THEATRES, ITU AND PAIN RELIEF SERVICES

MULTI DISCIPLINARY CARE PLAN

NHS Greater Glasgow and Clyde

10338654X F
CLELLAND
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI 0809555328

Ward: 2C Date: 23/9/10

Consultant Mr Irvine

Theatre:

Proposed Operation: Balloon Dilatation

PRE-OPERATIVE VISITS
Any Relevant Visits:

BP 140/82
P 66
T 36.1
sats 97%

CHECK LIST
Please check the following before pre-med is given:-

	WARD	RECEPTION	COMMENT / N.A.
	YES	YES	
When did the patient last eat or drink	TIME	6.30 pm 22/9/10	Fasted from midnight.
BM Stix?	TIME 0840	VALUE 6.2	BM- 6.2mmol/L @ 1145
Consent signed?	NO ☒	☑ 8/10.	NIDDM
Identity band correct (Name, DoB hospital no., ward no.)	☑	☑	HBP Arthritis
Case notes (including current ECG biochemistry, haematology), nursing notes, drug Kardex, recording sheet)?	☑	☑	didn't take any meds this morning
X-Rays available?	NO ☒	☑ NO.	
Operation site prepared - marked?	N/A ☒	☑ N/A	
Dentures removed?	N/A ☒	☑ N/A cracked tooth (R) top.	
Prothesis/Hearing aids, contact lenses removed?	N/A ☒	☑ YES pin (R) foot	
Make-up, nail varnish, jewellery (taped/removed)?	☑	☑	
Wearing black tied cotton gown, disposable pants?	☑	☑ nylon pants removed.	
Pacemaker?	NO ☒	☑ NO	
Allergies?	NKDA ☒	☑ ~~NKA~~ Ibrufen - upset stomach	
Have you passed urine this morning?	☑	☑	
Waterlow score noted	☑	☑	
Pre-med given? none prescribed	☒	☑	

Signature A Wilson Ward

Reception:

Correct patient received and documentation complete? ☑

Time into Reception 1130

Signature M Cairns

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

Time: 1230. Signature: [signature] [signature]

MONITORING

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

Laryngeal Mask ☐ Size: .....

ET tube ☑ Size: Micro 5-0

Bat Pack ☐ Removed? Yes ☐ No ☐

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

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

DIATHERMY ☐ Site .....

BI-POLAR ☐

Patient position on table ..... Supine

	Yes	Comment
Positioned as per policy?	☑	.....
Prevention of pressure sores?	☐	.....
Prevention of heat loss	☐	.....
Hippie mattress?	☐	.....
Padding?	☐	.....
Warmed fluids?	☐	.....
IV Cannulation	☑	Site 20G(L)Hand
Arterial Cannulation	☐	Site .....
CVP Line	☐	Site .....

METHOD OF ANAESTHESIA

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

OPERATION Balloon Dilatation Oesophagus.

ANAESTHETIC POST-OP INSTRUCTIONS

O_2 Therapy 4-6 L/M ..... Hours Hudson/Nasal Mask

Post-operative IV Fluid Regimen: Maintain SpO_2 > 95%

100 ml/hr @ Hartmann's until Adequate oral intake.

Routine Observations: Yes ☑

Special Instructions: CVP ☐ Urine volumes ☐

Check BM.

Usual Hypoglycaemic Regimen once eating.

Analgesia Prescribed Yes ☑ N/A ☐

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

BLOOD LOSS IN THEATRE Nil. mls

Anaesthetist's Signature ..... MACKAY CTI.

WOUND CARE **Specify:**

Skin Preparation ☐

Drain ☐

Catheter ☐

Staples ☐

Sutures ☐

Packing ☐

Dressing ☐

Wound toilet ☐

SURGICAL POST-OP INSTRUCTIONS

Surgeon's Signature .....

Time Into Recovery: 1300

NAMED NURSE steward

RECOVERY

	Yes	N/A	
ET tube?	☐	☑	removed: .....
Laryngeal mask?	☐	☑	removed: .....
Airway?	☐	☑	removed: .....

MONITORING

ECG ☑ IVP ☐ RESPIRATION ☑

NIBP ☑ CVP ☐

SaO_2 ☑ PULSE ☑

	Yes	N/A
X-rays Requested	☐	☑

Prevention of Pressure Sores

Comments

Nu w score	☐	☑	new trolley
Equipment?	☑	☐	pressure relief FP/N
Nursing action	☑	☐	

CRITERIA TO BE MET BEFORE DISCHARGE FROM RECOVERY

Is the patient conscious and orientated to time and place?	☑	☐
Is patient cardiovascularly stable?	☑	☐
Is patient comfortable?	☑	☐
Are drains patent and is drainage within expected limits? Are wounds free from excessive staining?	☑	☐

Signature: ES

EVENTS

OPE RECOVERY 1310 pm IV hartmanns 500ml 15 ommenced (65)

ANA

O_2 T

Post

Rout

Spec

Anal

Does
befor

BLO

WOU

Skin

Drair

Cath

Stapl

Sutur

Pack

Dres

Wour

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

			14			
Time	1500	1530	15	1440	1650	
Pain Score	0	0	0	0	0	0
Sedation Score	0	0	0	0	0	0
Nausea Score	0	0	0	0	0	0
BP / PULSE						
RESPS	16	16	16	16	14	14
SaO_2	98	99	99	99%	2L 99	1L 99
Temp.	36.5			36.3	36.3	36.5
BM	8.5 mmol/L					
IV1.	patent ✓					
	×trial removal@					
	×@ reapplied @ 1530hrs @ 98% on room air.					
O_2			2L			

00583

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patie [redacted]
10338654X
CLELLAND F
Unit AGNES 08/09/1955
39 RENNIE ROAD
CHI KILSYTH
GLASGOW G65 9PQ
CHI-0809555328
Apply audit/biography label

Ward: 2C

Discharge destination: Home

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) / /

Final date of discharge : 23/9/10

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		AW	
Relative/carer informed	✓			
Others informed: Care Home		✓		
Transport arranged				
Own transport (preferred option)	✓		AW	
Ambulance-1 man/ 2 man am/pm		✓		
Other: Flight, Air ambulance etc.		✓		
Discharge medication				
Discharge prescription completed	✓		AW	
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/Home help		✓	AW	
Physiotherapist		✓		
Occupational Therapist		✓		
Dietician		✓		
Speech and Language Therapist		✓		
Clinical Nurse specialist e.g. Care Home Liaison		✓		
Liaison/ District Nurse/Practice Nurse		✓		
Other discharge items				
Access arrangements (e.g. keys, door entry)		✓	AW	
Patients clothing available for day of discharge		✓		
Valuables e.g. cashier		✓		
Intravenous cannula removed	✓			
Equipment ordered (inc. walking aids) in place for discharge		✓		
Part 2 Discharge letter - Required		✓		
- Completed		✓		
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow		✓	AW	NFU
If unknown at time of discharge state reason		✓		
Additional information / leaflets / factsheets		✓		
Time of Discharge: 1830				
Nurse's signature: A Wilson			Designation: SIN	Date: 23/9/10

FORM NUMBER 0005752

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

Western Infirmary/gartnavel General, Dumbarton Road, Glasgow, G11 6NT

Reply To : Mr Brian Irvine

Direct :
FAX : 0141 211 1659

30 September 2010

Dr MS STEPHENS
KILSYTH HEALTH CENTRE
BURNGREEN PARK
KILSYTH
STIRLINGSHIRE
G65 0HY

Dear Dr STEPHENS,

Re: AGNES CLELLAND D.O.B 08/09/1955 (CHI:0809555328) (CRN:10338654X)
39 RENNIE ROAD, KILSYTH, GLASGOW, G65 9PQ

Your patient was admitted [Arranged] to Western Infirmary/gartnavel General on 23 September 2010.

Procedures Performed:

Pharyngoscopy with dilation of pharynx 23/09/2010

Outcome:

Satisfactory

Your patient was discharged [Home] on 23 September 2010.

Yours sincerely

Mr Brian Irvine

DIS - 23/09

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

NHS Greater Glasgow and Clyde

Hospital: Western Infirmary/gartnavel General
Admission Date: 23/09/2010 **Operation Date:** 23/09/2010
Name: AGNES CLELLAND (CHI:0809555328) (CRN:10338654X)
Date of Birth: 08/09/1955 **Age:** 55 yrs **Ward:** F2C
Principal Surgeon: Mr Brian Irvine
Anaesthetist: Dr Harten
Assistants:
Diagnosis:
Procedure: Pharyngoscopy with dilation of pharynx (E248)

Post Op Comments:
Patient to continue on current PPI.
Patient to go home today.
No follow up required.

Operation Note:
INDICATION
This patient complained of a sensation of something in her throat with some intermittent high dysphagia. A barium swallow had suggested a web at the cricopharyngeal level.

PROCEDURE
Patient examined using the hypopharyngoscope. No true web was identified but the cricopharyngeal sphincter did appear to be tight. Balloon dilator was used to a pressure of 6 atmospheres for 3 minutes on 2 occasions. No other abnormality noted. No biopsies taken.

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

NHS
Greater Glasgow and Clyde

Dr. Murray Hardie
Kilsyth Health Centre
Burngreen Park
Kilsyth
Stirlingshire
G65 0HY

Date: 06/12/2012

Dear Dr. Murray Hardie,

Patient: Mrs Agnes Clelland CHI: 0809555328

Address: 39 RENNIE ROAD, KILSYTH, GLASGOW, G65 9PQ

Thank you for your letter regarding the above lady. She was infact due to be seen back for review however did not attend the appointment. She has however been given a further appoinment for the 12th of December 2012.

Many thanks

Yours sincerely,

Katy Joss
Nurse Practitioner

Kilsyth Medical Partnership

☎: 0844 477 2552
Fax: 01236 826231

The Health Centre
Burngreen Park
Kilsyth
G65 0HU

MH/CC

27th November 2012

Sister Katy Joss
Nurse Practitioner
Rapid Access Chest Pain Service
Stobhill ACH
GLASGOW G21 3UW

Dear Sister Joss,

Re: Agnes Clelland ~ DOB: 08/09/55 (5328)
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady was initially seen at the Rapid Access Chest Pain clinic and had a consequent Thallium scan. The plan was to review her in clinic, but she had to cancel her review appointment as this fell before her scan appointment and was told that a further review appointment would be arranged.

She has not heard regarding follow-up and I would be grateful if you could check that she is due to be re-called in the near future for purpose of reviewing her symptoms and scan result.

With regards to her current symptoms, there has been an improvement with Isosorbide Mononitrate and we are up titrating the dose of this as she is still getting some chest pains.

Many thanks.

Yours sincerely,

.....
Dr. M Hudson

Please file in
Pt notes.
letter sent back
in response to GP

North Glasgow Hospitals

NHS
Greater Glasgow and Clyde

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

The patient attended Rapid Access Chest Pain Clinic at STOBHILL

Hospital on 30.8.12 and I would advise a change to drug therapy from

_____ to _____

or additional therapy of ISOSORBIDE MONONITRATE 10mg BD

as detailed below. Full letter to follow.

Additional Comments: For rest of above I will arrange Thallium scan + review.

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
ISOSORBIDE MONONITRATE	10mg	BD	Until contraindicated.

Yours Sincerely

Signature:

Name (print) JOSS Grade: NURSE PRACTITIONER Ext. No: 1186

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

00545

HYSTEROSCOPY CLINIC

NAME: AGNES. CLELLAND. D.O.B.: 8/9/55.

Ultrasound Report:

Uterus: ANTEVERTED 10.2 x 5.5 CMS

Endometrium 1.1 CMS.

Ovaries: Normal.

Other Findings: —

2492 FBX M.B. 4/12/08 SBU064 CABG

Hospital use only	Clinic	Day Date	Time	Hospital No.
				10338654

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Urology CB
G General Referral — **Consultant / receiving practitioner** and/or **specialty clinic**

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

Hospital location code: G207H

Email address:

Urgency of referral URGENT frank haematuria

Date of referral 24-Nov-2008 **Date sent** 25-Nov-2008

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Allyson Gawn		
GMC code	3101966	GP code	10839
Practice name	Kilsyth Health Centre (61502)		
Practice code	61502		

Practice address

25 NOV 2008

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Contact number(s)

Voice: 08444 772552

AT

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Haematuria

Comment: This lady was investigated for frank haematuria in 2007. She has multiple complaints just now involving her upper GI tract, but she also mentioned that she had some frank haematuria along with strangury but no dysuria at the start of November.

MSSU has come back with sterile pyuria. She still has a trace haemolysed blood in her urine.

I would be grateful for your advice as regards further investigation of this recurrence of her frank haematuria.

Thanks for your help.

Yours sincerely

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Never smoked tobacco:		01-Dec-2005
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Alcohol intake within recommended sensible limits:		13-Aug-2004
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005
Enjoys light exercise:		13-Aug-2004

Frank haematuria
UTIs - (N)
eGFR >60
cr-65
* Sterile pyuria *

NOV
Flex (N)
(1) USS - monday
CTVU

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date recorded	Modifier	Extension	Date of onset
Tennis elbow	2008-10-21	-	exacerbation of following fall - steriod and local anaesthetic injection	21-Oct-2008
Erythema multiforme	2008-10-20	-	possible	20-Oct-2008
Body mass index 30+ - obesity	-	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - Vibration sense of right foot	-	-	-	20-Mar-

normal				2007
O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	2007-01-09	-	-	09-Jan-2007
Patients Notes Summarised	2006-06-20	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
Essential hypertension	-	-	-	31-Jan-2006
NIDDM - Non-insulin dependent diabetes mellitus	-	-	started on metformin	31-Jan-2006
Arthralgia of hip	2002-12-05	Left	mild degenerative changes	05-Dec-2002
Depressed mood	2001-04-09	-	-	09-Apr-2001
Nabothian follicles	2000-07-20	-	cervical	20-Jul-2000
Chronic fatigue syndrome	1995-01-01	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	1993-11-01	-	-	01-Nov-1993
Spontaneous vaginal delivery	1982-10-30	-	live female	30-Oct-1982
Spontaneous vaginal delivery	1980-12-03	-	labour induced - live child	03-Dec-1980
Spontaneous vaginal delivery	1977-04-24	-	induced - live male	24-Apr-1977
Forceps delivery unspecified	1975-05-08	-	live male	08-May-1975
Pre-eclampsia, unspecified	1975-05-08	-	labour induced	08-May-1975

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Diagnostic imaging of vascular system	-	01-Oct-2008
Urine microalbumin	-	04-May-2008
Urine microalbumin negative	-	04-May-2008
Diabetic on oral treatment	-	15-Apr-2008
Total cholesterol measurement	-	03-Apr-2008
Thyroid function test	-	03-Apr-2008
Total cholesterol measurement	-	13-Mar-2008
Pneumococcal vaccination given	-	27-Nov-2007
Plain X-ray pelvis	-	22-Nov-2007
Plain X-ray lumbar spine	-	22-Nov-2007
Diabetic on oral treatment	-	20-Mar-2007
Urine microalbumin	-	13-Mar-2007
Urine microalbumin positive	-	13-Mar-2007
Total cholesterol measurement	-	09-Mar-2007
Thyroid function test	-	09-Mar-2007
Chlamydia psittaci IgG level	-	20-Jun-2006
Urine microalbumin negative	-	07-Mar-2006
Diabetic retinopathy screening	-	07-Mar-2006

Total cholesterol measurement	-	13-Dec-2005
Thyroid function test	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	-	18-Oct-2004
Hypersensitivity skin testing	-	08-May-2000
Health ed. - diet	-	22-Aug-1994
Health ed. - exercise	-	22-Aug-1994
Endometrial laser ablation	-	22-Dec-1993
Psittacosis LGV antibody level	-	31-Aug-1993
Cervical smear: negative	GP Care	19-Mar-1992
Cervical smear: negative	GP Care	04-Nov-1987
Surgical removal of tooth NOS	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-	822 Days
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-	940 Days
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-	863 Days
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-	703 Days
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-	818 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Omeprazole	56	CAPS 20MG	1 Cap	In the morning	20-Nov-2008	-	0 Days
Ciprofloxacin	10	TABS 250MG	1 Tab	Twice daily	07-Nov-2008	-	0 Days
Aciclovir	25	Dispersible TABS 200MG	1 Tab	5 times daily	22-Oct-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	16-Oct-2008	-	0 Days
Dermol 500	500	LOT	Apply	BD prn	25-Sep-2008	-	0 Days
Dermol 200	200	Shower Emollient LOT	use as directed	-	18-Sep-2008	-	0 Days
Betamethasone Valerate	100 grams	CREAM 0.025%	APPLY SPARINGLY	TWICE DAILY	18-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	18-Sep-2008	-	0 Days
Crotamiton	100	CREAM 10%	Apply	3 times daily	17-Sep-2008	-	0 Days
Famciclovir	7	TABS 750MG	1 Tab	Daily	17-Sep-2008	-	0 Days
Fexofenadine Hydrochloride	60	TABS 120MG	1 Tab	Twice daily	10-Sep-2008	-	0 Days
KETOCONAZOLE SHAMPOO	1 (OP)	120ML	APPLY	use as shower gel	10-Sep-2008	-	0 Days
Miconazole	90 grams	CREAM 2%	apply	bd	10-Sep-2008	-	0 Days
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	08-Sep-2008	-	0 Days
Mometasone Furoate	100	OINT 0.1%	apply spairingly	Twice daily	08-Sep-2008	-	0 Days
					04-Sep-		

Etoricoxib	28	TABS 120MG	1 Tab	Daily	2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	15-Aug-2008	-	0 Days
Aciclovir	35	Dispersible TABS 800MG	1 Tab	5 times daily	22-Jul-2008	-	0 Days
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	04-Jul-2008	-	0 Days

Clinical warnings

Allergies

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

NHS Greater Glasgow & Clyde
Acute Services Division

NHS
Greater Glasgow and Clyde

URGENT REFERRAL TRACKING – Vetting / Outpatient Clinic Outcome Form

Section A – to be completed by Medical Records staff.
Please complete section below with date of referral, outpatient appointment and patient label.

Please affix patient label here

10338654X
CLELLAND F
AGNES 08/09/1955
39 RENNIE ROAD
KILSYTH
GLASGOW G65 9PQ
CHI-0809555328

Date of Urgent Referral: _____

Date of Outpatient Appointment: _____

Clinic: _____

Section B – to be completed by Clinician

Please indicate status of referral following today's appointment by ticking the appropriate box:

OPCAT1	☐	Not cancer
OPCAT2	☐	Cancer not suspected - for routine review/investigation/treatment
OPCAT3	☐	Cancer not likely but further *urgent* investigations required to exclude it
OPCAT4	☐	Cancer suspected, for urgent investigations/follow-up appointment
OPCAT5	☐	Cancer diagnosed (clinical/imaging/cytological/histological diagnosis)
OPCAT6	☐	Cancer diagnosed and treatment commenced (eg hormones prescribed)

Please add any additional comments below:

Clinician - Please return the completed form to the nominated clinic nurse.
Clinic Nurse/Co-ordinator - Please collate these forms and fax them to the Referral Tracking Office, GRI on Ext 29399. If you have any queries, please call the office on Ext

STOBHILL HOSPITAL
Department of Radiology

RADIOLOGY REFERRAL

10338654X
CLELLAND F
AGNES 08/09/1955
39 Rennie Road
Kilsyth
GLASGOW G65 9PQ
CHI-0809555328

M/F:

Title:

Postcode: ...or attach label

CHI:
RIS:
Hosp. no.
Date of birth:
Daytime telephone or mobile:

Consultant: Brann
Ward/Dept.
Copy to:

Walking:
Chair:
Trolley:
Mobile:
Ambulance*:
Drip:
Oxygen:

Should this patient be handled as *'at risk'?** Y ☐ N ☐
Details:

Investigation required: CT IVU

URGENCY*:
Same day: ☐
Days: ☐
Weeks: ☐

Pregnancy rule*:
Overrule: ☐
Observe: 10d ☐ 28d ☐

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*)

Office use only:
Date received:

Preparation:
Fast: Full bladder: Laxative:
Oral contrast: No prep:
Urgency: Initials:

IR(ME)R Justification: Initials:
YES ☐ NO ☐ Designation:

If requesting barium, CT, IVU, angiography/intervention or MRI studies or your patient has diabetes/renal impairment, please complete details below. (Sections marked * see notes overleaf)

Name:	Designation:	Telephone/page:	Signature:	Date:

DIABETICS/RENAL IMPAIRMENT:
For diabetics and those with renal impairment, contrast medium may be nephrotoxic. For IVU, CT and angiographic procedures, please record latest creatinine result:

65 µ mol/l

te of result: NOV 2008

ANTICOAGULANTS/COAGULOPATHY*:
For invasive procedures it is important to ensure a normal coagulation. Anticoagulant drugs should be stopped beforehand and defects corrected. A coagulation screen must be performed if there is a history of coagulopathy, anticoagulant use or if the intervention involves the puncture of solid organs (eg liver, kidney, etc.).
Please record the latest coagulation screen/INR result:

Date of result:

SAFETY QUESTIONAIRE:
Please complete for all contrast exams by circling (except MRI):

Previous contrast reaction:	Y	(N)
Known allergies:	Y	(N)
Severe asthma:	Y	(N)
Diabetes:	(Y)	(N)
On Metformin*:	(Y)	(N)
Known renal disease:	Y	N
Known vascular disease:	Y	N
On Warfarin:	Y	N

If 'Yes' to any of the above, give details:

MRI SAFETY QUESTIONAIRE:
Please complete by circling:

Previous surgery to the heart:	Y	N
Does patient have a pacemaker?	Y	N
Previous surgery to the head:	Y	N
Any history of metal in the eyes:	Y	N

If 'Yes' to any of the above, give details and telephone MRI 20(1)3623 for advice:

USEFUL TELEPHONE NUMBERS:

Reception (Plain film,US, Barium):	13625
Report & Film Requests	13624
A&E Radiology:	13630
CT enquiries:	13638
MRI enquiries:	13623

Reports are only available online, via the RIS. To obtain a password, contact 14169.

CT/MRI PROTOCOL

Office use only:
APPOINTMENTS:

1.
2.
3.
4.

ELECTRONIC PATIENT RECORDS

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

Including:

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

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 26/06/2024

Consultant: Dr Neil Dignon

E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
Glasgow
G65 9JE

Dear E Stafford

Re: **Clelland Agnes** DOB: **08/09/1955** CHI: **0809555328**
"39 Rennie Road "
Glasgow G65 9PQ

Attended on: **26/06/2024 at 08:58 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
r leg inj 1/7

Nursing Assessment:

Investigations in ED:
1. XR Ankle Rt **2. XR Foot Rt** **3. XR Knee Rt**

Diagnosis:

Diagnosis	Side	Site
Closed Fractures of Other Parts of Lower Leg		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:

Slip yesterday, leg went under . Increasing pain R ankle, R knee and R foot. Medial mal avulsion . Treat in walking boot. On to vfc for soft tissue knee clinic unable to fully asses laxity due to pain .

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Deborah Campbell
Nurse Practitioner

Copies to:

1. E Stafford (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 25/03/2020

Consultant: Dr Neil Dignon

E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
Glasgow
G65 9JE

Dear E Stafford

Re: **Clelland Agnes** DOB: **08/09/1955** CHI: **0809555328**
"39 Rennie Road "
Glasgow G65 9PQ

Attended on: **25/03/2020 at 10:34 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
r foot ankle inj

Nursing Assessment:
gardening yesterday inverted ankle. Tender and swollen globally over ankle. Limping. Covid 19 low risk

Investigations in ED:
1. XR Ankle Rt **2. XR Foot Rt**

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Medial Malleolus		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

R foot & ankle appear grossly swollen and bruised. X-ray R ankle & foot shows ? avulsion # medial malleolus. Velcro boot applied, has own analgesia. Advice re elevation. V#C review.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Linda Haime
Nurse

Copies to:

1. E Stafford (GP)

School Address:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
GGC

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211-5146/4608
Enquiries to:	
Letter Date:	16/11/2018
Reference:	PM/BM
Dictated Date:	15/11/2018
Transcribed Date:	16/11/2018

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Diagnosis: left first MTP joint fusion and second toe PIP joint fusion done on 16/10/18

This lady attended the nurse led foot clinic today following the above procedure, where she is now 4 weeks post surgery. Today she attended for review where her padded crepe was removed.

On examination, the pin site is fine, clean and healthy, with no signs of infection or cellulitis. The pin was subsequently removed today. The small pin hole was cleaned and re-dressed with a small spot plaster and advise given that this should be kept covered for a couple of days to allow this to scab over. She can then get into the shower.

She is to continue in the heel block shoe until she returns in 2 weeks time for her 6 week check. This appointment was made today and she has a contact number should she have any problems in the near future. At this appointment she will be x-rayed on arrival.

Yours Sincerely

Pamela McKirdy

STAFF NURSE

Electronically Signed: Nurse Pamela McKirdy, Nurse

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	orthopaedics
Contact Tel:	0141 211 4608
Enquiries to:	0141 211 4608
Letter Date:	12/11/2018
Reference:	PMCK/REM
Dictated Date:	31/10/2018
Transcribed Date:	02/11/2018

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Diagnosis: Left 1st MTP joint fusion and 2nd toe PIP joint fusion – 16/10/18

This lady attended the nurse led foot clinic today following the above procedure where she is now 2 weeks post surgery. Today she attended for further review where her theatre padded bandage was removed. The sticky dressing was also removed but this was stuck to the wound and caused her some discomfort on trying to remove this. Her wound is fine, clean and healthy with no signs of infection or cellulitis.

Suture ends were trimmed today. Wound was cleaned and redressed with a dry dressing and a further padded bandage was applied to help protect the pin. She is to continue heel weight bearing in the heel block shoe and a return appointment has been made for 2 weeks time where she will return for review for K-wire removal.

She has our contact number in the meantime should she have any problems.

Yours Sincerely,

Pamela McKirdy

Staff Nurse

Electronically Signed: Nurse Pamela McKirdy, Nurse

cc.

Clelland Agnes CHI: 0809555328

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Date of Completion: 16/10/2018

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Dear Dr E Stafford,

Name	CHI	DoB	Address
Agnes Clelland	0809555328	08/09/1955	"39 Rennie Road " Glasgow G65 9PQ

Admitted	Type	Discharged	Destination
16/10/2018 07:30	In Patient	16/10/2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr Amit Vats	STO DSSA - ACH Day Surgery Unit	

Reason for Admission and Presenting Complaints	Admission Category
hallux rigidus and 2nd hammer toe left foot	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments: hallux rigidus fusion and 2nd hammer toe correction left foot

Follow-up arranged: 2 weeks foot clinic

Planned Outpatient Investigations: none

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Mr Amit Vats
Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Amit Vats, Consultant

Clelland Agnes CHI: 0809555328

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Date of Completion: 09/02/2018

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Dear Dr E Stafford,

Name	CHI	DoB	Address
Agnes Clelland	0809555328	08/09/1955	"39 Rennie Road " Glasgow G65 9PQ

Admitted	Type	Discharged	Destination
09/02/2018 07:48	In Patient	09/02/2018	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Miss Nicola Jane Madeley	STO DSSA - ACH Day Surgery Unit	

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

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments: None recorded.

Follow-up arranged: NL clinic 10-14 days for wound review and again at 6/52 for xray.

Planned Outpatient Investigations: 1st MTPJ fusion. No complications. HWB 6/52

Final Discharge letter to follow: No

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Annabel Hayward
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Annabel Hayward, Doctor

Clinical letter - GP:

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:
Department: Breast
Contact Tel: 0141-355-1504
Enquiries to: Kelly.Lynch@ggc.scot.nhs.uk
Letter Date: 24/05/2017
Reference: MMACL/GR
Dictated Date: 24/05/2017
Transcribed Date: 24/05/2017

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

I saw Mrs Clelland back for review today. She attended in March with a lump next to her right nipple but had normal mammograms and ultrasound scan.

On examination today I can't really find any discrete abnormality at this location today and I have therefore reassured her that I am happy we don't need to do any further investigation.

I have not arranged any follow-up.

Yours sincerely

Mrs Margaret MacLean

Consultant Surgeon

Electronically Signed: Ms Margaret MacLean, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:
Department: Breast
Contact Tel: 0141 355 1504
Enquiries to: kelly.lynch@ggc.scot.nhs.uk
Letter Date: 16/05/2017
Reference: MM/LS
Dictated Date: 11/05/2017
Transcribed Date: 12/05/2017

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

I saw Mrs Clelland back for review today. She attended in March with a lump next to her right nipple, but had normal mammograms and ultrasound scan.

On examination today I could not find any discrete abnormality at this location today and I have therefore reassured her that I am happy we do not need to do any further investigation. I have not arranged any follow up.

Yours sincerely

Margaret MacLean

Consultant Breast Surgeon

Electronically Signed: ,

cc.

Clinical letter - GP: Clinical letter - GP

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:	
Department:	Orthopaedics
Contact Tel:	0141 211 4608
Enquiries to:	0141 211 4608
Letter Date:	18/04/2018
Reference:	MG/MH
Dictated Date:	23/03/2018
Transcribed Date:	05/04/2018

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Mrs Clelland was further reviewed at the Orthopaedic Foot clinic. She underwent fusion to the 1st MTP joint carried out in February of this year to the right side.

On review today all wounds are healed and intact. She herself is delighted with the intervention. We are now pleased for her to gradually increase her weight bearing to the front of her foot and increase her activities as her comfort allows her. She is still a little bit swollen post-operatively however we have reassured her that this is quite normal and will settle down with time. Certainly the 1st MTP joint is quite solid and her x-rays are indicating good fusion undertaken already.

She queried with regards to returning to driving and again we have left it to herself when she feels she can wear appropriate footwear and not her Orthopaedic sandal and indeed she can control the pedal manoeuvre safely. She queried with regards to undergoing surgery to the left side as she is pleased so far with the right side. I suggested we hold on for another few weeks or so to ensure her mobility returns to normal before we place her on the waiting list as sometimes she may be called quite early on and we need her to be quite mobile on the unaffected surgery side at the moment. She is also aware of the prominent staples to the dorsal aspect of the right foot just now. We have known in the past that they are proud however has not given her a great deal of problem in the past. It may be an element of the post-op swelling due to the recent fusion. I have asked her to keep an eye on this as the weeks go past and certainly if we have to go down the route of removal of metalwork we can address this nearer the time.

In the meantime we will see her back in a few weeks time with x-ray of the right foot on arrival. She is encouraged to contact us early if she has got any concerns meantime.

Yours sincerely

Melanie Green

ESP Specialist Orthopaedic Podiatrist

Electronically Signed: Podiatrist Melanie Green, Podiatrist

cc.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 06/04/2017

Private & Confidential

Dr Elizabeth Stafford
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
G65 9JE

Graham Stewart

0141 355 1318

graham.stewart@ggc.scot.nhs.uk

www.nhsgg.org.uk

Dear Dr Stafford,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Agnes Clelland **CHI:** 0809555328 **CRN:** 10338654X

Address: 39 Rennie Road, Kilsyth, Lanarkshire, G65 9PQ

Consultant: Maclean Margaret

MDT Meeting: North-East Glasgow Breast MDT (Stobhill Hospital)

Date of MDT Review: 06/04/2017

Reason for Referral:

Outcome of MDT Review:

FOR DISCUSSION
Core biopsy x 2 - right breast - medial + lateral, P3, U2 - 28/03/17
OUTCOME :
Microscopy shows benign breast tissue only. There is no evidence of a specific lesion. There is a small area of more oedematous stroma which required additional levels however no specific lesion is identified within this. Summary: B1

PLAN :
For clinical review in 6 weeks and repeat cores if lump still palpable.

For further information please contact Graham Stewart.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

NHS
Greater Glasgow
and Clyde

Date Printed: 06/04/2017

For further information please contact Graham Stewart.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:
Department: Breast
Contact Tel: 0141 355 1504
Enquiries to: kelly.lynch@ggc.scot.nhs.uk
Letter Date: 31/03/2017
Reference: MM/LS
Dictated Date: 30/03/2017
Transcribed Date: 30/03/2017

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Further to Dr Macbeth's letter this lady's core biopsies are benign. This is a provisional report and the final histology report is awaited.

I have examined Mrs Clelland myself today. The lump at her right areolar is quite obvious. We reviewed her imaging at our MDT today and there is absolutely nothing to see on either mammography or ultrasound scan. I will look out for the formal pathology results.

I have asked Mrs Clelland to come back for clinical review in six weeks time.

Yours sincerely

Margaret MacLean

Consultant Breast Surgeon

Electronically Signed: Ms Margaret MacLean, Consultant

cc.

NHS Greater Glasgow & Clyde
Acute Services Division

Date Printed: 30/03/2017

Private & Confidential

Dr Elizabeth Stafford
Kilsyth Medical Partnership
Kilsyth Health Centre
Burngreen Park
G65 9JE

Graham Stewart

0141 355 1318

graham.stewart@ggc.scot.nhs.uk

www.nhsgg.org.uk

Dear Dr Stafford,

The case described herein was discussed at the MDT meeting. Please find details below:

Name: Agnes Clelland **CHI:** 0809555328 **CRN:** 10338654X

Address: 39 Rennie Road, Kilsyth, Lanarkshire, G65 9PQ

Consultant: Maclean Margaret

MDT Meeting: North-East Glasgow Breast MDT (Stobhill Hospital)

Date of MDT Review: 30/03/2017

Reason for Referral:

Outcome of MDT Review:

Core biopsy x2 - right breast - medial + lateral, P3, U2 - 28/03/17 - Unreported.

Plan: Rediscuss at MDT next week.

For further information please contact Graham Stewart.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

NHS Greater Glasgow & Clyde
Acute Services Division

NHS
Greater Glasgow
and Clyde

Date Printed: 30/03/2017

For further information please contact Graham Stewart.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Main Switchboard:
Department: Breast
Contact Tel: 0141 355 1504
Enquiries to: kelly.lynch@ggc.scot.nhs.uk
Letter Date: 29/03/2017
Reference: AM/LS
Dictated Date: 28/03/2017
Transcribed Date: 29/03/2017

Dear Dr Stafford,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ

Many thanks for referring this 61 year old who was seen in Mrs MacLean's breast clinic with a one month history of a non tender right breast lump. She has no history of any trauma or nipple discharge. She tells me she previously had a benign lump removed from her right breast in 2010. Her last screening mammogram was two years ago and was normal. She had her menopause at age 50, has never been on any HRT and she has no family history of any breast cancer. She has four children whom she did not breastfeed and is a non smoker.

On examination at the area of her concern she had an ill defined, P3 mass in the right upper outer quadrant just lateral to the areola with a tiny, lentil sized, mobile, P2 lump overlying this that felt like a tiny cyst. She was also noted to have some fullness in her right upper outer quadrant that I have graded P3 also. Initially I graded both of these areas P4, but on reflection I downgraded it to P3. I was not able to detect any lymphadenopathy on the right and left breast was unremarkable.

Bilateral mammograms were satisfactory, R1. Ultrasound of the right breast revealed only the lentil sized, P2 lump near the nipple which equalled 4 mm and was a U2 cyst. She had a normal axilla and there was no other masses seen on ultrasound. The area that the patient was concerned about was the ill defined, P3 mass just lateral to her areola and not the lentil sized cyst. Following re-examination we still felt she had an ill defined, P3 mass which required free hand core biopsy as her imaging was negative. I also did a free hand core biopsy of the vague thickening in her right upper outer quadrant lateral to this area just under her axillary tail on the right.

We are bringing her back to Mrs MacLean's clinic in two days time following discussion at MDT.

Yours sincerely

Alison Macbeth

Specialty Doctor

Yours sincerely

Alison Macbeth

Specialty Doctor

Electronically Signed: Ms Alison Macbeth, Specialty 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

General Surgery - Breast GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 14-Mar-2017 **Date sent** 14-Mar-2017

PATIENT DETAILS

Surname	CLELLAND
Forename(s)	AGNES
Title	MRS
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 RENNIE ROAD
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191 07897372529

101013233296R Unique Care Pathway Number: 101013233296R

REGISTERED GP DETAILS

Name	Dr Nicola Howland		
GMC code	3325403	GP code	14141
Practice name	Kilsyth Medical Partnership		
Practice code	61502		

Practice address

KILSYTH COMMUNITY HEALTH CENTRE
AIRDRIE ROAD
KILSYTH
LANARKSHIRE
G65 9JE

Contact number(s)

Voice: 01236801677

REFERRING GP DETAILS

Name	Dr. Nicola Howland		
GMC code	3325403	GP code	14141

Practice address

Kilsyth Community Health Centre
Airdrie Road
Kilsyth

Practice name	Kilsyth Medical Partnership (61502)
Practice code	61502

G65 9JE

Contact number(s)

Voice: 01236 801677

XR Pelvis

Performed	29-Feb-2016 13:03	Received	07-Mar-2016 09:21
Reported	07-Mar-2016 09:19	Order Number	G207H31185217
Status	Final	Source System	MiSys

XR Pelvis Final
Agnes Clelland
Clinical History :
Worsening left hip pain. OA changes?

XR Pelvis :
There is joint space narrowing at the hip joints bilaterally although appearances are slightly worse at the left hip joint. Radiographic appearances are in keeping with early degenerative change at the hip joints bilaterally.

Examination reported by Laura Kennedy - Reporting Radiographer.

Reported by: Laura Kennedy and Dr Leighton Walker
Verified by: Dr Leighton Walker

XR Hand Rt

Performed	28-Jul-2015 11:46	Received	03-Aug-2015 10:07
Reported	03-Aug-2015 10:05	Order Number	G207H30486556
Status	Final	Source System	MiSys

XR Hand Lt Final
Agnes Clelland
Clinical History :
Pain and swelling especially CMP joints and fingers. Wrist pain. Early morning stiffness. Polyarthropathy. Neck pelvis and hips.
Rheumatoid gastritis? Osteoarthritis?

XR Hand Lt :
(Both hands)
There are degenerative changes at the I.P. joints of the fingers particularly the index and middle fingers. No erosive change seen.

XR Hand Rt :
See above.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

XR Hand Lt

Performed	28-Jul-2015 11:46	Received	03-Aug-2015 10:07
Reported	03-Aug-2015 10:05	Order Number	G207H30486555
Status	Final	Source System	MiSys

XR Hand Lt Final
Agnes Clelland
Clinical History :
Pain and swelling especially CMP joints and fingers. Wrist pain. Early morning stiffness. Polyarthropathy. Neck pelvis and hips.
Rheumatoid gastritis? Osteoarthritis?

XR Hand Lt :
(Both hands)
There are degenerative changes at the I.P. joints of the fingers particularly the index and middle fingers. No erosive change seen.

XR Hand Rt :
See above.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

US Pelvis TA and transvaginal

Performed	22-Apr-2015 13:40	Received	22-Apr-2015 14:30
Reported	22-Apr-2015 14:28	Order Number	G207H30134319
Status	Final	Source System	MiSys

US Pelvis TA and transvaginal Final
Agnes Clelland
Clinical History :
Left iliac fossa pain. CA-125 normal. Family history of ovarian cancer. Recent ultrasound of difficulty in visualising ovaries. Exclude left ovarian pathology.

US Pelvis TA and transvaginal :
Somewhat limited ultrasound due to body habitus. In addition, the patient was unable to fill her bladder so I proceeded directly to transvaginal ultrasound. The uterus is anteverted and atrophic with a thin atrophic endometrium. The left ovary is clearly visualised. It is atrophic and afollicular. The right ovary is not confidently identified but there is no evidence of any right adnexal mass or free fluid.

Reported by: Dr Rhona Stevens
Verified by: Dr Rhona Stevens

US Pelvis

Performed	02-Feb-2015 13:35	Received	02-Feb-2015 14:45
Reported	02-Feb-2015 14:43	Order Number	G207H29863066
Status	Final	Source System	MiSys

US Pelvis Final
Agnes Clelland
Clinical History : LIF pain ?ovarian

US Pelvis : (transabdominal)
Imaging was restricted as the patient could only retain 200mls bladder volume. Imaging of the pelvic organs was sub-optimal.
The anteverted uterus appears relatively normal in size , shape and echo pattern .No obvious midline distortion or gross endometrial thickening noted.
Detailed assessment was not possible.
The ovaries are not identified but there are no adnexal masses or cysts seen.
No free fluid is seen.

Summary -
Limited imaging due to habitus and poor bladder volume. No obvious adnexal masses or cysts are seen however.
If there remains clinical indication of ovarian pathology follow up transvaginal assessment should be considered.

Reported by: Elliot Craig (Sonographer)
Verified by: Elliot Craig (Sonographer)

XR Elbow Rt

Performed	24-Sep-2014 11:06	Received	16-Oct-2014 10:21
Reported	16-Oct-2014 10:19	Order Number	G207H29503717
Status	Final	Source System	MiSys

XR Elbow Rt Final
Agnes Clelland
Clinical History :
Swelling over medial aspect of elbow with pain on extension and paraesthesia in fingers.

XR Elbow Rt :
No significant bony abnormality seen.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Right sided breast lump

Comment: Dear Doctor,

I would be grateful if you could see this lady who has presented having found a lump just superior to the right of her right nipple 3 weeks ago. She has had a previous fatty lump removed from the same breast. She has no family history of breast cancer although her step-sister did have ovarian cancer. She has never been on HRT and went through the menopause approximately 10 years ago. She has been a regular attender for mammography and has never had a recall. Today I was able to feel a hard irregular 1cm x 2cm mass just superior and right of the right nipple, there was no skin changes or tethering of the skin or underlying tissues. I could not determine any axillary lymphadenopathy, but would value your earliest assessment of lump.

Thanking you in advance.

Yours sincerely,

Dr. N Howland

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset	Date recorded
Rupture Achilles tendon	- tendon transfer L achilles tendon.	New event	01-May-2013	01-May-2013
Recurent+persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	-	22-Feb-2011	22-Feb-2011
Sore throat NOS	Recurrent	-	26-May-2010	26-May-2010
[D]Heartburn	+ reflux	-	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areoia.	-	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	-	19-May-2010	19-May-2010
Body mass index 30+ - obesity	-	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Biopsy has confirmed. : DATE_RECORDED=16/01/2009	-	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	-	09-Jan-2007	09-Jan-2007
NIDDM - Non-insu dep diab mel	started on metformin	-	31-Jan-2006	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006	31-Jan-2006

Arthralgia of hip	Left ; mild degenerative changes	-	05-Dec-2002	05-Dec-2002
Depressed mood	-	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	-	01-Nov-1993	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	-	08-May-1975	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Hydroxocobalamin 1mg/1ml solution for injection ampoules	1	ampoule	AS DIRECTED	-	07-Mar-2017	14-Mar-2017
Amitriptyline 25mg tablets	56	tablet	ONE AT NIGHT	-	21-Jun-2016	13-Mar-2017
Aspirin 75mg dispersible tablets	56	tablet	1 TAB DAILY	-	30-Oct-2006	13-Mar-2017
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	13-Mar-2017
Co-codamol 30mg/500mg tablets	112	tablet	TAKE 1 OR 2 FOUR TIMES DAILY [more]	-	18-Jan-2013	13-Mar-2017
Diltiazem 90mg modified-release tablets	168	tablet	1 TABLET TDS	-	12-Feb-2013	13-Mar-2017
Fluoxetine 20mg capsules	120	capsule	2 CAPS DAILY	-	14-Sep-2009	

						17-Feb-2017
Gabapentin 300mg capsules	180	capsule	2 TDS	-	22-Jun-2012	13-Mar-2017
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	15-Feb-2013	13-Mar-2017
Isosorbide mononitrate 20mg tablets	112	tablet	1 TABLET TWICE A DAY	-	18-Jan-2013	13-Mar-2017
Metformin 500mg tablets	112	tablet	1 TABLET TWICE A DAY	-	07-Sep-2016	13-Mar-2017
Naproxen 250mg tablets	56	tablet	1 OR 2 TABLETS TWICE DAILY IF [more]	-	12-Jan-2016	13-Mar-2017
Omeprazole 20mg gastro-resistant capsules	56	capsule	1 CAP DAILY	-	21-Feb-2011	13-Mar-2017
Ramipril 10mg capsules	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	13-Mar-2017
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	13-Mar-2017
Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	13-Mar-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	15-Feb-2013	13-Mar-2017
Amitriptyline 25mg tablets	56	tablet	ONE AT NIGHT	-	21-Jun-2016	13-Mar-2017
Aspirin 75mg dispersible tablets	56	tablet	1 TAB DAILY	-	30-Oct-2006	13-Mar-2017
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	13-Mar-2017
Co-codamol 30mg/500mg tablets	112	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	18-Jan-2013	13-Mar-2017
Diltiazem 90mg modified-release tablets	168	tablet	1 TABLET TDS	-	12-Feb-2013	13-Mar-2017
Fluoxetine 20mg capsules	120	capsule	2 CAPS DAILY	-	14-Sep-2009	17-Feb-2017
Gabapentin 300mg capsules	180	capsule	2 TDS	-	22-Jun-2012	13-Mar-2017
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	15-Feb-2013	13-Mar-2017
Isosorbide mononitrate 20mg tablets	112	tablet	1 TABLET TWICE A DAY	-	18-Jan-2013	13-Mar-2017
Metformin 500mg tablets	112	tablet	1 TABLET TWICE A DAY	-	07-Sep-2016	13-Mar-2017
Hydroxocobalamin 1mg/1ml solution for injection ampoules	1	ampoule	AS DIRECTED	-	07-Mar-2017	07-Mar-2017
Amitriptyline 25mg tablets	56	tablet	ONE AT NIGHT	-	21-Jun-2016	13-Mar-2017
Aspirin 75mg dispersible tablets	56	tablet	1 TAB DAILY	-	30-Oct-2006	13-Mar-2017
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	13-Mar-2017

Co-codamol 30mg/500mg tablets	112	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	18-Jan-2013	13-Mar-2017
Diltiazem 90mg modified-release tablets	168	tablet	1 TABLET TDS	-	12-Feb-2013	13-Mar-2017
Fluoxetine 20mg capsules	120	capsule	2 CAPS DAILY	-	14-Sep-2009	17-Feb-2017
Gabapentin 300mg capsules	180	capsule	2 TDS	-	22-Jun-2012	13-Mar-2017
Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	15-Feb-2013	13-Mar-2017
Isosorbide mononitrate 20mg tablets	112	tablet	1 TABLET TWICE A DAY	-	18-Jan-2013	13-Mar-2017
Metformin 500mg tablets	112	tablet	1 TABLET TWICE A DAY	-	07-Sep-2016	13-Mar-2017
Naproxen 250mg tablets	56	tablet	1 OR 2 TABLETS TWICE DAILY IF [more]	-	12-Jan-2016	30-Jan-2017
Omeprazole 20mg gastro-resistant capsules	56	capsule	1 CAP DAILY	-	21-Feb-2011	13-Mar-2017
Ramipril 10mg capsules	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	13-Mar-2017
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	13-Mar-2017
Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	13-Mar-2017
Aspirin 75mg dispersible tablets	56	tablet	1 TAB DAILY	-	30-Oct-2006	17-Oct-2016
Gabapentin 300mg capsules	180	capsule	2 TDS	-	22-Jun-2012	17-Oct-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
-	110	60

Body Measurements

Date Recorded	Height	Weight	BMI
-	1.65	101.1	37.1

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking status on date of event: Never smoked.	31-Aug-2016
Never smoked tobacco:	Smoking status on date of event: Never smoked.	10-Sep-2015
Never smoked tobacco:	Smoking status on date of event: Never smoked.	16-Feb-2015
Never smoked tobacco:	Smoking status on date of event: Never smoked.	18-Sep-2014
Never smoked tobacco:	Smoking status on date of event: Never smoked.	12-Sep-2013
Drinks occasionally:	Drinking status on eventdate: Current drinker.	31-Aug-2016
Drinks occasionally:	Drinking status on eventdate: Current drinker.	10-Sep-2015
Drinks occasionally:	Drinking status on eventdate: Current drinker.	16-Feb-2015
Drinks occasionally:	Drinking status on eventdate: Current drinker.	18-Sep-2014
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Sep-2013
Exercise grading:	Type of exercise: Gentle.	18-Sep-2014
Exercise grading:	Type of exercise: Inactive.	12-Sep-2013
Exercise grading:	Type of exercise: Inactive.	06-Sep-2012
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]PH - Drug allergy	Drug code for allergy: Macrobid 100mg modified-release capsules (AMCo), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: macrobid; rash / nausea..	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
Hypersensitivity skin testing	=0 . Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

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

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

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 02/03/2016

Consultant: Dr Neil Dignon

E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
Glasgow
G65 9JE

Dear E Stafford

Re: **Clelland Agnes** DOB: **08/09/1955** CHI: **0809555328**
39 RENNIE ROAD
Glasgow G65 9PQ

Attended on: **02/03/2016 at 13:51 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: **0**

Presenting complaint
RIGHT SHOULDER PAIN

Nursing Assessment:

Investigations in ED:
1. XR Shoulder Rt

Diagnosis:

Diagnosis	Side	Site
Pain in joint (nontraumatic)	**Right**	**Shoulder**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Lawrence McGlynn
Nurse

Copies to:

1. E Stafford (GP)

School Address:

Acute Services Division

Emergency Care and Medical Services Directorate

NHS Greater Glasgow and Clyde

Consultants:

Dr Anne McEntegart
Dr Hilary Wilson

Rheumatology Department

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Enquires to: Christine Danks/Rhona Wyper (Secretary)
Direct Line: 0141 800 1908
Fax No: 0141 211 1120

24 August 2015
Ref: RW

DR E STAFFORD
KILSYTH COMMUNITY HEALTH CENTRE
AIRDRIE ROAD
KILSYTH
G65 9JE

Dear Dr Stafford

AGNES CLELLAND **DATE OF BIRTH: 08/09/1955**
CHI NO: 0809555328
39 RENNIE ROAD, KILSYTH, GLASGOW, LANARKSHIRE, G65 9PQ

OUTPATIENT: **18/08/2015 at Stobhill General Hospital**
FOLLOW UP: **Discharged**
DIAGNOSES: **Osteoarthritis, Type II diabetes mellitus, Chronic fatigue**
THERAPIES: **Celecoxib 200 mg b.d., Gabapentin 300 mg t.i.d., Amitriptyline 10 mg nocte, Salbutamol, Symbicort inhalers, Fluoxetine, Aspirin, Ramipril, GTN, Omeprazole, Atorvastatin, Isosorbide mononitrate, Co-codamol, Diltiazem, Metformin**

Many thanks for referring this 59 year old lady to the rheumatology clinic for assessment. She tells me she has had widespread joint pains for over ten years now. She has had to give up her job as a Cleaner a few years ago. She describes pain in the hands, wrists, neck, low back, knees and feet. She does describe some morning stiffness in the hands. She had no sero negative associations or connective tissue disease features. I note that you tried to change her away from Celecoxib because of your concern about cardiovascular risk but she finds that this is the only medication which helps.

On examination she appeared well but overweight at 94 kgs against a height of 1.65 metres. Blood pressure 110/73 mmHg. Musculo-skeleltal examination revealed early multinodular osteoarthritis in the hands with no synovitis or tenosynovitis. Wrists and elbows move freely. There was slight restriction of capsular movements at the shoulders. Lower limb examination revealed slight limitation of movement at the hips, cervical and lumbar spine movements were moderately restricted.

Previous x-rays have confirmed osteoarthritis in the hands and the hips. Previous immunology was negative and inflammatory markers earlier this year were normal.

I have explained to Agnes that I would agree with the diagnosis of osteoarthritis. I have suggested in my handwritten note that we try switching her Celecoxib to Naproxen 500 mg b.d. but with increased PPI cover in the form of Omeprazole 20 mg b.d. If this is ineffective or poorly tolerated

then I think it would be reasonable to switch back to Celecoxib as long as she understands that this does carry with it a slightly increased cardiovascular risk. Given that she is a non-smoker, female and her blood pressure is currently well controlled I would have thought that this would be a reasonable course of action so long as she is happy to accept this small risk. I have not suggested any further rheumatology investigation or follow up at this time and discharged her back to your care.

Yours sincerely

David McCarey
Consultant Rheumatologist

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Rheumatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral URGENT
Date of referral 31-Jul-2015 **Date sent** 31-Jul-2015

PATIENT DETAILS

Surname	CLELLAND
Forename(s)	AGNES
Title	MRS
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 RENNIE ROAD
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 82219107897372529

101009699228X Unique Care Pathway Number: 101009699228X

REGISTERED GP DETAILS

Name	Dr Murray Hardie		
GMC code	2546630	GP code	14176
Practice name	Kilsyth Medical Partnership		
Practice code	61502		

Practice address

KILSYTH COMMUNITY HEALTH CENTRE
AIRDRIE ROAD
KILSYTH
LANARKSHIRE
G65 9JE

Contact number(s)

Voice: 01236801677

REFERRING GP DETAILS

Name	Dr. Elizabeth Stafford		
GMC code	6157476	GP code	12050

Practice address

Kilsyth Community Health Centre
Airdrie Road
Kilsyth

Practice name	Kilsyth Medical Partnership (61502)	G65 9JE	
Practice code	61502		Contact number(s)
		Voice: 01236 801677	

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: ?RA, worsening joint pain.

Comment: Dear Doctor,

I would be very grateful if you could see this 59-year-old lady, she has had joint pain for a number of years, however, she feels recently they have worsened since stopping her Celebrex. This was stopped due to cardiovascular concerns as she is a diabetic with hypertension. She is unable to tolerate Ibuprofen or other NSAID's due to GI upset.

She describes that her hands, especially wrist and fingers are swollen and painful and especially in the morning when they are very stiff. She also feels her shoulder, neck and hips are very sore and this is limiting her mobility, she is mobilising currently with one stick.

I have restarted her Celebrex as she is really struggling and this seems to be the only thing that works for her and asked her to get some bloods checked and an x-ray of her hands, however, I would be very grateful for your review to see if there is anything else that we can offer her.

Kind regards.

Yours sincerely,

Dr. E Stafford

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset	Date recorded
Rupture Achilles tendon	- tendon transfer L achilles tendon.	New event	01-May-2013	01-May-2013
Recurent+persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	-	22-Feb-2011	22-Feb-2011
Sore throat NOS	Recurrent	-	26-May-2010	26-May-2010
[D]Heartburn	+ reflux	-	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areoia.	-	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	-	19-May-2010	19-May-2010
Body mass index 30+ - obesity	-	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Biopsy has confirmed. : DATE_RECORDED=16/01/2009	-	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	-	09-Jan-2007	09-Jan-2007

NIDDM - Non-insu dep diab mel	started on metformin	-	31-Jan-2006	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006	31-Jan-2006
Arthralgia of hip	Left ; mild degenerative changes	-	05-Dec-2002	05-Dec-2002
Depressed mood	-	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	-	01-Nov-1993	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	-	08-May-1975	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin 300mg capsules	180	capsule	1 TDS	-	22-Jun-2012	06-Jul-2015
Amitriptyline 10mg tablets	56	tablet	TAKE 1 TABLET AT NIGHT	-	06-Mar-2014	06-Jul-2015
Salbutamol 100micrograms/dose inhaler CFC free	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	06-Jul-2015
Fluoxetine 20mg capsules	120	capsule	2 CAPS DAILY	-	14-Sep-2009	06-Jul-2015
Aspirin 75mg dispersible tablets	56	tablet	1 TAB DAILY	-	30-Oct-2006	

						06-Jul-2015
Ramipril 10mg capsules	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	06-Jul-2015
Glyceryl trinitrate 400micrograms/dose aerosol sublingual...	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	15-Feb-2013	06-Jul-2015
Omeprazole 20mg gastro-resistant capsules	56	capsule	1 CAP DAILY	-	21-Feb-2011	06-Jul-2015
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	06-Jul-2015
Isosorbide mononitrate 20mg tablets	112	tablet	1 TABLET TWICE A DAY	-	18-Jan-2013	06-Jul-2015
Co-codamol 30mg/500mg tablets	112	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	18-Jan-2013	06-Jul-2015
Symbicort 200/6 Turbohaler (AstraZeneca UK Ltd)	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	06-Jul-2015
Diltiazem 90mg modified-release tablets	168	tablet	1 TABLET TDS	-	12-Feb-2013	06-Jul-2015
Metformin 500mg tablets	224	tablet	2 TABS TWICE DAILY	-	14-Sep-2009	06-Jul-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Celecoxib 200mg capsules	120	capsule	1 CAPSULE ONCE OR TWICE DAILY[more]	-	28-Jul-2015	28-Jul-2015
Famciclovir 250mg tablets	9	tablet	3 TABLETS AS A SINGLE DOSE	-	29-May-2015	29-May-2015
Prednisolone 5mg tablets	40	tablet	8 IN THE MORNING AFTER FOOD	-	29-May-2015	29-May-2015
Famciclovir 250mg tablets	21	tablet	3 TABELTS AS A SINGLE DOSE	-	21-May-2015	21-May-2015
Famciclovir 250mg tablets	21	tablet	3 TABLETS IN AM AS SINGLE DOSE	-	16-Feb-2015	16-Feb-2015
Celecoxib 200mg capsules	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	18-Mar-2015

Blood Pressure

Date Recorded	Systolic	Diastolic
-	121	71

Body Measurements

Date Recorded	Height	Weight	BMI
-	1.65	98	35.9

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking status on date of event: Never smoked.	16-Feb-2015
Never smoked tobacco:	Smoking status on date of event: Never smoked.	18-Sep-2014
Never smoked tobacco:	Smoking status on date of event: Never smoked.	12-Sep-2013
Never smoked tobacco:	Smoking status on date of event: Never smoked.	06-Sep-2012
Never smoked tobacco:	Smoking status on date of event: Never smoked.	11-Aug-2011
Drinks occasionally:	Drinking status on eventdate: Current drinker.	16-Feb-2015
Drinks occasionally:	Drinking status on eventdate: Current drinker.	18-Sep-2014
Drinks rarely:	Drinking status on eventdate: Current drinker.	12-Sep-2013
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Sep-2012

Non-drinker alcohol:	Drinking status on eventdate: Life teetotaler.	11-Aug-2011
Exercise grading:	Type of exercise: Gentle.	18-Sep-2014
Exercise grading:	Type of exercise: Inactive.	12-Sep-2013
Exercise grading:	Type of exercise: Inactive.	06-Sep-2012
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]PH - Drug allergy	Drug code for allergy: Macrobid 100mg modified-release capsules (AMCo), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: macrobid; rash / nausea..	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
Hypersensitivity skin testing	=0 . Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

Dr. Murray Hardie
Kilsyth Health Centre
Burngreen Park
G65 0HY

Printed on: 04/09/2012

Dear Dr. Murray Hardie,

Re: MRS AGNES CLELLAND (CHI 0809555328). 39 Rennie Road Kilsyth Glasgow G65 9PQ

Your patient was seen at the Rapid Access Chest Pain Clinic on 28/08/2012 at Stobhill Hospital.

Presenting History

New onset of symptoms.

Presenting Notes 3-4 month history of chest pains which she feels are progressing in frequency. Localised left sided dull ache, no radiation. Can have assoc sweat. Lasts 5-10mins, now has GTN s/l and feels this is effective after a few mins. No obvious trigger. Episodes 0-2 times a day, 2-3 times a week.

Relevant Past Medical History

Asthma, Type II Diabetes, hypertension and hypercholesterolaemia.

Investigations

ECG
Heart Rate: 76 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT
ETT not done.

Clinical Findings

BP (mmHg) 144/83

Smoking Status Never Smoked

Diagnosis and Recomendations

Additional discharge comments: Following assessment today, slightly atypical pain however risk factors++, she looks quite pale and I have taken off bloods today prior to putting her on the treadmill. She is returning on Thurs for this if her bloods are ok.

30/08/12 - returned today, bloods satisfactory. She unfortunately managed a really low workload on the treadmill and this was therefore inconclusive. In view of her risk factors I have suggested she goes on to have a Dobutamine Thallium scan, which I will arrange. As she feels the GTN s/l helps then I have also recommended a trial of Isosorbide Mononitrate 10mg BD unless contraindicated. She has been given a review appointment to be seen back at clinic.

FAO of nuclear medicine: Current medication as follows

Simvastatin
Ramipril
Aspirin
Metformin
Fluoxetine

Symbicort
Salbutamol
Celecoxib
Omeprazole
Gabapentin
GTN s/l
Isosorbide Mononitrate ?started
NKDA

Yours Sincerely,

Katy Joss
Nurse Practitioner
Rapid Access Chest Pain Service

EMERGENCY DEPARTMENT
STOBHILL MINOR INJURIES UNIT
133 BALORNOCK ROAD
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Dr MURRAY HARDIE
KILSYTH HEALTH CENTRE
BURNGREEN PARK KILSYTH
G65 0HU

Date: 07 Sep 2012

Dear Dr MURRAY HARDIE,

Re: AGNES CLELLAND, 39 RENNIE ROAD, KILSYTH, GLASGOW, G65 9PQ
Date of Birth: 08/09/1955 CHI number: 0809555328

Your patient attended Stobhill Minor Injuries Unit on the 07 Sep 2012 at 4:19 PM.

The presenting complaint was:	**INJ L LEG 2/12**
Triage information:	**Not recorded**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**NONE ASSIGNED IN EDIS**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**REFERRED DIRECTLY TO GP**
Follow-up:	**Not recorded**
Additional information:	**None**

Yours sincerely,

CLARE SMITH
EMERGENCY NURSE PRACTITIONER

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Cardiology GGC General Referral	——	**Consultant / receiving practitioner and/or specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital and hospital address** Hospital location code. G207H Email address -

Urgency of referral URGENT
Date of referral 23-Aug-2012 **Date sent** 24-Aug-2012

PATIENT DETAILS

Surname	CLELLAND
Forename(s)	AGNES
Title	MRS
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 RENNIE ROAD
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 82219107897372529

101004090716H Unique Care Pathway Number: 101004090716H

REGISTERED GP DETAILS

Name	Dr Murray Hardie		
GMC code	2546630	GP code	14176
Practice name	Kilsyth Medical Partnership		
Practice code	61502		

Practice address

BURNGREEN
KILSYTH
LANARKSHIRE
G65 0HU

Contact number(s)

Voice: 08444772552

REFERRING GP DETAILS

Name	Dr. Mark Hudson		
GMC code	4710851	GP code	14338
Practice name	Kilsyth Health Centre (61502)		

Practice address

Burngreen Park
Kilsyth
G65 0HU

Practice code	61502	Contact number(s)
		Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Chest pain ? angina

Comment: Dear Doctor,

I would be grateful for your review of this 56-year-old diabetic lady who also has risk factors for ischaemic heart disease in terms of hypertension and obesity.

She has presented to me with a history of chest pain over the past several months which, though it was slightly atypical in the fact of it being left sided, she does only notice when she is exerting herself and has responded well to a GTN spray.

I would welcome your review for purpose of further investigations to confirm whether she is indeed suffering from angina or not. She does not smoke and her blood pressure until recently has been well controlled, though on last reading it was elevated at 180/100, though her husband is currently unwell following two stroke episodes.

Cardiovascular examination was otherwise unremarkable. Her cholesterol back in August was 5.7 and I have asked her to update her bloods again now.

Many thanks.

Yours sincerely,

Dr. M Hudson

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Recurent persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	22-Feb-2011	22-Feb-2011
[D]Heartburn	reflux	26-May-2010	26-May-2010
Sore throat NOS	Recurrent	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areoia.	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	19-May-2010	19-May-2010
Body mass index 30 - obesity	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Biopsy has confirmed. : DATE_RECORDED=16/01/2009	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	20-Oct-2008	20-Oct-2008
Body mass index 30 - obesity	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	09-Jan-2007	09-Jan-2007
Essential hypertension	-	31-Jan-2006	31-Jan-2006
NIDDM - Non-insu dep diab mel	started on metformin	31-Jan-2006	31-Jan-2006
Arthralgia of hip	Left ; mild degenerative changes	05-Dec-2002	05-Dec-2002
Depressed mood	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	20-Jul-2000	20-Jul-2000

Chronic fatigue syndrome	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	01-Nov-1993	01-Nov-1993
Forceps delivery unspecified	live male	08-May-1975	08-May-1975
Pre-eclampsia, unspecified	labour induced	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
SIMVASTATIN tabs 40mg	56	tablet	1 TAB AT NIGHT	-	07-Mar-2006	10-Jul-2012
RAMIPRIL caps 10mg	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	18-Jul-2012
ASPIRIN disp tab 75mg	56	tablet	1 TAB DAILY	-	30-Oct-2006	18-Jul-2012
METFORMIN tabs 500mg	224	tablet	2 TABS TWICE DAILY	-	14-Sep-2009	09-Aug-2012
FLUOXETINE caps 20mg	120	capsule	2 CAPS DAILY	-	14-Sep-2009	21-Aug-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	09-Aug-2012
SALBUTAMOL cfc free inh 100micrograms/inhalation	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	10-Apr-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	21-Jun-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule	1 CAP DAILY	-	21-Feb-2011	21-Aug-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	21-Aug-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Glyceryl trinitrate 400micrograms/dose aerosol sublingual...	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	06-Aug-2012	06-Aug-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	10-Jul-2012
Tubigrip E elas tubular bandage 8.75cm [MOLNLYCKE]	1	m	AS DIRECTED	-	10-Jul-2012	10-Jul-2012
CO-CODAMOL (codeine & paracetamol) tabs 30mg 500mg	60	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	10-Jul-2012	10-Jul-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	22-Jun-2012
CO-CODAMOL (codeine & paracetamol) tabs 8mg 500mg	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	22-Jun-2012	22-Jun-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	22-Jun-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule	1 CAP DAILY	-	21-Feb-2011	01-May-2012
PARACETAMOL DIHYDROCODEINE tabs 500mg 30mg	56	tablet	TAKE 1 OR 2 EVERY FOUR TO SIX HOURS	-	29-May-2012	29-May-2012
DIAZEPAM tabs 5mg	12	tablet	TAKE ONE AS DIRECTED	-	15-May-2012	15-May-2012
TRAMADOL caps 50mg	100	capsule	TAKE 1 OR 2 FOUR TIMES A DAY [more]	-	15-May-2012	15-May-2012
DOMPERIDONE tabs 10mg	100	tablet	2 TABS 30MINS BEFORE FOOD	-	30-Mar-2012	30-Mar-2012
ACICLOVIR tabs 200mg	25	tablet	TAKE ONE FIVE DIRECTED	-	22-Mar-2012	22-Mar-2012
FLUCLOXACILLIN caps 500mg	28	capsule	TAKE ONE FOUR TIMES DAILY	-	22-Mar-2012	22-Mar-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	21-Jun-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	1	120 dose inhaler	2 Puffs Twice daily	-	31-May-2011	14-Jun-2012
SALBUTAMOL cfc free inh 100micrograms/inhalation	1	200 dose inhaler	2 Puffs 4 times daily PRN	-	31-May-2011	10-Apr-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule(s)	1 Cap Daily	-	21-Feb-2011	01-May-2012
METFORMIN tabs 500mg	224	tablet(s)	2 Tabs Twice daily	-	14-Sep-2009	01-May-2012
FLUOXETINE caps 20mg	120	capsule(s)	2 Caps daily	-	14-Sep-2009	21-Jun-2012
RAMIPRIL caps 10mg	56	capsule(s)	1 Cap In the morning	-	07-Jul-2006	01-May-2012
SIMVASTATIN tabs 40mg	56	tablet(s)	1 Tab At night	-	07-Mar-2006	01-May-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:	Smoking status on date of event: Never smoked.	11-Aug-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	10-Jan-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	12-May-2009
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	15-Apr-2008
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	27-Jul-2007
Non-drinker alcohol:	Drinking status on eventdate: Life teetotaler.	11-Aug-2011
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	12-May-2009
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	27-Jul-2007
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	20-Mar-2007
Alcohol intake within rec limt:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	07-Mar-2006
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]PH - Drug allergy	[TRUNCATED]Drug code for allergy: Macrobid 100mg modified-release capsules (Mercury Pharma Group Ltd), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ma	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
Hypersensitivity skin testing	=0 MEA000. Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

Additional Support Needs
No known ASN requirements

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

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

Acute Services Division

Emergency Care and Medicine Services Directorate

Department of Respiratory Medicine

Dr Livingston

Stobhill Hospital
Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000
Direct Dial: 0141 201 3294

NHS
Greater Glasgow and Clyde

Consultant Physicians:

Dr Robert Milroy — Robert.milroy@ggc.scot.nhs.uk
Dr Christine E Bucknall — Christine.bucknall@ggc.scot.nhs.uk
Dr Eric Livingston — Eric.livingston@ggc.scot.nhs.uk

Typed 03/03/2011
Dictated 03/03/2011
Your Ref
Our Ref EL/GC

Agnes Clelland
39 Rennie Road,
Kilsyth,
Glasgow,
G65 9PQ

Dear Ms Clelland

CHI: 0809555328 ~ CRN: 10338654X

Your Doctor has referred you to the Respiratory Service at Stobhill Hospital where you will in due course be appointed to the clinic of one of the three Consultants – Dr Robert Milroy, Dr Christine Bucknall or myself. In the meantime review of the referral letter suggests that it would be useful for breathing tests to be done in advance of that first consultation, if possible. You will therefore receive a separate appointment to attend the Lung Laboratory at either Stobhill Hospital or, in some cases, Glasgow Royal Infirmary for these tests – it is important that you attend or contact the Department in advance and change that appointment if you are unable to attend. This information will then be available when you are first seen at the Clinic. I hope this arrangement will be satisfactory – it is designed to reduce unnecessary delays.

With best wishes.

Yours sincerely

ERIC LIVINGSTON
Consultant Respiratory Physician

cc

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral ROUTINE
Date of referral 23-Feb-2011 **Date sent** 24-Feb-2011

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191 07897372529

1010016417481 Unique Care Pathway Number: 1010016417481

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Mark Hudson		
GMC code	4710851	GP code	14338

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Practice name	Kilsyth Health Centre (61502)
Practice code	61502

Contact number(s)
Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Cough ? psittacosis

Comment: This 55 year old lady is troubled with an unproductive cough and shortness of breath on exertion. This has been persistent over the past three months or so and by her account seems to have started fairly soon after going up into the loft of her house to get some Christmas decorations down. She tells me that she has nesting starlings in the loft and there are copious amount of droppings there. She does also keep a parrot, whom I am pleased to tell you seems to be keeping well itself! She is a non smoker and works as a school cleaner. She has had no worrying symptoms such as haemoptysis or weight loss. She has had documented psittacosis in 1993 and she is Type II diabetic.

Her initial illness started with a persistent cough associated with some sweating on exertion and a headache when coughing. Initially there were scattered course rhonchi on examination, but recent chest examination has been unremarkable.

A chest x-ray has been reported as normal with no previous chest x-rays for comparison. Bloods have shown a recent elevation in her ESR of 36 with a normal CRP. Chlamydia IGG is present and she is low positive for Chlamydia IGA.

Given her persistent symptoms despite treatment so far of Azithromycin, Amoxicillin and Clarithromycin we would welcome your review.

Many thanks.

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	Comment	Modifier	Date of onset	Date recorded
Recurrent and persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	-	22-Feb-2011	22-Feb-2011
[D]Heartburn	+ reflux	-	26-May-2010	26-May-2010
Sore throat NOS	-	Recurrent	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areola.	-	25-May-2010	25-May-2010
Wrist and hand sprain NOS	Wrist splint	Left	19-May-2010	19-May-2010
Erythema multiforme	Biopsy has confirmed.	-	06-Jan-2009	16-Jan-2009
Body mass index 30+ - obesity	-	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008	20-Oct-2008
Body mass index 30+ - obesity	-	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006	20-Jun-2006
O/E - right foot pulses present	-	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	-	07-Mar-2006

O/E - Vibration sense of left foot normal	-	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	-	31-Jan-2006
Essential hypertension	-	-	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002	05-Dec-2002
Depressed mood	-	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995	01-Jan-1995
O/E - weight > 20% over ideal	-	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993	01-Nov-1993
Forceps delivery unspecified	live male	-	08-May-1975	08-May-1975
Pre-eclampsia, unspecified	labour induced	-	08-May-1975	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed	Date recorded
Standard chest X-ray normal	-	-	21-Jan-2011	21-Jan-2011
Influenza vaccination	Injection Site: Left Arm	-	-	03-Nov-2010
Pharyngoscopy	with dilation of pharynx.	-	23-Sep-2010	23-Sep-2010
Total cholesterol measurement	-	-	-	14-Sep-2010
Smoking cessation advice	-	-	-	12-Aug-2010
Urine microalbumin	-	-	-	12-Aug-2010
Barium swallow	Slight web. [ENT].	-	02-Aug-2010	02-Aug-2010
Total cholesterol measurement	-	-	-	15-Jul-2010
Thyroid function test	-	-	-	15-Jul-2010
Diabetic retinopathy screening refused	DNA X 3	-	25-Jun-2010	25-Jun-2010
Urine microalbumin negative	-	-	-	11-Jun-2010
Urine microalbumin	-	-	-	11-Jun-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	-	08-Jun-2010	08-Jun-2010
Localised fusion of joints of midfoot and forefoot	Midfoot	-	07-Jun-2010	07-Jun-2010
Total cholesterol measurement	-	-	-	04-Jun-2010
Thyroid function test	-	-	-	04-Jun-2010
Mammography - X-ray	Likely to be oil cyst.	-	25-May-2010	25-May-2010
Ultrasound scan	Breast, likely to be either lipoma or an area fat necrosis.	Right	25-May-2010	25-May-2010
Thyroid function test	-	-	-	22-Apr-2010
Other primary fusion of joint	rt mid foot fusion	-	-	12-Mar-2010
Total cholesterol measurement	-	-	-	05-Feb-2010
Approach to organ under MRI control	Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	Right	25-Aug-2009	25-Aug-2009
Smoking cessation advice	-	-	-	12-May-2009
Urine microalbumin	-	-	-	12-May-2009
Urine microalbumin negative	-	-	-	12-May-2009
Diabetic on oral treatment	-	-	-	12-May-2009
Total cholesterol measurement	-	-	-	08-May-2009
Thyroid function test	-	-	-	08-May-2009
Total cholesterol measurement	-	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008	01-Oct-2008
Urine microalbumin	-	-	-	04-May-2008
Urine microalbumin negative	-	-	-	04-May-2008

Diabetic on oral treatment	-	-	-	15-Apr-2008
Total cholesterol measurement	-	-	-	03-Apr-2008
Thyroid function test	-	-	-	03-Apr-2008
Total cholesterol measurement	-	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007	22-Nov-2007
Diabetic on oral treatment	-	-	-	20-Mar-2007
Urine microalbumin	-	-	-	13-Mar-2007
Urine microalbumin positive	-	-	-	13-Mar-2007
Total cholesterol measurement	-	-	-	09-Mar-2007
Thyroid function test	-	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	-	20-Jun-2006
Urine microalbumin negative	-	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	-	07-Mar-2006
Total cholesterol measurement	-	-	-	13-Dec-2005
Thyroid function test	-	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004	18-Oct-2004

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine	120	CAPS 20MG	2 Caps	daily	14-Sep-2009	21-Feb-2011
Metformin Hydrochloride	224	TABS 500MG	2 Tabs	Twice daily	14-Sep-2009	21-Feb-2011
Omeprazole	56	CAPS 20MG	1 Cap	Daily	21-Feb-2011	21-Feb-2011
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	06-Dec-2010
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	06-Dec-2010
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	06-Dec-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Azithromycin	3	TABS 500MG	1 Tab	Daily	01-Feb-2011	01-Feb-2011
Prochlorperazine Maleate	16	Buccal TABS 3MG	1 or 2 Tabs	Twice daily	31-Jan-2011	31-Jan-2011
Clarithromycin	14	TABS 500MG	1 Tab	Twice daily	17-Jan-2011	17-Jan-2011
Amoxicillin	21	CAPS 250MG	1 Cap	3 times daily	10-Jan-2011	10-Jan-2011
Celecoxib	120	CAPS 100MG	2 Caps	Twice daily	16-Dec-2010	16-Dec-2010
Omeprazole	56	CAPS 20MG	1 Cap	Twice daily	16-Dec-2010	16-Dec-2010
Trimethoprim	10	TABS 200MG	1 Tab	Twice daily	28-Oct-2010	28-Oct-2010
Celecoxib	120	CAPS 100MG	2 Caps	Twice daily	11-Oct-2010	11-Oct-2010
Celecoxib	60	CAPS 100MG	1 or 2 Caps	Twice daily	20-Sep-2010	20-Sep-2010

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		10-Jan-2011
Never smoked tobacco:		12-May-2009
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		12-May-2009
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005

Clinical warnings

Allergies

Description	Comment	Date recorded
[V]Personal history of drug allergy	macrobid; rash / nausea.	08-Dec-2006
[V]Personal history of drug allergy	ibuprofen	20-Jun-2006
[V]Personal history of drug allergy	oxytetracycline	20-Jun-2006
Hypersensitivity skin testing	peppermint and a food additive	08-May-2000

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

DICT: 09/12/2008
TYPED: 10/12/2008

HG/AMD

DICTATED AND TYPED IN THE ABSENCE OF CASE NOTES

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

The biopsy could well represent erythema multiforme. Immunofluorescence is negative. We will review the pathology.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 18/11/2008
DICT: 18/11/2008
TYPED: 21/11/2008

HG/AMD

DR. GRAHAM-TUESDAY MORNING
GENERAL DERMATOLOGY CLINIC

DICTATED AND TYPED IN THE ABSENCE OF CASE NOTES

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis: **Reactive dermatosis**
Management: **Ellipse biopsy for histology and IF**
Follow-up: **Six weeks**

I reviewed Mrs Clelland who had an open appointment. Approximately three weeks ago she had urinary infection which was treated by antibiotics of which she is uncertain of the name. Ten days after the start of the UTI, an eruption appeared on the extensor aspect of her elbows, forearms and upper arms. It has now been present for ten days.

On examination it is slightly urticated with some annular lesions, although not exactly targetoid. Oral mucosa, vulval mucosa are intact. There is slight periorbital irritation but the cornea are intact. This is again exactly the same eruption as has previously been identified and I think we are dealing with a reactive dermatosis. Whether this is an urticarial vasculitis or perhaps an atypical erythema multiforme is difficult to decide and I have taken a further biopsy today although I am really uncertain whether it will decipher between the two. I have given her Dermovate cream to be applied twice per day and I plan to review the histology with Dr Blessing and also the two previous biopsy specimens. I will see Mrs Clelland back in six weeks.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 20/10/2008
DICT: 20/10/2008
TYPED: 23/10/2008

HG/AMD

DR. GRAHAM – TUESDAY MORNING
GENERAL DERMATOLOGY CLINIC

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis:	**Possible erythema multiforme**
Management:	**Aciclovir 20 mgs five per day for five days**
Follow-up:	**Open appointment**

Thank you for referring the above lady. She was reviewed originally by Dr. Kerr in 1999 with a very atypical eruption. She was investigated extensively at that point including multiple biopsies which favoured a diagnosis of either erythema multiforme or urticarial vasculitis but there were certainly some atypical features. At the time it was wondered if a cold sore may be a trigger. Since 1999 she has had much milder episodes and has tended to ignore them. This episode started in September and was a severe reaction. It tended to affect her trunk and buttocks to mid thigh and to just below the submammary region. She describes it as being bright red and itchy and it has resolved leaving some staining and some peeling. She did have a cold sore and she also developed further cold sores currently. She has also had dental infections and at times has had urinary infections. She is diabetic and currently on Ramipril, Fluoxetine, Metformin, Simvastatin and occasional Celebrex. All of these drugs have been started since the reaction. Mrs. Clelland was also urticarial patch tested and was shown to be allergic to peppermint, menthol and benzoates which she tries her best to avoid. She tells me that when she touches fresh mint in the garden she gets an itch but not the same type of reaction.

On examination there were a few erythematous papules on her left elbow and she had a cold sore at the corner of the left side of her mouth. I have given Mrs Clelland an open appointment so that I can see her if the rash recurs. I have also given her Aciclovir to treat the cold sore and to see if we can possibly prevent the reaction from happening although I do think this may be unlikely.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

VIRTUAL # clinic 27/06/24 @ 09.00am

Stobhill Hospital

CHI: 0809555328

Total Att: **6**

12 Mth Att: **0**

Title: **MRS**

CLELLAND **Agnes**

DOB **08/09/1955** Age: **68y** Sex: **Female**

39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ
07735555820

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

GP: **E Stafford**
01236 801677

Attendance Date: **26/06/2024** Arrival Time: **08:58**

Registration Time: **08:58** Date of Incident: **26/06/2024**

Major Incident Desc:

Reason for Attendance: **r leg inj 1/7**

Nursing Assessment

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

Triage Category: **0** Tetanus up to date/fully immunised.

Presenting Complaint:

Observation Date: **26/06/2024 09:14** Nurse name: **Nurse Deborah Campbell**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

0809555328 08/09/1955 CLELLAND Agnes

0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes

Date	Clinical Notes

Seen By O. CAMPBELL (ENP) Time Seen 0927

26/6/24 PC/ 68 year old
(R) leg injury.

HPC/ Washing floor last night.
Simple slip, stakes (R) leg
went under. Increasing R ankle,
R foot & R knee pain.
Increasing pain when WB..
Analgesia pre exam.

PMH/ Chronic back pain
Asthma
Angina.
Arthritis.
O/H scr NKDA.
FCS
Social/ indep living.

LOC/ Discomfort on WB - using stick
(1) Ankle. Swelling to lat ankle.
No bruising, No wounds.
(2) R knee/ small amount of swelling to
knee. No wounds. No bruising.
(3) R foot/ swelling mid foot. No bruising
No wounds.
(1) FEEL/ lat mal BT, medial tenderness.
NV intact / N. sensation.
(2) Global tenderness over patella.
- very difficult to pinpoint pain.
NV intact, N sensation

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✔ appropriate directorate

Agnes Clelland.
08095555328.

Date & Time		Signature, Print Name & Designation
	@ 4th + 5th MT.	
	No other fx.	
	NV intact + sensation.	
more	① Fully WB with stick.	
	Reduced ROM due to	
	pain.	
	② Straight leg raise.	
	small amount of flexion	
	viable to test any laxity.	
	③ Fully WB.	
	Reduced ROM.	
PLAN	/ xray of foot / knee / Ankle.	
imp	/ ? lat mal # ; ? patella # / contusion	
	MT # / contusion.	
FINDINGS	/ medial mal avulsion #	
	Nil seen on foot / knee xray.	
	treat as contusion.	
	c WB well with boot.	
TX	/ walking boot, RICE, VTE.	
	viable full assess.	
	knee movements.	
	Analgesia.	
	D/C home - worsening advice.	
		D Campbell
		(ENP)

83949 CGC0072

VIRTUAL # CL 26/3/20

Stobhill Hospital

CHI: 0809555328

Total Att: **5**

12 Mth Att: **0**

Title: **MRS**

CLELLAND **Agnes**

DOB: **08/09/1955** Age: **64y** Sex: **Female**

39 Rennie Road
Kilsyth
Glasgow
Lanarkshire
G65 9PQ
01236 822191

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

GP: **E Stafford**
01236 801677

Attendance Date: **25/03/2020** Arrival Time: **10:34**

Registration Time: **10:34** Date of Incident: **25/03/2020**

Major Incident Desc:

Reason for Attendance: **r foot ankle inj**

Nursing Assessment

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

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

Presenting Complaint:

Observation Date: **25/03/2020 11:02** Nurse name: **Nurse Sharon Walker**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **gardening yesterday inverted ankle. Tender and swollen globally over ankle. Limping. Covid 19 low risk**

0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes

Date	Clinical Notes
	Seen By L Haume Emp — Time Seen 12.15pm
25/3/20	PC- (R) ankle injury
	HPC- Went over on her (R) ankle when walking in the garden 1/7 ago. Stepped down from a low wall and inverted her (R) ankle
	PMH - asthma, angina, arthritis — DH - see ECS — NKDA
	OE- (R) ankle swollen +++ and bruised Superficial abrasion to (R) lateral foot. No deformity Neurovascularly intact Globally tender over (R) lateral / malleolus, talus, and hind foot / mid foot. No pain over (R) fib head, calf, AT, calcaneum. Walks c pain + limp. Full active ROM (R) knee Significant ↓ active ROM of (R) ankle + foot due to pain
	Continued

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
25/3/20	Cocodamol 30/500	2 tabs	PO	12.25	L Haume	EA

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

Agnes Clelland
CHI 0809555328

Date & Time	Continued	Signature, Print Name & Designation
25/3/20	Imp - ?#, ?STI	
	Plan - xray (R) ankle + foot	
	analgesia ✓	
	Xray - ? avulsion # medial malleolus	
	pins+screws noted from	
	previous injury / surgery	
	? widened joint space 1st/2nd MT	
	however comparison made ✓ prev.	
	films and appears satisfactory	
	Tx - velcro boot applied	
	- has own analgesia	
	- elevate	
	- V# C review	
	L Haime	
	enp.	

83949 GGC0072

CHI: 0809555328

Stobhill Hospital

23

Total Att: 4

12 Mth Att: 0

Title: **MRS**

CLELLAND **Agnes**

DOB: **08/09/1955** Age: **60y** Sex: **Female**

39 RENNIE ROAD
KILSYTH
Glasgow
Lanarkshire
G65 9PQ
01236 822191

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

GP: **E Stafford**
01236 801677

Attendance Date: **02/03/2016** Arrival Time: **13:51**

Registration Time: **13:51** Date of Incident: **02/03/2016**

Major Incident Desc:

Reason for Attendance: **SHOULDER INJ**

Nursing Assessment

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

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **02/03/2016 13:55** Nurse name: **Nurse Susannah McFarlane**

Temp		C
HR	70	bpm
BP	119/73	mmHg
MAP		mmHg
RR	11	bpm
SpO2	97	% AIR
Oxygen		%

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

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

0809555328 08/09/1955 CLELLAND Agnes

0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes
0809555328 08/09/1955 CLELLAND Agnes

Date	Clinical Notes
2.3.16	Seen By 4 TAIT Trainee — Time Seen 15.15
	♀ 60, retired. RHD
PC	Right shoulder pain
HPC	rolled over in bed last night from left to right developed severe pain in shoulder with numbness in thumb + index finger, woke patient from sleep no relief after taking regular meds.
PMH	arthritis, heard disease, diabetes,
meds	AS PER E.C.R.
Allergies	macrobid, oxytetracycline, IBuprofen
OE	holding arm in horizontal flexion no obvious deformity swelling bruising no c-spine tenderness no scapula, clavicle, ACJ tenderness Tender glenoid humeral joint unable to assess movement due to patients Pain + discomfort. Patch test positive
Plan	tray Right shoulder. no # / dislocation.
Imp	trapped nerve Sling advice analgesia, price if not improving after 2/52 GP D/C 16.20 Agree with above assessment diagnosis + treatment — Trainee GP [signature] (4. TAIT)

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

XR Knee Rt

Performed	26-Jun-2024 09:33	Received	27-Jun-2024 19:38
Reported	27-Jun-2024 19:36	Order Number	G207H41100118
Status	Final	Source System	MiSys

XR Ankle Rt Final
Agnes Clelland
Clinical History :
Slip leg went under. Bt patella, lat mal, medial mal and 4th and 5th MT ? fracture

XR Ankle Rt :
An avulsion of the medial malleolus, with medial soft tissue swelling is demonstrated.

XR Foot Rt :
No acute bony injury.

Orthopaedic hardware in situ, no evidence of periprosthetic fracture or loosening when compared to radiographs dated 25/03/2020.

XR Knee Rt :
No acute bony injury.
No evidence of lipohaemarthrosis or joint effusion.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Reported by Gillian Stokes, Reporting Radiographer. RA73927

Reported by: Gillian Stokes
Verified by: Gillian Stokes

XR Foot Rt

Performed	26-Jun-2024 09:33	Received	27-Jun-2024 19:38
Reported	27-Jun-2024 19:36	Order Number	G207H41100117
Status	Final	Source System	MiSys

XR Ankle Rt Final
Agnes Clelland
Clinical History :
Slip leg went under. Bt patella, lat mal, medial mal and 4th and 5th MT ? fracture

XR Ankle Rt :
An avulsion of the medial malleolus, with medial soft tissue swelling is demonstrated.

XR Foot Rt :
No acute bony injury.

Orthopaedic hardware in situ, no evidence of periprosthetic fracture or loosening when compared to radiographs dated 25/03/2020.

XR Knee Rt :
No acute bony injury.
No evidence of lipohaemarthrosis or joint effusion.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Reported by Gillian Stokes, Reporting Radiographer. RA73927

Reported by: Gillian Stokes
Verified by: Gillian Stokes

XR Ankle Rt

Performed	26-Jun-2024 09:33	Received	27-Jun-2024 19:38
Reported	27-Jun-2024 19:36	Order Number	G207H41100116
Status	Final	Source System	MiSys

XR Ankle Rt Final
Agnes Clelland
Clinical History :
Slip leg went under. Bt patella, lat mal, medial mal and 4th and 5th MT ? fracture

XR Ankle Rt :
An avulsion of the medial malleolus, with medial soft tissue swelling is demonstrated.

XR Foot Rt :
No acute bony injury.

Orthopaedic hardware in situ, no evidence of periprosthetic fracture or loosening when compared to radiographs dated 25/03/2020.

XR Knee Rt :
No acute bony injury.
No evidence of lipohaemarthrosis or joint effusion.

Code A: Agreement: DO NOT USE for linked CRIS reports. This result will be autosigned in TrakCare as there is no major discrepancy between the radiology report and the referrer's 'sticky note' interpretation.

Reported by Gillian Stokes, Reporting Radiographer. RA73927

Reported by: Gillian Stokes
Verified by: Gillian Stokes

XR Pelvis

Performed	29-Nov-2022 11:29	Received	05-Dec-2022 11:45
Reported	05-Dec-2022 11:43	Order Number	G207H39103410
Status	Final	Source System.	MiSys

XR Lumbar spine Final
Agnes Clelland
Clinical History :

Long term pain in lumbar region. Fall 4 months ago and pain much worse since then ?wedge fracture or similar. Long term pain in right hip worsening. ?OA

XR Lumbar spine :
There is a mild spondylolisthesis at L4/L5 level and a possible unilateral pars defect posteriorly. The appearance is new when compared to previous CT from 2009 but the age is uncertain beyond that. It could potentially account for the presentation several months ago. The CT also demonstrated marked degenerative change affecting the facet joint on the left. No vertebral body fractures demonstrated.

XR Pelvis :
Hip joints appear satisfactory. Sacroiliac joints and bony pelvis also.

Reported by: Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Lumbar spine

Performed	29-Nov-2022 11:29	Received	05-Dec-2022 11:45
Reported	05-Dec-2022 11:43	Order Number	G207H39103409
Status	Final	Source System	MiSys

XR Lumbar spine Final
Agnes Clelland
Clinical History :

Long term pain in lumbar region. Fall 4 months ago and pain much worse since then ?wedge fracture or similar. Long term pain in right hip worsening. ?OA

XR Lumbar spine :
There is a mild spondylolisthesis at L4/L5 level and a possible unilateral pars defect posteriorly. The appearance is new when compared to previous CT from 2009 but the age is uncertain beyond that. It could potentially account for the presentation several months ago. The CT also demonstrated marked degenerative change affecting the facet joint on the left. No vertebral body fractures demonstrated.

XR Pelvis :
Hip joints appear satisfactory. Sacroiliac joints and bony pelvis also.

Reported by: Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Foot Rt

Performed	25-Mar-2020 12:49	Received	25-Mar-2020 13:17
Reported	25-Mar-2020 13:15	Order Number	G207H36147649
Status	Final	Source System	MiSys

XR Ankle Rt Final
Agnes Clelland
Clinical History :

Inversion injury to R ankle 1/7 ago. R ankle grossly swollen. tender lateral & medial malleolus, talus, base 5th MT. ?#

XR Ankle Rt :
Soft tissue swelling around ankle joint. No acute fracture identified.

XR Foot Rt :
No acute fracture.
Right 1st MTP joint fusion surgical fixation plates and screws position are unchanged from last examination 23/3/2018 .

Reported by: Dr Sau Lee Chang (SpR)
Verified by: Dr Sau Lee Chang (SpR)

XR Ankle Rt

Performed	25-Mar-2020 12:49	Received	25-Mar-2020 13:17
Reported	25-Mar-2020 13:15	Order Number	G207H36147648
Status	Final	Source System	MiSys

XR Ankle Rt Final
Agnes Clelland
Clinical History :

Inversion injury to R ankle 1/7 ago. R ankle grossly swollen. tender lateral & medial malleolus, talus, base 5th MT. ?#

XR Ankle Rt :
Soft tissue swelling around ankle joint. No acute fracture identified.

XR Foot Rt :
No acute fracture.
Right 1st MTP joint fusion surgical fixation plates and screws position are unchanged from last examination 23/3/2018 .

Reported by: Dr Sau Lee Chang (SpR)
Verified by: Dr Sau Lee Chang (SpR)

XR Mammogram Both

Performed	28-Mar-2017 09:18	Received	28-Mar-2017 11:53
Reported	28-Mar-2017 11:51	Order Number	G207H32487624
Status	Final	Source System	MiSys

XR Mammogram Both Final
Agnes Clelland

Clinical History :
P4 lump right upper outer quadrant

XR Mammogram Both :
The breasts are of a lucent pattern. Occasional benign calcifications noted bilaterally but no suspicion of malignancy. R-2

US Breast Rt :
The outer half of the right breast has been examined with ultrasound. There is a tiny cyst at the 2 o'clock position in the retroareolar position but there is no other abnormality demonstrated. The palpable area in the right upper outer quadrant corresponds with normal breast tissue only. u1
Management should continue on clinical grounds with the examination and core biopsy.

US Axilla Rt :
Normal right axillary nodes

Reported by: Dr Nuala Dawson and Lindsey Leen (Radiog)
Verified by: Dr Nuala Dawson

US Breast Rt

Performed	28-Mar-2017 09:18	Received	28-Mar-2017 11:53
Reported	28-Mar-2017 11:51	Order Number	G207H32487982
Status	Final	Source System	MiSys

XR Mammogram Both Final
Agnes Clelland

Clinical History :
P4 lump right upper outer quadrant

XR Mammogram Both :
The breasts are of a lucent pattern. Occasional benign calcifications noted bilaterally but no suspicion of malignancy. R-2

US Breast Rt :
The outer half of the right breast has been examined with ultrasound. There is a tiny cyst at the 2 o'clock position in the retroareolar position but there is no other abnormality demonstrated. The palpable area in the right upper outer quadrant corresponds with normal breast tissue only. u1
Management should continue on clinical grounds with the examination and core biopsy.

US Axilla Rt :
Normal right axillary nodes

Reported by: Dr Nuala Dawson and Lindsey Leen (Radiog)
Verified by: Dr Nuala Dawson

US Axilla Rt

Performed	28-Mar-2017 09:18	Received	28-Mar-2017 11:53
Reported	28-Mar-2017 11:51	Order Number	G207H32487983
Status	Final	Source System	MiSys

XR Mammogram Both Final
Agnes Clelland

Clinical History :
P4 lump right upper outer quadrant

XR Mammogram Both :
The breasts are of a lucent pattern. Occasional benign calcifications noted bilaterally but no suspicion of malignancy. R-2

US Breast Rt :
The outer half of the right breast has been examined with ultrasound. There is a tiny cyst at the 2 o'clock position in the retroareolar position but there is no other abnormality demonstrated. The palpable area in the right upper outer quadrant corresponds with normal breast tissue only. u1
Management should continue on clinical grounds with the examination and core biopsy.

US Axilla Rt :
Normal right axillary nodes

Reported by: Dr Nuala Dawson and Lindsey Leen (Radiog)
Verified by: Dr Nuala Dawson

XR Radius and ulna Rt

Performed	21-Mar-2016 11:34	Received	22-Mar-2016 15:18
Reported	22-Mar-2016 15:16	Order Number	G207H31258023
Status	Final	Source System	MiSys

XR Radius and ulna Rt Final
Agnes Clelland
Clinical History :
Localised tenderness over upper forearm. Affecting sleep.

XR Radius and ulna Rt :
No focal bony abnormality seen with no evidence of abnormality within the shaft of the radius or ulna. There is a very small area of calcification adjacent to the lateral aspect of the lateral humeral epicondyle. This is likely soft tissue calcification related to previous trauma/tendonitis.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

XR Shoulder Rt

Performed	02-Mar-2016 15:54	Received	03-Mar-2016 16:34
Reported	03-Mar-2016 16:32	Order Number	G207H31195600
Status	Final	Source System	MiSys

XR Shoulder Rt Final
Agnes Clelland
Clinical History :
Acute onset right shoulder pain. OA? Calcified supraspinatus?

XR Shoulder Rt :
No acute bone or joint abnormality demonstrated. No evidence of calcific tendonitis.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Examination reported by Laura Kennedy - Reporting Radiographer.

Reported by: Laura Kennedy and Jonathan McConnell
Verified by: Jonathan McConnell

Consultants
Mr J E Crooks
Mr A S James
Miss L A Seaward

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617 08:45 – 14:45
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 355 1776

MISS SEAWARD UROLOGY CLINIC

LS/SN/**10338654X**

Clinic 15/02/2011
Dictated 15/02/2011
Typed 18/02/2011

Dr Gawn
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Gawn

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady known to me with persistent microscopic haematuria attended urology clinic this morning. Her urine dipstick on this occasion revealed two ++ blood.

She is completely asymptomatic and she had a normal flexible cystoscopy, renal ultrasound and CT IVU before.

I did discuss red flags with this lady including recurrent UTIs as well as frank haematuria. If she does have any of these she needs to be re-referred to urology immediately. I am discharging her back to your care and shall gladly see her in future if any new problem occurs.

Yours sincerely

Lizette Seaward
Consultant Urologist

STOBHILL ACH

Consultants
Mr. B.W.H. Irvine
Mr. D.C. Simpson

Level 2, Clinic L
133 Balornock Road
Glasgow
G21 3UW

Tel:- 0141 355 1827

Clinic 02/08/2010
Dictated 02/08/2010
Typed 10/08/2010
Your Ref
Our Ref
Direct Line 0141 355 1827

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This ladies barium swallow has come back showing a slight web and it is not particularly improved with her PPI. She is quite keen to have treatment and we discussed a balloon dilation although I explained that this may not improve her symptoms much. She is keen to go ahead and has been listed for balloon dilatation which will be carried out in due course.

Yours sincerely

David Walker
Specialist Registrar in ENT

Acute Services Division

Surgery and Anaesthetics Directorate

Department of General Surgery

Mr D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

NHS
Greater Glasgow and Clyde

Dictated & Typed	22/06/2010
Our Ref	EM/LM/10338654X/0809555328
Clinic Co-ordinator:	0141 201 3000 Page 4232
Secretary:	0141 355 1506

Mrs Agnes Clelland
39 Rennie Road
Kilsyth
Glasgow
G65 9PQ

Dear Mrs Clelland

I write with regards to the small nodularity you had removed from your breast recently. I am pleased to say that pathology result is now available and this showed completely benign features. There was no evidence of any malignancy.

Thank you for your time.

Yours Sincerely,

Euan Mabon
GPST1 in General Surgery

Acute Services Division

Surgery and Anaesthetics Directorate

NHS Greater Glasgow and Clyde

Department of General Surgery

Mr D. T. Hansell
General Surgical Clinic
Symptomatic One-Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW

Dictated & Typed 22/06/2010
Our Ref EM/LM
Clinic Co-ordinator: 0141 201 3000 Page 4232
Secretary: 0141 355 1506

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This patient was seen by my colleague initially on 25th May 2010 and was found to have a small 5 mm smooth lump at the 12 o'clock position about the right areola. It was planned to arrange a freehand biopsy, however, it was felt that given the size it would actually be easier just to excise this under local anaesthetic which was carried out. I am pleased to say that the results are now available and these showed an area of fat necrosis only. We will, therefore, write to the patient with reassurance and discharge from follow-up.

Thank you for your time.

Yours Sincerely,

Euan Mabon
GPST1 in General Surgery

Acute Services Division

Surgery and Anaesthetics Directorate

Department of General Surgery

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

NHS
Greater Glasgow and Clyde

Mr D Hansell
General Surgical Clinic
Symptomatic One Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Clinic & Dictated	08/06/2010
Typed	09/06/2010
Our Ref	SF/GR
Clinic Co-ordinator	0141 201 3000 Page 4232
Secretary	0141 355 1506

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady attended the clinic this afternoon to have a core biopsy carried out on a small lump in the right breast. This has been assessed at the clinic radiologically and was thought to be a possible area of fat necrosis or mature fat and was graded as R2/U3.

When I examined her today it was felt that this really would be very difficult to carry out a free hand core biopsy on and the lady was keen for this to be removed. As such, we have performed instead, an excision biopsy under local anaesthetic. Looking at this it looked like a small lipoma, however, I have expressed to Mrs Clelland that if it turns out to be something more sinister, then she will indeed need further surgery and she is very aware of that.

We will send a sample to pathology and will hopefully have the result back in about a week. She has had a couple of stitches put in which will need removed at the practice in the next seven days.

We will keep you posted of her pathology results.

Yours sincerely

Mr Stuart Falconer
Specialty Registrar

STOBHILL ACH

Consultants
Mr. B.W.H. Irvine
Mr. D.C. Simpson

Level 2, Clinic L
133 Balornock Road
Glasgow
G21 3UW

Tel:- 0141 355 1827

Clinic 26/05/2010
Dictated 26/05/2010
Typed 02/06/2010
Your Ref
Our Ref
Direct Line 0141 355 1827

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady has recurrent sore throats which started about 8 weeks ago, 2 weeks after she had an Orthopaedic operation on her foot. She feels that she is choking and it is hard to eat although she is able to eat well. She is constantly clearing her throat and she feels as though there is a lump in her throat. I understand that you have given her some nasal spray and she feels that this just dries up her nose. She does have heartburn but has never smoked.

On examination her nasal airway is very narrow and inflamed. Her nasopharynx is clear but again quite inflamed and there is erythema, pharyngitis and bulky tonsils. Her mouth and larynx were all completely clear. This picture often goes along with heartburn and reflux and I would be grateful if you could give her twice daily Omeprazole. I have also arranged for a barium swallow to make sure that there are no distal lesions.

Yours sincerely

David Walker
Specialist Registrar in ENT

Acute Services Division

Surgery and Anaesthetics Directorate

NHS Greater Glasgow and Clyde

Department of General Surgery

Digestive Diseases Directorate
Surgical Division
Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Mr D Hansell
General Surgical Clinic
Symptomatic One Stop Breast Clinic
Combined Surgery/Oncology Breast Clinic
Breast Family History Clinic

Clinic & Dictated	25/05/2010
Typed	25/05/2010
Our Ref	KH/GR
Clinic Co-ordinator	0141 201 3000 Page 4232
Secretary	0141 355 1506

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park,
Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Thank you for referring this 54 year old lady who reports a two month history of a lump at 12 o'clock above her right areola. It has slowly in this time increased in size.

On examination I could feel a 5 mm smooth fluctuant lump. Mammography examination revealed this likely to be an oil cyst. Ultrasound examination revealed this likely to be either a lipoma or an area of fat necrosis.

She will receive word for a free-hand core biopsy to be performed, hopefully two weeks today. After this time, her pathology will be discussed at the Multidisciplinary Team Meeting and follow-up shall be arranged thereafter.

Many thanks.

Yours sincerely

Dr Kirsten Halstvedt
Specialty Doctor

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

ENT - Head, Neck and Throat
GGC General Referral

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

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Hospital and **hospital address**
Hospital location code.
G207H
Email address

Urgency of referral URGENT
Date of referral 13-May-2010 **Date sent** 14-May-2010

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)
Voice: 822191

1010004889872

Unique Care Pathway Number: 1010004889872

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)
Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Anne Marie McGregor		
GMC code	4304667	GP code	14672

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Practice name	Kilsyth Health Centre (61502)
Practice code	61502

Contact number(s)
Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Persistent sore throat

Comment: Dear Doctor,

This 54-year-old lady has complained of a sore throat fairly persistently for a couple of months. She was noted by my colleague at the end of March to have tonsillitis and was given Erythromycin. She complains that her glands are frequently swollen, although this was not evident on examination today and, aside from a slightly inflamed throat, ENT examination was normal. I have given her some Nasonex for a post nasal drip, however, in view of her persistent sore throat, I would value your opinion to exclude any sinister cause.

Thank you for seeing her.

Yours sincerely,

Dr. A M McGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Modifier	Date of onset
Erythema multiforme	Biopsy has confirmed.	-	16-Jan-2009
Body mass index 30+ - obesity	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002
Depressed mood	-	-	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993

Pre-eclampsia, unspecified	labour induced	-	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Thyroid function test	-	-	22-Apr-2010
Other primary fusion of joint	rt mid foot fusion	-	12-Mar-2010
Total cholesterol measurement	-	-	05-Feb-2010
Approach to organ under MRI control	Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	Right	25-Aug-2009
Smoking cessation advice	-	-	12-May-2009
Urine microalbumin	-	-	12-May-2009
Urine microalbumin negative	-	-	12-May-2009
Diabetic on oral treatment	-	-	12-May-2009
Total cholesterol measurement	-	-	08-May-2009
Thyroid function test	-	-	08-May-2009
Total cholesterol measurement	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008
Urine microalbumin	-	-	04-May-2008
Urine microalbumin negative	-	-	04-May-2008
Diabetic on oral treatment	-	-	15-Apr-2008
Total cholesterol measurement	-	-	03-Apr-2008
Thyroid function test	-	-	03-Apr-2008
Total cholesterol measurement	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - exercise	-	-	22-Aug-1994
Health ed. - diet	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-
Metformin Hydrochloride	224	TABS 500MG	2 Tabs	Twice daily	14-Sep-2009	-
Fluoxetine	120	CAPS 20MG	2 Caps	daily	14-Sep-2009	-
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Migraleve	24	Complete TABS	1 Tab	As directed	11-May-2010	-
Mometasone Furoate	1	140 Dose Aqueous Nasal SPRAY 50MCG/DOSE	2 Puffs	Daily	11-May-2010	-
Erythromycin	28	Ec TABS 250MG	2 Tabs	Twice daily	31-Mar-2010	-
Cefalexin	20	CAPS 250MG	1 Cap	4 times daily	17-Mar-2010	-
Co-Codamol	100	8mg/500mg TABS	2 Tabs	qds prn	12-Mar-2010	-
Diazepam	12	TABS 5MG	1 Tab	as dir	26-Jan-2010	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		12-May-2009
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		12-May-2009
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007

Enjoys light exercise:	20-Mar-2007
Enjoys light exercise:	07-Mar-2006
Enjoys light exercise:	01-Dec-2005

Clinical warnings

Allergies

Description

[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

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

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

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617 08:45 – 14:45
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 355 1776

Consultants
Mr J E Crooks
Mr A S James
Miss L A Seaward

MISS SEAWARD UROLOGY CLINIC

KB/SN/**10338654X**

Clinic 04/05/2010
Dictated 04/05/2010
Typed 05/05/2010

Dr Gawn
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Gawn

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Many thanks for re-referring this pleasant lady to the urology outpatient clinic. I note that unfortunately she was lost to follow up in 2009. She has a history of first microscopic haematuria with normal investigations and further frank haematuria with a normal renal ultrasound, flexible cystoscopy and CT IVU. These investigations were concluded in 2008 and she has had a further episode of frank haematuria in early 2010. She states that this is painless and resolved spontaneously. I note that the MSSU that you sent in a few weeks after the event showed no growth and no haematuria.

Mrs Clelland has remained asymptomatic for the past three months. Unfortunately she has had a difficult time with operations on her foot and awaits surgical investigation of a breast lump. I note she has a history of hypertension and type II diabetes.

We have repeated an MSSU today and will forward you any abnormal results. I have encouraged Mrs Clelland to provide urine samples for sending off anytime she notes any frank haematuria or any symptoms of cystitis. I explained it is very helpful for us to be able to see a pattern on the computer of cultures and haematuria. It could be that this is a recurrent infection or passage of multiple small stones. In any case we will follow her up and see how she is doing in three months time. We will repeat urinalysis on arrival.

Yours sincerely

Dr Katie Busby
GP ST1 in Urology to Miss Seaward

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Breast GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral ROUTINE
Date of referral 19-Apr-2010 **Date sent** 20-Apr-2010

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

1010004045923

Unique Care Pathway Number: 1010004045923

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Marjory Stephens		
GMC code	1348707	GP code	12807

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Practice name	Kilsyth Health Centre (61502)
Practice code	61502

Contact number(s)
Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Small nodule in the right breast

Comment: I would appreciate your assessment of this 54 year old woman who presents with a small less than pea sized nodule affecting the R) breast at the 12 o'clock position just distal to the areolar margin. The nodule is non tender and she feels it has increased in size over the past week. I felt that this was a non suspicious lump, but would appreciate your assessment of her and help in her further management.

Many thanks for your help in this.

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	Comment	Modifier	Date of onset
Erythema multiforme	Biopsy has confirmed.	-	16-Jan-2009
Body mass index 30+ - obesity	-	-	15-Jan-2009
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002
Depressed mood	-	-	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995
O/E - weight > 20% over ideal	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993
Forceps delivery unspecified	live male	-	08-May-1975
Pre-eclampsia, unspecified	labour induced	-	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Other primary fusion of joint	rt mid foot fusion	-	12-Mar-2010

Total cholesterol measurement	-	-	05-Feb-2010
Approach to organ under MRI control	Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	Right	25-Aug-2009
Smoking cessation advice	-	-	12-May-2009
Urine microalbumin	-	-	12-May-2009
Urine microalbumin negative	-	-	12-May-2009
Diabetic on oral treatment	-	-	12-May-2009
Total cholesterol measurement	-	-	08-May-2009
Thyroid function test	-	-	08-May-2009
Total cholesterol measurement	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008
Urine microalbumin	-	-	04-May-2008
Urine microalbumin negative	-	-	04-May-2008
Diabetic on oral treatment	-	-	15-Apr-2008
Total cholesterol measurement	-	-	03-Apr-2008
Thyroid function test	-	-	03-Apr-2008
Total cholesterol measurement	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - sug[illegible]s exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - exercise	-	-	22-Aug-1994
Health ed. - diet	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-
Fluoxetine	120	CAPS 20MG	2 Caps	daily	14-Sep-2009	-
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-

Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-
Metformin Hydrochloride	224	TABS 500MG	2 Tabs	Twice daily	14-Sep-2009	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Erythromycin	28	Ec TABS 250MG	2 Tabs	Twice daily	31-Mar-2010	-
Cefalexin	20	CAPS 250MG	1 Cap	4 times daily	17-Mar-2010	-
Co-Codamol	100	8mg/500mg TABS	2 Tabs	qds prn	12-Mar-2010	-
Diazepam	12	TABS 5MG	1 Tab	as dir	26-Jan-2010	-
Amoxicillin	21	CAPS 500MG	1 Cap	3 times daily	19-Nov-2009	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		12-May-2009
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007
Never smoked tobacco:		20-Mar-2007
Never smoked tobacco:		07-Mar-2006
Light drinker - 1-2u/day:		27-Aug-2003
Trivial drinker - <1u/day:		20-Aug-2002
Light drinker - 1-2u/day:		22-Aug-1994
Alcohol intake within recommended sensible limits:		12-May-2009
Alcohol intake within recommended sensible limits:		27-Jul-2007
Alcohol intake within recommended sensible limits:		20-Mar-2007
Alcohol intake within recommended sensible limits:		07-Mar-2006
Alcohol intake within recommended sensible limits:		01-Dec-2005
Enjoys light exercise:		20-Aug-2002
Avoids even trivial exercise:		22-Aug-1994
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007
Enjoys light exercise:		07-Mar-2006
Enjoys light exercise:		01-Dec-2005

Clinical warnings

Allergies

Description
[V]Personal history of drug allergy
[V]Personal history of drug allergy
[V]Personal history of drug allergy
Hypersensitivity skin testing

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James
Miss L A Seaward

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line **0141 201 3617**
Fax Number **0141 201 3779**
Clinical Co-ordinator 0141 201 3516/3382/3960

MB/JP/**10338654X**

Dictated: 26.2.10.
Typed: 17.3.10.

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

cc.
Miss L Seaward
Consultant Urologist
Stobhill Hospital
Glasgow G21 3UW

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Thank you for your letter regarding this lady. As you know she had a normal flexible cystoscopy and CT/IVU, but I will make arrangements for her to be reviewed in the clinic by my colleague Miss Seaward in due course.

Kind regards,

Yours sincerely

Mary Brown
Consultant Urologist

Verified by Miss Brown & signed in her absence.

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James
Miss L A Seaward

MB/CL/**10338654X**

Dictated: 5/3/09
Typed: 9/3/09

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park,
Kilsyth,
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

This lady with a history of frank haematuria and normal flexible cystoscopy and ultrasound, has had a normal CT urogram. I will see her for review in the clinic in three months' time.

With kind regards.

Yours sincerely

MARY BROWN
Locum Consultant

Verified by Miss Brown & signed on her behalf

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3617
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James
Miss L A Seaward

MB/CL/**10338654X**

Dictated: 5/3/09
Typed: 9/3/09

Ms Agnes Clelland
39 Rennie Road
KILSYTH
G65 9PQ

Dear Ms Clelland

Just to let you know, your recent CT scan has shown no abnormality. I will see you in the clinic in three months' time.

With kind regards.

Yours sincerely

MARY BROWN
Locum Consultant

Verified by Miss Brown & signed on her behalf

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW
Switchboard: 0141 201 3000

NHS
Greater Glasgow and Clyde

Dr N F Jamieson
Dr A Cahill
Consultant Physicians &
Gastroenterologists

Typed 28/01/2009
Clinic date 19/01/2009
Dictated 28/01/2009
Your Ref
Our Ref FB/AMMCK
Enquiries to: Alison McKenzie 0141 201 3338
: Claire Thacker 0141 201 3305
Fax No: 0141 201 3888
E-Mail: Alison.mckenzie@northglasgow.scot.nhs.uk
Claire.thacker@northglasgow.scot.nhs.uk

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland ~ 08/09/1955 ~ CHI: 0809555328 ~ CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

I now have the results of biopsies obtained at Mrs Clelland's endoscopy on 19 January. These show a chemical/biliary reflux gastritis with no evidence of Helicobacter Pylori.

As such she should continue on her PPI and no further follow up has been arranged.

Yours sincerely

Sister Fiona Beck
Specialist Nurse Endoscopist

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 201 3141
Outpatient Appointments: 0141 201 3459/3378
Fax: 0141 201 3144

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South West - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
- Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Leman
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith, Dr Heather Graham

CLINIC: 06/01/2009
DICT: 06/01/2009
TYPED: 09/01/2009
HG/JMcI
DR GRAHAM'S CLINIC

Dr Marjory Stephens
Kilsyth Health Centre
Burngreen Park, Kilsyth, Stirlingshire
G65 0HU

Dear Dr Stephens

Agnes Clelland - 08/09/1955 - CHI: 0809555328 - CRN: 10338654X
39 Rennie Road, Kilsyth, Glasgow, G65 9PQ

Diagnosis: **Erythema multiforme**
Management: **Open appointment**

I reviewed Mrs Clelland. I explained that the biopsy has confirmed the clinical impression of erythema multiform. Currently it is inactive. In Mrs Clelland's case it always seems to be associated with infections, although unfortunately it is either a cold sore, a dental infection or urinary infection. If it was simply a cold sore we could consider long-term Acyclovir therapy but I do not think it is appropriate when other infections are also causing the triggers. Other agents used are either immune-suppression tablets, but she already has hypertension and is diabetic, or Thalidomide is used but she already has neuropathy secondary to her diabetes.

I have discussed all of these options with Mrs Clelland on balance we have agreed to simply observe the situation and if she has a significant flare I have asked her to telephone me when I may need to consider a short course of oral steroids.

Yours sincerely

HEATHER GRAHAM
Associate Specialist

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology G General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral ROUTINE
Date of referral 19-Dec-2008 **Date sent** 19-Dec-2008

PATIENT DETAILS

Surname	Clelland
Forename(s)	Agnes M
Title	Mrs
Sex	Female
Date of birth	08-Sep-1955
CHI no.	0809555328
Area of Residence	-

Patient's address

39 Rennie Road
KILSYTH
GLASGOW
G65 9PQ

Contact number(s)

Voice: 822191

**	Unique Care Pathway Number:

REGISTERED GP DETAILS

Name	Dr M Stephens		
GMC code	1348707	GP code	L12807
Practice name	The Health Centre		
Practice code	61502		

Practice address

Burngreen Park
Kilsyth
North Lanarkshire
G65 0HU

Contact number(s)

Voice: 0844 477 2552
Facsimile: 01236 826231

REFERRING GP DETAILS

Name	Dr. Allyson Gawn		
GMC code	3101966	GP code	10839

Practice address

BURNGREEN PARK
KILSYTH
STIRLINGSHIRE

Practice name	Kilsyth Health Centre (61502)
Practice code	61502

Contact number(s)
Voice: 08444 772552

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Nausea, occasional dysphagia, heartburn and indigestion

Comment: This lady is complaining of ongoing nausea for some months. She has had occasional dysphagia along with heartburn and indigestion. Omeprazole initially abolished the symptoms, but they have now recurred. As a Helicobacter blood test was positive, I have given her eradication therapy with only temporary benefit. She is diabetic and suffering from leg pains, which are probably due to nerve damage. She is also getting rather depressed and low about her weight, which continues to increased despite all her efforts. I have re-referred her to the Dietitian.

She also complains of occasional pain in the right upper quadrant.

Apart from the positive Helicobacter, all of her blood tests were normal including U&E's, glucose, CRP, Amylase, liver function tests, bone biochemistry and cholesterol. Her last HbAIC was 6.4 and her last full blood count was normal except that she had an ESR of 45.

I have given her Domperidone to use if required, and increased her Omeprazole to twice daily.

In view of her ongoing upper abdominal symptoms, I would appreciate your advice as to whether any further investigation would be appropriate.

Thanks for your help.

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	Comment	Modifier	Date of onset
O/E - dermatology exam.	reactive dermatosis	-	18-Nov-2008
Tennis elbow	exacerbation of following fall - steriod and local anaesthetic injection	-	21-Oct-2008
Erythema multiforme	possible	-	20-Oct-2008
Body mass index 30+ - obesity	-	-	15-Apr-2008
O/E - right foot pulses present	-	-	20-Mar-2007
O/E - Vibration sense of right foot normal	-	-	20-Mar-2007
O/E - Vibration sense of left foot normal	-	-	20-Mar-2007
Microscopic haematuria	-	-	09-Jan-2007
Patients Notes Summarised	-	-	20-Jun-2006
O/E - right foot pulses present	-	-	07-Mar-2006
O/E - Vibration sense of right foot normal	-	-	07-Mar-2006
O/E - Vibration sense of left foot normal	-	-	07-Mar-2006
NIDDM - Non-insulin dependent diabetes mellitus	started on metformin	-	31-Jan-2006
Essential hypertension	-	-	31-Jan-2006
Arthralgia of hip	mild degenerative changes	Left	05-Dec-2002
Depressed mood	-	-	09-Apr-2001
Nabothian follicles	cervical	-	20-Jul-2000
Chronic fatigue syndrome	-	-	01-Jan-1995

O/E - weight > 20% over ideal	-	-	22-Aug-1994
Postviral fatigue syndrome	-	-	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	-	08-May-1975
Forceps delivery unspecified	live male	-	08-May-1975

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date performed
Total cholesterol measurement	-	-	01-Dec-2008
Diagnostic imaging of vascular system	no significant peripheral arterial disease	-	01-Oct-2008
Urine microalbumin	-	-	04-May-2008
Urine microalbumin negative	-	-	04-May-2008
Diabetic on oral treatment	-	-	15-Apr-2008
Total cholesterol measurement	-	-	03-Apr-2008
Thyroid function test	-	-	03-Apr-2008
Total cholesterol measurement	-	-	13-Mar-2008
Pneumococcal vaccination given	Batch Number: NE26570 Expiry Date: 12/2008	-	27-Nov-2007
Plain X-ray pelvis	minimal sclerosis/cystic change at the left S1 joint	-	22-Nov-2007
Plain X-ray lumbar spine	very minimal anterior lipping at L1/2, L2/3 & L5/S1 disc levels	-	22-Nov-2007
Diabetic on oral treatment	-	-	20-Mar-2007
Urine microalbumin	-	-	13-Mar-2007
Urine microalbumin positive	-	-	13-Mar-2007
Total cholesterol measurement	-	-	09-Mar-2007
Thyroid function test	-	-	09-Mar-2007
Chlamydia psittaci IgG level	128 - suggests exposure to chlanydia psittaci	-	20-Jun-2006
Urine microalbumin negative	-	-	07-Mar-2006
Diabetic retinopathy screening	-	-	07-Mar-2006
Total cholesterol measurement	-	-	13-Dec-2005
Thyroid function test	-	-	13-Dec-2005
Diagnostic cystoscopy using flexible instrument	stress leak. referred for pelvic floor physiotherapy	-	18-Oct-2004
Hypersensitivity skin testing	peppermint and a food additive	-	08-May-2000
Health ed. - diet	-	-	22-Aug-1994
Health ed. - exercise	-	-	22-Aug-1994
Endometrial laser ablation	-	-	22-Dec-1993
Psittacosis LGV antibody level	64	-	31-Aug-1993
Cervical smear: negative	-	GP Care	19-Mar-1992
Cervical smear: negative	-	GP Care	04-Nov-1987
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	-	13-May-1981

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine	60	CAPS 20MG	1 Cap	Daily	03-Jul-2006	-
Ramipril	56	CAPS 10MG	1 Cap	In the morning	07-Jul-2006	-
Aspirin	56	Dispersible TABS 75MG	1 Tab	Daily	30-Oct-2006	-
Simvastatin	56	TABS 40MG	1 Tab	At night	07-Mar-2006	-
Metformin Hydrochloride	112	TABS 500MG	1 Tab	Twice daily	23-May-2006	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Domperidone	60	TABS 10MG	1 Tab	3 times daily ac	18-Dec-2008	-
Omeprazole	112	CAPS 20MG	1 Cap	Twice daily	18-Dec-2008	-
Gabapentin	100	CAPS 300MG	1 Cap	as dir	18-Dec-2008	-
Tramadol Hydrochloride	100	CAPS 50MG	1 or 2 Caps	qds prn pain	18-Dec-2008	-
Clarithromycin	14	TABS 500MG	1 Tab bd as per	attached note	02-Dec-2008	-
Amoxicillin	28	CAPS 500MG	2 Caps bd	as per attached no	02-Dec-2008	-
Omeprazole	56	CAPS 20MG	1 Cap	In the morning	20-Nov-2008	-
Ciprofloxacin	10	TABS 250MG	1 Tab	Twice daily	07-Nov-2008	-
Aciclovir	25	Dispersible TABS 200MG	1 Tab	5 times daily	22-Oct-2008	-
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	16-Oct-2008	-
Dermol 500	500	LOT	Apply	BD prn	25-Sep-2008	-
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	18-Sep-2008	-
Dermol 200	200	Shower Emollient LOT	use as directed	-	18-Sep-2008	-
Betamethasone Valerate	100 grams	CREAM 0.025%	APPLY SPARINGLY	TWICE DAILY	18-Sep-2008	-
Crotamiton	100	CREAM 10%	Apply	3 times daily	17-Sep-2008	-
Famciclovir	7	TABS 750MG	1 Tab	Daily	17-Sep-2008	-
Miconazole	90 grams	CREAM 2%	apply	bd	10-Sep-2008	-
KETOCONAZOLE SHAMPOO	1 (OP)	120ML	APPLY	use as shower gel	10-Sep-2008	-
Fexofenadine Hydrochloride	60	TABS 120MG	1 Tab	Twice daily	10-Sep-2008	-
Mometasone Furoate	100	OINT 0.1%	apply spairingly	Twice daily	08-Sep-2008	-
Chlorphenamine Maleate	100	TABS 4MG	1 Tab	3 times daily	08-Sep-2008	-
Etoricoxib	28	TABS 120MG	1 Tab	Daily	04-Sep-2008	-
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	15-Aug-2008	-
Aciclovir	35	Dispersible TABS 800MG	1 Tab	5 times daily	22-Jul-2008	-
Celecoxib	60	CAPS 100MG	1 Cap	Twice daily	04-Jul-2008	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		27-Aug-2003
Never smoked tobacco:		20-Aug-2002
Never smoked tobacco:		15-Apr-2008
Never smoked tobacco:		27-Jul-2007

Never smoked tobacco:	20-Mar-2007
Never smoked tobacco:	07-Mar-2006
Never smoked tobacco:	01-Dec-2005
Light drinker - 1-2u/day:	27-Aug-2003
Trivial drinker - <1u/day:	20-Aug-2002
Light drinker - 1-2u/day:	22-Aug-1994
Alcohol intake within recommended sensible limits:	27-Jul-2007
Alcohol intake within recommended sensible limits:	20-Mar-2007
Alcohol intake within recommended sensible limits:	07-Mar-2006
Alcohol intake within recommended sensible limits:	01-Dec-2005
Alcohol intake within recommended sensible limits:	13-Aug-2004
Enjoys light exercise:	20-Aug-2002
Avoids even trivial exercise:	22-Aug-1994
Enjoys light exercise:	27-Jul-2007
Enjoys light exercise:	20-Mar-2007
Enjoys light exercise:	07-Mar-2006
Enjoys light exercise:	01-Dec-2005
Enjoys light exercise:	13-Aug-2004

Clinical warnings

Allergies

Description

[V]Personal history of drug allergy

[V]Personal history of drug allergy

[V]Personal history of drug allergy

Hypersensitivity skin testing

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-21 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

US Ankle Lt

Performed	08-Nov-2012 08:43	Received	08-Nov-2012 09:53
Reported	08-Nov-2012 09:31	Order Number	G207H27383928
Status	Final	Source System	MiSys

US Ankle Lt Final
Agnes Clelland
Clinical History :
5-month history of painful swollen Achilles. Physio concern and may have tendon rupture. Awaiting appointment for orthopaedic podiatry.

US Ankle Lt :
Ultrasound confirms the presence of a previous extensive tear of the mid Achilles tendon with large amount of scar tissue and debris bridging the gap. The degree of retraction is felt to be at least 4 cm, although there are perhaps a few thin remaining intact fibres. There is some inflammation and tendinopathic change in the remaining tendon. There looks to be some atrophy of the gastrocnemius.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

XR Pelvis

Performed	06-Aug-2012 11:59	Received	06-Aug-2012 15:02
Reported	06-Aug-2012 14:40	Order Number	G207H27138038
Status	Final	Source System	MiSys

XR Pelvis Final
Agnes Clelland
Clinical History :
Right hip pain after a fall in May. Right trochanter and iliac areas

XR Pelvis :
There is no evidence of previous bony injury. There are early degenerative changes at the hips with mild subchondral sclerosis. Joint space is relatively well preserved.

Reported by: Dr Rhona Stevens
Verified by: Dr Rhona Stevens

XR Chest

Performed	18-Jan-2011 13:56	Received	18-Jan-2011 17:37
Reported	18-Jan-2011 17:13	Order Number	G207H25557886
Status	Final	Source System	MiSys

XR Chest Final
Agnes Clelland
Clinical History : Persistent cough. Previous psittacosis.

XR Chest :

There are no previous chest x-rays for comparison. The heart is not enlarged. There is no evidence of active pulmonary disease.

Reported by: Dr Fiona Bryden
Verified by: Dr Fiona Bryden

Barium swallow

Performed	23-Jun-2010 09:09	Received	23-Jun-2010 15:27
Reported	23-Jun-2010 15:05	Order Number	G207H13824128
Status	Final	Source System	MiSys

Barium swallow Final
Agnes Clelland
Clinical History : Feeling of food sticking. Tightness in mid oesophagus. ? Mucosal lesion in distal oesophagus.

Barium swallow : There is a short, sharp, shelf-like indentation anteriorly in the column of barium within the hypopharynx at the approximate level of C4/5. Appearances are consistent with a small web. The oesophagus is unremarkable. No significant gastro-oesophageal reflux. Degenerative changes noted in the lower cervical spine.

Reported by: DR RL STEVENS
Verified by: DR RL STEVENS

XR Mammogram Both

Performed	25-May-2010 10:23	Received	27-May-2010 16:35
Reported	27-May-2010 16:15	Order Number	G207H13818048
Status	Final	Source System	MiSys

XR Mammogram Both Final

Agnes Clelland

Clinical History : 2 month history of lump in the 12 o'clock position above the right areola. Increasing in size. On examination today the findings are graded P2/3. There is a 5 mm smooth, soft lump. ? Cyst. Within the lateral aspect of the left breast there are areas of increased nodularity.

XR Mammogram Both :
There is predominantly fatty breast pattern. There is a slightly increased density in the 12 o'clock position within the right breast with an associated oil cyst. R2. Nil else seen.

US Breast Rt :
Scanning over the palpable area corresponds with an area of hyperechogenicity (8mm). This may be fat necrosis or mature fat. No skin bruising. No sinister features. Core biopsy should be performed to prove benignity. This could be done free hand as area palpable or could be performed under ultrasound guidance any Thursday afternoon or Tuesday. Overall the appearances are graded R2/U3.

Reported by: DR NF DAWSON and LINDSEY LEEN (Radiog)
Verified by: LINDSEY LEEN (Radiog)

US Breast Rt

Performed	25-May-2010 10:23	Received	27-May-2010 16:35
Reported	27-May-2010 16:15	Order Number	G207H13818209
Status	Final	Source System	MiSys

XR Mammogram Both Final

Agnes Clelland

Clinical History : 2 month history of lump in the 12 o'clock position above the right areola. Increasing in size. On examination today the findings are graded P2/3. There is a 5 mm smooth, soft lump. ? Cyst. Within the lateral aspect of the left breast there are areas of increased nodularity.

XR Mammogram Both :
There is predominantly fatty breast pattern. There is a slightly increased density in the 12 o'clock position within the right breast with an associated oil cyst. R2. Nil else seen.

US Breast Rt :
Scanning over the palpable area corresponds with an area of hyperechogenicity (8mm). This may be fat necrosis or mature fat. No skin bruising. No sinister features. Core biopsy should be performed to prove benignity. This could be done free hand as area palpable or could be performed under ultrasound guidance any Thursday afternoon or Tuesday. Overall the appearances are graded R2/U3.

Reported by: DR NF DAWSON and LINDSEY LEEN (Radiog)
Verified by: LINDSEY LEEN (Radiog)

XR Wrist Lt

Performed	19-May-2010 10:14	Received	19-May-2010 16:06
Reported	19-May-2010 15:46	Order Number	G207H13805153
Status	Final	Source System	MiSys

XR Wrist Lt Final
Agnes Clelland
Clinical History : Injury 1/7 ago when lifting a pot. Increased pain distal radius. ? fracture.

XR Wrist Lt : No fracture demonstrated.

Reported by: DR L WALKER
Verified by: DR L WALKER

XR Foot Rt

Performed	03-Mar-2009 13:12	Received	13-Mar-2009 12:46
Reported	13-Mar-2009 12:25	Order Number	G207H12806345
Status	Final	Source System	MiSys

XR Foot Rt Final
Agnes Clelland
Clinical History : Dropped weight on foot. continuing pain.

XR Foot Rt :
There is a notch on the medial aspect of the lateral cuneiform which has a clean edge to it. There may be some elevation to the periosteum.

Apart from hallux valgus no other abnormality seen.

In view of the unusual appearances on this x-ray, an orthopaedic opinion is advised.

Reported by: DR IA MACLEOD
Verified by: DR IA MACLEOD

RIGHT BREAST CORE BIOPSIES

Performed	28-Mar-2017 10:39	Received	28-Mar-2017 16:17
Reported	05-Apr-2017 10:58	Order Number	D,17.0023230.S
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 28.03.2017
Date received : 28.03.2017 Date reported: 05.04.2017

Reporting Pathologist : Craig Dick
Consultant Pathologist: Craig Dick

RIGHT BREAST CORE BIOPSIES

CLINICAL HISTORY

ill defined P3 mass R 11 o'clock medial and lateral ill defined P3 mass also 11 o'clock

A. BREAST CORE BIOPSY - RIGHT - 11 OCLOCK MEDIAL MASS:

MACRO: 6 cores longest 15 mm

MICROSCOPY: Microscopy shows benign breast tissue only. There is no evidence of a specific lesion.
Summary: B1

B. BREAST CORE BIOPSY - RIGHT - 11 OCLOCK LATERAL MASS:

MACRO: 3 cores longest 22 mm

MICROSCOPY: Microscopy shows benign breast tissue only. There is no evidence of a specific lesion. There is a small area of more oedematous stroma which required additional levels however no specific lesion is identified within this.
Summary: B1

Dr C Dick, Consultant

Report generated: 05/04/17
Authorised: 05/04/17 by Dr Craig PC Dick

BREAST EXCISION BIOPSY

Performed	08-Jun-2010 00:00	Received	09-Jun-2010 09:10
Reported	14-Jun-2010 16:35	Order Number	P,10.0011732.A
Status	Final	Source System	Telepath

Pathology Final

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

Nature of Specimen : BREAST EXCISION BIOPSY
Requester Location : Stobhill Hospital
Date Reported : 14.06.10
Auth by : Dr E A Mallon 14.06.10 16:33
T04000 M54110 P00002

RIGHT BREAST LUMP

Clinical history

Smooth lump ?lipoma.

Gross

The specimen is a 15x11x5mm piece of fatty tissue. On cross section there is a firm white area 5mm in diameter extending close to one margin.

Microscopy

Microscopy shows adipose tissue within which there is an area of fat necrosis. There is no evidence of malignancy and no breast epithelium is noted in the biopsy.

Sk E A Mallon

This report has been authorised electronically by Dr E A Mallon.

GASTRIC BIOPSY

Performed	19-Jan-2009 00:00	Received	19-Jan-2009 11:45
Reported	21-Jan-2009 10:00	Order Number	P,09.0000943.W
Status	Final	Source System	Telepath

Pathology Final

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

Nature of Specimen : GASTRIC BIOPSY
Requester Location : STOBHILL DAY SURGERY UNIT
Date Reported : 21.01.09
Auth by : Debbie Cuthbert 21.01.09 09:59
T63000 M40000 P00003

GASTRIC BIOPSY.

Clinical history:

Dyspepsia and nausea on PPI. Recent eradication therapy. ? H pylori.

Macro:

Three biopsies the largest 3 mm.

Micro:

Microscopy shows pieces of specialised and non specialised gastric mucosa the latter showing foveolar hyperplasia and increased smooth muscle fibres in the lamina propria consistent with chemical/biliary reflux gastritis. Helicobacters are not identified. There is no intestinal metaplasia, dysplasia or malignancy.

LS M Seywright

SKIN BIOPSY (DERMATOLOGY)

Performed	18-Nov-2008 00:00	Received	18-Nov-2008 13:57
Reported	01-Dec-2008 08:45	Order Number	P,08.0022177.D
Status	Final	Source System	Telepath

Pathology Final

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

Nature of Specimen : SKIN BIOPSY (DERMATOLOGY)
Requester Location : STOBHILL DERMATOLOGY OPD
Date Reported : 01.12.08
Auth by : Barbara BEDNAREK 01.12.08 08:40
T02000 M48560 P00008

EXCISION SKIN BIOPSY.

Clinical History

Recurrent reactive rash elbows. Annular / [illegible]
?EM ?urticarial vasulitis.
Previous biopsy Stobhill.

Gross

A fragment of tissue measuring 5mm.

Microscopy

Sections show perivascular lymphohistiocytic infiltrate. A focal area of dermoepidermal separation is noted. These features may represent early erythema multiforme.

M Elgoweini
SK K Blessing 21.11.08

SUPPLEMENTARY REPORT 28/11/08

Direct Immunofluorescence is negative.

BB K Blessing

CLELLAND, AGNES ID:0809555328 28-AUG-2012 09:20:14 GREATER GLASGOW SITE-STCASJ ROUTINE RECORD

08-SEP-1955 (56 yr)
Female Caucasian

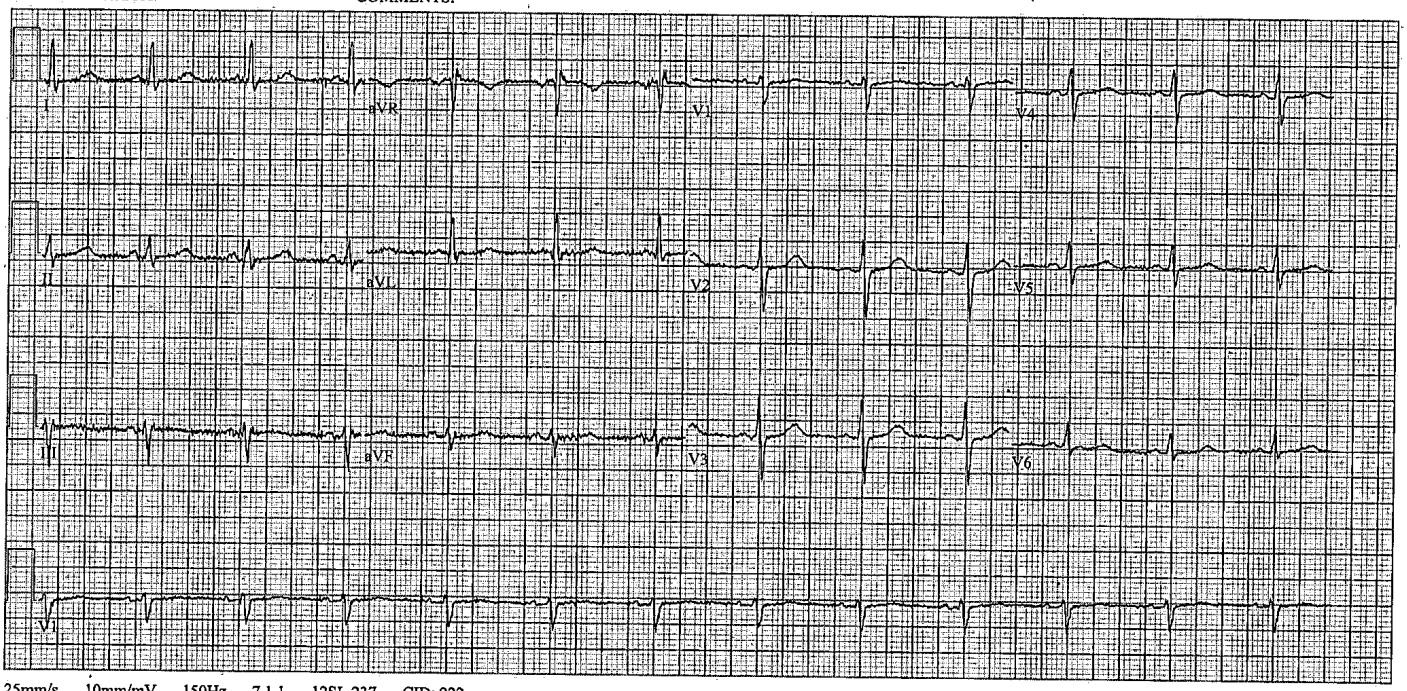
Room:
Loc:404

Vent. rate	76	BPM
PR interval	130	ms
QRS duration	86	ms
QT/QTc	412/463	ms
P-R-T axes	64 -14	36

Normal sinus rhythm
Normal ECG

History:Unknown
Technician:STOB 408
Test ind:

WARD/DEPT:RACP COMMENTS: Referred by: SR JOSS UNCONFIRMED ECG REPORT Sys Admin 1



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 222

SID: 3359119 EID:21001 EDT: 12:57 28-AUG-2012 ORDER:

RESPIRATORY PHYSIOLOGY LABORATORY
CLINIC B: STOBHILL ACH
Tel. 0141 355 1050
GREATER GLASGOW AND CLYDE NHS

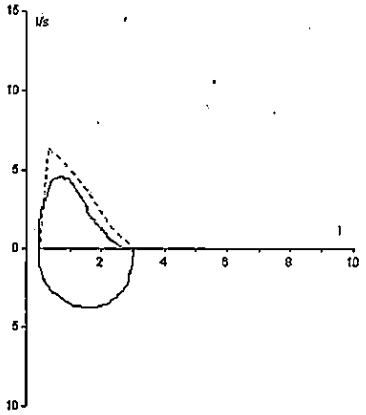
Clelland, Agnes
ID-Nr: 0809555328
Comment:
Treating Doctor: Dr Bucknall
Referring Doctor: Respiratory Medicine
Notes: ?Asthma

166 cm, 123 kg, female *08.09.1955 =55Y
Test: 01.04.2011 / 10:15 h
Hospital and Physiologist: Stobhill. C.Donnell
Smoking Habits: 0Cig/Day 0Years

Spirometry

Volumes:

parameter	unit	pred	Meas	%pred	SR
VC	l	3.03	2.96	98	-0.15
ERV	l	0.89	0.41	46	
IRV	l		2.26		
TV	l		0.29		
IC	l	2.42	2.55	105	
Flow/Volume:					
FVCex	l	3.03	2.97	98	-0.15
FEV1	l	2.58	2.32	90	-0.70
FEV1/FVC	%	79	78	99	-0.09
PEF	l/s	6.37	4.58	72	-1.98
MEF25-75	l/s	3.13	2.07	66	-1.24



Body-Plethysmography

Resistance:

parameter	unit	pred	Meas	%pred	SR
RAWtot	kPa/(l/s)	0.30	0.37	125	
sGAWtot	1/kPa/s	2.63	1.08	41	
Volumes:					
TGV	l	2.77	2.52	91	-0.50
TLC	l	5.17	4.48	87	-1.14
VC	l		2.96		
RV	l	1.88	1.46	77	-1.23
TGV/TLC	%	54	56	104	0.24
RV/TLC	%	38	32	86	-0.89

CO Diffusion

time

parameter	unit	pred.	Avg.	%pred.	SR
HB	g/dl		13.5		
TLco	mmol/kPa/min	8.13	6.66	82	-1.26
TLco(Hb)	mmol/kPa/min	8.13	6.66	82	-1.26
VA	l		4.52		

Comment:

©2006 ZAN ® nSpireHealth

Test: 01.04.2011/10:21
BTPS: 24/994/39 [°C/mbar/%]

DEPARTMENT OF RESPIRATORY MEDICINE
GLASGOW ROYAL INFIRMARY/STOBHILL ACH
GREATER GLASGOW AND CLYDE NHS

CLELLAND Agnes Stobhill OP Dr Bucknall U.No. 111255/04
39 Rennie Road CHI. 0809555328 D.o.b. 08.09.1955
Kilsyth G65 9PQ Female Date 04.04.2011

PREVIOUS RESULTS - None

	Pre BD	%Pred	Post BD	Normal Range
SPIROMETRY				
FVC	3.03			
FEV1	2.38	92		(1.95 - 3.19)
FEV1/FVC%	78	99		(68 - 89)
TRANSFER FACTOR				
TLco	7.4	91		(6.2 - 10.0)
TLco (corr)	7.4	92		(6.1 - 10.0)
PLETHYSMOGRAPHY				
VC	3.03	100		(2.16 - 3.88)
RV	1.46	77		(1.19 - 2.59)
TLC	4.49	86		(4.18 - 6.16)
[illegible]AW	0.37			<0.2
[illegible]AW	1.08			>1.1

Lung volumes are normal with no airways obstruction.
The transfer factor and corrected TLco are normal
Bronchial Reactivity
Mannitol PD15% <485 mg: Mildly increased reactivity

Dr R Carter

16/10

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

WAITING LIST : YES NO

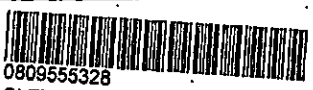
WARD CHECKLIST
PRE-OP DATE: 17/8/18
PROCEDURE: (L) foot 1st MTPJ fusion

	YES	N/A	COMMENTS
GROUP AND SCREEN		✓	
BONE BANK/FEM HEAD		✓	
BLOODS	✓NP 20/8/18		7/12/18 ESR 27 HbAIC 51.
FBC O/A (ANAEMIA PATHWAY)		✓	
MRSA	✓NP 20/8/18		21/12/18
VTE FORM	✓		
TRAKCARE OUTCOMES	✓		
LAST X-RAYS DATES	✓		May 18
CONSENTED			
ECG SCANNED	✓		
KARDEX		✓	
ECHO PFTS OTHER TEST RESULTS	✓		Thalium scan Oct 12 Cardiac MI 2013
INFO LEAFLETS, Medicine Instructions	✓		Aspirin, Ramipril
CLERK IN	✓MLL	✓NP 20/8/18	
OTHER (WAIST MEASUREMENT, PAIN TEAM, OXFORD etc)	✓		foot + ankle questionnaire.
SECRETARY CONTACTED		✓	
CASE NOTE REQUESTED		✓	
ANAESTHETIC STATUS (RED/AMBER/GREEN)	✓		
SUITABILITY for SDAU	✓		Stobhill / GRI SDAU Amber. Complex PMH

NHS GG&C Risk Assessment for Venous Thromboembolism (VTE)

Trauma and Orthopaedic surgery

- **Risk Assessment should be completed for all patients on admission to hospital**
- **Patients should be reassessed every 48 - 72 hours or sooner if condition changes**
- **Assessment should be documented in Kardex**
- **Provide patient information on VTE prevention**



0809555328
CLELLAND
Agnes F
39 Rennie Road 08/09/1955
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Operative patients start here

Non-operative patients start here

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

Yes

No

Indicators of patients at standard and increased risk of VTE (tick all that apply)

STANDARD RISK

- ☑ Acute trauma/surgical admission
- ☐ Dehydration
- ☑ Age >60 years
- Surgical procedure with total anaesthetic/surgical time >90 minutes, or >60 minutes if surgery of lower limb
- ☐ Expected significant reduction in mobility relative to their normal state for more than 2 days
- ☐ Hip or knee replacement surgery or other major orthopaedic elective surgery

INCREASED RISK

- ☐ Critical care admission
- ☑ Obesity (BMI>30Kg/m^2)
- ☐ Active cancer or cancer treatment
- ☐ Thrombophilia
- ☐ Personal history or first degree relative with a history of VTE
- ☐ Pregnancy or ≤6 weeks post partum (seek specialist advice)
- ☐ Hormone replacement therapy, tamoxifen
- ☐ Oestrogen containing contraceptive pill
- ☐ Varicose veins with phlebitis
- ☐ Current significant medical condition e.g.
  - Serious Infection
  - Heart Failure
  - Respiratory Failure
  - Inflammatory Disease

Standard/Increased Risks

Yes

No

- Risk assessment now complete
- No thromboprophylaxis required
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 – 72 hours or sooner if condition changes.
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Does the patient have any bleeding risk factors? (tick all that apply)

- ☐ Surgery expected within the next 12 hours
- ☐ Surgery expected within the next 48 hours and/or risk of clinically important bleeding
- ☐ Active bleeding or risk of bleeding including
  - New-onset stroke
  - Platelet count <75 x 10^9/L
  - Acute liver failure
  - Active duodenal ulcer or gastric ulcer
- ☐ Concurrent use of therapeutic anticoagulant
- ☐ Acute bacterial endocarditis
- ☐ Any spinal intervention (prophylactic enoxaparin is contraindicated for 12 hours before spinal and epidural anaesthetics and lumbar puncture. Enoxaparin contraindicated for 4 hours after spinal and epidural anaesthetics and removal of epidural catheter.)
- ☐ Persistent uncontrolled hypertension (BP ≥ 230/120 mmHg)
- ☐ Untreated inherited bleeding disorder (e.g. haemophilia or Von Willebrands)
- ☐ Spinal surgery (seek specialist advice)
- ☐ Proliferative diabetic retinopathy

Bleeding Risks

Yes

No

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated
- Reassess patient every 48 hours or sooner if condition changes
- **Complete risk assessment result box at foot of page**

NO BLEEDING RISKS

- Prescribe thromboprophylaxis for standard/increased risk as denoted overleaf
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 - 72 hours or sooner if condition changes
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Risk Assessment Result (tick all that apply)

VTE Risk factors assessed ☐Yes ☐No Bleeding Risk factors assessed ☐Yes ☐No Patient Informed ☐Yes ☐No

Prescribed: ☐Thromboprophylaxis in accordance with Table overleaf ☐AES ☐NONE Information leaflet supplied ☐Yes ☐No

Assessors Name: (PRINT NAME) Assessors signature: Date:

VTE RAT Ortho V.14 10/03/14

Commenced at pre-op assessment clinic 17/8/18 NP

It is the responsibility of the consultant in charge to decide on the appropriate VTE prophylaxis. Follow recommendations recorded in the patient specific VTE prophylaxis instruction sheet. Contra-indications or drug interactions with any of these agents must be observed – if in doubt discuss directly with consultant's team.

Thromboprophylaxis on Admission

Procedure	During admission	
• **Hip fracture** • **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery to lower limbs**	Standard VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily **Or** Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

Thromboprophylaxis on Discharge

Procedure	On discharge	
• **Hip fracture**	Standard VTE risk	Continue enoxaparin SC for an overall treatment course of 2 weeks or until discharge (whichever is sooner)
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
• **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery To lower limbs** • **Total knee replacement**	Standard VTE risk	Aspirin orally 150mg daily for 5 weeks
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

*Arrangements for the supply and administration of enoxaparin after discharge are currently under discussion with Primary Care. Contact clinical pharmacist for information on local arrangements in your hospital.

Physiotherapy: Day Surgery Foot Assessment	NHS Greater Glasgow and Clyde

Name	Agnes Clelland	CHI	0809555328

Therapist:	Colin Jackson	Date	16/10/2018 14:09

Consultant:	Mr Vats	Ward/Unit:	Stobhill DSU
Theatre Date:	16/10/2018	Procedure:	Left 1st MTPJ Fusion of the foot +/- 2nd PIPJ fusion

Consent:
Yes ☒ No☐ If no, please specify: □□□□□
Occupation
Retired

Relevant Past Medical History:
R 1st MTPJ Fusion Feb 2018, L achilles and FHL repair. Mif food fusion 2010, HTN, ANgina, Asthma, T2DM, Chronic Fatigue Syndrome.
Relevant Social History:
Lives w/ husband, 2 storey house, front ext steps out of commission - currently being repaired by council, has to walk down 'fire access road' and 2+ 2 steps to back door, no h/rails. single winder staircase w/ R asc h/rail. Bath. pt reports managed well post R foot surgery in Feb 18. Non driver, no PA.

Post-op Instruction:	Seen Pre-Op:	☒	As Protocol:	☒		
	Other, state:□□□□□					
Circulation Sensation and Movement intact:	Seen Pre-op :	☒	Yes	☒	No	☐
Weight Bearing Status Advised:	Heel WB	Details:	□□□□□			
Shoe Provided:	Yes	Details:	Darco			
Walking Aid Provided:	E/C's (pt prior experience w/ E/C's)					
Demonstrated and Independent with Walking Aid	Yes	Details:	3 point step to gait.			
Competent on stairs:	Yes	Details:	simulated as per home environment			
Walking Aid Form Completed:	Yes					
Elevation advice given:	Yes	Details:	□□□□□			
Home exercise program advised: PF / DF, Knee/Hip ROM	Yes	Details	□□□□□			
Additional Comments:	Seen pt pre and post op. pre-op input cut short due to pt being taken to theatre. Keep wounds dry, discussed					

Copyright © 2014 NHS Greater Glasgow and Clyde

	bathing and return to driving. Essential walking only in first 2/52. Pin r/m ~ 4/52.		
Physiotherapy Discharge:	Yes	Details:	□□□□□
Out-patient Physiotherapy Required:	No	Referred to:	□□□□□

ASSESSMENT END

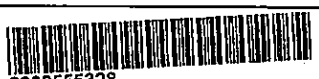
For continuing care please use the eForm "AHP Record of Care"

Copyright © 2014 NHS Greater Glasgow and Clyde

NHS GG&C Risk Assessment for Venous Thromboembolism (VTE)

Trauma and Orthopaedic surgery

- **Risk Assessment should be completed for all patients on admission to hospital**
- **Patients should be reassessed every 48 - 72 hours or sooner if condition changes**
- **Assessment should be documented in Kardex**
- **Provide patient information on VTE prevention**



0809555328 F
CLELLAND 08/09/195
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Operative patients start here

Non-operative patients start here

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

Yes | **No**

Indicators of patients at standard and increased risk of VTE (tick all that apply)

STANDARD RISK	INCREASED RISK	
☑ Acute trauma/surgical admission	☐ Critical care admission	☐ Varicose veins with phlebitis
☐ Dehydration	☑ Obesity (BMI>30Kg/m^2)	☐ Current significant medical condition e.g.
☑ Age >60 years	☐ Active cancer or cancer treatment	• Serious Infection
☐ Surgical procedure with total anaesthetic/surgical time >90 minutes, or >60 minutes if surgery of lower limb	☐ Thrombophilia	• Heart Failure
☑ Expected significant reduction in mobility relative to their normal state for more than 2 days	☐ Personal history or first degree relative with a history of VTE	• Respiratory Failure
☐ Hip or knee replacement surgery or other major orthopaedic elective surgery	☐ Pregnancy or ≤6 weeks post partum (seek specialist advice)	• Inflammatory Disease
	☐ Hormone replacement therapy, tamoxifen	
	☐ Oestrogen containing contraceptive pill	

Yes — Standard/Increased Risks — No

- Risk assessment now complete
- No thromboprophylaxis required
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 – 72 hours or sooner if condition changes.
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Does the patient have any bleeding risk factors? (tick all that apply)

- ☐ Surgery expected within the next 12 hours
- ☐ Surgery expected within the next 48 hours and/or risk of clinically important bleeding
- ☐ Active bleeding or risk of bleeding including
  - New-onset stroke
  - Platelet count <75 x 10^9/L
  - Acute liver failure
  - Active duodenal ulcer or gastric ulcer
- ☐ Concurrent use of therapeutic anticoagulant
- ☐ Acute bacterial endocarditis
- ☐ Any spinal intervention (prophylactic enoxaparin is contraindicated for 12 hours before spinal and epidural anaesthetics and lumbar puncture. Enoxaparin contraindicated for 4 hours after spinal and epidural anaesthetics and removal of epidural catheter.)
- ☐ Persistent uncontrolled hypertension (BP ≥ 230/120 mmHg)
- ☐ Untreated inherited bleeding disorder (e.g. haemophilia or Von Willebrands)
- ☐ Spinal surgery (seek specialist advice)
- ☐ Proliferative diabetic retinopathy

Yes — Bleeding Risks — No

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated
- Reassess patient every 48 hours or sooner if condition changes
- **Complete risk assessment result box at foot of page**

NO BLEEDING RISKS

- Prescribe thromboprophylaxis for standard/increased risk as denoted overleaf
- **Complete Risk Assessment Result box at foot of page**
- Continue to review every 48 - 72 hours or sooner if condition changes
- **Document all assessments on kardex**
- **Tick to confirm** ☐

Risk Assessment Result (tick all that apply)

VTE Risk factors assessed ☐Yes ☐No Bleeding Risk factors assessed ☐Yes ☐No Patient Informed ☐Yes ☐No

Prescribed: ☐Thromboprophylaxis in accordance with Table overleaf ☐AES ☐NONE Information leaflet supplied ☐Yes ☐No

Assessors Name: (PRINT NAME) Assessors signature: Date:

VTE RAT Ortho V.14 10/03/14

Commenced at pre-op assessment clinic 15/6/17 NP

It is the responsibility of the consultant in charge to decide on the appropriate VTE prophylaxis. Follow recommendations recorded in the patient specific VTE prophylaxis instruction sheet. Contra-indications or drug interactions with any of these agents must be observed – if in doubt discuss directly with consultant's team.

Thromboprophylaxis on Admission

Procedure	During admission	
• **Hip fracture** • **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery to lower limbs**	Standard VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily **Or** Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

Thromboprophylaxis on Discharge

Procedure	On discharge	
• **Hip fracture**	Standard VTE risk	Continue enoxaparin SC for an overall treatment course of 2 weeks or until discharge (whichever is sooner)
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
• **Lower limb fractures** • **Total hip replacement** • **Other major elective surgery To lower limbs** • **Total knee replacement**	Standard VTE risk	Aspirin orally 150mg daily for 5 weeks
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. *Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.*		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

*Arrangements for the supply and administration of enoxaparin after discharge are currently under discussion with Primary Care. Contact clinical pharmacist for information on local arrangements in your hospital.

Bloods / MRSA repeated 30/1/18

9/2

0809555328
CLELLAND
Agnes F
39 Rennie Road 08/09/1955
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

ON WAITING LIST : YES NO

WARD CHECKLIST

PRE-OP DATE: 15/6/17

PROCEDURE: Bi-lateral 1st + 2nd PIPJ fusion

	YES	N/A	COMMENTS
GROUP AND SCREEN		✓	
BONE BANK/FEM HEAD		✓	
BLOODS	✓NP 15/6/17		4/10/17 Albumin 34 ESR 37 exp 31/7/18 HbA1c 49 ESR 39 ✓NP 2/2/18
FBC O/A (ANAEMIA PATHWAY)		✓	
MRSA	✓GM		19/10/17 exp 5/6/18 ✓NP 2/2/18
VTE FORM	✓		
TRAKCARE OUTCOMES	✓		
LAST X-RAYS DATES	✓		Jun 17
CONSENTED			
ECG SCANNED	✓		
KARDEX		✓	
ECHO PFTS OTHER TEST RESULTS		✓	
INFO LEAFLETS, Medicine Instructions	✓		Advised patient to not take Aspirin and Ramipril - day of surgery
CLERK IN	✓		
OTHER (WAIST MEASUREMENT, PAIN TEAM, OXFORD etc)		✓	
SECRETARY CONTACTED		✓	
CASE NOTE REQUESTED		✓	
ANAESTHETIC STATUS (RED/AMBER/GREEN)	✓		
SUITABILITY for SDAU	✓		Amber - Complex PMH

Physiotherapy: Day Surgery Foot Assessment	NHS Greater Glasgow and Clyde

Name	Agnes Clelland	CHI	0809555328

Therapist:	Colin Jackson	Date:	09/02/2018 15:24

Consultant:	Miss Madeley	Ward/Unit:	Stobhill DSU
Theatre Date:	09/02/2018	Procedure:	1st MTPJ Fusion and correction of 2nd toe of Right Foot.

Consent:
Yes ☒ No☐ If no, please specify: □□□□□
Occupation
Retired

Relevant Past Medical History:
L achilles tendon repair 2013, Biopsy of breast 2017, Fusion of Mid and Forefoot of R foot 2010, HTN, ANgina, T2DM, OA, Chronic Fatigue Syndrome, Asthma.
Relevant Social History:
Lives w/ family, 2 storey house, 11 ext steps w/ R asc h/rail, single winder internal steps w/ R asc h/rail. Shower over bath. Driver. No regular exercise. pre-op mobility w/ 1 x w/s.

Post-op Instruction:	Seen Pre-Op:	☐	As Protocol:	☒		
	Other, state:□□□□□					
Circulation Sensation and Movement intact:	Seen Pre-op :	☐	Yes	☒	No	☐
Weight Bearing Status Advised:	Heel WB	Details:	**Step to gait**			
Shoe Provided:	Yes	Details:	Post op Sz S			
Walking Aid Provided:	E/C's					
Demonstrated and Independent with Walking Aid	Yes	Details:	Step to gait			
Competent on stairs:	Yes	Details:	independent, prior experience w/ E/C's. E/C instruction booklet given to patient.			
Walking Aid Form Completed:	Yes					
Elevation advice given:	Yes	Details:	□□□□□			
Home exercise program advised: PF / DF, Knee/Hip ROM	Yes	Details	□□□□□			

Copyright © 2014 NHS Greater Glasgow and Clyde

Physiotherapy: Day Surgery Foot Assessment	NHS Greater Glasgow and Clyde

Additional Comments:	Keep wounds dry, discussed showering, consider purchasing waterproof cast and bandage protector - pt reports using bag and tape for R foot surgery. Discussed return to driving. Attempted to mobilise, pt felt light headed on standing, allowed to sit, N/S monitored for 45 mins before mobilising again. Independent on E/C and Stairs.		
Physiotherapy Discharge:	Yes	Details:	□□□□□
Out-patient Physiotherapy Required:	No	Referred to:	□□□□□

ASSESSMENT END

For continuing care please use the eForm "AHP Record of Care"

Copyright © 2014 NHS Greater Glasgow and Clyde

Anaesthetic Record

NHS Greater Glasgow and Clyde

0809555328
CLELLAND
Agnes F
39 Rennie Road 08/09/1955
Kilsyth
Glasgow, Lanarkshire
G65 9P

Pre-op

Procedure(s) L Ankle.

Anaesthetist(s) SMALLSTG / MACKINNON — C ☐ SAS ☐ ST ☐ CT ☐ PA ☐

Surgeon(s) A. VATS — ☐ ☐ ☐ ☐

Elective ☐
Urgent ☐
Immediate ☐

Date 16/10/18

Discussed with supervising consultant _____

SUMMARY

GA ☑ FM vent OK ☐
Spinal ☐ LMA OK ☐
Epidural ☐ Laryngoscopy gd ____
Sedation ☐
Other LA Ankle block.

ASA 1 2 (3) 4 5
Comment

Anaesthetist Sign / Print _____

ASSESSMENT

Airway / Dentition

RS
Ex Vol < 100 yd
SoBoa < 1 flight

CVS
HTN
Angina 6/12 ago -

GI / Renal / CNS / Other
T2DM
Low B12
OA
GORD
Erythema multiforme

Previous anaesthesia / Family history
GA - no probs

Assessor Sign / Print / Date _____

Ht 92
Wt 165 kg
BMI

BP ___ / ___
ECG (L) 1x15

Hb	127	Na	139
WCC	6.7	K	4.7
Plts	335	U	4.8
XMatch		Cr	68
Clotting		Gluc	9

Allergies / Reactions
NKDA

Current therapy
Tildiem
Amitriptyline
Aspirin x
Metformin
Symbicort
Gabapentin
ISMN
Ramipril x
Alendronic
Salbutamol
Nyproxen.
Coracodanol
GTN.
fluoxetine
Omeprazole
OK with NSAIDs ☒

Risks discussed
GA + Block — Nerve damage — Rare.
No questions

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula (R) Hand 20g

A line

CVP

Airway/Ventilation

FM		Pre-ox	☐
LMA # 3		Cricoid P	☐
ETT		SV	☑
Grade		IPPV	☐

Regional Anaesthesia

Left Ankle block. SBYB. 2% chlorhex. USS. In plane 50mm stimiplex. 20ml 0.5% levobupivacaine. Negative aspirate. No paraesthesia.

FENTANYL	100mcg
PROPOFOL	120+70+40
MIDAZOLAM	1mg
CEFUROXIME	1.5g
Metaraminol (0.5)	↓ ↓ ↓

Time 9⁰⁰ 10⁰⁰ 4⁰⁰

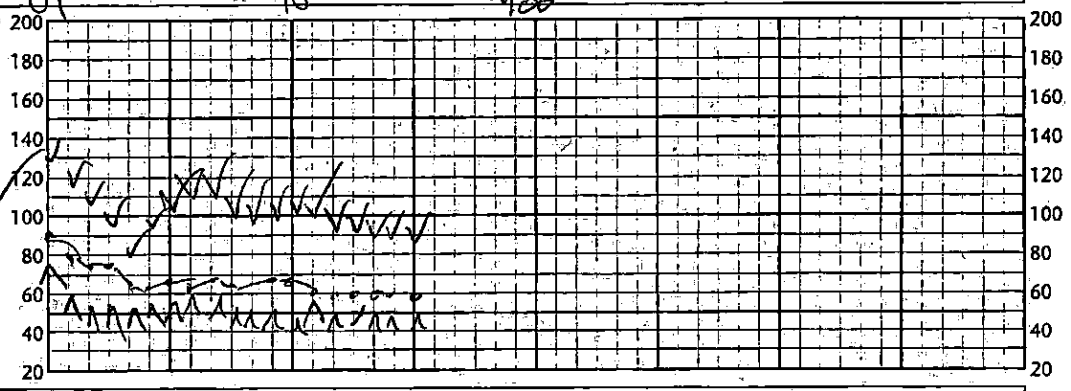
Position

ECG, SpO_2 ☑

NIBP

Fluid warmer ☐

Patient warmer ☐



IV Fluids	①					
Events						
FiO_2	N_2O ☐	.5	.5	.5	.5	.5
SpO_2		98	97	98	98	97
$ETCO_2$		5.8	6.0	5.9	6.0	5.8
ETAA		1.6	1.5	1.5	1.5	1.5

Eye care ☑

Pressure point care ☑

Events	IV fluids	
Ⓐ	① R/L 1000mls	⑨
Ⓑ	②	⑩
Ⓒ	③	⑪
Ⓓ	④	⑫
Ⓔ	⑤	⑬
Ⓕ	⑥	⑭
Ⓖ	⑦	⑮
Ⓗ	⑧	⑯

NHS
Greater Glasgow and Clyde

N 0809555328
H CLELLAND F
Agnes 08/09/1955
Cl 39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
D G65 9PQ

Time	

200 180 160 140 120 100 80 60 40 20

IV Fluids	
Events	
FiO_2 N_2O☐	
SpO_2	
$ETCO_2$	
ETAA	

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

New Stobhill Hospital
Post-Operative Instructions

NHS Greater Glasgow and Clyde

Monitoring in recovery - NIBP, SpO2, ECG, Resp Rate.

Oxygen as protocol unless otherwise instructed.

Anaesthetist Print Name, Sign & Date.
S Mac Neill. 16/10/18

0809555328
CLELLAND
Agnes F
39 Rennie Road 08/09/1955
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

IV Analgesia				
Morphine as per recovery guidelines (2012)	☐	Dose Given	Given by	Time
Fentanyl as per recovery guidelines (2012)	☐			
Antiemetics				
Ondansetron 4mg iv 6hrly	☑			
Cyclizine 50mg iv 8hrly	☑			
Prochloperazine 12.5mg im 8hrly	☐			

TTAs to be dispensed (all oral)		PRN ✓	REG ✓		PRN ✓	REG ✓
Paracetamol	1g					
Cocodamol	8/500					
Cocodamol	30/500		✓			
Dihydrocodeine	30mg					
Diclofenac	50mg					
Ibuprofen	400mg					
Ondansetron	8mg					
Buccastem	3mg					

Dispensed by:

NURSE NAME & SIGNATURE
H Donnelly
H Donnelly

TTAs administered in ward

Medication	Dose	Given by	Time
Co-codamol	30/500	SO	11am
CO-CODAMOL 30/500	TWO TABS	Claverson	1500

Once only prescriptions

Date	Time	Medicine	Dose	Route	Signature/Name	Given by	Time

Other post-op instructions

MIS 282032

Anaesthetic Record

NHS Greater Glasgow and Clyde

Nar 0809555328
CLELLAND
Ho: Agnes F
39 Rennie Road 08/09/1955
Cr Kilsyth
Glasgow, Lanarkshire
Dc_ G65 9PQ

Pre-op
Procedure(s) Rt 1st MTPJ fusion + ~~right 2nd PIPJ fusion~~
Anaesthetist(s) Mitra / Balavoine
Surgeon(s) Madeley

Elective ☑ Urgent ☐ Immediate ☐

C	SAS	ST	CT (2)	PA
☑	☐	☐	☑	☐
☑	☐	☐	☐	

Date 9/2/18

Discussed with supervising consultant _____

SUMMARY

GA	☑	FM vent OK	☑
Spinal	☐	LMA OK	☐
Epidural	☐	Laryngoscopy gd	1
Sedation	☐		
Other LA			

ASA 1 2 (3) 4 5
Comment

Anaesthetist Sign / Print Dalia Mitra

ASSESSMENT

Airway / Dentition Own teeth MP 1. TMD 6.5 cm jaw subluxes. neck movement OK.

RS both ins.

CVS Angina - on exertion + uphill. +SOB. recent coronary angio 2013 - normal.

GI / Renal / CNS / Other
? Narrowing of pharynx - Type 2 diabetes.
BSM 6.8 at 1053.

Previous anaesthesia / Family history
Achilles tendon repair 2013
breast biopsy - 2017 - NAD / GA-OK
Foot surgery 2010 -
Pharyngoscopy + dilatation

Assessor
Sign / Print / Date Dalia Mitra

Ht 0156
Wt 90.4 kg
BMI 37

BP ___ / ___

ECG Sinus bradycardia.

Hb	133	Na	140
WCC	8.4	K	4.5
Plts	366	U	3.6
XMatch		Cr	66
Clotting		Gluc	

Allergies / Reactions
MKDA (avoids ibuprofen)

Current therapy

Hydroxycobalamin	GTN
Salbutamol	ISMN ✓
Amitriptyline	Metformin
Aspirin	Naproxen
Atorvastatin	Symbicort
Cocodamol	Omeprazole
Diltiazem ✓	Ranitidine
Gabapentin ✓	

OK with NSAIDs ☐

Risks discussed pain / PONV / allergy / sore throat / dental damage.

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Equipment check performed ☐

Vascular access

Cannula 20g rt hand.

A line

CVP

Regional Anaesthesia

17 ml 0.5% R-Bupivacaine used for ankle block. Landmark technique. No immediate sequelae.

Airway/Ventilation

FM		Pre-ox	☐
LMA		Cricoid P	☐
ETT	7.5	SV	☐
Grade	1	IPPV	☑

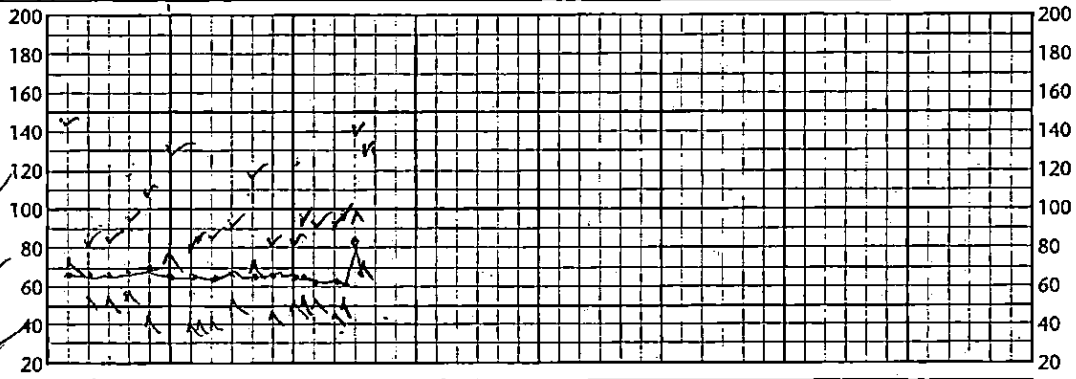
Fentanyl	100				
Propofol	180				
Rocuronium	50				
~~Paracetamol~~					
Dexamethasone	3.3				
Ondansetron		4			
Ceftriaxone	1.5				
Neostigmine			2.5		
Glycopyrrolate			0.5		
Paracetamol			1g →		
Ephedrine		6 6			
Metaraminol ugr			↓ ↓		
Time	11[00]	[30]	12[00]	[30]	13[00]

Position Supine

ECG SpO_2 ☑
NIBP

Fluid warmer ☑

Patient warmer ☑



IV Fluids	①					
Events						
FiO_2	N_2O ☐	1.0	0.5	0.5	0.5	0.5
SpO_2		99	99	99	99	99
$ETCO_2$		4.7	4.7	4.7	4.7	4.9
ETAA	Sevo	1.8	1.8	1.8	1.8	1.8
	MAC	1.0	1.0	1.0	1.0	1.0
POF				1	4	

Eye care ☑

Pressure point care ☑

Events	IV fluids		
Ⓐ	① RL 1000	⑨	
Ⓑ	②	⑩	
Ⓒ	③	⑪	
Ⓓ	④	⑫	
Ⓔ	⑤	⑬	
Ⓕ	⑥	⑭	
Ⓖ	⑦	⑮	
Ⓗ	⑧	⑯	

NHS
Greater Glasgow and Clyde

Name

Hospital no.

CHI no.

DoB / Age

Time	

200
180
160
140
120
100
80
60
40
20

IV Fluids	
Events	
FiO_2 N_2O☐	
SpO_2	
$ETCO_2$	
ETAA	

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

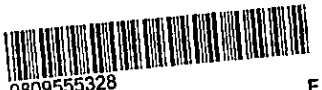
New Stobhill Hospital
Post-Operative Instructions

NHS Greater Glasgow and Clyde

Monitoring in recovery - NIBP, SpO2, ECG, Resp Rate.

Oxygen as protocol unless otherwise instructed.

Anaesthetist Print Name, Sign & Date.
Dalia Hilmy 9/2/18


0809555328 F
CLELLAND 08/09/1955
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire G65 9PQ

IV Analgesia		Dose Given	Given by	Time
Morphine as per recovery guidelines (2012)	☐			
Fentanyl as per recovery guidelines (2012)	☑			
Antiemetics				
Ondansetron 4mg iv 6hrly	☑			
Cyclizine 50mg iv 8hrly	☑			
Prochloperazine 12.5mg im 8hrly	☑			

TTAs to be dispensed (all oral)		PRN ✓	REG ✓		PRN ✓	REG ✓
Paracetamol	1g					
Cocodamol	8/500					
Cocodamol	30/500		✓			
Dihydrocodeine	30mg					
Diclofenac	50mg					
Ibuprofen	400mg					
Ondansetron	8mg					
Buccastem	3mg	✓				

Dispensed by:

NURSE NAME & SIGNATURE

TTAs administered in ward

Medication	Dose	Given by	Time

Once only prescriptions

Date	Time	Medicine	Dose	Route	Signature/Name	Given by	Time
9/2/18	pm	DHE	30-60mg	IV	Dalia Hilmy	AMURRAY	1455

Other post-op instructions

5/7/17 Amber PSMart Bilateral PIPJ fusion RE complex PMH

Anaesthetic Record

No. 05148

GLASGOW ROYAL INFIRMARY

PRE-OPERATIVE INSTRUCTIONS:

Asthma
NIDDM
IHD
↑bp.
Nil to ophmide

0809555328
CLELLAND F
Agnes 08/09/195
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

PLEASE WRITE OVER WHITE LETTERS

Place	Date & Time	Premedication	Ordered by	Given by	Time Given

PRE-OPERATIVE ASSESSMENT

WEIGHT: 90kg HEIGHT: 156cms BMI 37 AGE 61

PREVIOUS ANAESTHESIA / OPERATIONS:

2010 foot surgery.
2013 Achilles tendon repair.
2013 ~~2008~~ coronary angio – normal coronary.

PREVIOUS MAJOR ILLNESS:

5/17 recent Rx breast lump – NAD

CO-EXISTING CHRONIC DISORDERS:

CVS : IHD Angina Grade: PVD CC F ~~HBP~~

RS : ~~Asthma~~ COAD Dyspnoea Grade: ~~Smoking~~

GIS : Reflux Liver Disease Alcohol / Drugs

~~Diabetes~~ Obesity

CNS : Epilepsy Chronic CNS Chronic Psychiatric

GUS : Renal Failure

RECENT DRUG THERAPY

B12
Salbutamol inh
Amitriptyline
Aspirin
Statin
Cocodamol 30/500
Diltiazem
Gabapentin
GTN
ISM

~~ALLERGIES / DRUG REACTIONS~~

Metformin
Naproxen
Symbicort
Omeprazole
Ramipril
Fluoxetine

ASA 1 2 3 4 5 E

Acute Physiological State - Clinical Features

HR 68R
BP 124/74 96 92
CVP
PAWP
ECG SR 60/min

RR
F_IO_2
P_aO_2
P_aCO_2
H^+
HCO_3^-
CXR

Hb 123
WBC 7.7
Platelets 367
PT / INR
KCCT / APPT
Blood Group
ESR 37

15/6/17
Na^+ 142
K^+ 4.6
Cl^-
HCO_3
Urea 4.1
Creatinine 62 >60
ARF
A1c 34
Glucose HbA1c 46

State of Consciousness:

Fasted? Yes

Dentition: Own.

Jaw / Neck Mobility: Good. MPT.

Anticipated Difficulty with Intubation: No.

Anaesthesia

Patient's Name:.....

Date:- .....

Site of Injections	L/R Hand / Arm / Foot
Site of Infusions	L/R Hand / Arm / Foot
Central Venous Site	
Arterial Site	
Cuffed / Uncuffed Size HME	Oro / Nasal Tracheal Tube Mask Laryngeal Mask Airway Oral / NP
Ventilation Spontaneous Circuit:	I.P.P.V. Ventilator:
Position -	

Intravenous Fluids Blood Warmer ☐

Start: ..... Finish: .....

Drugs and Fluid given:- Time:-

☐ ECG	☐ FiO_2	☐ CVP
☐ NIBP	☐ EtAA	☐ IABP
☐ SpO_2	☐ Temp	☐ PA Cath
☐ $EtCO_2$	☐ Disconnect	☐ TOF

I.V. Fluid Nos.

$V_{T\,x\,f}$ / Pressure

FiO_2

Saturation %

$EtCO_2$

Temperature

200 180 160 140 120 100 80 60 40 20

CVP/PCWP

Urine

Blood Loss:-

PO_2

PCO_2

H^+

HCO_3

K^+

Operation Sheet Mr Vats **Date: 16/10/2018**

Mrs Agnes Clelland		**Surgeon:**	Amit Vats
Hospital No:	0809555328 **D.O.B.:** 08/09/1955	**Assistant:**	
Operation:	Left 1st MTPJ Fusion	**Anaesthetist:**	M Mackinnon
Indication:	1st MTPJ Osteoarthritis Secondary to Bunion (M20.1) (Right)		

Preparation and Position:
Imaging reviewed
WHO Checklist
Cefuroxime 1.5g IV prior to KTS
GA and ankle block
Tourniquet 250mmHg 60mins, elevated prior to inflation
Alcoholic Chlorhex prep and drape

Incision and Approach :
Standard dorso-medial approach
Direct horizontal incision over 2nd toe PIPJ for fusion

Findings :
As expected from radiology
Hallux Rigidus deformity of great toe
Hammering of second toe with evidence of early callus formation

Procedure :
As above
Capsulotomy
bunionectomy performed
Joint surface prepared with a burr. Joint fused with 2 memory staples in correct position with silight dorsiflexion.
2nd toe PIPJ excised with saw
1.6mm double ended K-wire used to fuse joint
Wire held in 2nd metatarsal and cut
0.9% NaCl

Closure :
2-0 Vicryl
2-0 polysporb, glue, wool, crepe and Barrouk shoe

Post Op Instructions :
1. Home when safe
2. Barrouk shoe for 6/52 HWB
3. Nurse led foot clinic review 2/52 for wound review and trimming of suture ends

Removal of K-wire 4/52

Procedure	Code Type	Code
Fusion of first metatarsophalangeal joint NEC	OPCS	W59.3
Metatarsophalangeal joint of great toe	OPCS	Z86.4
Left sided operation	OPCS	Z94.3
Other secondary arthrosis, ankle and foot	ICD 10	M19.27

cc:

Miss Madeley

NGH

09/02/2018

Right 1st MTPJ Fusion

Name: Mrs Agnes Clelland		**Ward:**	DSSA STO
39 Rennie Road Kilsyth Glasgow Lanarksh G65 9PQ		**Surgeon:**	N J Madeley
Hospital No:	0809555328 **D.O.B.:** 08/09/1955	**Assistant:**	Annabel Hayward
Indication:	1st MTPJ Osteoarthritis Secondary to Bunion (M20.1) (Right)	**Anaesthetist:**	Dalia Mitra

Patient supine, prep and drape.

Dorsal longitudinal incision over 1st MTPJ. Dorsal cutaneous nerve protected and incision taken down medial border to EHL to bone.

Joint examined – large area of cartilage loss on metatarsal head.
MTPJ reamers used to prepare joint surfaces to congruent bleeding bone.
Joint positioned and held with temporary K-wires.
Once desired correction achieved joint compressed with 1 x 4mm Asnis screws and secured with a Variax 6-hole dorsal plate.

Final position clinically and radiologically good with 10 degrees valgus, neutral rotation and dorsiflexed such that the pulp of the toe rested on the 'ground' on simulated weight bearing.

Washout

Closure 2.0 Polysorb. 3.0 Vicryl

Post-op
Elevate, analgesia, ob's
Oral hydration and early mobilisation for VTE prophylaxis
HWB 6/52
Nurse led clinic 10-14 days, wound check.
OPD 6/52, XOA and start FWB.

Miss N J Madeley/

Addenda:

Procedure	Code Type	Code
Other secondary arthrosis, ankle and foot	ICD 10	M19.27
Fusion of first metatarsophalangeal joint NEC	OPCS	W59.3
Metatarsophalangeal joint of great toe	OPCS	Z86.4
Right sided operation	OPCS	Z94.2

cc:

Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 16-10-18

ADDRESSOGRAPH

0809555328
CLELLAND F
; Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9P

WARD

HOSP - STOBHILL

THEATRE - TH4

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	SM-Culloch	EFlan EFlan
PRE - OP INSTRUMENT COUNT CORRECT	SM'Culloch	EFlan EFlan
FINAL SWAB COUNT CORRECT	SM-Culloch	LMonaghan Dh
FINAL INSTRUMENT COUNT CORRECT	SM-Culloch	LMonaghan Dh
FINAL SWAB DISPATCH COUNT CORRECT	SM-Culloch	EFlan EFlan

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE - S Mculloch.
SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

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

OPERATION left foot fusion 1st MTPJ, left hammer 2nd toe correction

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

						ITEMS REMAINING IN SITU (Type & Number)
Swabs (2x2)	0	Tapes	0	K-WIRE	1	
Swabs (10x10)	10	Sloops/Slings	0	POWER BLADE	2	
Abdominal packs	0	Bulldogs	0	BURR	1	
Sutures	3	Shods	0	PEN	1	
Blades	4	Tibbs Cannula	0	ROWER	1	
IV needles	0	Ports	0			
Syringes	1	Staple Gun Inserts	0			
Discard-a-pad	1	Spears	0			
Diathermy pencil	0	Throat packs - Anae	0			
Diathermy tips	0	Throat packs - Scrub	0			
Scratch pad	0	Retrieval Bag (Bert)	0			
Reels	0	Digital Tourniquets	0			
Patties	0					
Pledgelets	0					

n/a

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

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

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS n/a.

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

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9P

Admission Checklist

Hospital : ACH STOBHILL	**Consultant :** VATS.	**Date :** 16/10/18
Proposed Operation:- LEFT FOOT SURGERY		
Patient Questionnaire Completed?	Yes ☐	No ☑
Pre-Op assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Daughter.	Telephone Number: 07477526268.	
Confirm "Next of Kin" on pre-assessment Yes Name: George Clelland	Telephone No: 01236822191	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient?	Yes ☐	No ☑
Date of LMP?	Date..... N/A.	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑
Pregnancy test results	+VE	-VE N/A
Group and save results checked Date done.....	Yes ☐	No N/A.
Anti D required	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? Aspirin If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time..... not taken AM.	Yes ☑ Yes ☐ 9.3mls at 0819, Result.....	No ☐ No ☐
Is the patient diabetic If "Yes" TYPE II. BM on admission results..... not known.	Yes ☑ NIDD ☐ DD ☐	No ☐
Urinalysis done Results.....	Yes ☐	No N/A
CJD single question asked Answer to CJD single question	Yes ☑ DD ☐ At Increased Risk ☐ Not at increased Risk ☐	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified No, I have not been notified	Comment if required
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.	nil	
Fit Form required	Yes ☐	No ☑

Baseline Observations

	Time.....	Time.....
SP02	95%.	
BP	135/81	
HR	83.	
Temp	37.2.	
Staff Initials	AMO.	

Please print & sign name when checklist completed	Name : Time : 08 10am.

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Af 0809555328
N: CLELLAND F
Agnes 08/09/1955
Cl 39 Rennie Road
Kilsyth
Di Glasgow, Lanarkshire
G65 9P

Patient mode of transport to theatre Trolley ☑ Walking ☐ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
X-Rays and Scans – Hardcopy	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Prescription Chart	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker		Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Checked against theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Check with: Patient/Incapacity/Consent(Circle)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Procedure and site for Surgery	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Correct site marked		Yes ☐ No ☐	
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑		Yes ☐ No ☑
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☑ No ☐
If Yes, please specify			
Fasted from - specify time (24hr clock	Food: yesterday Fluid: 2100 midnight	Checked:	Checked:
Blood Glucose Score (N/A)	Time: 08:19 Score: 9.3mls	Time: Score	Time: Score 6 1
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
If 'Yes' state location and type	Metal work (R)	Foot (L) Foot	Screw
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
If 'Yes' state Location on body	Rings		taped ring
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
False Nails	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
State Location: x1 upper			
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐ belongings

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Aff. 0809555328
Na CLELLAND F
CH Agnes 08/09/1955
39 Rennie Road
DC Kilsyth
Glasgow, Lanarkshire
G65 9P

Preoperative Checklist *continued*

Pre-operative checks	Admission Check	Reception Check N/A	Anaesthetic Check
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☐	Please see page 1 Checked ☑
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☑
RSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☐ Comments if required: N/A ☐	
Inhalers / Sprays with patient State Type	Yes ☑ No ☐ N/A ☐	Type: Asthma - GTN spray (Ventolin)	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☐ N/A ☑	Type:	
Paper Pants in situ Cotton.	Yes ☑ No ☐ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result		See P1 Checked ☐	See P1 Checked ☐
Implon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☑	Yes ☐ N?A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information Not taken all other meds TKO	Aspirin Ramipril Metoprolol	Omeprazole Amlodipine Fluoxetine Exforge Tablets	
Please print and sign name once the checklist is complete	Admission: [signature] 08/10 Time:	Reception: N/A ☐ Time:	Anaesthetic Assistant: [signature] Time

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affi 0809555328
Na CLELLAND F
CH Agnes 08/09/1955
39 Rennie Road
DO Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Surgical Brief

Surgical Brief carried out: Yes ☐ No ☐	If 'No' please specify				
Baseline Observations Date & Time 0805 16/10/18	Pulse: 81	BP: 123/76	Temp:	SpO2: 98%	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☑	Or patient has been grouped and saved: Yes ☐ No ☑		
STOP BEFORE YOU BLOCK carried out Yes ☑ No ☐ N/A ☐					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic ✓	Epidural ☐	Spinal ☐	Regional Block ☑	Throat Spray ☐	
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s)

This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes (circled) N/A	Specify Prep: chlorhexidine gluconate spray 0.5%.
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring

This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury

This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☐ No ☐ N/A ☐				Initial Position		
Time Rotated							
Probe Position							

Prevention of Eye Injury

This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: taped with mepore

Maintenance of Norm-thermia

This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☑ No ☐	Warm air blanket device – specify: torso.	Yes ☑ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☑ N/A ☐
		Warming Mat	Yes ☐ No ☑ N/A ☐
		Thermal Hat	Yes ☐ No ☑ N/A ☐
		IV fluid warmer	Yes ☐ No ☑ N/A ☐
		Other - specify	Yes ☐ No ☑ N/A ☐
Patients Temperature documented by Anaesthetist	See anaesthetic notes		

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Afl
Na 0809555328
CH CLELLAND F
Agnes 08/09/1955
DO 39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Record of Anaesthetic Pump Infusion Device Numbers	This section NOT applicable ☑

Comments/Events

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre



Safe Positioning — This section NOT applicable ☑

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Hover Mattress ☐	Sliding sheet ☐	Other specify: ☐	Roll Board ☐

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: (0) 1 2 3	PU Grade: (N/A) 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☑	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☑	Hydraulic leg supports	☐	Heel gel Pads	☑	At side ☑	At side ☑
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☑	J Board ☑
										Pressure Care:	Pressure Care:
										Gel / Foam Pads ☐	Gel / Foam Pads ☐

Position 2 — This section NOT applicable ☑

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☐	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☐	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☐	At side ☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☐	J Board ☐
										Pressure Care:	Pressure Care:
										Gel / Foam Pads	Gel / Foam Pads

Electrosurgery — This section NOT applicable ☐

Monopolar	Yes ☐	N/A ☑	Bipolar	Yes ☑	N/A ☐

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☑ No ☐ N/A ☐					
Padding under tourniquet	Yes ☑ No ☐ N/A ☐					
Cover over tourniquet	Yes ☑ No ☐ N/A ☐					
Post op skin check(s) satisfactory	Yes ☑ No ☐	If 'No' state reason and action:				
Site LEFT	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated
Right ankle.	09·28	250mmHg	10·37.			

Digit Tourniquets — This section NOT applicable ☑

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
LEFT Right foot.	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☑ Chlorhexidene acetate Solution ☐ ..... % ☐ Other Specify:.....% ☐
Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % ☐ Other Specify:.....% ☐

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☑

Site LEFT FOOT	Drug SEE NOTES	Quantity
Site	Drug	Quantity

Drains — This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐ | Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site LEFT	Wound closure	Dressings	Packing
1	Right foot.	3-0 vicryl	jelonet, blue swabs	
2			velband + crepe.	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

0809555328 F
CLELLAND 08/09/1955
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Urinary Catheter Inserted prior to admission ☐ This section NOT applicable ☑

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

Left foot fusion 1st MTPJ,
left hammer 2nd toe correction

Blood Tags This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: (0) 1 2 3	Pressure Ulcer Grade: (N/A) 1 2 3 4

Action taken if required

Notes / Comments / Events This section NOT applicable ☑

Traceability Stickers

Biomet Trauma STERILE R
MEMORY ® 20
P372
Agrafe à mémoire de forme entraxe 20 mm 14/17
Memory staple width : 20 mm 14/17
LOT 5253577

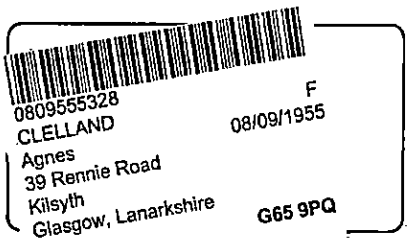
REF P3714 LOT 5286418 STERILE R 2022-02
MEMORY ® 20 QTY. 1
Memory staple width : 20 mm 14/17

BIOMET TRAUMA
56 EAST BELL DRIVE
P.O. BOX 587
WARSAW, IN 46581 USA

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery



Post -Op Instructions e.g. sutures, physio, follow up appointments

Verbal Handover from Theatre to Recovery

Verbal handover given by: **To:**

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
ergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues **(Skin Inspection score post-operative see page 9)**

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Affix Ad
Name : 0809555328
CHI : CLELLAND F
DOB : Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Post-operative Observations

Time	1040	1045	1050	1055	1100	05	30
210							
200							
190							
180							
170							
160							
150							
140							
130							129
120	117	117	122	115		107	
110					99		
100							
90							
80							
70							
60	73	67	69	65	58	64	74
50							
40							
30							
Airway type	1	1	1	1	1	1	1
O_2 Therapy	6L	6L	6L	6L	6L	6L/S	AIR
SpO_2	98	98	98	96	97	98	99
Resp. Rate	13	13	13	13	13	14	14
~~CVP~~	67	64	66	65	66	63	54
Temp.	37.1						
Pain Score	0	0	0	0	5	3/2	2
P.O.N.V.	0	0	0	0	0	0	0
Sedation Score	1	1	0	0	0	0	0
BM Score			6.7 mmol/l				
HemoCue Score							
Hourly Urine Vol. Total Urine Vol.							
Wound Score	0	0	0	0	0	0	0
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve	✓	✓	✓	✓	✓	–	✓
Sensation +ve/-ve	✓	✓	–	–	–	–	✓
Movement +ve/-ve	✓	✓	–	–	–	–	–
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials	SO	SO	SO	SO	SO	HDHO	



Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.							
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

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

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

Affix Ada 0809555328
Name : CLELLAND F
Agnes 08/09/1955
CHI : 39 Rennie Road
Kilsyth
DOB : Glasgow, Lanarkshire
G65 9P

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks

Time	12.35pm.	Comments
BP	115/64	Patient up to sit on chair.
HR	52.	
SpO2	96%.	
Wound Site 1	Dry	
Wound Site 2		
Diet & Fluids tolerated	Diet + fluids resumed.	BP 112/67
Operated limb N/A ☐		Pulse 69
Colour ✓		Stats 95 at 13.15pm
Sensation ✓		
Movement ✓		
Signature:	[signature]	

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

0809555328
Affi CLELLAND F
Nar Agnes 08/09/1955
CHI 39 Rennie Road
Kilsyth
DO Glasgow, Lanarkshire
G65 9PQ

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs	✓		BP 113/71 HR 68 SpO2 % 98%.
Sedation Score (alert & orientated)	✓		
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided Urine post-op	✓		
vice given if not voided urine post-op	✓		
wound site(s) checked & satisfactory 1. 2.	✓		
CSM of operated limb checked & satisfactory	✓		
IV Cannula removed	✓		
ID bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Appliances given	✓		crutches.
Post –Op discharge letter	✓		
Follow up appointment arranged	✓		By post ☑ Given ☐ 2 weeks nurse led foot clinic trimming suture ends.
Practice/ District Nurse referral		✓	
Post- Op Instructions given	✓		
Discharge medication	✓		Pt has own medication.
ponsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported		✓	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient	✓		
Patient met discharge criteria at 14:25pm hrs			By H Donald
Patient left DSU at 1555			Destination Home
Discharged into the care of Daughter			Relationship Daughter.

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

Affix 0809555328
Nar CLELLAND F
CHI Agnes 08/09/1955
39 Rennie Road
DOI Kilsyth
Glasgow, Lanarkshire
G65 9P

16/10/18 1050 PATIENT returned TO RECOVERY. OBSERVATIONS STABLE IV FLUIDS CONTINUE AS CHARTED. O2 CANNULA @ 2L AS CHARTED. WOUND DRY. CSM INTACT. CLEAR FLUIDS GIVEN. UNEVENTFUL RECOVERY SAFFY

16/10/18 11AM PAIN SCORE 5/10. 30/500 CO-CODAMOL GIVEN SAFFY

16/10/18. Patient given correct oxtns obs as charted.

16/10/18 15⁰² 30/500 CO-CODAMOL x2 TABLETS GIVEN. Cameron Clarke Gmbon

POST OP INFO given & discussed PT has own co-codamol prescribed at home. CSM intact, wound dry. All criteria met for discharge. H Bowden. SI Nurse.

SI is MR. Vants prior to discharge Bowden. PT aware of planned follow up. H Bowden SI Nurse

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name
CHI 0809555328 F
DOB CLELLAND 08/09/1955
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire G65 9PQ

GG&C Day Surgery/23 hour Care Plan

Notes

Clelland Agnes CHI: 0809555328

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000

Date of Completion: 16/10/2018

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Dear Dr E Stafford,

Name	CHI	DoB	Address
Agnes Clelland	0809555328	08/09/1955	"39 Rennie Road " Glasgow G65 9PQ

Admitted	Type	Discharged	Destination
16/10/2018 07:30	In Patient	16/10/2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Orthopaedics	Mr Amit Vats	STO DSSA - ACH Day Surgery Unit	

Reason for Admission and Presenting Complaints	Admission Category
hallux rigidus and 2nd hammer toe left foot	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments: hallux rigidus fusion and 2nd hammer toe correction left foot

Follow-up arranged: 2 weeks foot clinic

Planned Outpatient Investigations: none

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Mr Amit Vats
Consultant

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Amit Vats, Consultant

Walking Aid Issue Form

NHS Greater Glasgow and Clyde

0809555328
CLELLAND
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

F
08/09/1955

DOB / CHI No: _____

Walking Aid Details

Make: Simaz MRD

Model/Code No: SMMO19

Batch/Lot No: 7012

Manufacturer Date: _____

Patient Weight: _____ (if applicable)

Walking Aid(s) issued: Stick(s) x ☐ Crutch(es) x ☐ Zimmer x ☑ Mobilator x ☐ Delta x ☐

4 wheeled walker x ☐ other (please state) _____ New aid ☑ Recycled aid ☐

Infection Control and Safety Inspection	Yes	No	N/A
Is the walking aid clean, in accordance with NHSGG&C infection control procedures?	✓		
Are ferrules in good condition?	✓		
Are wheels correctly fitted, secure, aligned and able to freely rotate?			✓
Are there any dents / bends in the metal?		✓	
Are handles or legs damaged?		✓	
Are adjustable mechanisms functioning freely?	✓		
Are clip mechanisms locking securely?	✓		
Are folding mechanisms functioning freely and locking securely?			✓
Are brakes in good working order?			✓
Are padded components in good condition?			✓
Does the walking frame sit evenly on a flat surface?			✓

Checklist	Yes	No	N/A
Has the walking aid been adjusted to the correct height?	✓		
Is the patient safe to use the walking aid independently? *Any comments?*	✓		
Has the patient been taught how to use the walking aid correctly indoors?	✓		
Has the patient been taught how to use the walking aid correctly on the stairs?	✓		
Has the patient been taught how to use the walking aid outdoors / kerbs / slopes?	✓		
Has the appropriate walking aid leaflet been provided to the patient?	✓		
Discharged from service	✓		
Currently attending physiotherapy		✓	
Referral for further assessment / physiotherapy required? *Date referral completed:*		✓	

Declaration:

I confirm the walking aid(s) provided to the above named is deemed safe and suitable at the date of issue.

Print Name: Cox-Jackson Grade/Role: AHP Assist

Signature: _____ Date: 16/10/18

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 9/2/18

ADDRESSOGRAPH
0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9P

WARD

HOSP - STOB - ACH

THEATRE - 4

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	SN L. DAVID	S. Meecha KM
PRE - OP INSTRUMENT COUNT CORRECT	SN L. DAVID	S. Meecha KM
FINAL SWAB COUNT CORRECT	SN L. DAVID	
FINAL INSTRUMENT COUNT CORRECT	SN L. DAVID	
FINAL SWAB DISPATCH COUNT CORRECT	SN L. DAVID	

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

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

OPERATION: R KNEE 1ST MTPJ FUSION

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

							ITEMS REMAINING IN SITU (Type & Number)
Swabs (2x2)	0	Tapes	0				
Swabs (10x10)	10	Sloops/Slings	0				
Abdominal packs	0	Bulldogs	0				
Sutures	2	Shods	0				
Blades	4	Tibbs Cannula	0				
Needles	0	Ports	0				
Syringes	1	Staple Gun Inserts	0				
Discard-a-pad	1	Spears	0				
Diathermy pencil	0	Throat packs - Anae	0				
Diathermy tips	0	Throat packs - Scrub	0				
Scratch pad	0	Retrieval Bag (Bert)	0				
Reels	0	Digital Tourniquets	0				
Patties	0	LINES	4				
Pledgelets	0	PRIM	1				

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

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

NURSES SIGNATURE IF COUNT STILL INCORRECT AFTER ALL POSSIBLE ACTIONS

SIGNATURE IF COUNT INCORRECT FOLLOWING POSSIBLE ACTIONS

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

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Admission Checklist

Hospital : Stobhill	Consultant : Miss Mackeley	Date : 9/2/18.
Proposed Operation:- 1ST MTPJ Fusion Le Lft 2no PIPJ Fusion		
Patient Questionnaire Completed?	Yes ☐	No ☑
Pre-Op assessment Completed? 15/6/17.	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Husband will collect & care 24hrs no.	Telephone Number:	
Confirm "Next of Kin" on pre-assessment (Yes) Name: Husband (George)	Telephone No: 01236 - 822191.	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
arer required to stay with patient?	Yes ☐	No ☑
Date of LMP?	Date: NO longer Has.	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑
Pregnancy test results	+VE	-VE N/A
Group and save results checked Date done.....	Yes ☐	No (N/A)
Anti D required	Yes ☐	No ☐ N/A
Is the patient on Anti-Coag therapy? Aspirin If "Yes" state type..... Are INR results available within last 24hrs? Not taken this am. If "No" INR taken date .....time.....	Yes ☑ Yes ☐ Result.....	No ☐ No ☐
Is the patient diabetic If "Yes" A.TYPE 2 BM on admission results..... Am Medication taken	Yes ☑ NIDD ☑ DD ☐	No ☐
Urinalysis done Results.....	Yes ☐	No (N/A)
CJD single question asked ..nswer to CJD single question	Yes ☑ DD ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified (No) I have not been notified	Comment if required
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.		nil noted
Fit Form required	Yes ☐	No ☑

Baseline Observations

Diltiazem 90mg
Gabapentin 300mg x2
Isosorbide mononitrate 20mg
Metformin 500mg
Losec 20mg
All taken this am.

x 6.8 mmol @ 1053

	Time 8:15 Am.	Time.....
SPO2	95% Air	
BP	127/77.	
HR	87.	
Temp	37.5°C.	
Staff Initials	NM.	

Please print & sign name when checklist completed

Name: N Mcfadden (RN)
Time : 8.15 Am

Acute Services Division
Surgery & Anaesthetics

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Patient mode of transport to theatre Trolley ☑ Walking ☐ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
X-Rays and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Alert sticker		Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Checked against theatre list			
Check with:	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Patient/Incapacity/Consent(Circle)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and site for Surgery		Yes ☐ No ☐	
Correct site marked Right foot	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☑ No ☑		Yes ☐ No ☐
Allergies/Sensitivities and Reactions	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please specify	Ibuprofen + Upsets Stomach.		
Fasted from - specify time (24hr clock	Food: 18.30 Fluid: Sip Water & Meds.	Checked:	Checked: ✓
Blood Glucose Score N/A	Time: 8.15 AM Score: 7.7mmol/l	Time: Score	Time: Score ✓
Internal Prosthesis in situ e.g. metalwork, pacemaker, implant	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state location and type	(R) Foot Pins (L) Leg Screw		✓
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Comments			
False Nails	Yes ☐ No ☐ N/A ☐ ✓	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Comments			
Loose Teeth /cap/crowns/bridges /dental work	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
State Location:	Ex 1 Upper - Secure.		
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Preoperative Checklist *continued*			
Pre-operative checks	**Admission Check**	**Reception Check N/A**	**Anaesthetic Check**
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☐	Please see page 1 Checked ☐
If CJD question has not been asked then ask the question " Have you ever been notified that you e at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☐
MRSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☑ Exp 5/6/18. N/A ☐	Comments if required:
Inhalers / Sprays with patient State Type	Yes ☑ No ☐ N/A ☐	Type: Qvar spray + Symbicort	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☐ N/A ☑	Type:	
Paper Pants in situ Cotton	Yes ☑ No ☐ N/A ☐		
Voided urine / Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out egnancy test result		See P1 Checked ☐	See P1 Checked ☐
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☐	Yes ☐ N?A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☑	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information	High blood Pressure. O/Arthritis Angina Asthma		
Please print and sign name once the checklist is complete	Admission: N Fiddes (RGN) Time: 8.15am.	Reception: N/A ☐ Time:	Anaesthetic Assistant: Time

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

0809555328 F
CLELLAND 08/09/1955
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire G65 9PQ

Surgical Brief

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: 79	BP: 145/74	Temp:	SpO2: 95	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☐ No ☐		
STOP BEFORE YOU BLOCK carried out Yes ☑ No ☐ N/A ☐					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic ☑	Epidural ☐	Spinal ☐	Regional Block ☑	Throat Spray ☐	
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s) — This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep: chlorhexidine - Angle
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury — This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☑ No ☐ N/A ☐				Initial Position Right index		
Time Rotated							
Probe Position							

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: Taped

Maintenance of Norm-thermia — This section NOT applicable

Actions taken to maintain the patient's Temperature: upper body warmer, air hugger	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☐ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☐
		Thermal Hat	Yes ☐ No ☐ N/A ☐
		IV fluid warmer	Yes ☐ No ☐ N/A ☐
		Other - specify	Yes ☐ No ☐ N/A ☐
Patients Temperature documented by Anaesthetist	Yes	No	

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Record of Anaesthetic Pump Infusion Device Numbers	This section NOT applicable ☑				

Comments/Events

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix 0809555328
CLELLAND F
Nan Agnes 08/09/1955
CHI 39 Rennie Road
Kilsyth
DO Glasgow, Lanarkshire
G65 9P

Safe Positioning — This section NOT applicable ☑

Moving aids used to move patient	Yes ☐ No ☐	Pat Slide ☐	Hover Mattress ☐	Sliding sheet ☐	Other specify: ☐	Roll Board ☐

Pre - op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: 0 1 2 3	PU Grade: N/A 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☑	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☐	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☐	At side ☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☑	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☑	J Board ☑
										Pressure Care:	Pressure Care:
										Gel / Foam Pads ☐	Gel / Foam Pads ☐

Position 2 — This section NOT applicable ☐

Time:				Positioning Devices				Pressure Relieving		Arm Position	
Supine	☐	Prone	☐	Head ring	☐	Lateral supports	☐	Gel Pads	☐	R Arm Position	L Arm Position
Left Lateral	☐	Right Lateral	☐	Pillows	☐	Hydraulic leg supports	☐	Heel gel Pads	☐	At side ☐	At side ☐
Lloyd Davis	☐	Jack-knife	☐	Straps	☐	Limb Traction	☐	Full gel mattress	☐	On boards ☐	On boards ☐
Tren-delenburg	☐	Deckchair	☐	Wedge	☐	Side Supports	☐	Gel Wedge	☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg	☐	Lower Limb Traction	☐	Sandbag	☐	Bolster	☐	Pillows	☐	Hand Table ☐	Hand Table ☐
Lithotomy	☐	Other	☐							Hand Traction ☐	Hand Traction ☐
										Secured with:	Secured with:
										Straps ☐	Straps ☐
										J Board ☐	J Board ☐
										Pressure Care:	Pressure Care:
										Gel / Foam Pads	Gel / Foam Pads

Electrosurgery — This section NOT applicable ☐

Monopolar	Yes ☐	N/A ☐	Bipolar	Yes ☑	N/A ☐

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

0809555328 F
CLELLAND 08/09/1955
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Tourniquets				This section NOT applicable ☐		
Tourniquet equipment applied	Yes ☑ No ☐ N/A ☐					
Padding under tourniquet	Yes ☐ No ☑ N/A ☐					
Cover over tourniquet	Yes ☐ No ☑ N/A ☐					
Post op skin check(s) satisfactory	Yes ☐ No ☑			If 'No' state reason and action:		
Site ANKLE	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated
RIGHT	1145	250	1215			

Digit Tourniquets		This section NOT applicable ☐
igit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation			This section NOT applicable ☐
Site	Clipped	Preparation solution used	
Right Foot	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution or Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%
Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound		This section NOT applicable ☐
Site	Drug	Quantity
Site	Drug	Quantity

Drains				This section NOT applicable ☐	
Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing)			This section NOT applicable ☐
Wound Closure used: Yes ☑ No ☐ N/A ☐		Wound Dressings: Yes ☑ No ☐ N/A ☐	
	Site	Wound closure	Dressings	Packing
1	Right Big Toe		Gelonet	
2			Bluey wrap	

Wool
Crepe

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

0809555328
Af CLELLAND
N Agnes F
39 Rennie Road 08/09/1955
C Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Urinary Catheter	Inserted prior to admission		This section NOT applicable ☐	
Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

Right First Metacarpophalangeal joint fusion

Blood Tags This section NOT applicable ☐

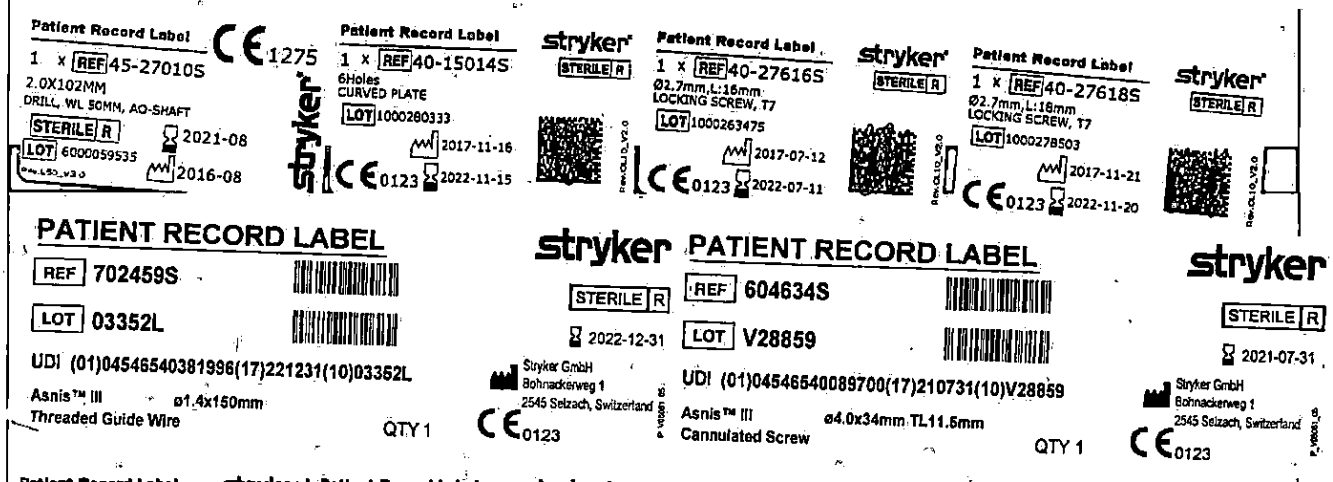
Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Action taken if required

Notes / Comments / Events This section NOT applicable ☐



Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Post -Op Instructions e.g. sutures, physio, follow up appointments

Verbal Handover from Theatre to Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery



0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9P

Post-operative Observations

Time	12.30	12.35	12.40	12.55	13.00	13.07	13.30	13.55	14.25	14.35
Airway type	1	1	1	own	own	1	own	1	1	
O_2 Therapy	5	5	5	5	5	5	5Lt	AIR	AIR	
SpO_2	97	99	99	99	99	97	99	96	98	
Resp. Rate	16	14	15	14		16	15	12	12	
~~CVP~~ H.R	81	84	71	65	61	63	60	80	72	
Temp.	36.8			—	—		—			
Pain Score	0	0	0	0	0	0	0	0	3	
P.O.N.V.	0	0	0	0	0	0	0	0	0	
Sedation Score	1	0	0	0	0	0	0	0	0	
BM Score	7-8 mmol/L @ 1235						—			
HemoCue Score	—	—	—				—			
Hourly Urine Vol. / Total Urine Vol.							—			
Wound Score R Foot	Spot	→	→	→	→	Spot	Spot	Spot	Spot	
Wound Score										
Wound Score										
PV Staining										
Circulation +ve/-ve	+ve	+ve	+ve	+ve	+ve	+	+ve	+	+	
Sensation +ve/-ve	+ve	+ve	+ve	+ve	+ve	+	+ve	+	+	
Movement +ve/-ve	+ve	+ve	+ve	+ve	+ve	+	+ve	+	+	
Pedal Pulse – Left										
Pedal Pulse – Right										
Drain 1										
Drain 2										
Drain 3										
Drain 4										
Staff Initials										

Discharged home

Affix Addressograph Label

Name :

CHI :

DOB :

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.	/	/	/	/	/	/	/
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

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

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

A: 0809555328
N CLELLAND F
Agnes 08/09/1955
C 39 Rennie Road
D Kilsyth
Glasgow, Lanarkshire
G65 9PQ

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks

Time	1415	Comments
BP	125/72	UP TO SIT
HR	77	
SpO2	95	
Wound Site 1	STAPLES	
Wound Site 2		
Diet & Fluids tolerated	COFFEE X2, WATER X2, BISCUITS	
Operated limb N/A ☐		
Colour	PINK	
Sensation	✓	
Movement		

Signature: AMcD

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

Acute Services Division
Surgery & Anaesthetics

A/ 0809555328 F
CLELLAND
Na Agnes 08/09/1955
CH 39 Rennie Road
Kilsyth
DC Glasgow, Lanarkshire G65 9PQ

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit & walk unaided	✓		
Stable Vital Signs	✓		BP 127/77 HR 77 SpO2 % 98%
Sedation Score (alert & orientated)	✓		NO ISSUES
Pain Controlled (mild <3 to 0)	✓		
Post - op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
ıided Urine post-op		✓	
Advice given if not voided urine post-op	✓		
Wound site(s) checked & satisfactory 1. 2.	✓		small spots of sanguineous - but stable.
CSM of operated limb checked & satisfactory	✓		
IV Cannula removed	✓		@ 1540
ID bracelet/ECG electrodes removed	✓		
Anti-D given	✓		
Appliances given	✓		
Post –Op discharge letter	✓		
Follow up appointment arranged	✓		By post ☐ Given ☐ NLC 10-14 days N/R 6/52
Practice/ District Nurse referral		✓	
Post- Op Instructions given	✓		
ıcharge medication	✓		
Responsible adult escort	✓		HUSBAND
Responsible adult supervision overnight	✓		1 1
Any skin issues prior to discharge reported	✓		
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient	✓		
Patient met discharge criteria at ..1530.. hrs			By.....[signature].....
Patient left DSU at..1555..			Destination..Home.....
Discharged into the care of			Relationship..Husband

Side line not required -
NOTE DESTROYED. [signature]

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

Afi 0809555328 F
Na CLELLAND 08/09/1955
Agnes
CH 39 Rennie Road
DO Kilsyth
Glasgow, Lanarkshire
G65 9PQ

Acute Recovery 9/2/18.

12.30. Patient settled and uncomplaining, IV fluids in progress. Observations stable, slight staining on dressing. (R) Toe. next to large toe appeared slightly dusky and swollen. CSM satisfactory. Surgeon asked to review and is satisfied with patient's foot. Tolerating oral fluids.

1400- SITTING UP IN TROLLEY. PAIN free tolerating coffee + biscuits. AMW

1435- PAIN SCORE 3, dihydrocodeine 30mg given UP SITTING IN CHAIR. Wound stained in two AREAS AMW

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Clelland Agnes CHI: 0809555328

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Date of Completion: 09/02/2018

Dr. E Stafford
Kilsyth Medical Partnership
Kilsyth Community Health Centre
Airdrie Road
Kilsyth
G65 9JE

Dear Dr E Stafford,

Name	CHI	DoB	Address
Agnes Clelland	0809555328	08/09/1955	"39 Rennie Road " Glasgow G65 9PQ

Admitted	Type	Discharged	Destination
09/02/2018 07:48	In Patient	09/02/2018	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Miss Nicola Jane Madeley	STO DSSA - ACH Day Surgery Unit	

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

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments: None recorded.

Follow-up arranged: NL clinic 10-14 days for wound review and again at 6/52 for xray.

Planned Outpatient Investigations: 1st MTPJ fusion. No complications. HWB 6/52

Final Discharge letter to follow: No

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Annabel Hayward
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Annabel Hayward, Doctor

Walking Aid Issue Form

NHS Greater Glasgow and Clyde

0809555328
CLELLAND
Agnes
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ

F
08/09/1955

DOB / CHI No: _____

Walking Aid Details

Make: Performance Health
Model/Code No: 09135 6443/12IAT
Batch/Lot No: 120201722
Manufacturer Date: _____
Patient Weight: _____ (if applicable)

Walking Aid(s) issued: Stick(s) x ☐ Crutch(es) x ☑ Zimmer x ☐ Mobilator x ☐ Delta x ☐

4 wheeled walker x ☐ other (please state)_____ New aid ☐ Recycled aid ☐

Infection Control and Safety Inspection	Yes	No	N/A
Is the walking aid clean, in accordance with NHSGG&C infection control procedures?	✓		
Are ferrules in good condition?	✓		
Are wheels correctly fitted, secure, aligned and able to freely rotate?			✓
Are there any dents / bends in the metal?		✓	
Are handles or legs damaged?		✓	
Are adjustable mechanisms functioning freely?	✓		
Are clip mechanisms locking securely?	✓		
Are folding mechanisms functioning freely and locking securely?			✓
Are brakes in good working order?			✓
Are padded components in good condition?			✓
Does the walking frame sit evenly on a flat surface?			✓

Checklist	Yes	No	N/A
Has the walking aid been adjusted to the correct height?	✓		
Is the patient safe to use the walking aid independently? *Any comments?*	✓		
Has the patient been taught how to use the walking aid correctly indoors?	✓		
Has the patient been taught how to use the walking aid correctly on the stairs?	✓		
Has the patient been taught how to use the walking aid outdoors / kerbs / slopes?	✓		
Has the appropriate walking aid leaflet been provided to the patient?	✓		
Discharged from service	✓		
Currently attending physiotherapy		✓	
Referral for further assessment / physiotherapy required? *Date referral completed:*		✓	

Declaration:

I confirm the walking aid(s) provided to the above named is deemed safe and suitable at the date of issue.

Print Name: Colin Dickson Grade/Role: ASS Paset

Signature: _____ Date: 9/1/18.

0809555328
CLELLAND F
Agnes 08/09/1955
39 Rennie Road
Kilsyth
Glasgow, Lanarkshire
G65 9PQ
01236 822191

61 F

(R) breast lump x 1/12, non tender, ø bruising, ø DIC.
Benign lump removed (R) br - 2010
last MG 2 yr ago - (N)
Menopause age 50 ø HRT.
FH nil

PMH = VHOOM
- HTN
- GORD
- CVD
- Asthma.
- Metformin
- Gabapentin.
- Ranitidine
- Omeprazole
- Tilidem,
- ISMN
- Aspirin.

SH = 4 children. - ø breast feeding
- Non smoker

dg. (2)
(1)

ill-defined ø/s mass (R) UOQ c ring calcified mobile ø/s lymphadenopathy c fullness (R) UOQ

→ M: G - R/ (L) P1.

U/S - Cyst c no underlying mass (2) at 11 o'clock.
R/ Ruled hand core biopsy - site 1 medial 11 o'clock

NHS
Greater Glasgow and Clyde

0809555328
CLELLAND F
Agnes 08/09/1955
39 RENNIE ROAD
KILSYTH
Glasgow, Lanarkshire
G65 9PQ

The patient attended RHEUM Clinic at STOBHILL

Hospital on 18/8/15. and I would advise a change to drug therapy from

CELECOXIB to NAPROXEN + PPI

or additional therapy of

as detailed below. Full letter to follow.

Additional Comments: IF NOT TOLERATED OR INEFFECTIVE SUGGEST REVERTING TO CELECOXIB.

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
NAPROXEN	500 mg	BD	PRN
OMEPRAZOLE	20 mg	BD	-

Yours Sincerely

Signature:

Name (print) M. CURRY Grade: CONS Ext. No: 211 4965

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

00545