A&E Records

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	03019273

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: 03019273 Dr J Browning (do not use) 2/22/03	HX 35 yr old lady cut left index finger with knife. ,,OE - 0.5 cm vertical lac prox phalanx of left index finger. Tendons intact. NVI.,,Plan - Wound cleaned. 2 % lig ring-block inserted. 2 x 4/0 ethilon sutures. ,ROS 7/7. ATTB given.,,Discharged.

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	03019273

Note Details	Clinical Notes
A&E Notes Episode/Ref: E059855 Mrs Kathleen Mcleish 8/29/06	39yo unemployed lady. Standing on a bus which suddenly breaked. Pt was thrown forwards striking her face off the hand pole. Not KOd. ,,PMH: Overactive thyroid. She has surgery for this 3 years ago but she does require further surgery and is awaiting this. ,DH: Thyroxine.,NKDA,SH: Pt lives with husband.,,OE: Pulse 76, RR 12, BP 130/86, sats 98% on air.,She had a graze with an area of skin loss noted to the bridge of her nose. There was no deviation noted. Slight swelling. No epistaxis. There are early signs of bruising which is tracking.,Top lip slightly swollen. No laceration noted to either inner or outer lip.,GCS 15. PERLA. ,Denies C-spine tenderness or any other injury.,,IMP: Minor head injury with area of skin loss to bridge of nose.,,PLAN: Minor head injury advice sheet given. Graze cleaned. She declined analgesia. She has her own which she finds easier to swallow at home. Advised should she have any concerns she should return to A&E.,,MM,

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

Clinical Lead Dr. A. Gray
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no. E1777365
E059855
Previous no.
UHPI no. 620101347R
CHI no. 2108671080

PATIENT INFORMATION

Surname Cuthill
Forenames Lynda
Date of Birth 21/08/1967
Age 42 Yrs Sex F

Address Flat 4
1 Castlebrae Wynd
Edinburgh, Midlothian
Postcode EH16 4FH
Telephone 0131 661 0115

Contact Cuthill, Kevin
Address 182/5 Peffermill Road
Edinburgh
Midlothian EH16 4AH
Telephone H 666 2881
W

Complaint severe headache/blurred vision
Allergies

Attendances in last 12 months: 0 School:

General Practitioner

Name J Beckley
Address Craigmillar Medical Group
Craigmillar Medical Cen
EH16 4DT
Telephone 0131 536 9500

Date and Time of Attendance 08/08/2010 19:39
Incident Date & Time:
Mode of Arrival Private Transport
Source of Referral NHS 24

T 36.2	P 60	RR 16	BP 122/69	BM 6.5	SpO2 98% on RA	Peakflow	Urinalysis	Alcometer

Nursing Assessment Pt reports headache + pain in (L) eye commencing last night. Pt further reports blurred vision. Pain persists despite simple analgesia.

Pain Assessment Score | Waterlow Score
Pain Score Review | Time | Triage Score
Signature | Time | Print Name

Clinical Notes

(42) + Pain in rt (L) eye

IMN Possible Buergers disease
(L) CMG oligoarthritis
Hypothyroidism
2° to thyroidectomy
(Hypothyroidism)
Graves disease

NPC Was sitting down 1/7 ago when sudden pain ~~[illegible]~~ 2° to thyroidectomy
Sharp, Stabbing 10/10 lasting 2 seconds in (L) eye. Lost vision for 1-2 seconds.

After this initial intense stab eg pain she has had ongoing mild stabbing pain in her (L) eye

Pain made worse by bright light + closing (L) eye.

(L) eye tender.

Immediately after initial pain found vertical eye lacerated.

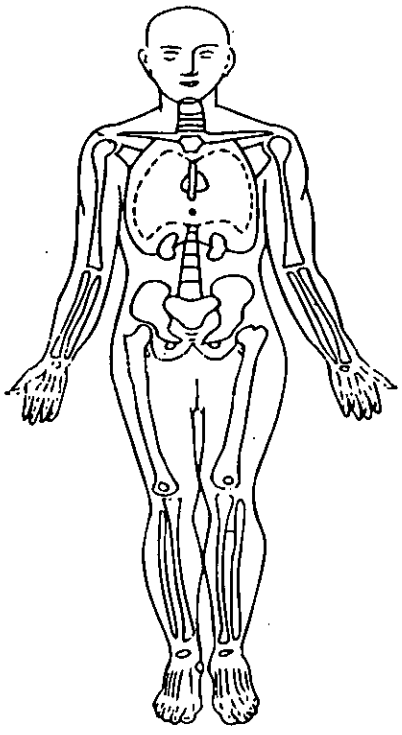
DN PENICILLIN ALLERGY (rash)
LEVOTHYROXINE 50mcg

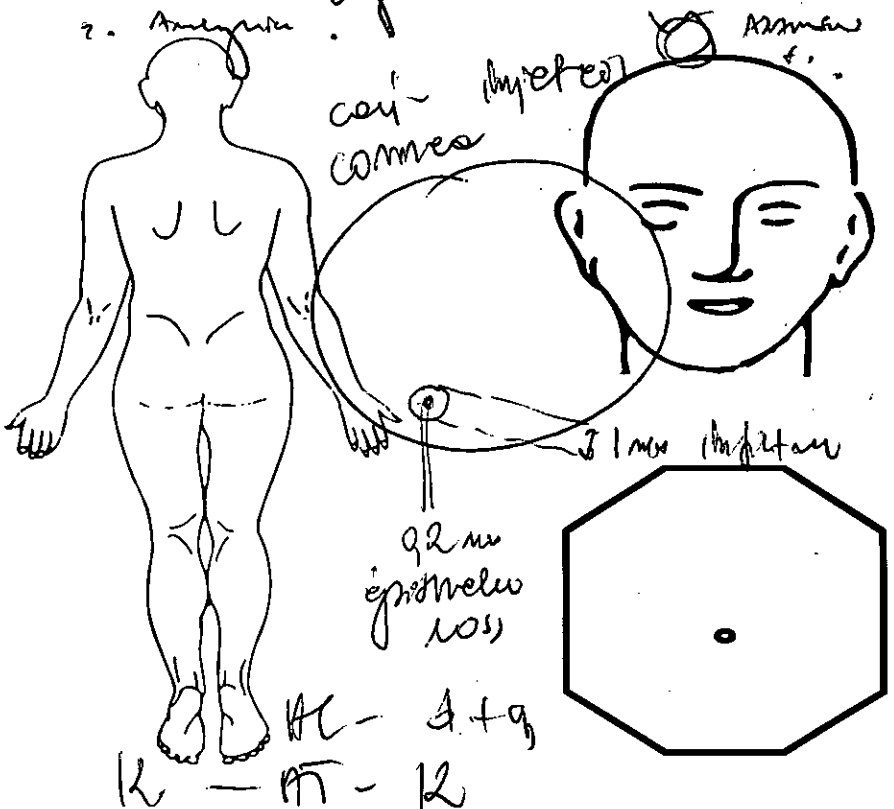
SH Smokes 10 per day
Teetotal.

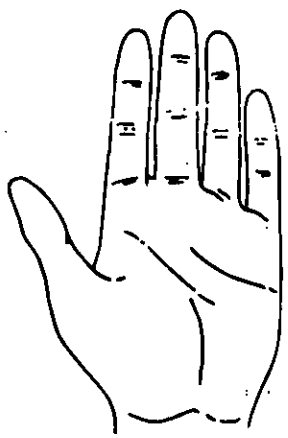
Diagnosis (L) eye very watery. ↓ vision / blurring (L) eye

Doctor's Name (print) Signature

Nursing Release				Clinical Notes Continued
Instruction/Health Education	Y	N	N/A	
Medication	Y	N	N/A	
Review				
X-rays	Y	N	N/A	
Clinic	Y	N	N/A	
Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport				
Self	Y	N	N/A	
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref.				
Safe Home	Y	N	N/A	
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				
Documentation Complete	Y	N		
CSW signature				
RN signature				







LEFT

RIGHT

TIME OF RECORDING →																				
GLASGOW COMA SCORE	EYES	Spontaneous	4																	
		Speech	3																	
		Pain	2																	
		None	1																	
	VERBAL	Oriented	5																	
		Confused	4																	
		Words	3																	
		Sounds	2																	
		None	1																	
	MOVEMENT	To Command	6																	
		Localises	5																	
		Withdrawal	4																	
		Flexion	3																	
		Extension	2																	
		None	1																	
TOTAL			14-15																	1
			12-13																	2
			9-11																	3
			<8																	

PUPILS																				
	RIGHT	Size																		
		Reaction																		
	LEFT	Size																		
		Reaction																		

PUPIL SIZE 1mm • 2mm ● 3mm ● 4mm ● 5mm ● 6mm ●

PAIN SCORE																				
	VERY SEVERE	9-10																		2
	SEVERE	6-8																		1
	MODERATE	4-5																		
	MILD	1-3																		
	NONE	0																		

BLOOD SUGAR	>25																			2
	15-25																			1
	4-15	6.5																		0
	<4																			2

URINE OUTPUT (mls/hr)	>30																			0
	<30																			3

Key = 1	E.D.Acuity Score /25	<3																		
2		3-5																		
3		6-10																		
		>10																		

TIME OF RECORDING	12																	
BLOOD PRESSURE	200																	200
	190																	190
	180																	180
	170																	170
	160																	160
	150																	150
	140																	140
	130	122																130
	120																	120
	110																	110
	100																	100
Score if Systolic falls within parameters	90																	90 1
	80																	80 2
	70																	70
	60	69																60
	50																	50 3
	40																	40
	30																	30
ENTER VALUE IF SYSTOLIC BELOW 30 →																		Enter value if Systolic below 30

ENTER VALUE ABOVE 180 →																		Enter value above 180
PULSE RATE	180																	180 3
	160																	160
	140																	140 2
	120																	120 1
	100																	100
	80																	80
	60	60																60 1
	50																	50
	40																	40 2
	30																	30
ENTER VALUE BELOW 30 BPM →																		Enter value below 30 BPM 3

ENTER VALUE ABOVE 40 RPM →																		Enter value above 40 RPM 3
RESPIRATORY RATE	40																	40
	35																	35 2
	30																	30
	25																	25 1
	20	16																20
	15																	15
	10																	10
	8																	5
ENTER VALUE BELOW 8 RPM →																		Enter value below 8 RPM 3

TEMPERATURE	39°																	39° 2
	38°																	38° 1
	37°																	37°
	36°	36.2																36°
	35°																	35° 1
	34°																	34° 2 3

SAO2	>93	96																	
	90-92																		1
	85-89																		2
	<85																		3
Inspired O2%	%	RA																	

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 9098849	**Site:**	Aberdeen
CHI #:	2108671080	**Caller Name:**	
Surname:	CUTHILL	**Date/Time Call Received:**	08/08/2010 19:05
Forename:	LYNDA		
DOB:	21/08/1967	**Date Call Completed:**	
Gender:	Female	**Time Call Completed:**	
Address:	Flat 4, 1 Castlebrae Wynd	**Call Priority:**	CS1
		Call Reason:	PAIN IN L EYE - WORSE TODAY SEE AV
	Edinburgh	**Current Location:**	Flat 4, 1 Castlebrae Wynd
	EH16 4FH		Edinburgh
PH NO:	01316610115 (Home)		EH16 4FH
		Special Directions:	
		Current PH NO:	01316610115 (Home)
Care Provider:	BICKLER, C	**Care Provider Details:**	CRAIGMILLAR MED CENTRE 106 NIDDRIE MAINS ROAD EDINBURGH EH16 4DT Scotland
Temporary Resident:	No		

Referred To: **Recommended Action:**

CLINICAL SUMMARY

LT EYE VERY PAINFUL/BLURRY VISION FOR 24 HRS AND SUDDEN ONSET CONSTANT SHOOTING PAIN LT EYE- EYE BLOODSHOT- SEVERE LT SIDED HEADACHE- UNABLE TO SLEEP LAST NIGHT- PARACETAMOL NO EFFECT- LT EYE LIGHT SENSITIVE- PMH PARTIAL THYROIDECTOMY - MEDS LEVOTHYROXINE.....A&E ROYAL INF

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

PARTIAL THYROIDECTOMY 1993

MEDICATIONS

AS PER ECS

ALLERGIES

NONE KNOWN

Referred Clinical Notes:

T:

P:

R:

BP: /

Print Name: **Signature:**

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr BR Wood
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 08/06/2011

Emergency Discharge Summary

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh Midlothian EH16 4FH	**CHI**	**2108671080**
		Date of Birth / Age	21/08/1967 (43 years)
		UHPI	620101347R
		A&E Attendance Number	E1981405
Attendance Date	08/06/2011	**Contact**	Cuthill Kevin 182/5 Peffermill Road Edinburgh Midlothian EH16 4AH 666 2881
Attendance Time	16:35		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	08/06/2011		
Discharge To			

Dear Dr BR Wood

Presentation: R hand middle finger injury

CHI: 2108671080

43 Y/O F - RHD shop owner

Hx: Heavy metal shutter fell onto R middle finger today.

PMH: Thyroid problems
DH: Thyroxine
ALLERGIC TO PENICILLIN - causes rash

OE R middle finger: Small superficial laceration to ulnar aspect of finger tip, extending approx 2 mm into nail. No subungal heamatoma. No evidence of nail bed damage. BT ++ distal phalanx. FROM to EDP, FDS and FDP.

XR shows: Minimally displaced fracture to distal phalanx

Plan: Wound soaked with betadine for 20 minutes. Inadine dressing applied and mallet splint. Commenced on clarithromycin 500 mg for 1 week and r/v in fracture clinic in 1 week.

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Sue Bagley, Nurse Practitioner

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

Clinical Lead Dr. A. Grny
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no. E1981405

Previous no. E1777365

UHPI no. 620101347R

CHI no. 2108671080

PATIENT INFORMATION

Surname Cuthill
Forename Lynda
Date of Birth 21/08/1967
Age Yrs Sex F

Address Flat 4
1 Castlebrae Wynd
Edinburgh, Midlothian
Postcode EH16 4FH
Telephone 0131 661 0115

Contact Cuthill, Kevin
Address 182/5 Peffermill Road
Edinburgh
Midlothian EH16 4AH
Telephone 666 2881
W

Complaint R hand middle finger injury
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

Name
BR Wood
Address
Craigmillar Medical Group
Craigmillar Medical Cen
EH16 4DT

Telephone 0131 536 9500

Date and Time of Attendance
08/06/2011 16:35
Incident Date & Time: 08/06/2011
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment

Pain Assessment Score | Waterlow Score
Pain Score Review | Time | Triage Score
Signature | Time | Print Name

Clinical Notes

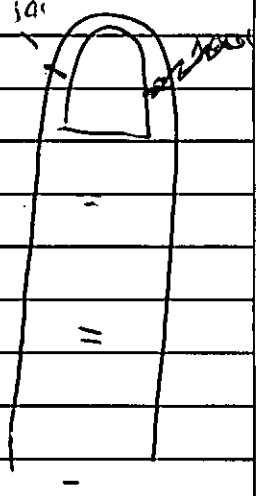
43 F RHD. Shop anne

HPC Heavy metal shutter fell onto ® middle finger today.

PMH- ↓ thyroid
DH- Thyroxine.
Allergic Penicillin (Rash)

9E ® middle.

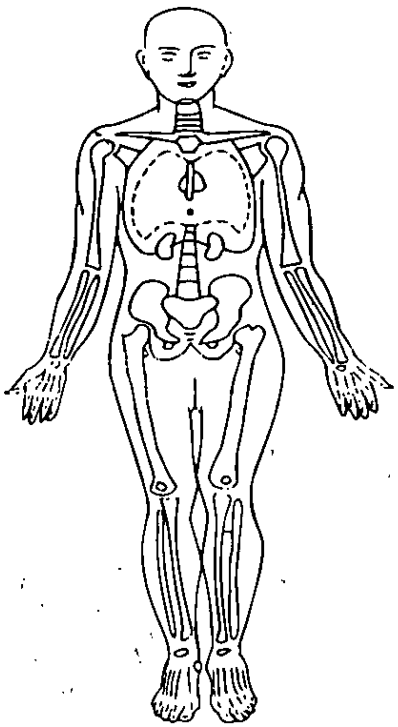
Small superficial lac to ulna aspect of finger tip extending approx 2mm into nail.
Subungal haematoma /evidence of nailbed damage.
BT ++ dist phalanx.
Ream EDP RFS FDP

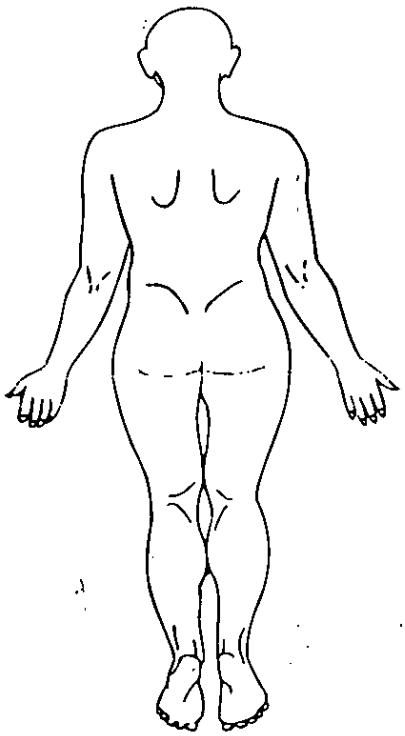


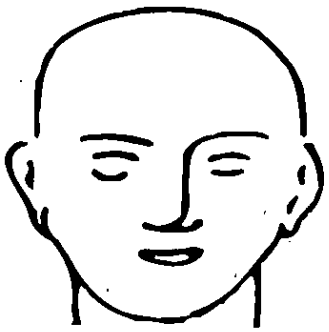
Diagnosis ® middle

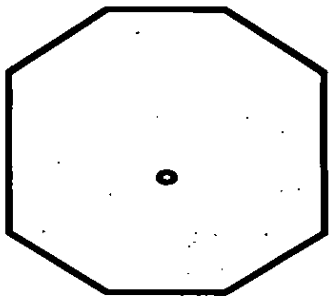
Doctor's Name (print) BAGLEY GRP Signature SBagley

Nursing Release				Clinical Notes Continued
Instruction/Health Education	Y	N	N/A	XR shows min displaced # dist phalanx.
Medication	Y	N	N/A	
Review				
X-rays	Y	N	N/A	
Clinic	Y	N	N/A	
Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport				
Self	Y	N	N/A	
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref.				
Safe Home	Y	N	N/A	
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				
Documentation Complete	Y	N		
CSW signature				
RN signature				

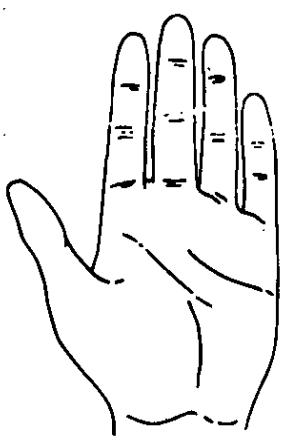


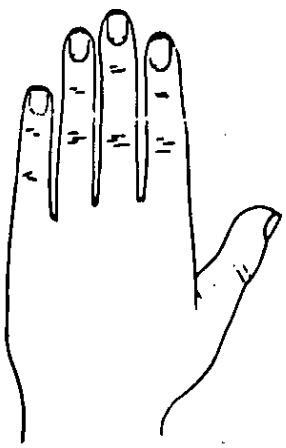




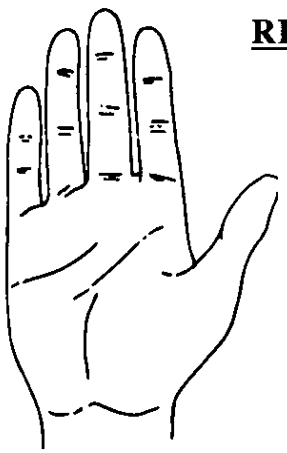


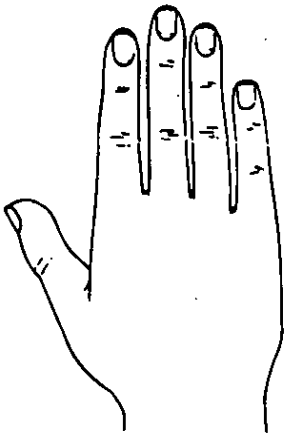
LEFT





RIGHT





EDINBURGH ROYAL INFIRMARY
ACCIDENT & EMERGENCY DEPARTMENT

620101347R/E1981405 F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 BR Wood

ALLERGIES	PENICILLIN.

DRUG AND PRESCRIPTION RECORD
ONCE ONLY PRESCRIPTION

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given By (initials)	Checked By (initials)
8/6/11	1815	CEFUROXIME	750mg	IV	(150) CA	1825	SB	

STOP

CHECK ; Does this patient have a Drug Kardex?
If yes, discontinue this prescription record

	DRUG NAME	DOSE	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
DRUG INFUSION										

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr BR Wood
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 24/12/2011

Emergency Discharge Summary

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh Midlothian EH16 4FH	**CHI**	**2108671080**
		Date of Birth / Age	21/08/1967 (44 years)
		UHPI	620101347R
		A&E Attendance Number	E2118113
Attendance Date	24/12/2011	**Contact**	Cuthill Kevin 182/5 Peffermill Road Edinburgh Midlothian EH16 4AH 666 2881
Attendance Time	15:48		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr BR Wood

Presentation: fall on to R elbow cannot straighten

2108671080
44 year old patient presents to the emergency dept with an injury to the right elbow

Slipped and landed onto the right elbow. Since then has been painful with reduced ROM

PMH
Hypothyroidism

Meds: Thyroxine
ALLERGY to penicillin

Right handed
Housekeeper

On examination:
GCS 15/15 and orientated in time, place and person

Right upper limb

LOOK: No swelling, no brusiing, no lacerations, no erythema
No obvious boney deformitiies

FEEL: tender radial head
No tenderness anywhere else in elbow at all
No tenderness anywhere else in right upper limb

MOVE: can fully flex elbow

Power 5/5
Cant fully extend elbow due to pain can extend to around 140 degrees

Neurovascularly intact

Plan
Xray right elbow

No fractures seen and no effusions or fad pads

IMP: Soft tissue injury right elbow
Discharged with soft tissue injury advice and analgesia advised
To come back to the emergency dept if any concerns at all

Yours Sincerely,

Dr Donna Clark, Doctor

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
Clinical Lead Dr. A. Gray
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344
NHS Lothian

A/E no. E2118113
Previous no. E1981405
UHPI no. 620101347R
CHI no. 2108671080

PATIENT INFORMATION

Surname Cuthill
Forename Lynda
Date of Birth 21/08/1967
Age 44 Yrs Sex F

Address Flat 4
1 Castlebrae Wynd
Edinburgh, Midlothian
Postcode EH16 4FH
Telephone 0131 661 0115

Contact Cuthill, Kevin
Address 182/5 Peffermill Road
Edinburgh
Midlothian EH16 4AH
Telephone 0166 2881 W

Complaint fall on to R elbow cannot straighten
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

Name
BR Wood
Address
Craigmillar Medical Group
Craigmillar Medical Cen
EH16 4DT

Telephone 0131 536 9500

Date and Time of Attendance
24/12/2011 15:48
Incident Date & Time: 24/12/2011
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment

Pain Assessment Score | Waterlow Score
Pain Score Review | Time | Triage Score
Signature | Time | Print Name

Clinical Notes

Right tendon
Home keep
Nyrax
Allergy pencil

SEE ERL

Diagnosis

Doctor's Name (print) Signature

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr CB Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 24/10/2019

Emergency Discharge Summary

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh Midlothian EH16 4FH	**CHI**	**2108671080**
		Date of Birth / Age	21/08/1967 (52 years)
		UHPI	620101347R
		A&E Attendance Number	E4183341
Attendance Date	12/06/2019	**Contact**	Cuthill Kevin 182/5 Peffermill Road Edinburgh Midlothian EH16 4AH 666 2881
Attendance Time	22:26		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	13/06/2019		
Discharge To			

Dear Dr CB Bickler

Presentation: Facial injury, assult to face

CLINICAL NOTES:
Clinical note:
51y female gen fit and well. At home tonight. Got into an argument with her son's girlfriend. Argument ended with the girlfriend picking up a ceramic tea caddy and hitting patient in the face. Lid of tea caddy broke. Patient has a laceration to her forehead and nose. No LOC. No nausea or vomiting. No change to vision. No other injuries.
PMH: Thyrotoxicosis.
Med: Levothyroxine
All: NKDA
Ex: Alert. GCS 15
Normal vital signs.
PEARL. Normal CNS.
Normal visual acuity.
There is a 4cm full thickness laceration to forehead. Lac starts at med corner of L eyebrow and extends upward to L forehead. No active bleeding.
There is a partial thickness laceration to nose bridge. No nosebleed.
No tenderness to nasal bridge. Tender over L eyebrow.
No other injuries. No defensive wounds.
Op: Laceration to face
Tx:
XR facial bones - No fracture and no FB to wound.
Wounds cleaned
Given LA to wound on forehead.
Wound on forehead closed with 4 stitches 5/0 Ethilon. Suture removal in 1 week.
Steristrips on nasal laceration.
Dressing
Wound management advice
D/c home.

Yours Sincerely,

Dr Bjarni Eyvindson, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371

A/E no.
Previous no. E4183341
UHPI no. E2118113
CHI no.

PATIENT INFORMATION

Surname Cuthill
Forenames Lynda
Address Flat 4
1 Castlebrae Wynd
Edinburgh, Midlothian
Postcode EH16 4FH
Contact Address
Cuthill, Kevin
182/5 Peffermill Road
Edinburgh
Midlothian EH16 4AH
Complaint assult to face

Date of Birth
Age 51 Yrs Sex F
21/08/1967 ✓
Telephone
Telephone 0131 661 0115 ✓
W 666 2881
Allergies Penicillin

General Practitioner

CHI no. 2108671080

Address
CB Bickler
Craigmillar Medical Group
Craigmillar Medical Cen
Telephone
EH16 4DT

Date and Time of Attendance
12/06/2019 22:26
Mode of Arrival
Incident Date & Time: 12/06/2019
Source of Referral
Private Transport

Attendances in last 12 months: 0 School: Self Referral to A&E

INITIAL ASSESSMENT

Presenting Complaint: laceration to face.

History of PC: ?2030 @ lac to face with ceramic tea caddy. direct blow to face. Denies LOC.

Assessment: lac to (L) orbital ridge. ST orbital ridge ?FB in wound XR - facial views.

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36.6 °C	77.	150/83	16	96 %	A.				

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	PEARL
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN) Ritchie — TRIAGED BY (PRINT) RITCHIE

PERIPNERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :	-	TIME :		STANOARO TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANOWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHO SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	ORESSING LABELLEO	

OPERATOR SIGNATURE

BLOOOS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQO	OONE	TIME OONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQO	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO		POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEOICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HO	IC	EXAM		

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

MED. Thyroxine.
ALL. NKDA.

Care Providers Name:..... Signature:.....

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. David McKean
Clinical Nurse Manager Ms Heidi Byrne
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371

A/E no. E4866009
Previous no. E4183341
UHPI no. 620101347R
CHI no. 2108671080

PATIENT INFORMATION

Surname Cuthill
Forenames Lynda
Address 17 Badger Way
Postcode EH17 8XD
Contact Address Cuthill, Callum
Complaint PC: UPPER AND RIGHT HYPER CONDREAL PAIN AND VOMIT
Attendances in last 12 months: 0 School :

Date of Birth 21/08/1967
Age 54 Yrs Sex F
Telephone 0131 661 0115
Telephone H 07368670863
W
Allergies

General Practitioner

CB Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
Address 106 Niddrie Mains Road
Edinburgh
EH16 4DT
Telephone 0131 322 2111

Date and Time of Attendance 05/11/2021 19:56
Incident Date Time: 05/11/2021 19:10
Mode of Arrival Private Transport
Source of Referral Flow Centre

INITIAL ASSESSMENT

Presenting Complaint	
History of PC	
Assessment	

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
°C		/		%					

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN)		TRIAGED BY (PRINT)	

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HD	IC	EXAM		

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Care Providers Name:..... Signature:.....

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Duration	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time														
	Rate (ml/hr)														
	Volume in Syringe														
Pump No	Total amount Infused														

Drug Name:

	Time														
	Rate (ml/hr)														
	Volume in Syringe														
Pump No	Total amount Infused														

STANNUM

NHS Lothian

Royal Infirmary of Edinburgh
Emergency Department

Drug and Prescription Record

620101347R/E4866009 F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI 2108671080
70215 CB Bickler

Previous Adverse Reactions	Penicillin	Weight ____ kgs Actual / Estimate	Date 5/11/25

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Oxygen (NP/MASK/NRB)	%/L					
5/11	2025	PARACETAMOL	1g	ORAL	FANKHEL	20:30	BR	
5/11	2025	ORAMORPH.	10mg	ORAL	FANKHEL	20:30	BR	
5/11	2200	ORAMORPH.	10mg	ORAL	FANKHEL	22:10	BR	

Discharge Medication to Take Away

Drug (Approved Name)	Dose	Frequency	Duration	Prescribers Signature	Given by (initials)	Checked by (initials)
CO-TRIMOXAZOLE	960 mg	BD	5 DAYS		MP	
METRONIDAZOLE	500 mg	TDS	5 DAYS		MP	
IBUPROFEN	400 mg	8 HOURLY MAX TDS	3 DAYS		MP	
Omeprazole	20mg	BD	2 weeks	S. MOWER NMP 1AG	MP	
Codeine Phosphate	30mg	QDS	1 week	S. MOWER NMP 1AG	MP	

NEWS Key 0 1 2 3	Date:	9/11	9/11	9/11
	Time:	20:10	12:20	12:25
Blood Pressure / If manual BP mark as M	220–30	106		112 / 76
	Unrecordable			
Pulse Rate	180–30	78		75
	Unrecordable			
Respiratory Rate	40–8			16
Temperature	39°–34°			36.2
Sp02 (Chronic Hypoxia / Default)	≥88 / ≥96	97	97	97
	94-95			
	86-87 / 92-93			
	≤85 / ≤91			
	Unrecordable			
02	% or Litres			
Conscious Level	Alert	4	A	A
V P U	New Confusion			
Total NEWS SCORE		1	0	0
If NEWS >5 contact Senior Dr or Nurse In Charge				
If Escalated (Tick)		✓		
Initials of person undertaking Obs				

THINK SEPSIS

NEWS SCORE

SCORE MORE THAN 4

Are any of the following Present?	
Clinical signs of infection	
Plus 2 of these:	
Temperature <36°c or >38°c	
Heart rate >90 bpm	
Respiratory rate > 20bpm	
New confusion	
WCC <4 or >12	
Blood sugar > 7.7 in non-diabetic	

*If hypo tensive or raised lactate with above indicators discuss with Consultant

Start Sepsis 6 - complete within 1 hour	
Oxygen to achieve saturations >94% (NB COPD 88-92%)	
Measure lactate and FBC	
Blood cultures	
IV Antibiotics (start time _____)	
IV Fluids (up to 20ml/kg)	
Measure urine output and start fluid balance chart	

*please tick box i.e Yes or No (do not require time)

Neurological Observations

GLASGOW COMA SCALE

			Time										
Eyes Open	Spontaneously	4											Endotracheal tube or tracheostomy = T
	To speech	3											
	To pain	2											
	None	1											
Best Verbal Response	Orientated	5											
	Confused	4											
	Inappropriate words	3											
	Incomprehensible sounds	2											
	None	1											
Best Motor Response	Obey commands	6											Always record the best arm response
	Localise to pain	5											
	Flexion to pain	4											
	Abnormal flexion	3											
	Extension to pain	2											
	None	1											
Total GCS Score	14-15												
	12-13												
	9-11												
	<8												

Blood Sugar	Time:							
	>25							
	15-25							
	4-15							
	<4							

Think Analgesia

Pain Score	Time:							
	Very Severe 9 -10							
	Severe 6 - 8							
	Moderate 4 - 5							
	Mild 1 - 3							
	None 0							

NEWS Score	Structured Response	Escalation Plan
NEWS 0 - 1	Commence on 1hrly observations	Report to Area Co-ordinator if score increases
NEWS 2 - 4*	Commence on 30mins observations	Report to Area Co-ordinator if score increases
NEWS 5 - 7	Commence on 15mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
NEWS >7	Commence on 10mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
* score of 3 in one parameter	Commence on 30mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

Right Pupil	Size								+ reacts - no reaction c. eye closed
	Reaction								
Left Pupil	Size								
	Reaction								
Initials of person taking GCS									

Pupil Scale mm

1 2 3 4 5 6 7 8

05/11/2021 21:08:19 cuthill, lynda

Born 21/08/1967 Female

Royal Infirmary of Edinburgh (3>
Dept: Surgical Obs Un> (>

Rate 69 . Sinus rhythm.....normal P axis, V-rate 60- 99
. Borderline T abnormalities, anterior leads.....T flat or neg, V2-V4

PR 164
QRSD 97
QT 398
QTc 427

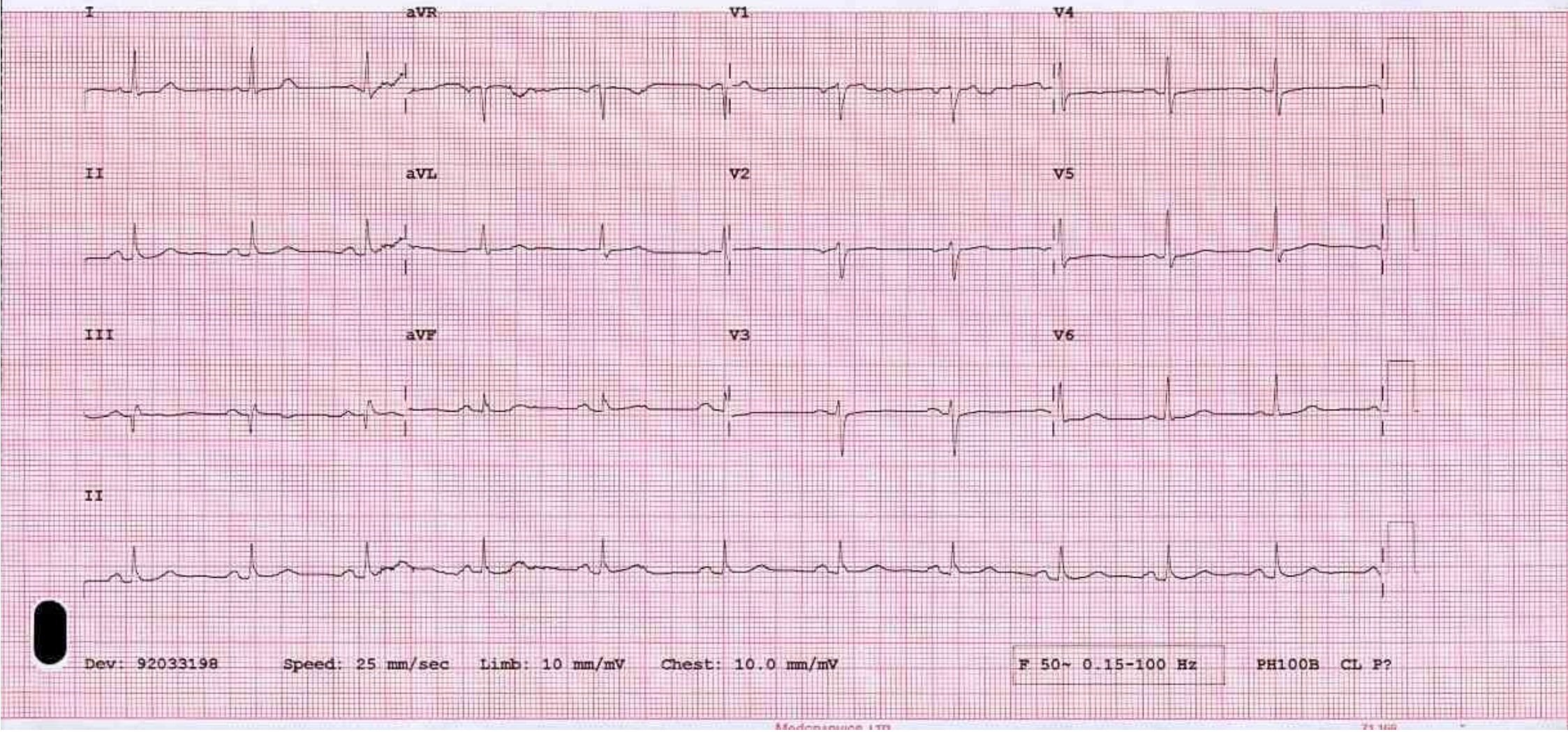
--AXIS--
P 73
QRS 40
T 32

SR

- BORDERLINE ECG -

Unconfirmed Diagnosi

620101347R /E4866009 F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD



Dev: 92033198 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH100B CL P?

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr HS Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 11/11/2025

Emergency Discharge Summary

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI**	**2108671080**
		Date of Birth / Age	21/08/1967 (58 years)
		UHPI	620101347R
		A&E Attendance Number	E6214519
Attendance Date	10/11/2025	**Contact**	Cuthill Callum 07368670863
Attendance Time	12:56		
Mode of Arrival	Walked		
Source of Referral	General Practitioner		
Discharge Date	10/11/2025		
Discharge To			

Dear Dr HS Rana

Presentation: PC - 2 MONTHS OF BLACKOUTS WHERE IS LOSING CONCIOUSNESS AND WAKE UP ON THE FLOOR, NO HEAD INJURYS HX - ESOPHAGITIS OBS - TELE TRIAGE ? DROP ATTACKS

ACUTE MEDICINE IN GP INTERFACE SERVICE/ED
CLINICAL ASSESSMENT

PC: Recurrent LOC

HPC: 2 month history recurrnet LOC. Epsiodes vary and occur while sittingat rest as well as when active
Reports visual blurring prior to LOC. No palpitations/chest pain, not always assosiated with dizziness.
No post ictal state. Reports blacked out can be up to 10mins
Cannot remember the events when blacks out but no tongue biting/incontinence. Doesnt think theres any rigitdity but doesnt remember these blackouts. Says these happen about 1x/week but has more frequent this past week.
No witnessed events.
Hadnt seen GP due to difficulty getting Appt but now has had 3 episodes in past week needed to come in. Worried as has stairs at home.

Also reports episodes of paraesthesia in R arm starting at finger tips lasting for a few minutes at a time.
No loss of power/co-ordination. This has been going on the past few months also

Constant headache with pulsation behind the R eye. reports ongoing for years related to thyroid eye disease. Not changing with time of day or posture

Has onoging vomiting after eating but reports this is longstanding with reflux/oesophogitis

Awaiting decompression surgery for thyroid eye disease

-
No weight loss, ongoing night sweats with menopause
No cough/alteration in apetite/change in bowel habit
No urinary symptoms
-
Background:
Barrett's oespohogus
H pylori 2024
Thyroidectomy 1995 (Graves)
Thyroid Eye disease awaiting decompression surgery
Laparscopic chelycystectomy 2021
Investigated haematuria 2024 with no cause identified

Medications:
Levothyroxine
Lansoprazole (stopped last month)

Drug allergies:Penicillin

Social: Lives alone, independant
Works at hotel
Drinks 1x/month
Smoked 10-15/day for 40y - switched to vape 2 years ago
Does not drive
-
FHx
Father had Lung Ca, Mother and 2 sisters breast Ca
4 brothers have Ca also (has15 siblings)
-
Temp36.1
NEWS 0
A - patent
B - Chest clear,equal air entry, Sats >96% RA
C - HR 70, BP 120/70. HS I+II+0, CRT<2s
D - Alert
E - Abdo SNT, Calves NT
-
Neuro UL and LL power and sensation in tact bilaterally, normal co-ordination, tone, propioception
Normal co-ordination, Reflexes normal
Gait normal
Romberg -ve
-
Cranial nerves exam unremarkable
-
Investigation results:
ECG - NSR 70bpm
FBC and Coag Normal
U+E unremarkbale
TFTs - TSH 0.1, T4 18
Lactate 0.5, Glucose4.7

E+S BP - Lying 126/70
- Standing 122/76
- Standing 3 min 116/72

Diagnosis: ?Cardiac synocpe

Treatment and management plan (discussed with Dr Sean Krupej SpR):
Admit for telemetry due to incrasing frequency of syncope
Echo
Cardio r/v
Urine dip

Destination: AMU monitered bed

Assessed by (name, seniority): Kareem Mahdy - CF

Consultant: Dr Cartlidge
Contact number: 21988
Email inquiries to RIEacutemedicine@nhslothian.scot.nhs.uk

* For discharges from GP Interface Service, please use \pamadischarge at the top of this document. Thank You! *

Yours Sincerely,

Kareem KM Mahdy, Doctor

In Patient Records

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	I0001183777

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002492823 Dr Euan McRorie 4/9/10 16:41 Adele Niven	Diagnosis:,Bilateral swollen and painful hands ?Buerger's disease,Left CMCJ osteoarthritis,,Past Medical History:,Hypothyroidism,Grave's disease (partial thyroidectomy, on long term Thyroxine),,Medication:,Thyroxine 50 mcgs od,Paracetamol 1g qds,Piriton 4mg prn,,Lynda is a forty two year old lady who was admitted from the outpatient clinic with bilateral hand pain and swelling. She gave a two month history of painful left thenar eminence which progressively got worse to a point where the whole hand was swollen with evidence of bruising around her left wrist. She denied any history of trauma. She also noticed pain around her right finger two days ago with pin point non-blanching purpuric rash on the finger tip. She was otherwise systemically well with no night sweats, rigours, weight loss, joint pain or cough. She reported episodes of vomiting overnight in the past two months but she had put that down to eating too much in the evening.,,She denied any family history of rheumatological conditions. She is a housekeeper, married with three grown up children. She has smoked ten cigarettes a day for the past thirty years and denied any alcohol intake. ,,On examination she was apyrexial, bp 116/69, pulse 64, saturation 98% on air respiratory rate 14. Heart sounds 1+2+0, no peripheral oedema. All peripheral pulses were palpable. Chest clear, abdo soft and non-tender. There were generalised swellings and tenderness all over both hands with local tenderness around the right MCPJs and left CMCJ. Pinpoint purpuric rash was noted on the finger tops of the right hand. The rest of the joint examinations were unremarkable. There was no other skin rash of note.,,Admission blood - Hb 146, MCV 95.4, white cells 8.6, platelet 324, urea 2.9, sodium143, potassium 4.7, creatinine 60, bilirubin 7, ALT 23, alk.phos 74, CRP 3, ESR 11. Chest x-ray was unremarkable. ,,She was admitted to ward 15 to rule our infection or vasculitis. She had three sets of negative blood cultures and three sets of negative urine dipsticks. Echocardiogram showed mild left ventricular systolic impairment and slight aortic regurgitation. Her total ANCA screen was negative, CCP 2.1, ANA still pending. Her acute hepatitis serology was all negative, we are still awaiting parvovirus serology results.,,Cultures done of the hand showed irregularity at the left CMCJ and confirmed degenerative changes but otherwise no evidence of inflammatory arthropathy. ,,Myeloma screen was negative we have also sent off samples for lupus screen and lipid study. Her thyroid function test on day of admission was normal. A few days into admission, Lynda had some cold symptoms and noticed an itchy rash on her right maxilla and across her arms and legs. She also had some itchy swellings, worse on the left than the right eye. The rash settled with one single dose of antihistamine although the left swelling did not improve. There was no evidence of cellulitis, her eye movement and vision were normal. I advised her to seek medical attention should the swelling become worse.,,Her symptoms on her hands are probably most consistent with Buerger's disease and we have advised her to smoke smoking. The left thumb tenderness is most likely to be secondary to degenerative changes. She remained medically stable throughout this admission. She was discharged with an outpatient follow up in one month. Hopefully the rest of the results will be available by then.,,Yours sincerely,,,,Dr Shi Zhuan Tan,FY2 to Dr McRorie,,

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 03/09/2018

Inpatient Discharge Summary

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (51 years) 620101347R
Specialty	Ear Nose and Throat	**Admission Date**	29/08/2018
Ward	SJH Day Surgery Centre		
Consultant	Mr AT Williams	**Discharge Date**	30/08/2018

Dear Dr Bickler

Date of Admission:
29.08.2018

Date of Discharge:
30.08.2018

Diagnosis:
Bilateral dysthyroid eye disease

Operation:
Bilateral endonasal orbital decompression

Follow-up:
2 months

This lady was admitted for a bilateral endonasal orbital decompression. These were performed under GA without complication. A septoplasty was not required. It is anticipated she will be discharged home the following day and be seen back in the outpatient clinic in 2 months time.

Yours sincerely,

DICTATED BUT NOT SIGNED FOR EXPEDIENCY

Mr Alun T Williams
Consultant ENT Surgeon

ATW/RM 31/08/2018

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
Flat 4,1 Castlebrae Wynd Midlothian
EH16 4FH

M / F

Consultant: ATW

Planned procedure: Bilateral endoneseal orbital decompression +/- Septoplasty (image guided)

Common risks: Bleeding, infection **Less common risks:** Injury to eye - Blindness
CSF leak - meningitis
Recurrence, Adhesions

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature: ..... Date: 29/8/18

Name and status of practitioner: Soulsby R ENT SpR

Re-confirmation of consent on the day of admission

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

Name and status of practitioner: .....

Medical Students

- I agree to allow students to be present in theatre (tick box): Yes ☑ No ☐
- I agree to be examined by a medical student whilst under general anaesthesia in theatre: Yes ☑ No ☐

Medical Photography (I agree to being photographed)

- For my medical records for the purpose of diagnosis and treatment: Yes ☑ No ☐
- For the purpose of teaching and education: Yes ☑ No ☐
- For the purpose of publication: Yes ☑ No ☐
- To be shown to other patients (as an example): Yes ☑ No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☑ No ☐

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☑ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☑ That anaesthesia (general / ~~regional / local~~) or sedation will be needed.
- ☑ That the procedure may not be done by the practitioner who has been treating me so far.
- ☑ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☑ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

.....

.....

Signature: ..... Name: Lynda COTHILL

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
Flat 4,1 Castlebrae Wynd Midlothian
EH16 4FH

M / F

Consultant: WILLIAMS

Operator: WILLIAMS

GP:

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation: BILAT. ENDOVASCULAR CLIPPING ANEURYSM

Findings / Results:

Further treatment is planned as follows:

Removal of sutures:

Follow up arrangements: 2/12

Sickness absence form has been issued for: days / weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN				
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	..... capsules ..... capsules		
Morphine sulphate 10mg MR tablets	.....mg .....tabs	Twice daily	..... tablets ..... tablets		
Morphine sulphate 10mg/5ml oral solution	.....mg	..... Hourly PRN Max..... times daily	..... millilitres ..... millilitres		

Signature:

Date: 29/8/15

Name: WILLIAMS

Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

Lothian University Hospitals NHS Trust

ADULT UNITARY PATIENT RECORD

ADMITTING HOSPITAL St John's Hospital at Howden

TYPE OF ADMISSION : Elective

PRESENTING COMPLAINTS/REASON FOR ADMISSION

1
2
3
4

Patient wishes to be known as:

NAME & ADDRESS (PATIENT LABEL)

Hospital No 620101347R F/M: F
DOB: 21/08/1967 Age: 51

Name: Lynda Cuthill
Address: Flat 4
Edinburgh
Midlothian
EH16 4FH

Telephone No: 0131 661 0115
Title - Mr / Mrs-/ Miss / Ms : Ms
Marital Status :
Religion : Not Given
Ethnic Origin :

	ADMISSION WARD	DESTINATION WARD - 1st	DESTINATION WARD - 2nd
Ward No.	SJH19A		
Admission Date	29/08/2018		
Admission Time to Ward	7:30		
Admitting Nurse			
Consultant	Mr AT Willian		

G.P.Details 2549932/702 70215/2
CB Bickler
Craigmillar Medical Group, Cra

EH16 4DT
Tel No : 0131 322 2111

NEXT OF KIN
RELATIONSHIP
Address:

Contact No.

FIRST CONTACT
RELATIONSHIP :
Address:

Contact No.

Patients Relative / Next of Kin Present on Admission Y/N
IF NO :
Date & Time of Notification : Signature :

Other comments: eg Night Call

Allergies / Sensitivities

CARDIO PULMONARY RESUSCITATION

Resuscitate / DO NOT Attempt Resuscitation (DNAR)
(Delete as appropriate)

Rationale if DNAR:

Signature: Print Name: Designation : Date & Time

Consultant Signature:
(Within 24 hrs) **Print Name:** **Date & Time**

	Date/Time	DNAR Status	Signature	Print Name	Designation	Consultant Signature
Change (1)						
Change (2)						

Please document rationale for change in the progess notes

NHS Lothian

Intra-Operative Care Plan

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 667 1080
70215 CB Bickler
Flat 4,1 Castlebrae Wynd Midlothian
EH16 4FH

Consultant: Mr Williams

Theatre no: TH2

Local Anaesthetic Patients

Observations	Sp02	HR
	O2 required	

Pre-list Briefing Yes ☑ No ☐

Surgical Pause Yes ☑ No ☐

Date: 29/8/18 Time: 10:45 Signature: J.S.

Patient Position (tick all that apply)

Supine ☑	Prone ☐	Lloyd Davies ☐
Neck Extension ☐	Lateral Right Down ☐	Lateral Left Down ☐
Traction ☐	Other	

Table fitting and attachments (tick all that apply)

Mattress Type:		
Anaesthetic Screen ☐	Arm Board ☐	Arm Rest ☐
Arm Retainer x2 ☑	Arm Table ☐	Head Ring ☐
Heel Pad ☐	Lateral Supports ☐	Oxford Help ☐
Pillow ☐	Sandbag ☐	Warming Blanket ☑
Other		

Ted Stockings		Pneumatic Boots	
On ☑	Off ☐	On ☑	Off ☐

Catheter			
Type:	Indwelling: ☐ Temporary: ☐	Cath. Bag: ☐ Urometer: ☐	Prep:
Size:	Time inserted:	Lubricant:	Balloon Capacity:
Signature:			

Tourniquet (tick all that apply)

Site		Side		Time	
Ankle	☐	Right	☐		
Arm	☐	Right	☐	Time on:	
Thigh	☐	Left	☐	Time off:	
Digit	☐		☐	Total time	
Surgeon informed at:		1hr ☐	2hr ☐		

Diathermy Plate Position (tick all that apply)

Site		Side		Type	
Abdomen	☐		☐		
Back	☐		☐		
Buttock	☐	Left	☐	Monopolar	☑
Thigh	☐	Right	☐	Bi-Polar	☐
Other:					
Skin condition on plate removal:		Intact ☐		Broken ☐	

Skin Prep (tick all that apply)

Betadine	☐	Betadine Alcoholic	☐	Betadine Scrub	☐
Chloraprep	☐	Chlorhexidine 0.5% in spirit	☐	IPA	☐
Tisept	☐	Other	☐	None	☐

Peri-Operative Infiltration		Wound Lavage	
Type:	Amount:	Type:	Amount:

Prosthesis / Implants (put traceability labels on last page or back of consent form)	
Yes	Details
No	

Procedure Performed

Bilateral endonasal orbital decompression.

Intraoperative Counts

Initial Count	Intraoperative	Intraoperative/ Handover	Final
Correct: Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Signature: JS			JS
Discrepancy:			
Action taken:			

Drains

Type:
Site:
Sutured in Yes No

Skin Closure

Sutures:
Staples:
Non Closure:

Packs

NIL

Dressings

NIL

Splints

Type	Site
POP Backslab	
POP CAST	
Zimmer	
Nasal Splints	
Other	

Blood Loss

Swabs:
Suction:
Total: < 50mls

Specimens

Pathology:
Microbiology:
Other:

Tissue uplift by Porter (as per protocol)

Handover to Recovery		
Yes ☑	No ☐	N/A ☐

	Print	Sign
Scrub Nurse	S/N [illegible]	

Traceability Labels

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
Flat 4,1 Castlebrae Wynd Midlothian
EH16 4FH

M / F

Consultant: ATW

Planned procedure: Bilateral endonasal orbital decompression +/- Septoplasty (image guided)

Common risks: Bleeding, infection **less common risks:** Injury to eye - Blindness
CSF leak - meningitis
Recurrence, Adhesions

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature: [signature] Date: 29/8/18

Name and status of practitioner: Saudat R ENT SpR

Re-confirmation of consent on the day of admission

Signature: Date:

Name and status of practitioner:

Medical Students

- I agree to allow students to be present in theatre (tick box): Yes ☑ No ☐
- I agree to be examined by a medical student whilst under general anaesthesia in theatre: Yes ☑ No ☐

Medical Photography (I agree to being photographed)

- For my medical records for the purpose of diagnosis and treatment: Yes ☑ No ☐
- For the purpose of teaching and education: Yes ☑ No ☐
- For the purpose of publication: Yes ☑ No ☐
- To be shown to other patients (as an example): Yes ☑ No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☑ No ☐

St John's Hospital Day Surgery Booklet

NHS Lothian

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 067 1080
70215 CB Bickler
Flat 4,1 Castlebrae Wynd Midlothian
EH16 4FH

Date: 29/8/18 Time patient arrived: 08 00

Consultant: ATW

Theatre no: 2

Next of kin details

Name: Kevin Cuthill Relationship: Husband.

Address: S/A

Phone no: 07846 360833.

Escort details

Name: Overnight Stay. Phone no:

	Ward	Theatre Reception	Anaesthetic Room
• Patient ID: bracelets x2 / Allergy band	☑	☑	☑
• Consent form signed	☑	☑	☑
• Operation site marked or obvious	☑ / n/a	☑ / n/a	☑ / n/a
• Patient Hospital notes / ward charts (inc. results / kardex / anaesthetic chart)	☑	☑	☑
• Bladder emptied	☑	☑	
• Underwear: disposable / removed	☐ / n/a	☐ / n/a	☐ / n/a
• Contact lens removed	☐ / n/a	☐ / n/a	☐ / n/a
• Prosthesis removed	☐ / n/a	☐ / n/a	☐ / n/a
• Hearing aid / glasses with patient	☐ / n/a	☐ / n/a	☐ / n/a
• Jewellery / piercings removed / taped	☑ / n/a	☑ / n/a	☐ / n/a
• TEDS	☑ / n/a	☑ / n/a	☑ / n/a
• Pre-med / pre-op analgesia given	☐ / n/a	☐ / n/a	☐ / n/a
• Fasted from:	Water 0630	LMP Menopause.	
• Patient pregnant	Yes ☐ No ☒		
• Blood glucose level if required	Value	Time	
• Patient temperature in anaesthetic room	Value	Time	

Other issues including TRAK alerts: Top Denture MRSA Screening ✓

Signatures: ABradley MACKAY KC

Names: Bradley MACKAY K GIBSON

Nurse led discharge

• Post op surgical visit	☑ / not needed	• IV access device removed	☑
• Post op anaesthetic visit	☑ / not needed	• Post op instructions understood	☑
• Observations stable and satisfactory	☑	• GP letter provided	☑
• Alert, orientated & ambulant	☑	• Follow up appointment made To Secretary.	☑
• Drinking and eating	☑	• Take home medicines	☑ / n/a
• Analgesia satisfactory	☑	• Dressings provided	☐ / n/a
• No nausea / vomiting	☑	• Physiotherapy organised	☐ / n/a
• Passed urine	☑	• Community care organised	☐ / n/a
• Operation site satisfactory	☑	• Sick absence note provided	☐ / n/a

Discharge time: 10.30 Date: 30/8

Signature of Nurse: Patient Signature:

Received discharge: Lynda Cuthill

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☑ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☑ That anaesthesia (general / regional / ~~local~~) or sedation will be needed.
- ☑ That the procedure may not be done by the practitioner who has been treating me so far.
- ☑ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☑ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

.....

.....

Signature: Lynda Cothill Name: Lynda COTHILL

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

Medical History (refer to pre-admission documents if available)

Please list any allergies and describe nature of allergy

penicillin – rash, rigor vomiting

Please list current medications and tick those taken today

Levothyroxine ✓	

Please complete the following if you were NOT assessed by the pre-admission service

Have you had any problems with anaesthesia in the past? Yes ☐ No ☑

Please provide details of any problems: —

Has anyone in your family had problems with anaesthesia? Yes ☐ No ☑

Please provide details of any problems: —

Please provide any other information about your family medical history that you think we should know about: —

Please list any operations you have had with their approximate dates:
Thyroidectomy 1995

Have you currently or ever had any of the following? If so please provide approximate dates and any other details you feel might be useful

	Yes	No
• High blood pressure		✓
• Heart attack		✓
• Angina / chest pains		✓
• Stroke or transient ischaemic attack		✓
• Heart murmur		✓
• Pacemaker (please indicate when last checked)		✓
• Tendency to faint easily		✓
• Shortness of breath		✓
• Asthma or bronchitis		✓
• Current cold or cough		✓
• Diabetes		✓
• Epilepsy		✓
• Anaemia or bleeding tendency		✓
• Indigestion, heartburn or hiatus hernia		✓
• Muscle disease or weakness		✓
• Arthritis		✓
• If female, are you pregnant?		✓

Do you smoke? Yes ☑ No ☐ If so, how much per day? 10–12

Do you drink alcohol? Yes ☐ No ☑

How much do you drink on average each week? (one bottle of wine = 9 units) —

When did you last have an alcoholic drink? —

Roads 15

Anaesthetic Record

Pre-op information

ASA ..... BP 127/78 PULSE 62 SpO_2 96 Temp 35·6 ,Wt ..... Ht ..... BMI .....

Hypothyroidism (1995) Partial Thyroidectomy - Previous Prom

active / self employed - Former ✓

SOB / Malperforan / chest - Allergy - PENICILLIN

Mixed reflux - Learner DJ -

Drugs: Thyroxine

Information given to patient: GA / inpatient - NDV

NII

Neck ✓

Anaesthesia details

Anaesthetist(s) name & grade: E.I. / K. GIBSON Date: 29/5/18

Supervising Consultant: .....

Machine check ☑ Trained assistant ☑ Prelist brief / Surgical pause ☑

Vascular access (site / device / size)

(R) DH 20G

TIVA - Propofol (ZCI) mg/ml

REMIFENTANIL (ZCI) mg/ml

Induction

Propofol mg

Flexi-LMA 4

IPPV

Ondansetron 4mg

Maintenance O2 / AIR / TIVA

Airway / Circuit / Machine

Easy to hand ventilate? Yes ☐

Laryngoscopy grade

Monitors:

Minimal monitoring ☐

Others

Eye care — Tape ☐ Lubricant ☐ Padded ☐

Pressure care ☐

Fluid warmer ☐

Warming blanket ☐

DVT prophylaxis ☐ n/a ☐

Post Op DVT prophylaxis ☐ n/a ☐

Antibiotics ☐ n/a ☐

Patient / Limb position

Significant issues or events

Recovery Obs

1030 1130 12

Time												00	10	20						
SpO_2	96	97	97	97	96	97	96	98				96	97	97						
$ETCO^2$		4·7	4·4	4·4	5·1	4·7	4·8	5·8	4·3											
FiO^2		1·0	·5	·5	·5	·5	·5	·5	1·0											
ET AA																				
Vt.f (Paw)																				
PROPOFOL	5-	3·2																		
REMIFENTANIL	2-	4-3			4-6															
200																				
180																				
160																				
140	✓																			
120																				
100		✓		✓	✓	✓	✓	✓	✓	✓	✓									
80			✓																	
60																				
40																				
20																				
0																				
PARACETAMOL				Rg								1	1	0						
DROPERIDOL							.5mg					0	0	0						
DEXAMETHASONE												0	0	0						
OXYCODONE						(5mg)	+5mg													
												T	36·7							
Events												VV	12	12	14					

(127/78)

Sedation
Pain
Nausea

Recovery

TN

topped Lmn(ont) FI

Recovery

Anaesthetist instructions: Routine obs ☐ O_2 as needed to maintain SpO_2>93% ☐

Tick if you want to see patient before discharge ☐

Recovery comments: @ 12nd. LMA out on arrival. O^2 5lt via ~~cccccc~~ face mask til fully awake.
- Awake + orientated @ 1205.
- cannula sited DRIP, Plasma-lyte 500ml in progress; ↓ when complete. ✓ capped
- Sips of water given @ 1215.

Arrival time in recovery: ..... Time discharged to ward: .....

Recovery nurse: K A BAKER Signature: K A Baker

Prescription and administration record

If an additional prescription chart is in use tick this box ☐

Codes for non-administration of prescribed medicine

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as follows:

Patient refuses	1	Vomiting / nausea	8
Patient not present on ward	2	Time varied on Dr's instructions	9
Medicines not available (check ordered)	3	Once only / pm medication given	10
Instructions not clear or legal	4	Dose withheld on Dr's instructions	X
Nil by mouth	5	Possible drug reaction / side effect	12
Asleep / drowsy	6	Self administered by patient	13
Administration route not available (check for an alternative)	7	Other reasons	14

Pre-operative and once only medication

Date	Time	Drug / PGD No.	Dose	Route	Prescriber Signature / Name	Time given	Given by	Checked by
29/8/18	Theatre Recovery	FENTANYL	100 microg max total	IV	Ishe (F Town)			

Regular Therapy

Drug		Date				
PARACETAMOL		Time				
Dose	Route	8				
1g	Oral	⑧				
Signature / Name	Start Date	⑫				
Ishe (F Town)	29/8/18	14				
Notes	Pharmacy	⑱	X			
		㉒				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
IBUPROFEN		Time				
Dose	Route	6				
400mg	Oral	⑧				
Signature / Name	Start Date	⑫				
		14				
Notes	Pharmacy	⑱				
		㉒				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	8				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

As Required Therapy

Drug		Date				
MORPHINE		Time				
Dose & Frequency	Route	Dose / Route				
10mg hourly	Oral	Initials				
Signature / Name	Start Date	Date				
[signature]	29/8/18	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
TRAMADOL		Time				
Dose & Frequency	Route	Dose / Route				
50-100mg 4⁰	Oral / IV	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
DIHYDROCODEINE		Time				
Dose & Frequency	Route	Dose / Route				
30mg 4⁰	Oral	Initials				
Signature / Name	Start Date	Date				
[signature]	29/8/18	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
CYCLIZINE		Time				
Dose & Frequency	Route	Dose / Route				
50mg 8⁰	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
[signature]	29/8/18	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
ONDANSETRON		Time				
Dose & Frequency	Route	Dose / Route				
4mg 6⁰	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
[signature]	29/8/18	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Surgeon's Operation Notes

Affix patient label

Patient's name: .....

Hospital number: .....

Date of birth: .....

CHI: ..... M / F

Consultant: Williams

Surgeon	Assistants	Scrub Nurse	Operation
Williams	Stewart		Blast dated dempsey

Surgeon's operation notes

BLAST ENDONASAL
ORBITAL DECOMPRESSION.

Position Patient supine
Head Eye Mask
Block ant + post ethmoid
Block Canine nerve
Block Maxillary nerve
— good result

No packs

Surgeon's operation notes - continued

Ward instructions

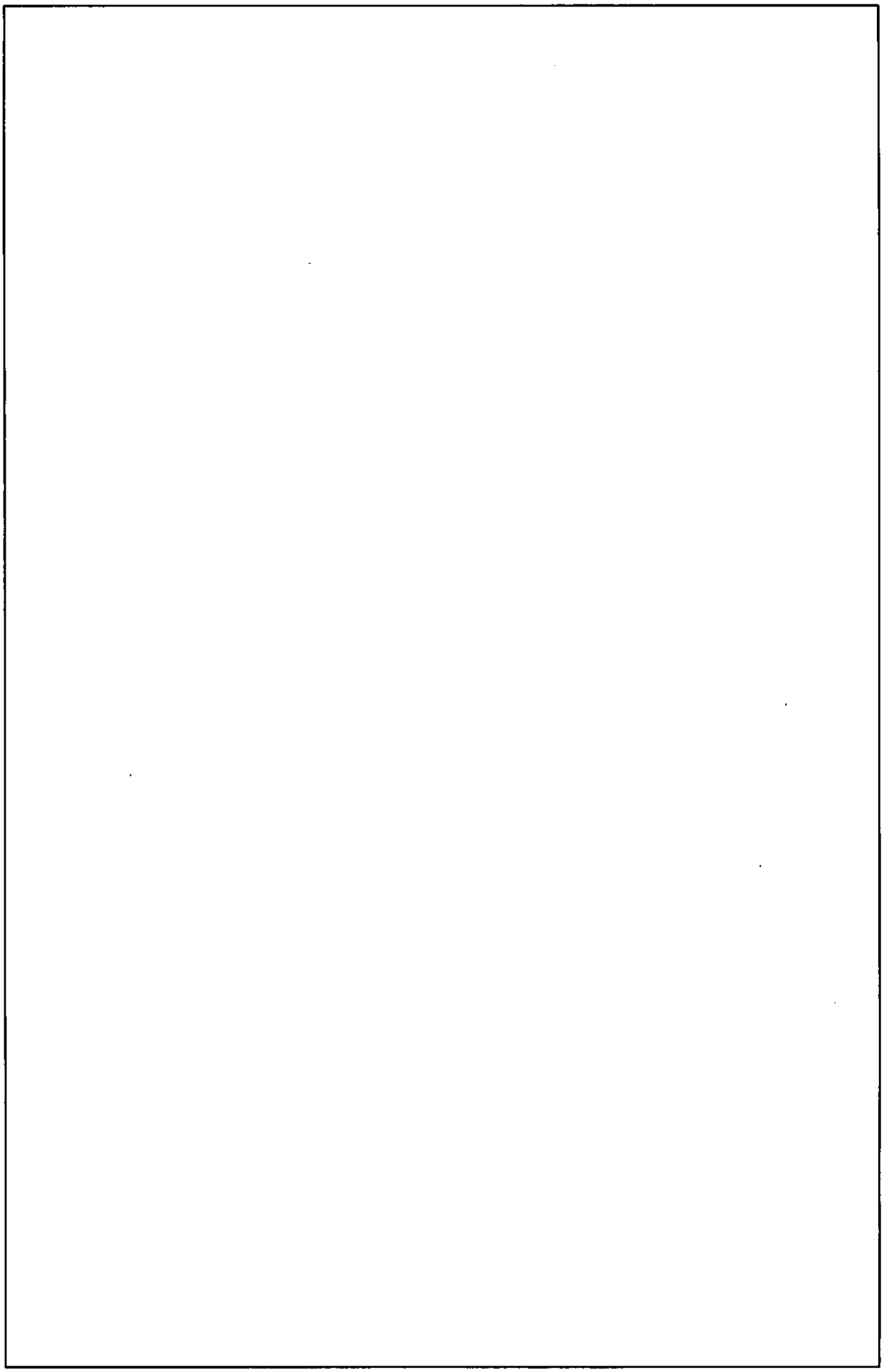
Radio Dr
Home Latissimus
OPA 2/52

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: .....

Name: Wickham Date: 29/8/18

Theatre Equipment Stickers



Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

Affix patient label

Patient's name: .....
Hospital number: .....
Date of birth: .....
CHI: ..... M / F

Consultant: .....
Operator: .....
GP: .....

Dear Doctor,

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation: .....

Findings / Results: .....

Further treatment is planned as follows: .....

Removal of sutures: .....

Follow up arrangements: .....

Sickness absence form has been issued for: ..... days / ..... weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN				
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	..... capsules ..... capsules		
Morphine sulphate 10mg MR tablets	..... mg ..... tabs	Twice daily	..... tablets ..... tablets		
Morphine sulphate 10mg/5ml oral solution	..... mg	..... Hourly PRN Max ..... times daily	..... millilitres ..... millilitres		

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

Name: ..... Phone. no: .....

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

NHS LOTHIAN – PROGRESS NOTES

HOSPITAL: | WARD: | Page No (1)

NAME: | D.o.B.

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 CB Bickler

(50)

Date/time Block name Profession	
29/8/18	PATIENT RTN FROM THEATRE @ 1225
1750	FOLLOWING BILATERAL ENDONASAL ORBITAL
	DECOMPRESSION UNDER GA.
(1)	PAIN – ANALGESIA GIVEN AS CHARTED.
(2)	NEWS 0
(3)	ROUTINE CARE, OPA 2/12
(4)	MOBILISE AS ABLE.
(5)	HPM
(6)	TOLERATING FLUID + DIET.
(8)	NIL BLEEDING. PMHX GRAVES DISEASE.
30/8/18	Declined Analgesia
04[00]	news 0 Hypertensive.
	mobile
	Rested until Cannula removed
	fluids + diet tolerated
	no obvious post op bleeding / pressure or
	Swelling noted
	Nursed Head up c/o slight blur to left
	eye – please observe.
	Settled and slept overnight.

LOT 104

Date/time Block name Profession	

620101347R - F 21/08/1967 an
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

PREOPERATIVE ASSESSMENT

Date 27/8/18 Adm. type: **ELECTIVE**

Name
DoB
Unit no.
CHI CHI 2108671080
70215 CB Bickler

Assessing hospital: LAURISTON Clinic: POM

Patient present ☑ Telephone assessment ☐

Check registration details : correct ☑ changed ☐

Reason for admission / Planned surgery or procedure

BILATERAL ENDONASAL ORBITAL DECOMPRESSION +/- SEPTOPLASTY IMAGE GUIDANCE

Dates when on holiday / not available

Planned date of surgery 29/8/18 Consultant

Day case ☐ 23h stay ☐ Expected stay 2 days ☐ Ward 19A

Day of surgery admission ☑ Other admission date ... / ... / ...

Admission time 07:30

Key to Initials of ALL STAFF completing this ICP

Print name	Designation	Initials	Signature	Date
1. Gillian Robertson	SN	GR	G Robertson	27/8/18
2.				
3.				
4.				
5.				
6.				

ADVERSE REACTIONS / ALLERGIES	Describe reaction
Penicillin.	

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Preoperative assessment for elective surgery

Date

Name Flat 4,1 Castlebrae Wynd, Of.
DoB Edinburgh,
Unit no. Midlothian,
CHI EH16 4FH
CHI 2108671080
70215 – CB Bickler –

PATIENT's DETAILS

TITLE: Mr / Mrs / Miss (Ms) Other..... Marital Status: Married

Age: 50 YRS Occupation: Self Employed

Prefers to be known as Lynda

Tel. Nos. Home .....
Work .....
Mobile 07472 815 424

GP BICKLER
GP Address CRAIGMILLAR M/C
GP tel no. 0131 – 322 – 2111

Ethnic Origin: Scottish First Language: English ☑ Other ☐

Interpreter Required : Yes ☐ No ☑
(see Intranet> Healthcare > A-Z > Translation, Interpretation & Communication Support)

Religion: None *(If Jehovah's Witness attach appropriate form)*

Request for visit from hospital chaplain / minister of religion: Yes ☐ No ☑

NEXT OF KIN

Name: Kevin Cuthill
Relationship: Husband
Address: Flat 4, 1 Castlebrae Wynd, Edin.

Contact nos: Home .....
Work .....
Mobile 07846380833

Aware of admission Yes ☑ No ☐

SECOND CONTACT (If required)

Name: .....
Relationship: .....
Address: .....

Contact nos: Home .....
Work .....
Mob .....

Aware of admission Yes ☐ No ☐

Who to contact in an emergency

.....

.....

COMMON ABBREVIATIONS USED IN THIS DOCUMENT

BM	Capillary blood glucose (aka **cBG**)	**Ht**	height	**R/O**	Removal of
BMI	Body Mass Index	**IV**	Intravenous	**RA**	Rheumatoid arthritis
BP	Blood pressure	**ICP**	Integrated Care Pathway	**RF**	Renal failure
C&S	Culture and Sensitivity	**kg**	Kilograms	**RR**	Respiratory Rate
cm	Centimetre	**LMP**	Last menstrual period	**SEWS**	Standardised Early Warning Score
COPD	Chronic Obstructive Pulmonary Disease	**MI**	Myocardial infarction		
		MUST	Malnutrition Screening Tool	**TB**	Tuberculosis
DoS	Day of surgery	**N/A**	Not applicable	**Temp**	Temperature
DVT	Deep vein thrombosis	**NOK**	Next of kin	**U&E**	Urea and electrolytes
ECG	Electrocardiograph	**OA**	Osteo arthritis	**VTE**	Venous thromboembolism
EDD	Estimated Date of Discharge	**OPD**	Out patient department	**Wt**	Weight
ERAS	Enhanced Recovery After Surgery	**P**	Pulse		
FBC	Full blood count	**PE**	Pulmonary embolus		
HRT	Hormone replacement therapy	**PMHx**	Past medical history		

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Preoperative assessment for elective surgery

Date

Name
DoB
Unit no.
CHI

PRESENTING COMPLAINT / HISTORY

Protosis (abnormal protusion of eye)
+ deviated nasal septum to the left

Patient aware of condition? Yes ☑ No ☐ *Detail awareness of eg, malignancy etc*)

Mood / Concerns with regard to current treatment plan?

No concerns.

PAST Medical history Include year and place

Hypothyroidism. (Graves disease) (1995)

(or: No to all questions and else nil of note ☐)

Preoperative assessment for elective surgery **History (1)** Date	addressograph label, *or,* Name DoB Unit no. CHI

PREVIOUS Operations Include year and place

Thyroidectomy 1995.

(or: No to all questions and nil of note ☐)

Any problems with surgery or anaesthesia **in the past?** Include year and place
(include details of airway problems, if any)

No past problems.

(or: No to all questions and nil of note ☐)

Any significant **family** (blood relatives) medical / surgical / anaesthetic history we should know about?

None known.

(or: No to all questions and nil of note ☐)

BASIC OBSERVATIONS

Height 162 m	Weight 89 kg	BMI 34 kg / m²	
MUST Score 0	Pt concerned about weight? Yes ☐ No ☐	SpO_2 97 % (on air)	
Pulse rate 82 / min	BP 1 111 / 71 mmHg	BP 2 ..... / ..... mmHg	
BP 3 ..... / ..... mmHg	BP 4 ..... / ..... mmHg	Temp ..... °C	
Urinalysis			

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Preoperative assessment for elective surgery

History (2)

Date

Name
DoB
Unit no.
CHI

MEDICATION HISTORY (prescription, over the counter, homeopathic, herbal. etc)

(Remember inhalers / eyedrops / creams / injections)

If diabetic, include Diabetes ICP in notes

MEDICINE (approved name)	Strength	Dose	Route	Frequency	**COMMENTS**
1. Levothyroxine	50mg	50mg	O	1x daily	Hypothyroidism
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

How was medication history obtained? *(Must be by two methods)*

N/A ☐ GP letter ☐ Medications available ☐ Patient ☑ Relative / carer ☐ Repeat prescription ☐

ECS on Trak ☑ Pharmacy-supplied "Dosette" box (or other compliance aid)? ☐

Community Pharmacy ☐ Name ..... tel. number .....

Informed of *Use of own medicines* policy? Yes ☑ No ☐ N/A ☐

Use of own medicines form completed? Yes ☐ No ☐ N/A ☐

Advised of LUHD's use of supplementary prescribers? Yes ☐ No ☐ N/A ☐

ADVERSE REACTIONS / ALLERGIES – ensure recorded on p1

Preoperative assessment for elective surgery

Review of Systems (1)

Summarise actions In "Summary of Assessment"
If YES is circled for any main question, expand on severity / frequency / duration / recent changes – what, when, how, etc

addressograph label, *or,*
Name
DoB
Unit no.
CHI

CARDIOVASCULAR SYSTEM

Any history of: high blood pressure ☒, angina ☒ atrial fibrillation ☒, heart murmur ☒ MI ☒, rheumatic fever ☐, DVT / PE ☒, stroke or TIA ☒ ?

Do you get

Chest pain	No ☑	Yes ☐
Short of breath	No ☑	Yes ☐
Ankle swelling	No ☐	Yes ☐

No to all questions and nil else of note ☑ Requires medical referral? Yes ☐ No ☐

RESPIRATORY SYSTEM

Any history of: asthma ☒, TB ☒ COPD ☒ ?

Do you / have you

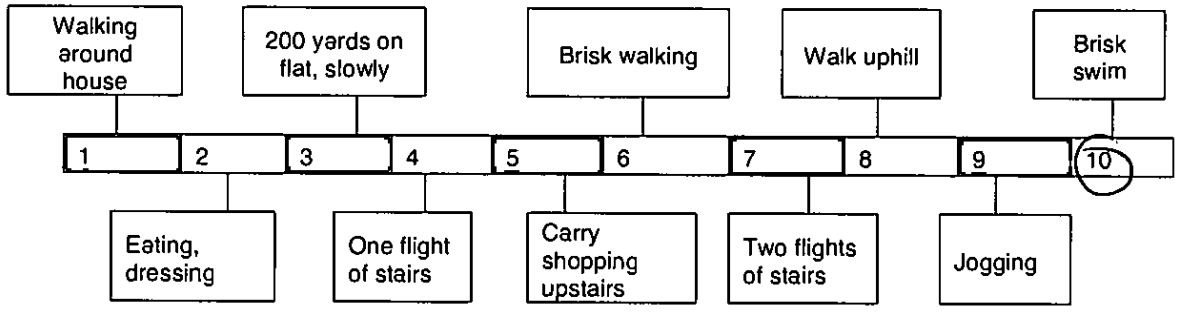
A cough?	No ☑	Yes ☐
Sputum or phlegm	No ☑	Yes ☐
Coughed up blood	No ☑	Yes ☐
Get wheezy	No ☐	Yes ☐

No to all questions and nil else of note ☑ Requires medical referral? Yes ☐ No ☑

FUNCTIONAL CAPACITY

Patient's occupation / former occupation ..... Self Employed .....

Maximum equivalent activity (Please ring number in box, = MET Score) :



Estimated MET score..... 10 ..... *(highest ringed number)*

What limits activity?		Comments
Nil	☑	
Arthritis / leg pain / back pain	☐	
Angina	☐	
Shortness of breath	☐	
Other	☐	

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Preoperative assessment for elective surgery

Review of Systems (2)

Summarise actions In "Summary of Assessment"
If YES is ticked, expand on severity / frequency / duration / recent changes – what, when, how, etc

Name
DoB
Unit no.
CHI

DIGESTIVE SYSTEM *see also 'Nutrition'*

Do you / have you

- Any recent appetite changes — No ☑ Yes ☐
- Vomited any blood — No ☑ Yes ☐
- Heartburn / indigestion [including when lying flat] — No ☑ Yes ☐
- Stomach pain — No ☑ Yes ☐
- Changes in bowel movements, black or bloody stools — No ☑ Yes ☐
- History of jaundice? ☒

No to all questions and nil else of note ☑ Requires medical referral? Yes ☐ No ☑

ENDOCRINE system

Diabetes mellitus ☒ Type 1 ☒ Type 2 ☒
treatment: insulin ☒, tablets ☒, diet ☒, other ☒
Thyroid condition ☑
Other endocrine condition ☒ .....
.....

No to all questions and nil else of note ☐ Requires medical referral? Yes ☐ No ☑

SKIN

Any skin diseases? No ☑ Yes ☐ (Eczema, psoriasis etc....please specify)

.....

describe any action required on page 16

No to all questions and nil else of note ☑ Requires medical referral? Yes ☐ No ☑

NERVOUS system

Any history of epilepsy ☒, "blackouts" ☒? _____

If Yes, describe
.....

Do you get

- Severe headaches, migraines — No ☐ Yes ☑ – Due to eye pressure.
- Eye problems — No ☐ Yes ☑ →
- Faints, dizziness, muscle weakness or tingling sensations — No ☑ Yes ☐

No to all questions and nil else of note ☐ Requires medical referral? Yes ☐ No ☑

SLEEPING / LYING FLAT

Sleep: well ☐, disturbed ☑ *describe* ..... Up every 2 hrs.
Any sleeping medication / treatment — No ☑ Yes ☐
Are you able to lie flat comfortably: No ☐ *describe* ..... Yes ☑

Sleep Apnoea — No ☑ Yes ☐
CPAP machine used — No ☑ Yes ☐
If more than 1 year since PAT test contact Estates ☐ ref. no. .....

Preoperative assessment for elective surgery

Review of Systems (3)

Summarise actions In "Summary of Assessment"

If YES is ticked, expand on severity / frequency / duration / recent changes – what, when, how, etc

addressograph label, or,

Name

DoB

Unit no.

CHI

GENITO-URINARY system _____ URINE SAMPLE SENT FOR C & S __Yes ☐, or, (N/A) _____

Any history of Renal conditions / intervention ☒ No to all questions and nil of note ☐

When passing urine, do you

Pass blood or have pain	No ☑ Yes ☐
Need to pass urine very frequently	No ☐ Yes ☑
Find your sleep disturbed by having to pass urine frequently?	No ☐ Yes ☑ x every 2hrs.
Experience difficulty – slow to start, dribble etc	No ☑ Yes ☐
Required/s catheterisation:	No ☑ Yes ☐

requires medical referral? Yes ☐, No ☑

Female patients only _____

Date of LMP ..... Details of last period ..... Details of cycle ..... days

(normal, light, heavy)

Date of last cervical smear ..2017.....Method of contraception ..... or N/A ☑ Parity .....4...

Pregnancy test on day of surgery discussed* Yes ☐ No ☐ **If <50yrs or within 2 years of any bleeding*

(See A&T Intranet guideline "Pregnancy testing before surgery").

BLOOD DISORDERS Any history of anaemia ☒, other blood disorders ☒?

If Yes, describe

None known.

OTHER ILLNESSES: e.g. any history of cancer ☒, arthritis: OA ☒, RhA ☒? _____

None known.

or, No to all questions and nil of note ☑

Please also complete

Prion disease risk factor assessment *(Appendix 1)*			☑
Local venous thrombo-embolism risk assessment *(Appendix 3a or b)*			☑
4AT assessment *(Appendix 4)*	☐	*or* **completed on Trak**	☐
MUST score *(Appendix 5)*	☑	*or* **completed on Trak**	☐

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Preoperative assessment for elective procedure

Airway Assessment

(For completion only by anaesthesia or pre-admission staff)

Name
DoB
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Where appropriate, record more fully in 'Summary of Assessment'

DOES THE PATIENT APPEAR TO HAVE COMPLICATED DENTITION: Yes ☐ No ☑

Full top + bottom dentures.

DENTITION – patient's report

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
R																	L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

Mark

D: Denture
B: Bridge
C: Crown
L: loose teeth/filling

Dental abscess / issues: (No) , Yes

AIRWAY ASSESSMENT

1. Patient can flex and extend neck normally?	Yes ☑ No ☐
2. Patient can open mouth >3cms (2 finger breadths)?	Yes ☑ No ☐
3. Patient can protrude jaw so that lower teeth are in front of upper teeth?	Yes ☑ No ☐
4. Thyromental distance >6.5cm?	Yes ☐ No ☑
5. Previous history of difficult intubation?	Yes ☐ No ☑

6. Mallampati classification:

Seated patient protrudes tongue as far as possible. From patient eye level, assess pharyngeal structures.

Class I	Class II	Class III	Class IV
☐ 	☐ 	☐ 	☐ 
Soft palate, uvula, fauces and pillars all visible.	Soft palate, uvula, & fauces visible, pillars obscured.	Only soft palate visible.	Soft palate not visible.

If the faucial pillars (palatoglossal & palatopharyngeal arches) & uvula cannot be seen (because they are obscured behind the base of the tongue, grades III & IV), visualisation of the glottis at laryngoscopy is likely to be more difficult

The following airway findings require referral to anaesthetist:

See local / specialty specific guidelines

Preoperative assessment for elective surgery **Examination** by medical staff Summarise actions in "Summary of Assessment"	addressograph label, *or,* Name DoB Unit no. CHI

PHYSICAL EXAMINATION

Pale Cyanosed Clubbed Jaundiced

Lymphoedenopathy

Hydration

Skin

Thyroid

Breasts

Any fevers/chills recently?

CVS

Pulse

BP (Erect/Supine)

JVP (Jugular Venous Pressure)

Apex Beat

Heart Sounds

Oedema

PHYSIOLOGY SCORE
Please tick

Cardiac*
- No failure
- CVS drugs
- Peripheral oedema
- Warfarin therapy
- Raised JVP

ECG*
- Normal
- Atrial Fibrillation
- Abnormal rhythm
- Recent Q, ST/T changes

RS

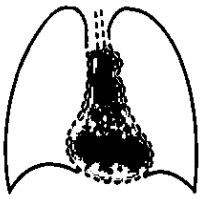
Respiratory Rate

Trachea

Expansion

PN (Percussion Notes)

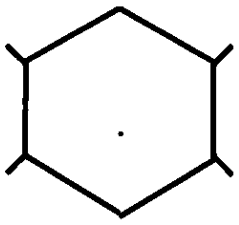
BS (Breath Sounds)



Respiratory*
- Nil
- SOBOE
- Limiting dyspnoea
- Dyspnoea at rest

CxR*
- Normal
- Borderline CM
- Cardiomegaly
- Mild COAO
- Moderate COAO
- Fibrosis
- Consolidation

Abdomen:



- Masses
- Liver
- Spleen / Kidneys
- Bowel sounds
- Herniae
- Genitalia
- PR
- FOB

Vaginal Examination: (if indicated)

Rectal Examination (if indicated)

CNS/Locomotor

Assessing Doctor:

Signature ..... print name:.....

Date:..... time: designation .....

Preoperative assessment document 1: ELECTIVE

Preoperative assessment for elective procedure

Nursing & Social Assessment (1)

Summarise actions in "Summary of Assessment"

Name
DoB
Unit no.
CHI

PAIN ASSESSMENT

Does patient attend a Pain Clinic or have an established history of chronic pain? Yes ☐ No ☑

If so please ask patient to score pain, out of 10 (0 = no pain, 10 = worst pain imaginable) _____

Has previous pain or nausea control after surgery been unsatisfactory? Yes ☐ No ☐

Does patient use regular opioid analgesic:
(eg. MST / Oxycodone / Fentanyl)? Yes ☐ No ☐

Does patient have regular use of high dose mild opiates:
(eg. Dihydrocodeine / Tramadol)? Yes ☐ No ☐

If the patient answers **YES** to any of above questions, did you contact anyone about pain management Yes ☐ No ☐

If Yes, whom? *name* ..... *and detail outcome in 'Summary of assessment'*

HEALTH PROMOTION

CIGARETTE SMOKING Non smoker ☐ Recent ex-smoker ☐ stopped ..... (date)

Smoker ☑ Number of cigarettes smoked per day 10-12

Ever tried to stop? Yes ☑ No ☐

Advised of the value of stopping and the risks to health of continuing to smoke cigarettes ☑

Discussed with patient implications of no smoking policy within the hospital and grounds ☑

Identified ways of managing before admission e.g. consult GP ☐ nicotine patches ☐

Interested at all in stopping now? Yes ☐ No ☑ .....

If would like to stop, detail information given to assist .....

ALCOHOL INTAKE None ☑

Daily intake .....units OR Weekly intake .....units

(1 unit of alcohol = small glass of wine, or 25 ml pub measure of spirit, or half pint of ordinary strength lager/beer/cider
Current daily guidelines for sensible drinking: men 3 – 4 Units per day or less, women 2 – 3 Units per day or less.

Any patient concerns about his/her alcohol intake? .....

If yes, detail information given to assist .....

OTHER MOOD ALTERING SUBSTANCES: None ☑ Yes ☐ (Specify below)

.....

Is the patient concerned about his / her substances use? .....

If yes, detail information given to assist.....

WEIGHT CONCERNS Is the patient concerned about his / her weight No ☐ Yes ☐

If yes, detail information given to assist .....

COMMUNICATION & PERCEPTION

SIGHT:	No aids	☑ Glasses	☐ Contact Lenses ☐	Registered Blind	☐
HEARING:	Satisfactory	☑ Difficulties	☐.....	Hearing Aid(s)	☐
SPEECH:	Normal	☑ Impaired (eg after stroke)	☐.....	Sign Language	☐
	Interpreter	☐ Other aid or assistance	☐.....		

Preoperative assessment for elective procedure **Nursing & Social Assessment (2)** Summarise actions in "Summary of Assessment"	addressograph label, *or,* Name DoB Unit no. CHI

Lives with Husband / Wife / Partner / Other (*specify*) ☑ Husband ... Alone ☐

ARE YOU ARE CARER FOR ANYONE (*specify*) Yes ☐ ..... No ☑

LEARNING DISABILITIES Yes ☐ No ☑
If Yes, refer to Learning Disabilities Liaison Nurse: *Contacted Yes / No detail outcome*

HOUSING
House ☐ Bungalow ☐ Ground Floor Flat ☐ Flat ☐ on .....floor
Residential / Part IV ☐ Nursing Home ☐ Hostel ☐ No Fixed Abode ☐
Bedroom: upstairs ☐ downstairs☐ Bathroom: upstairs ☐ downstairs☐

STAIRS: None
Outside: ..... (number) Inside: ..... (number) Lift ☐
Does patient have any difficulty with the stairs? Yes ☐ *(specify)* .....No ☐

EQUIPMENT None: ☐
Toilet aids ☐ Shower cubicle ☐ Shower over bath ☐ Bath aids ☐ Bath only ☐
Bed Rail ☐ Trolley ☐ Dressing Aids ☐ Commode ☐ High Chair ☐
If *Yes to any please specify* level of independence.....

MANUAL HANDLING and MOBILITY Hand Dominance – L ☐ R ☐ See p4 for BMI .....
Is the patient independent Yes ☑ No ☐
If No specify aids used: .....
Specify assistance required: e.g. hoist etc .....
☐ If hoist, is it supplied by NHS Lothian: Yes ☐ No ☐ – refer to **Manual Handling** guidelines
☐ If patient weighs >25st [160 kg] – refer to 'Heavy patient' procedure in **Manual Handling** guidelines
Tick if patient requirements indicate staff should be aware of this guideline in caring for this patient & specify actions required from these guidelines

Falls Risk Assessment (STRATIFY)

Admitted with fall or fall since admission	Yes ☐ No ☐
Confused or agitated	Yes ☐ No ☐
Function impaired by poor vision	Yes ☐ No ☐
Frequent toileting	Yes ☐ No ☐
Help to transfer/walk (No, if bed bound)	Yes ☐ No ☐

Complete a Falls Care Plan if:
Yes to two or more, or if this admission was precipitated by a fall, or patient has fallen since admission
Completed Yes ☐ No ☐

HYGIENE No concerns ☑
Requires Assistance ☐ - *give details*
.....
.....

FEEDING & NUTRITIONAL ASSESSMENT MUST score .....0.....
.....
.....

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Preoperative assessment for elective procedure

Nursing & Social Assessment (3)

Summarise actions in "Summary of Assessment"

Name
DoB
Unit no.
CHI

SKIN CONDITIONS

Do you have a history of skin disorders ☒, leg ulcers / pressure sores ☒, circulation problems ☒?

Dressings, if applicable (including frequency of changes, by whom etc). Detail 'Summary Of Assessment'

.....

.....

Please also complete the Waterlow pressure care guide *(Appendix 2)* ☐

Total score =

Nursing & Social assessment completed by:	**Print name:**	**Date**
Signature / initials*: G Robertson	Gillian Robertson.	27/8/18.

* initials are acceptable **IF** an entry has been completed on pg 2

Please obtain & confirm the patient's consent before contacting any of the staff or groups below

Patients Signature_____

HOME SUPPORT	N/A	MON	TUE	WED	THU	FRI	SAT	SUN	CONTACT NAME / NUMBER
District Nurse									
Health Visitor									
Social Worker									
Stoma Therapist									
Dietician									
Home Help									
Private Home Care									
CPN									
Frozen Meal Service									
Day Centre									
Day Hospital									
Other1 *specify*									
Other2 *specify*									

Preoperative assessment for elective procedure **Overall Summary of Assessment**	addressograph label, *or,* Name DoB Unit no. CHI

Medical Referral required No ☐ Yes ☐ Surgeon ☐ GP ☐ other ☐

If Yes, reason .....

.....

Name of doctor spoken to .....

Information, eg medical notes / care pathway / results, referred to anaesthetist No ☐ Yes ☐

Discussion with anaesthetist required: No ☐ Yes ☐ Seen by anaesthetist No ☐ Yes ☐

Referral reason .....

.....

Name of consultant anaesthetist spoken to / contacted .....

INVESTIGATIONS REQUESTED

See: Pre-operative assessment of patients before elective surgery - a general guide (Intranet)

FBC ☐ U&E ☐ LFTs ☐ Coagulation screen ☐ Group & save ☐

ECG ☐ CXR ☐ Echocardiogram ☐ PFTs ☐ Chlamydia swab ☐

Other (specify) ☑ TSH.

.....

OVERALL SUMMARY OF ASSESSMENT (free text space on pp 15 -16)

☑ Proceed to book for surgery

☐ Further review / investigations required before final decision (*Specify below*)

Waiting list office:

Early on am list ☐ Diabetic ☐ Possible difficult airway ☐ High BMI ☐

Haematology involvement ☐

Assessing Doctor: / Nurse

Signature G Robertson Print Name: Gillian Robertson

Date: 27/8/13 Time: 14.10 Designation SN

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Preoperative assessment for elective procedure

Overall Summary of Assessment and further notes

Name
DoB
Unit no.
CHI

OVERALL SUMMARY OF ASSESSMENT

Date/time		initial
28/8/18	13.30. Patient attended PAC today, to return fasting to DSU. PMH= Hypothyroidism, on Thyroxine. CAPRINI= 5. BMI= 34.	CBickler

Preoperative assessment for elective procedure **Overall Summary of Assessment and further notes**	addressograph label, *or,* Name DoB Unit no. CHI

OVERALL SUMMARY OF ASSESSMENT		
Date/time		initial

620101347R NHS Lothian
Cuthill, Lynda F 21/08/1967
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

Preoperative assessment for elective procedure

OVERALL SUMMARY OF ASSESSMENT
continued

Name
DoB
Unit no. CHI 2108671080
CHI 70215 CB Bickler

INFORMATION

Patient informed that he / she must arrange transport home by car or taxi ☑

Patient informed that he / she must accompanied by responsible adult for 24h ☑

Leaflets given:

Inpatient booklet ☐ Visiting Hours ☐ Operation ☐ Your ~~spinal~~ anaesthetic ☑ Epidurals

for pain relief after surgery ☐ Pain relief ☐ Physio Booklet ☐

Other (specify) ☐ Fasting Guidelines

INTEGRATED CARE PATHWAY

If to be commenced on an ICP, specify which major : .....

Any supplementary ones?: .....

TRANSPORT Ambulance required ☐ Date/time.....

Date of booking / Order ref no..... / .....

OPERATIVE PREPARATION Skin Prep Required Yes ☐ No ☐ Glycerine Suppositories Yes ☐ No ☐

Other (specify) .....

NURSE SPECIALIST REFERRALS *tick if applicable & give details*

Stoma Nurse contacted ☐ ..... *(if applicable, insert Stoma Care plan in Booklet)*

Other Nurse Specialist contacted ☐ (*specify*) .....

Pre-Admission Nurse

Signature / Print: G Roberts Designation: SN Date: 27/8/18

Planning for discharge

.....

.....

.....

.....

.....

.....

Preoperative assessment for elective procedure **PRION Disease Risk Factors**	addressograph label, *or,* Name DoB Unit no. CHI

NOTE: Only approximately 1 in 10,000 patients will be classified as "maybe at risk")

Please ask the patient question 1.

The assessor should consider, and answer, the three bullet points.

Ask the patient questions 2 - 5

If the answer is "yes" to any question, follow the appropriate path on the NHS Lothian CJD Risk Assessment flow sheet.

1. Have you ever been contacted as "at risk of CJD for public health purposes? ①.....	N	Y
• Is there any mention of CJD or v CJD in referral letter?	N	Y
• Does the patient have a neurological disease with cognitive impairment or ataxia, of uncertain diagnosis?	N	Y
• Is the operation likely to involve contact with "high risk" tissues?⑥	N	Y
If "yes" to this question, ask if the patient has received a transfusion of blood, or blood products, since 1980?	N	Y
2. Has anyone in your family suffered from CJD?	N	Y
3. Has you or anyone in your family had genetic testing that suggests you or they are at risk of CJD?	N	Y
4. Have you ever had treatment with growth hormone or gonadotrophin?	N	Y
5. Have you ever had an operation on your brain or spinal cord? ②.....	N	Y

① The key phrase is *"at risk for public health purposes"*.
Since 2003 blood transfusions have not been accepted from those who, themselves, have received blood in the UK since 1980 (Previously Transfused Donors), but this alone should not generate a "yes" response.

② The question refers to operations for cyst or tumour of spinal cord.
Previous operations on the vertebral column (e.g. laminectomy, discectomy, decompression) are not of concern and should not generate a "yes response. See note ⑥ for list of high risk neural tissues

⑥ High Risk tissues for patients with vCJD and at risk of vCJD include:
Brain, spinal cord, dura mater, cranial nerve ganglia, cranial nerves (specifically, the entire optic nerve but only the intracranial components of other cranial nerves), posterior eye (specifically, posterior hyaloids face, retina, retinal pigment epithelium, choroid, sub-retinal fluid, optic nerve), and the pituitary gland.
If in doubt for this patient and this procedure consult senior staff.

WATERLOW PRESSURE CARE GUIDE

Appendix 2

Undertake and document risk assessment within 6 hours of admission

Date and time must be documented
Reassess every day

Date:	27/8/18										
Initials:	CM.										
Time:	1500										

Gender	Male		1								
	Female		2	2							
Age	14-49		1								
	50-64		2	2							
	65-74		3								
	75-80		4								
	81+		5								
Build / weight for height (kg / m²)	Average	BMI 20-24.9	0								
	Above average	BMI 25.29.9	1								
	Obese	BMI > 30	2	2							
	Below average	BMI < 20	3								
Continence	Continent / catheterised		0	0							
	Incontinent of urine		1								
	Incontinent of faeces		2								
	Doubly incontinent (urine & faeces)		3								
Skin type (Visual risk assesment)*	Healthy		0	0							
	Tissue paper (thin / fragile)		1								
	Dry (appears flaky)		1								
	Oedematous (puffy)		1								
	Clammy (moist to touch / pyrexia)		1								
	Discoloured (bruising / mottled)		2								
	Broken (established ulcer)		3								
Mobility	Fully mobile		0	0							
	Restless /fidgety		1								
	Apathetic (sedated / depressed / reluctant to move)		2								
	Restricted (restricted by severe pain or disease)		3								
	Bedbound (unconscious / unable to change position / traction)		4								
	Chair bound (unable to leave chair without assistance)		5								
Nutritional element*	Unplanned weight loss in past 3-6 months										
	< 5%		0	0							
	5-10%		1								
	> 10%		2								
	BMI > 20		0								
	BMI 18.5-20		1								
	BMI < 18.5		2								
	Patient acutely ill or no nutritional intake > 5 days		2								
Special risks Tissue malnutrition	Smoking		1	1							
	Anaemia = Hb < 8		2								
	Single organ failure e.g. cardiac, renal, respiratory		5								
	Peripheral vascular disease		5								
	Multiple organ failure / terminal cachexia		8								
Neuro-deficit	Diabetes / MS / CVA /motor / sensory / paraplegia		4-6								
Surgery / Trauma*	Orthopaedic / below waist / spinal (up to 48 hours post op)		5								
	On operating table > 2 hours (up to 48 hours post op)		5								
	On operating table > 6 hours		8								
Medication	Cytotoxic, anti-inflammatory, long term / high dose steroid		4								
			TOTAL SCORE	7							

DATE+TIME	SCORE	EQUIPMENT USED/NEEDED	COMMENTS	SIGNATURE
27/8/18 1500	7	—	No action Required	C Roberts

Total: 10+ = at risk, 15+ = at high risk, 20+ = at very high risk

RISK ASSESSMENT for VENOUS THROMBOEMBOLISM: ELECTIVE SURGICAL / O&G / DSU / 23 HOUR PATIENTS

Appendix 3a

Risk Assessments should be performed for all patients at pre-operative assessment clinic / ward / DSU

Patients should be reassessed every 48 – 72 hours, or sooner if condition changes.

Date of admission_____Date of assessment_____

Assessed by_____Designation_____

addressograph label, or,

Name
DoB
Unit no.
CHI

Does the patient have thrombosis risk factors? (tick ✓all that apply)	
Age > 60	
Obesity BMI ≥ 30	
Active cancer	
Previous VTE	
Family history of VTE: 1 tirst degree relative suffered VTE at age <50 years *or* > 1 first degree relative with VTE history regardless of age	
Varicose veins (for major generel or orthopaedic surgery, low risk after varicose vein surgery)	
Known thrombophilia (no need to repeat thrombophilia screen)	
Other thrombotic states (*See note on p24*)	
Hormone therapy (inc combined OCP, HRT, tamoxifen, raloxifen)	
Pregnancy, *or* < 6 weeks since delivery (Intranet: *Obstetric VTE Prophylaxis & Treatment Policy*)	
Combined anaesthesia and surgery time > 90 mins	
Pelvic or lower limb surgery and combined anaesthesia and surgery time > 30 mins	
Post operative immobility	

→ **NO (no ticks)**

→ **PHARMACOLOGICAL PROPHYLAXIS NOT REQUIRED**

Reassess every 48-72hrs, or sooner if condition change

YES (one or more ticks)

Does the patient have bleeding risk factors? (tick ✓all that apply)	
Bleeding disorder (eg haemophilia, von Willebrand's disease)	
Coagulopathy , including warfarin or heparin therapy	
Thrombocytopenia <70 x 10^9/L	
Active peptic ulcer	
Actual or potential bleeding site (inc planned neuro, spinal, eye, or thyroid surgery)	
Acute stroke (seek advice) or CNS surgery within last 3 months	
Spinel or epidural anaesthesia possible (consult anaesthetist if in doubt)	
Severe uncontrolled hypertension (≥ 230 / 120 mmHg)	
Severe liver disease	
Renal failure (see over)	
Previous history of heparin induced thrombocytopenia (HIT) (see over)	

→ **PRESCRIBE PROPHYLAXIS ACCORDING TO LOCAL POLICY**

Reassess every 48-72hrs, or sooner if condition changes

→ **NO (no ticks)**

YES (one or more ticks) → **NOT FOR PHARMACOLOGICAL PROPHYLAXIS**
(unless requested by consultant)
Consider mechanical prophylaxis eg TED stockings, unless contra-indicated
Reassess patient every 48 to 72 hours, or sooner if condition changes.

FINAL DECISION (CIRCLE)

For VTE Thromboprophylaxis YES / NO Prescribed by assessor YES / NO

If not prescribed by assessor, enter name of Dr informed _____

Patient informed YES / NO Information leaflet provided YES / NO

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Preoperative assessment for elective procedure

Caprini VTE Risk factor assessment

Name
DoB
Unit no.
CHI

1 point each

- [x] Age 41-60 years
- [ ] Minor surgery planned
- [ ] History of prior major surgery (<1 month)
- [ ] Varicose veins
- [ ] History of inflammatory bowel disease
- [ ] Swollen legs (current)
- [x] Obesity (BMI >25)
- [ ] Acute myocardial infarction
- [ ] Congestive heart failure (<1 month)
- [ ] Sepsis (<1 month)
- [ ] Serious lung disease incl. pneumonia (<1 month)
- [ ] Abnormal pulmonary function (COPD)
- [ ] Medical patient currently at bed rest
- [x] Other risk factors: ..... Smoker .....

↳ → → → → → → → → → →Subtotal a 3

2 points each

- [ ] Age 60-74 years
- [ ] Arthroscopic surgery
- [ ] Malignancy (present or previous)
- [x] Major surgery (> 45 minutes)
- [ ] Laparoscopic surgery (> 45 minutes)
- [ ] Patient confined to bed (> 72 hours)
- [ ] Immobilizing plaster cast (< 1 month)
- [ ] Central venous access

↳ → → → → → → → → → →Subtotal b 2

3 Points each

- [ ] Age over 75 years
- [ ] History of DVT / PE
- [ ] **Family history of thombosis***
- [ ] Positive Factor V Leiden
- [ ] Positive Prothrombin 20120A
- [ ] Elevated serum homocysteine
- [ ] Positive lupus anticoagulant
- [ ] Elevated anticardiolipin antibodies
- [ ] Heparin-induced thrombocytopenia (HIT)
- [ ] Other congenital or acquired thrombophilia

↓ Type:.....

↳ → → → → → → → → → →Subtotal c 0

**most frequently missed risk factor*

*NB: **The Lothian University Hospitals Antithrombotic Guide (Adults) Version 3.2, April 2012, is available on the Intranet***

5 Points each

- [ ] Elective major lower extremity arthroplasty
- [ ] Hip, pelvis or leg fracture (<1 month)
- [ ] Stroke (<1 month)
- [ ] Multiple trauma (<1 month)
- [ ] Acute spinal cord injury (paralysis)(<1 month)

↳ → → → → → → → → → →Subtotal d 0

1 point each (For women only)

- [ ] Oral contraceptives or hormone replacement therapy
- [ ] Pregnancy or postpartum (<1 month)
- [ ] History of unexplained stillborn infant, recurrent (≥3) spontaneous abortion(s), premature birth with toxaemia or growth-restricted infant.

↳ → → → → → → → → → →Subtotal e 0

Total Caprini Score
(Subtotals a + b + c + d +e) 5

Caprini score	Risk	Regime
0 - 1	Low	Early ambulation
2 - 4	Moderate	Elastic stockings†
(5 +)	High	Elastic stockings† & dalteparin

† *with intermittent pneumatic compression in theatre*

Potential contraindications to dalteparin

- [ ] Active bleeding
- [ ] Current oral anticoagulants (aspirin, clopidogrel, warfarin etc)
- [ ] Low platelet count (<100x10^9/l)
- [ ] Heparin induced thrombocytopenia (HIT)
- [ ] Poor renal function (eGFR <30)

Potential contraindications to elastic stockings

- [ ] Severe peripheral arterial disease
- [ ] Peripheral neuropathy
- [ ] Massive leg oedema
- [ ] Major leg deformity
- [ ] Dermatitis (active/severe)
- [ ] Pulmonary oedema

4AT

addressograph label, or,
Name
DoB
Unit no.
CHI

Appendix 4

[1] ALERTNESS

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	**0**
Mild sleepiness for <10 seconds after waking, then normal	**0**
Clearly abnormal	**4**

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	**0**
1 mistake	**1**
2 or more mistakes / untestable	**2**

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Achieves 7 months or more correctly	**0**
Starts but scores < 7 months / refuses to start	**1**
Untestable (cannot start because unwell, drowsy, inattentive)	**2**

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hours

No	**0**
Yes	**4**

4 or above: possible delirium +/- cognitive impairment
1-3: possible cognitive impairment
0: delirium or cognitive impairment unlikely (but delirium still possible if information from [4] is incomplete) If any score greater than zero nurses (if undertaking assessment) should escalate concerns so that a diagnosis may be made

Date	Time	Score	Action Plan	Initial

GUIDANCE NOTES

The 4AT is a screening instrument designed for rapid and sensitive initial assessment of cognitive impairment and delirium. A score of 4 or more *suggests* delirium but is not diagnostic: more detailed assessment of mental status may be required to reach a diagnosis. A score of 1-3 suggests cognitive impairment and more detailed cognitive testing and informant history-taking are required. Items 1-3 are rated *solely on observation of the patient at the time of assessment.* Item 4 requires information from one or more source(s), eg. your own knowledge of the patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasia, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness during the bedside assessment, score 4 for this item.

AMT4 (Abbreviated Mental Test - 4): This score can be extracted from items in the full AMT if done immediately before.

Acute Change or Fluctuating Course: Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts ask the patient questions such as, "Are you concerned about anything going on here?"; "Oo you feel frightened by anything or anyone?"; "Have you been seeing or hearing anything unusual?" In general hospital settings psychotic symptoms most often reflect delirium rather than functional psychosis

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dix 5

Malnutrition Universal Screening Tool

See: Intranet> Healthcare>A-Z>MalnutritionUniScreenTool>Documents> MUST.pdf

Name
DOB
Unit no. / CHI

Patient referred to dietician previously? Yes ☐ No ☐ .....

Currently under care of dietician? Yes ☐ No ☐

Usual weight kg (before admission).....85.....

Height.....162.....

BMI...34....

Guidance

Step 1	Step 2	Step 3	Step 4
BMI	*Unplanned weight loss (% of usual weight) in past 3 - 6 months.*	*Is patient acutely ill without, or likely to be without, nutritional intake for > 5 days?*	*Calculate MUST score*
Points >20 0 18.5 - 20 1 <18.5 2	Points - 5% 0 5.1 -10% 1 >10% 2	Points No 0 Yes 2	Add points in steps 1, 2 & 3 Total MUST score = 0

Step 5: Develop care plan.

Score 0 = Low risk	*Score 1 = Medium risk*	*Score ≥ 2*
• Normal clinical care • Repeat screening weekly	• Observe • Document dietary intake for 3 days – if improvement - little clinical concern – if no improvement - clinical concern – follow local policy (snack list available) • Repeat screening weekly	• Refer to dietician • Improve and increase overall nutritional intake (refer to local policy / snack list) • Monitor and review care plan weekly *Unless detrimental, or no benefit is expected from nutritional support e.g. imminent death.*

Date / **Time**				**This section is intended for elective preoperative assessment clinics**		
Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
Action Plan						

Date / **Time**				**Week 1**		
Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
Action Plan						

Date / **Time**				**Week 2**		
Weight	BMI	Step 1	Step 2	Step 3	Step 4	Step 5
Action Plan						

National Early Warning Score (NEWS) Chart

NHS Lothian

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
Flat 4.1 Castlebrae Wynd Midlothian
EH16 4FH

Consultant: Date chart commenced:

This is chart number this admission

Weight: Actual kgs Estimated kgs

ASU: Ward:

Conscious Level Chart to be completed when clinically indicated

	Date																						
	Time																						
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4																					
	To speech	3																					
	To pain	2																					
	None	1																					
Best Verbal Response	Orientated	5																					
	Confused	4																					
	Inappropriate words	3																					
	Incomprehensible sounds	2																					
	None	1																					
Best Motor Response	Obey commands	6																					
	Localise to pain	5																					
	Flexion to pain	4																					
	Abnormal flexion	3																					
	Extension to pain	2																					
	None	1																					
	Total GCS Score																						
Right Pupil	Size																						
	Reaction																						
Left Pupil	Size																						
	Reaction																						
LIMB MOVEMENT – ARMS	Normal power																						
	Mild weakness																						
	Severe weakness																						
	Extension																						
	No response																						
LEGS	Normal power																						
	Mild weakness																						
	Severe weakness																						
	Extension																						
	No response																						
	Initials																						

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts - no reaction c. eye closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pupil Scale mm 1 • 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

REMEMBER
- **Record all observations** on NEWS chart
- **Document any** deterioration in the notes - remember the Structured Response Tool
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • Patent • At Risk • Obstructed	→ Suction if indicated → Head tilt, chin lift/jaw thrust → Airway Adjuncts → Administer Oxygen → Call 2222 if at risk
BREATHING	• Respiratory rate • SpO2 • Accessory muscle use • Noises +/- percussion, palpation & auscultation • Position / posture	→ Administer prescribed Oxygen to maintain saturations 94%-98% (NB COPD 88%-92%) → Monitor SpO2 / ABGs → Consider chest x-ray → Treat underlying cause → Call 2222 if not breathing
CIRCULATION	• Pulse • Blood Pressure • Capillary refill time • Core temperature / colour • Urine output • Consider 4 body cavities for fluid & blood loss (4 + on the floor) • Monitor drain losses	→ Obtain IV access → Obtain blood samples → Prepare fluid challenge → Initiate Fluid Balance Chart → Call 2222 if no circulation → Consider initiating Major Haemorrhage Protocol → Monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • Blood Glucose • Drugs	→ Re-assess GCS → Check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol → Check Drug Chart → Remember accurate documentation
EXPOSURE	• Top to toe examination • Look for evidence of blood loss / rashes / drains / wounds etc	→ Control bleeding → Treat any underlying conditions identified → Reassess → Maintain patient's dignity → Evaluate actions

Pain Assessment and Management Guidelines

Cancer-related pain: Always score worst pain in the last 24 hours or since last assessment: refer to Palliative Care Guidelines

Acute Pain: Score current pain on movement, e.g. deep breathing: refer to Acute Pain Guidelines

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	PALLIATIVE
Mon-Fri: Bleep Acute Pain Team Out of Hours: On-call Anaesthetist	Mon-Fri: Bleep Palliative Care Team Out of Hours: Via Switchboard

Pain Score	Nausea Score 0-3	Epidural Motor Block Score please do not √ motor block column
0 None Continue to assess pain at least daily	**0 - No Nausea**	0 **- Full Power**
1-3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs**
4-5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**2 - Able to bend knees**
6-10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**3 - Minimal movement** **4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or On-Call Anaesthetist if out of hours

Ref: MPS NHS Lothian 2016 Date of Publication - April 2016 Review Date - April 2017 LOT367

| NEWS Key 0 1 2 3 | | |

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| NEWS Key 0 1 2 3 | Date: | Time: | | |

Surgeon's Operation Notes

Affix patient label

Patient's name: .....

Hospital number: .....

Date of birth: .....

CHI: ..... M / F

Consultant: Williams

Surgeon	Assistants	Scrub Nurse	Operation
Williams	Stewart		Blast [illegible] decomp

Surgeon's operation notes

BLAST ENDONASAL
ORBITAL DECOMPRESSION.

[illegible] Right Medial
Right Lat Med.
Right ant + post ethmoid
Right Canine mucosal
Right Periorbita [illegible]
good result

No pain

Surgeon's operation notes - continued

Ward instructions

Radio Sh
Home tablets/meds
OPA 2/52

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: .....

Name: Williams Date: 29/8/18

Rasps 15

Anaesthetic Record

Pre-op information

ASA ..... BP 127/78 PULSE 62 SpO_2 96 Temp 35.6 , Wt ..... Ht ..... BMI .....

Hypothyroidism (1995) Rectal Thyroidectomy · Previous Pfannenstiel

active / self employed · Fentanyl ✓

OSA / Nulpenum / closure · Allergy — PENICILLIN

· acid reflux · Leaflet D/

Drugs: Thyroxine

Information given to patient: GA / inpatient · MDV

MII

Neck ✓

Anaesthesia details

Anaesthetist(s) name & grade: E.I. / K. GIBSON Date: 29/5/18

Supervising Consultant: .....

Machine check ☑ Trained assistant ☑ Prelist brief / Surgical pause ☑

Vascular access (site / device / size)

(R) DH 20G

TIVA Propofol (ZCI) 10mg/ml

REMIFENTANIL (ZCI) 50µg/ml

Induction

Propofol mg

Flexi-Lmr 4

IPPV

Ondansetron 4mg

Maintenance O2 / AIR / TIVA

Airway / Circuit / Machine

Easy to hand ventilate? Yes ☐

Laryngoscopy grade

Monitors:

Minimal monitoring ☐

Others

Eye care — Tape ☐ Lubricant ☐ Padded ☐

Pressure care ☐

Fluid warmer ☐

Warming blanket ☐

DVT prophylaxis ☐ n/a ☐

Post Op DVT prophylaxis ☐ n/a ☐

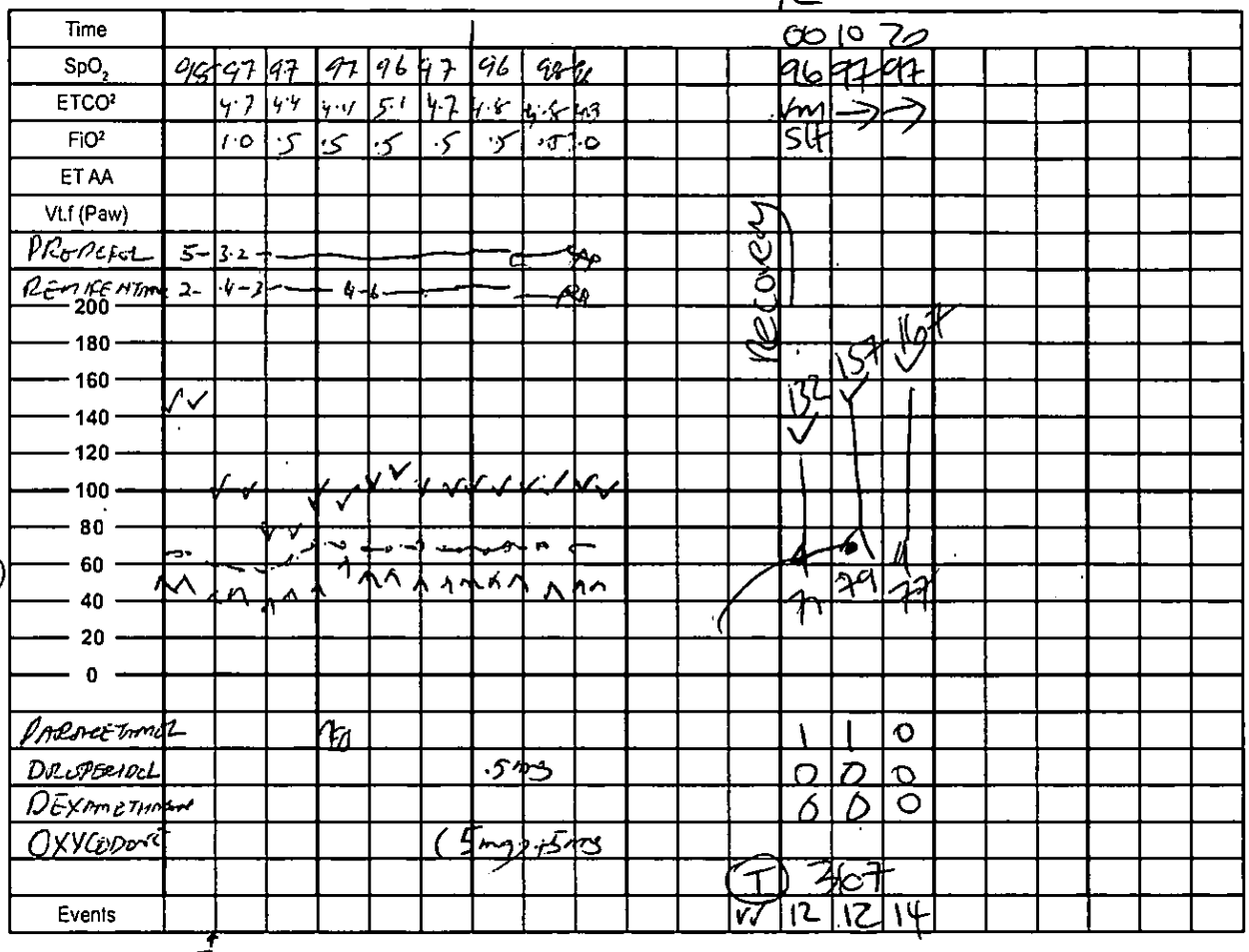
Antibiotics ☐ n/a ☐

Patient / Limb position

Significant issues or events

Recovery Obs

1030 1130 12



27/78)

Epidural discontinued
LMA(out) FI

Recovery

Anaesthetist instructions: Routine obs ☐ O_2 as needed to maintain SpO_2>93% ☐

Tick if you want to see patient before discharge ☐

Recovery comments: @ 12md · LMA out on arrival · O_2 5lt via ~~cannula~~ face mask til fully awake.
- Awake + orientated @ 1205.
- cannula sited DRIJ, Plasma-lyte 500ml in progress; ↓ when complete.
- sips of water given @ 1215.

Copper ✓

Arrival time in recovery: ..... Time discharged to ward: .....

Recovery nurse: K A BAKER Signature: K A Baker

PATIENT DISCHARGE INFORMATION SUMMARY

Royal Infirmary of Edinburgh, 51 Little France Crescent, Edin ... LOW

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

GP/Address: Dr Bickler Easy Smile Medical Group 106 Niddrie Mains Road Edinburgh, EH16 4DT **Tel No:**	**Affix Pa... Patient' DOB: Unit Nu...** **Tel No:**	**te**
Admitting Ward: MOC **Date Admitted:** 9/11/11	**Discharge Ward:** **Date Discharged:** **Ward Tel No: 0131 242**	**Consultant:** Barbgate
Principal Diagnosis/Operation		
Treatment/Comments incl Details of Special Instructions/Additional Information: (Community Services; leaflets, fact sheets etc) CRL placed with sphincterotomy and balloon sweep. Stone removed. Check load clear.		
Future Investigations: Return to referring consultant.		
Follow Up: OPD Clinic: Yes / No **Location:** **Date:** Time:	**Type of Clinic:** **Tel No:** **Transport Booked:** Yes / No	
Has appt been made at surgery? Yes / No	**If 'No' patient to make appt within .....days**	

Warfarin ***Not Applicable*** ☐ ***Started*** ☐ ***Continued*** ☐ ***Stopped*** ☐

Indication.....
Duration.....
Target INR.....

Start Date..... ***Patient has A/C booklet*** ***Yes / No***

Recent INRs	***Date***			
	Dose			
	INR			

Discharge Medication	**Form**	**Dose**	**Admin Times**	**Quantity Supplied**	**Additional Information** Reason if non-formulary drug
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Previous adverse drug reactions					

Prescribed by: ..... Date ..... Print Name .....
Dispensed by: ..... Date ..... Print Name .....
Pharmacist Check ..... Date ..... Print Name .....
Final Check ..... Date ..... Print Name .....

Information contained in this form has been discussed with the patient.

Staff Signature ..... Patient Signature .....
Print Name ..... Date ..... Time .....
Designation: .....

White Copy: Patient Blue Copy: GP/Community Services Pink Copy: Casenotes Yellow Copy: Pharmacy

Ref: 1.1.0025

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DATE: 21/2/2021

Classification of potential Covid 19 infection risk in patients undergoing endoscopy	
Low risk	☑ No symptoms ☐ No contact with someone who is Covid 19 positive
Intermediate risk	☐ Fever (temperature above 37.8) and/or persistent dry cough in the last 14 days with no contact with Covid 19 positive person ☐ No symptoms but contact with Covid 19 positive person within the last 14 days
High risk	☐ Fever or persistent dry cough within the last 14 days and contact with Covid 19 positive person ☐ Any patient in an emergency situation in whom a history is not obtainable

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Date & Time Created	Full Notes
	HOT Clinic (SpR Ugwu) PC: RUQ pain HPC: 54 yr old lady who presented to the surgeons yesterday with 3 days of s onset RUQ pain. Associated nausea and vomiting. No bowel or urinary outpu fevers. On review yesterday she was discharged home on a 7 day course of a antibtiotics and asked to reattend for an AUSS today. O/E: abdomen soft, tender epigastrium and RUQ Investigations: NEWS - 0 Bloods - WCC 11.8, CRP 153, Bili 10, ALT 93, ALP 116, GGT 128, Amylase 67 AUSS - Large calculus within the gallbladder. The gallbladder wall appears prominc no clear pericholecystic fluid Imp: ? cholecystitis Plan: On review in clinic today following her scan Lynda stated her pain was improv was feeling clinically well. She requires an MRCP to further examine her gallbladde discharged her home today to continue on oral antibiotics and will arrange for her to r HOT clinic early next week for her MRCP. Worsening advice given. A Forsyth ANP
20/09/2019 09:49	This lady has failed to attend several appointments for follow up following her bilateral endo orbital decompression back in August of last year. I can only assume all is well and, indeed, was described as absolutely delighted with the result of her endonasal orbital decompressio Nicol Zammitt when she was reviewed at the Princess Alexandra Eye Pavilion in January of year. At this point I have not sent her a further appointment. Yours sincerely, Dictated but not signed to expedite delivery Mr Alun T Williams Consultant ENT Surgeon ATW/EMD 20/09/19 0131 536-4453
13/06/2019 01:00	CLINICAL NOTES: Clinical note: 51y female gen fit and well. At home tonight. Got into an argument with her son's girlfriend Argument ended with the girlfriend picking up a ceramic tea caddy and hitting patient in the Lid of tea caddy broke. Patient has a laceration to her forehead and nose. No LOC. No naus vomiting. No change to vision. No other injuries. PMH: Thyrotoxicosis. Med: Levothyroxine All: NKDA Ex: Alert. GCS 15 Normal vital signs. PEARL. Normal CNS. Normal visual acuity.

NHS Lothian

Lothian University Hospitals Division
Royal Infirmary of Edinburgh

MEDICAL DAY CASE UNIT

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
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17 Badger Way
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Endoscopic Retrograde Cholangiopancreatography (ERCP)

Consultant:.....

PRE-PROCEDURE	DATE	SIGNATURE	POST- PROCEDURE	DATE	SIGNATURE
OBSERVATIONS • Blood Pressure • Pulse. • Temperature. • Resp rate • O_2 sats. • Venflon in right forearm • Check Prothrombin and platelet availability	9.12.21	SB	**OBSERVATIONS** • Blood Pressure, Pulse:- ➢ 15 mins for 1 hour. ➢ 1 hour for 4 hours. ➢ 4 hourly thereafter with temperature. • On return check RR and O_2 sats • Observe for pain or vomiting which may indicate pancreatitis. • Continue 15 min OBS if any abnormal readings.	9.12.21	SB
COMMENTS/NOTES			**COMMENTS/NOTES**		
NUTRITION • Diabetic:- record blood glucose • Follow Diabetic pathway • AM procedure – fast from midnight.	9.12.21	SB	**NUTRITION** • May eat and drink after sedation has worn off ---- 2 -3 hours approximately. • Diabetic: BM on return, follow pathway.	9.12.21	SB
COMMENTS/NOTES			**COMMENTS/NOTES**		
MEDICATION • Patient self medication if able. • Venflon inserted for sedation. • Prophylactic antibiotics 1 hour pre procedure.	9.12.21	SB	**MEDICATION** • Post procedure medications as prescribed. • Analgesia should be prescribed.	9.12.21	SB
COMMENTS/NOTES			**COMMENTS/NOTES**		

PRE-PROCEDURE	DATE	SIGNATURE	POST- PROCEDURE	DATE	SIGNATURE
MOBILISATION • Self care – assist as required.	9.12.21	SB	**MOBILISATION** • Bed rest until sedation wears off. • See report regarding follow – up.	9.12.21	SB
COMMENTS/NOTES			**COMMENTS/NOTES**		
HYGIENE • Self care – assist if required	9.12.21	SB	**HYGIENE** • Personal hygiene – assist if required.	9.12.21	SB
COMMENTS/NOTES			**COMMENTS/NOTES**		
ELIMINATION • Self care- Assist if required.	9.12.21	SB	**ELIMINATION** • Bed pan or urinal whilst on bed rest. • Toilet as able thereafter.	9.12.21	SB
COMMENTS/NOTES			**COMMENTS/NOTES**		
COMMUNICATION • Inform patient of Named Nurse. • Orientate patient to MDCU Unit • Explain pre and post procedure care. • Keep patient updated on any issues regarding procedure. • Keep relatives/friends updated as required.	9.12.21	SB	**COMMUNICATION** • Explain all post procedure care. • Remove Venflon pre-discharge • Reviewed by Nurse Practitioner. • Discahrge letter given.	9/12/21	

* high oesophagus with tablets x

ERCP Outpatient Pathway

NHS Lothian

Forename

Surname

Unit n
Addre

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21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

Tel. Number:
0131 661 0115
07754 588 518

Date: 2/12/2021 Time: 1530

GP Name Bickler.
Address Cranmillar M/G.
Tel. Number: 0131 3222111

Religion Ethnic Origin

Consultant: SB. DeBoux.

Next of Kin: Name/address/relationship
(Son) Callum CUTHILL.

Tel. number(s):
Home:
Mobile: 07368 670863

Proposed Procedure: ERCP 091221.

Proposed date: 091221.

Indication: Acute cholecystitis x
choledocholithiasis.
(RUQ pain with deranged LFTs)

ALLERGIES:
Penicillin - rash / Itching

(Document if pt has no known allergies also)

Imaging results:
MRCP 09.11.21: Large gallstone in thickened GB in neck ? acute cholecystitis. CBD 10mm. At least one filling defect in distal duct with abrupt cut off ? ductal ? calculus

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

Print name	Designation	Initials	Signature	date
1 SBrew	CNS	SB	SBrew.	021221
2				
3				
4				
5				
6				

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION:** eg Interpreter
N ☐, Y ☐ *specify* ..Cyclists.....

b) **OVERNIGHT CARE** Y / N (who)..... I/P bed required Yes ☐, No ☐
PHONE NUMBER of carer:.....

c) **MOBILITY:** Wheelchair Y / N, Walking Aid Y / N ☐ requires: Hoist ☐
FALLS RISK ASSESSMENT REQUIRED Y/N

d) **HOSPITAL TRANSPORT:** Required N ☐, Y ☐ If Yes, reason why .....
If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.

Clinicians are free to exercise their own professional judgements as appropriate.

Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

If YES to any questions, Nurse should expand on : NHS Lothian

Severity, frequency, duration, recent changes : what,

Addressograph or

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Patient to complete this Pre-Procedural Assess

for information for the staff to know before the proced

Clinical Assessment

Have you ever had any of the following:	No	Yes
1. Heart attack or Stroke?	☑	☐
2. Angina / Chest Pains?	☑	☐
3. Heart Valve replacement?	☑	☐
4. Do you have a Pacemaker?	☐	☐
5. High Blood Pressure?	☐	☐
6. Asthma or Bronchitis?	☐	☐
7. Shortness of Breath?	☐	☐
8. Diabetes?	☑	☐
9. Epilepsy?	☑	☐
10. Glaucoma?	☑	☐
11. Could you be pregnant?	☑	☐
12. Do you use recreational drugs?	☐	☐
13. Any noticeable weight loss over last 3-6months	☑	☐
If yes details:		
14.Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease) for public health purposes	☐	☐
15.Any previous operations? SUBTOTAL CHOLECYSTECTOMY 1993	☐	☐
16.Any other past medical history? CROHNS disease ; Recent bereavement - husband died suddenly 08/2021.	☐	☐

areas

If YES: Insulin ☐, Diet ☐, or Tablets ☐ — **Nurse record of BM**

- smokes . 6 cigarettes/day
- Alcohol . nil.

Document details of any gastric surgery in particular*.....

Are you taking any of the following medication:	No	Yes
i. Aspirin	☑	☐
ii. Clopidogrel	☐	☐
iii. Warfarin	☐	☐
If Yes, did you receive instructions about stopping?	☐	☐
What were they?		

If YES: INR result .....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 Ranitidine	300mg	OD	7		
2			8		
3			9		
4			10		
5			11		
6			12		

*** * Staff – be aware that 'Allergies & Sensitivities' are to be noted on front cover * ***

Have you had previous ERCPs? Y ☐ N ☑

Details_____
(dates, location, complications)

Does the patient fit the criteria for ERCP antibiotic prophylaxis? Y ☐ N ☑
If yes, ensure medication is prescribed pre procedure.

Bloods taken

Us & Es ☑
LFTs ☐
FBC ☐
Coag ☑

Other – please specify_____

Date & time sent 2/12/21

Informed consent

Consent form signed? Y ☐ N ☐

Incapacity form required? Y ☐ N ☐

Previous gastric surgery? Y ☐ N ☐

Details_____

Any other information:

* NB C10, dysphagia with tyrosine tablets nsh.
feels can stick. Tolerates other diet - fluids
orally with no dysphagia. Explained strictures
small patch can form - if any difficulty with
ERCP scope may have to check area with OGD

Admitting Nurse
initials ..... date 02/12/21 time 1600

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PRE-PROCEDURE CHECKS

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		*notes*
Orientation to the ward/dept./unit	Y	N			
Patient identification checked & name band(s) applied	Y	N	Y	N	
ALLERGIES RE-CHECKED (same as on front cover)	Y	N	Y	N	
Correct procedure	Y	N	Y	N	
Pre, Peri and Post procedure care explained	Y	N			
Ensure baseline obs & weight recorded (Obs chart pg 4)	Y	N			
Last food: date time	Y	N			
Last drink: date time	Y	N			
Taken routine drug therapy	Y	N			
Any limitations to movement identified: *If YES, Specify*	Y	N	Y	N	
Jewellery (tongue piercing only) REMOVED	Y	N	Y	N	
Belongings secured	Y	N			
Prophylactic antibiotics given if appropriate	Y	N	Y	N	
Relevant blood samples obtained & results checked by Endoscopist pre-ERCP: **U&E [ ]; LFTs[ ]; FBC [ ]; Coagulation [ ] other if requested [ ]**	Y	N	Y	N	
Hearing Aids in situ: L R or N/A ☐	Y	N	Y	N	
Dentures in situ: Top / Bottom / Full or N/A ☐	Y	N	Y	N	
Glasses sent with patient or N/A ☐	Y	N	Y	N	
Ask patients permission for presence of medical student/ work experience student					
Consent signed/ Incapacity form completed			Y	N	
Any other relevant issues identified:					
Pre procedure Nurse check: initials*			date		time
Endoscopy Nurse initials*			date		time

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

* high dysphagia with tablets / sticking? may require OGD+

Pre-, Peri-, Post-procedural observations

date

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Time

NA Kgs.	Hr : min	O/A												
Oral Airway	or N/A ☐													
Oxygen Therapy (L / Min)	or N/A ☐													
Oxygen Saturation	or N/A ☐	RA 98%												
Respiration	or N/A ☐	18												
Sedation Score	or N/A ☐	0												
Pain Score	or N/A ☐	0												
Nausea Score	or N/A ☐	0												
Blood Loss	or N/A ☐													
BM	or N/A ☐													
Temp	or N/A ☐													

Observations recording

ENDOSCOPE LABEL(S)

200
150
100
50

Blood Loss or N/A ☐
0 None
1 Slight
2 Heavy

[Record 'Drugs given' on table across]

Sedation		Nausea	
0	None, patient alert	0	None
1	Mild, occasionally drowsy, easy to rouse	1	Mild nausea, no treatment required
2	Moderate, frequently drowsy, easy to rouse	2	Nausea/vomiting helped by Rx
3	Severe, somnolent, difficult to rouse	3	Persistent nausea / vomiting despite Rx
S	Normal, sleep, stirs to light touch	S	Score S if sleeping normally

Pain:- using 0 – 10 score system

0 NONE: continue to assess pain with every set of observations
1-3 MILD: continue to assess pain with every set of observations
4-5 MODERATE: assess. Using guidelines prescribe/administer analgesia as appropriate for patient. REVIEW
6-10 SEVERE: assess. Using guidelines prescribe/administer analgesia as appropriate for patient. REVIEW

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PRESCRIPTION & ADMINISTRATION RECORD

Clinical area .....

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			

PERI-PROCEDURE CARE	time, initials
Cannula site Size skin prep ☐ Hanwash ☐ Gloves ☐ Aseptic insertion ☐ dressing labelled ☐ Difficulties/complication/deviation from standard technique Y N	
BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐ BRUSHINGS ☐ OTHER ☐	
Oral Suction required Y ☐ or N/A ☐	
Diathermy: none required ☐ Monopolar ☐ ; Bipolar ☐ site	
Patient Nurse: initials*	date
Endoscopy Nurse initials*	date

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

PROCEDURE SUMMARY: procedure tolerated well ☐, OK ☐, poorly ☐

Follow-up required: N/A ☐, Yes ☐ If YES, *specify*

Pathology specimens N/A [ ] Urgent [ ] Routine [ ]

Please refer to discharge summary Y☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

ANTIBIOTIC POST PROCEDURE NO [ ] YES [ ] if yes please ensure prescribed.

Patient can DRINK Y ☐ NO ☐ after 30 mins ☐, after 45 mins ☐ after 1 hour ☐, after two hours ☐

Patient can EAT Y ☐ NO ☐ after 30 mins ☐, Suitable for NURSE-LED DISCHARGE YES / NO

Endoscopist Print Signature

Designation Date Time

POST PROCEDURE and DISCHARGE CRITERIA

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POST PROCEDURE				
1	Trolley lowered, bed rails in situ, buzzer given	**Y , N/A**	initials	
2	**Observations** recorded:			
	On return *time*	**Y , N/A**		
	Every 15mins for first hour	**Y , N/A**		
	Hourly for 4hrs	**Y , N/A**		
	NOTE: Obs regime to follow is O_2 sats, RR, TPR, BP & Sedation scores			

DISCHARGE CRITERIA			initials	Comment overleaf
1.	Discharged by Endoscopist	**Y , N/A**	initials	
2.	Vital signs stable & satisfactory	**Y , N/A**	initials	
3.	Alert & orientated (as on admission)	**Y , N/A**	initials	
4.	Pain free	**Y , N/A**	initials	
5.	Nausea controlled, no vomiting	**Y , N/A**	initials	
6.	Tolerating fluids/diet	**Y , N/A**	initials	
7.	Mobilising as on admission	**Y , N/A**	initials	
8.	Discharge information discussed including on attending GP if pain, vomiting, bleeding etc	**Y , N/A**	initials	
9.	Out Patient appointment given	**Y , N/A**	initials	
10.	Patient told if pathological specimens will be available, from whom and when	**Y, N/A**		
11.	Discharge patient information leaflet completed and discussed, including recommended follow up if any	**Y, N/A**		
12.	IV cannula removed	**Y , N/A**	initials	
13.	Has passed urine	**Y , N/A**	initials	
14.	Identity bracelet removed	**Y , N/A**	initials	
15.	Collected by a responsible adult	**Y , N/A**	initials	
16.	Responsible adult at home for first 24h	**Y , N/A**	initials	
	Discharge Criteria met ? Yes ☐, No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☐		initials	
	Time patient left department		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

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Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + signature, print name & designation

Multidisciplinary Progress notes / problems

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620101347R F 21/08/1967

Time	include action taken, investigations required, etc + signature, p...

ENDOSCOPY PATIENT CHECKLIST AND CARE PLAN

Date 9.12.21

Consultant

Endoscopist

Procedure ERCP

Ward MDC

Patient Details

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NHS Lothian

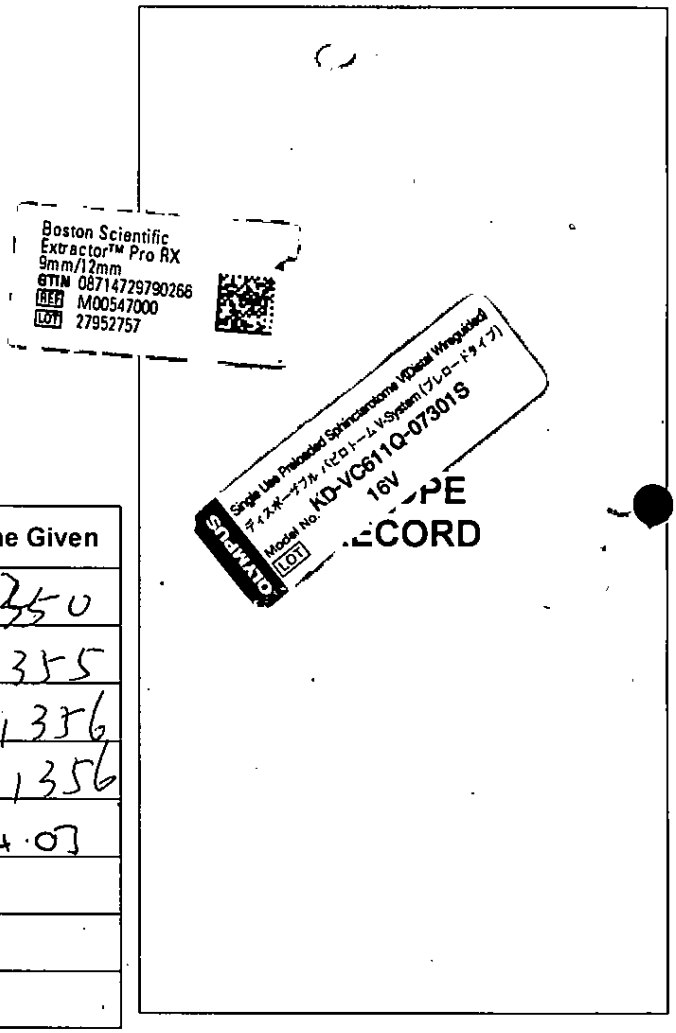
Check	Ward Nurse YES	Ward Nurse NO	Endoscopy Nurse YES	Endoscopy Nurse NO	Comments
Correct patient, with correct name band?	✓		✓		
Patient on anticoagulant / antiplatelet?		✓		✓	If YES, what drug and when last taken? If on warfarin, last I.N.R.?
Any allergies? (Inc. Latex) PENICILLIN	✓		✓		List any allergies.
Prophylactic Antibiotics required ?		✓		✓	Appropriate antibiotics given?
Procedure explained ?	✓		✓		Does patient understand what they are coming for?
Consent form signed ?				✓	
Incapacity form required ?				✓	Needs to be completed on ward.
Venflon in situ ?	✓		✓		
Diabetic ? N/A				✓	BM:
Spectacles with patient ?		✓		✓	Please send reading glasses with patient.
Dentures with patient ? TOP	✓		✓		
Crowns/caps?		✓		✓	
Pacemaker ?		✓		✓	
Bowel prep ?		✓		✓	N/A
Last food Date: 8.12.21 Time: 1900			✓		
Last drink Date: 9.12.21 Time: 0400			✓		
Permission for students to be present ?					
Documents with patient: Case notes: Drug Kardex: TPR Charts:			✓		

	Signature	Print name	Date
Ward Nurse	S Brown	S Brown	9.12.21
Endoscopy Nurse			9/12/21

Actual procedure: ERCP + S + BT

Nurses present: DHOUSTON LMILLIGAN RHU JBUTLER

Single Use Item Labels



Medication Administered During Procedure

Drug	Dose	Route	Time Given
Oxygen	2 L	nasal	1350
xylocaine	100 mg	oral	1355
Midazolam	3 mg	IV	1356
Fentanyl	75 mcg	IV	1356
Buscopan	10 mg	IV	14.07

Endoscopist's signature A Redgate

Biopsies Taken

Oesophageal ☐ Gastric ☐ Duodenal ☐ Clo-test ☐ Colon ☐

Washings ☐ Brushings ☐ Lung ☐ FNA ☐

Other _____

Intra and Post Procedural Observations and Sedation Score

Time	Pre-	1355	1405						
O2 saturation		96%	100						
Amount of O_2 in situ		2L	2L						
Respiratory rate									
Pulse		60	78						
BP		158/79	170/97						
Sedation Score		0-1	1						

Sedation Score:

O = Awake S = Normal Sleep 1 = Drowsy, easy to rouse 2 = Sedated 3 = Difficult to rouse 4 = Unconscious

```
**********************
**    Labcaire - ESC    **
**     Day Endoscope    **
**    Storage Cabinet   **
**                      **
** S/N:  ESC000B396     **
**----------------------**
**       BDDK DUT       **
**      Record copy     **
** Date: 09/12/2021.    **
** Time: 12:51.         **
**********************
Hook -03- Book Dut.
V.
Model - OIympus TFJ-Q2
Serial- 2900245.
Booked in 08/12/2021.
at 13:09.
By[Name] Jarek Ziolek.
  [ID]    110.
Booked out 09/12/2021.
at 12:51.
By[Name] S TULLY.
  [ID]     76.
Status=DK.
```

-- WASH CYCLE PASSED --	
Cantel	RapidAER
Serial No	RA0054
Start	12h 41m
End	13h 02n
Date	08-12-2021
Cycle No	22633
Load Operator	93
Name	LUCINDA ROWE
Unload Operator	79
Name	JareK ZioleK
-- HookUp --	
CANTEL	RAH017
Serial No	000508
GS1	
-- Endoscope --	
OLYMPUS	IJF-0290V
Serial No	2900245
GS1	
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SO	08-12-2021 at 05h 13n
Suction	Av Flov 1639 nl
Oiopsy	Av Flov 688 nl
Water	Av Flov 58 al
Air	Av Flov 61 nl
Aux 1	Not tested
Aux 2	Not tested
RB	Not tested
LeaK Test	Av Pres 189 ab
-- Conductivity --	
Oetergent	476 uS
Oisinfectant	1028 uS
Final Rinse	6 uS
-- Temperature --	
Oetergent	24.1 deg
Oisinfectant	26.0 deg
Final Rinse	17.7 deg
-- Chemical Oatch/Lot & Serial No --	
Oetergent	0A016221/00000000446
Part B	00092121/B0000000614
Part A	00091921/A0000002306

PRESCRIPTION AND ADMINISTRATION RECORD
including the Warfarin Chart

NHS Lothian

Hospital/Ward: RIE MAU Consultant:	Name 620101347R F CUTHILL Lynda
Weight: Height:	CHI N 21-Aug-67 CHI: 210 867 1080
If re-written, date:	D.O.B 70215 CB Bickler 17 Badger Way EH17 8XD
DISCHARGE PRESCRIPTION	
Date completed: Completed by:	

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known *(tick box)* ☐			
		Medicine / Agent / Food / Other	Description of reaction		
		Penicillin	Rash	JA	9/12/74

Risk assessment for Venous Thromboembolism (VTE) has been completed ☐

Outcome: No action required ☐ TEDS ☐ LMWH/heparin (please prescribe) ☐

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**
  The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**
  - **The only acceptable abbreviations are:**
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
  - Write units as 'units' not 'iu'

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
9/12/74		DICLOFENAC	100mg	PR	[signature]	1350	[signature]

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform** the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.: –

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name) Paracetamol		For Use	Date	9/12										
			Time	1905										
Dose + frequency + max 1g QDS PRN	Route PO	Quantity	Dose	1g										
			Initials	SJR										
Indication + notes	Start Date 9/12/24	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name) ORAMORPH		For Use	Date											
			Time											
Dose + frequency + max 5mg 2°	Route PO	Quantity	Dose											
			Initials											
Indication + notes	Start Date 9/12/24	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
			Time											
Dose + frequency + max	Route	Quantity	Dose											
			Initials											
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

Addressograph

Name:

DOB:

CHI:

NEWS of 5 or more?

Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of ____ or individual parameter of ____
is acceptable for this patient because ____

Please escalate if ____

Print ____ Sign ____ Designation ____
Date ____ Time ____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patient's clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other (specify)

| | | |

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

Date chart commenced: 09-12-21

This is chart number 1 of this admission

Conscious Level Chart to be completed when clinically indicated

Date																								
Time																								
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4																						
	To speech	3																						
	To pain	2																						
	None	1																						
GLASGOW COMA SCALE – Best Verbal Response	Orientated	5																						
	Confused	4																						
	Inappropriate words	3																						
	Incomprehensible sounds	2																						
	None	1																						
GLASGOW COMA SCALE – Best Motor Response	Obey commands	6																						
	Localise to pain	5																						
	Flexion to pain	4																						
	Abnormal flexion	3																						
	Extension to pain	2																						
	None	1																						
Total GCS Score																								
Right Pupil	Size																							
	Reaction																							
Left Pupil	Size																							
	Reaction																							
LIMB MOVEMENT – ARMS	Normal power																							
	Mild weakness																							
	Severe weakness																							
	Extension																							
	No response																							
LIMB MOVEMENT – LEGS	Normal power																							
	Mild weakness																							
	Severe weakness																							
	Extension																							
	No response																							
	Initials																							

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pupil Scale mm 1 • 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

REMEMBER
- **Record all observations** on NEWS2 chart
- **Document concerns/decisions in clinical notes**
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Pain and Symptom Assessment and Management

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to **Acute Pain Guidelines**

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical Staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	SPECIALIST PALLIATIVE CARE
Mon-Fri: bleep Acute Pain Team Out of Hours: on-call Anaesthetist	Mon-Fri: bleep Palliative Care Team Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily	**0 - No Nausea**	**0 - Full Power**
1 - 3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs**
4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**2 - Able to bend knees** **3 - Minimal movement**
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

Ref: MPS NHS Lothian 2018 Printed January 2019 V1.1 Review December 2021 LOT 1651

Patient Details

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

NHS Lothian

Consent Form

Patient agreement to endoscopic investigation or treatment

Name of procedure/s *(include a brief explanation if the medical term is not clear)*

Endoscopic Retrograde Cholangiopancreatography (ERCP)
Investigation of the bile duct and pancreas with a flexible endoscope (with or without biopsy, photography, sphincterotomy, removal/crushing of stones, stent insertion)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

Signed (patient) X Lynda Cuthill *Date* 9/12/21

Name (print in capitals) _____

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(To be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed [signature] *Date* 9/12/21

Name (print in capitals) BAITHGATE *Designation* CON

(If your patient requires further information please complete page 3 of this consent form)

Information for patients with diabetes

You should inform the Endoscopy department about your diabetes and request an early morning appointment.

The day of the procedure

Diet-controlled and tablet-controlled diabetes (Type 2 Diabetes)

Check your blood glucose on waking. If your blood glucose is less than 5 mmol/l, or you feel that your blood glucose level may be low, have a small glass of a sugar-containing drink. Inform the nurse on arrival in the Endoscopy unit that you have done this. A nurse will check your blood glucose level when you arrive in the Endoscopy Unit.

- Do not take your morning dose of tablets; bring your tablets with you to have after the procedure
- Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit
- Your dosage of tablets can be given as soon as you are able to eat and drink safely; the nursing staff will inform you when it is safe.

Insulin-controlled diabetes

- Monitor your blood glucose at least 4 times during the day, but ideally you should monitor even more frequently than this. Continue to take your daily insulin injections, but the amount you take may need to be altered according to how your blood glucose levels are behaving and how much carbohydrate containing drinks you are taking. In general, insulin doses often need to be reduced by one quarter to one third.
- You should reduce your evening insulin injection by one third, unless your blood glucose levels are running very high (e.g. greater than 15 mmols/l) when you should leave your dose unaltered.
- If you have concerns about adjusting your insulin dosage please contact the Diabetes Specialist Nurses on 0131 242 1470, to discuss appropriate measures. You can also contact the diabetes doctor on call on 0131 537 1000 and ask to speak to the diabetes doctor.

Carrying glucose to treat hypoglycaemia

If you are on tablets or insulin for your diabetes, then on the day before and day of the procedure, carry glucose tablets (Dextrosol) in case of hypoglycaemia. As these are absorbed quickly through the tissues of the mouth, if sucked, they will not interfere with the procedure. Take three (3) tablets initially, followed by a further three (3) if symptoms continue after 15 minutes. If your medication has been adjusted this should not be a problem.

Blood glucose monitoring

If you usually test your blood glucose levels, check them, as usual, on the morning of the procedure and carry your equipment with you to the appointment. If you do not usually test your blood, do not worry, your blood glucose levels will be checked when you arrive for the procedure.

NHS Lothian

Royal Infirmary of Edinburgh

ERCP REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way**
Date of birth:	**21/08/1967**		**Edinburgh**
CHI No:	**2108671080**		**EH17 8XD**
Case note no.:	**620101347R**		

GP: **BICKLER, CARL**
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Procedure date: **9th December 2021 (14:17)**
Priority: **Elective**
Status: **Day patient/NHS**
Hospital: **Royal Infirmary of Edinburgh**
Ward: **MDC**
Referring Cons: **De Beaux A Mr (General Surgery)**

Indications
MRCP imaging revealed stone(s) in biliary tree.

Report
Cannulation via the major papilla to the bile duct was successful.
Visualisation: the whole biliary system except the gall bladder, limited by insufficient contrast, but not the pancreatic system.
Papillary anatomy: major; no previous surgery.
There were no peri-operative complications.

Site a: Common bile duct
One stone.
Stone removal: complete extraction using Balloon.

Site b: Major papilla
Major: diverticulum with the ampulla within
Sphincterotomy: with no bleeding, incision accepted 12ml balloon.

Diagnosis
AMPULLA. Periampullary diverticulum.
BILIARY. Stones in the common bile duct.

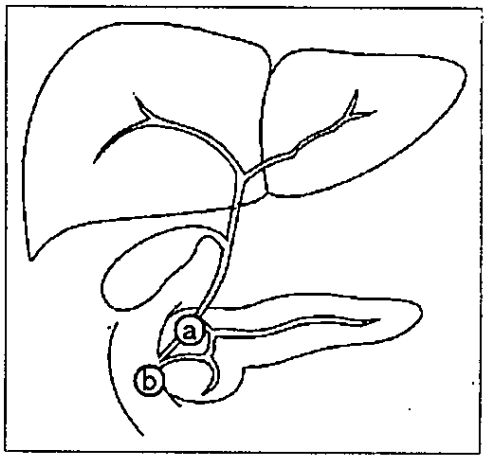
Advice/comments
Ampulla within diverticulum but favourable orientation and cannulation striaghtforward. Stone confirmed, sphincterotomy and stone removal. Check trawl clear.

Follow up
Return to the Referring Consultant.

Consultant/Endoscopist
Dr Andrew Bathgate
Nurse: Darren Houston

Instrument
RIE 24S TJF Q290V 2900245

Premedication
Diclofenac (Rectal) 100 mg
Fentanyl (IV) 75 mcg
Midazolam (IV) 3 mg
Xylocaine (Spray) 100 mg



a: *Common bile duct*
b: *Major papilla*

Dr Andrew Bathgate
Consultant Gastroenterologist

First | Previous | Next | Last

ERCP report

NHS Lothian
Royal Infirmary of Edinburgh
ERCP REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way**
Date of birth:	**21/08/1967**		**Edinburgh**
NHS No:	**21DB671DBD**		**EH17 8XD**
Case Note No:	**62D1D1347R**		

GP:	**BICKLER, CARL**	Procedure date:	**9th December 2021 (14:17)**
	Craigmillar Medical Group	Priority:	**Elective**
	Craigmillar Medical Centre	Status:	**Day patient/NHS**
	106 Niddrie Mains Road	Hospital:	**Royal Infirmary of Edinburgh**
	Edinburgh	Ward:	**MDC**
	EH16 4DT	Referring Cons:	**De Beaux A Mr (General Surgery)**

Indications
MRCP imaging revealed stone(s) in biliary tree.

Consultant/Endoscopist
Dr Andrew Bathgate
Nurse: Darren Houston

Report
Cannulation via the major papilla to the bile duct was successful. Visualisation: the whole biliary system except the gall bladder, limited by insufficient contrast, but not the pancreatic system. Papillary anatomy: major; no previous surgery. There were no peri-operative complications.

Instrument
RIE 245 TJF Q290V 2900245

Premedication
Diclofenac (Rectal) 100 mg
Fentanyl (IV) 75 mcg
Midazolam (IV) 3 mg
Xylocaine (Spray) 100 mg

Site a: Common bile duct
One stone.Stone removal: complete extraction using Balloon.

Site b: Major papilla
Major: diverticulum with the ampulla withinSphincterotomy: with no bleeding, incision accepted 12ml balloon.

Report Information

Requestor	BEAUX
Requesting Location	
Report Identifier	UNI324134-2108671080
Sample Date	09/12/2021 14:17:52

Diagnoses
AMPULLA. Periampullary diverticulum.
BILIARY. Stones in the common bile duct.

Advice/Comments
Ampulla within diverticulum but favourable orientation and cannulation striaghtforward. Stone confirmed, sphincterotomy and stone removal. Check trawl clear.

Follow up
Return to the Referring Consultant.

Dr Andrew Bathgate
Consultant Gastroenterologist

Produced by Unisoft's GI Reporting Tool

Compiled on 09/12/2021 at 14:20

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

General Surgery

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 13/01/2022

Inpatient Discharge Summary

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (54 years) 620101347R
Ward	Ward 106 RIE	**Admission Date**	19/12/2021
Consultant	Miss AM Paisley	**Discharge Date**	22/12/2021

Dear Dr Bickler

Discharge Drugs:

Co-Trimoxazole Tablets			
Dose	Route	Frequency	To Continue
960 MG	-	TWICE DAILY	Not Recorded
Notes: Last dose on evening of 27/12/21. Please supply 11 doses. 11 tabs supplied			
Dihydrocodeine Tablets 30mg			
Dose	Route	Frequency	To Continue
30 MG	-	As Required	Not Recorded
Notes: For pain. Maximum four doses daily. Minimum 4-6 hours between doses. 28 tabs supplied			
Levothyroxine Sodium Tablets			
Dose	Route	Frequency	To Continue
50 MCG	-	ONCE DAILY	Yes
Notes: 28 tabs supplied			
Metronidazole Tablets			
Dose	Route	Frequency	To Continue
400 MG	-	THREE times DAILY	Not Recorded
Notes: Last dose due» evening of 27/12/21. Please supply 17 doses 17 tabs supplied			
Omeprazole Capsules			
Dose	Route	Frequency	To Continue
20 MG	-	TWICE DAILY	Yes
Notes: 28 tabs supplied			
Paracetamol Tablets			
Dose	Route	Frequency	To Continue

1000 MG	-	As Required	Not Recorded
Notes: For pain. Max four times daily. Min 4-6 hours between doses. 32 tabs supplied			

Admitted:
19/12/2021
Discharged:
22/12/2021
Dictated:
24/12/2021
Typed:
10/1/2022
Consultant(s):
ANNA PAISLEY
Ward:
106
Speciality:
General Surgery
Ref:
AMP/LD

Date: 21/12/2021, Consultant: Anna Paisley Site Diagnosis Operation Code Type
BILIARY TREE AND GALL BLADDER
Gall stones acute symptoms
Laparoscopic Cholecystectomy & IOC

100566

Discharge Codes: Site Diagnosis Operation Code Type
BILIARY TREE AND GALL BLADDER
Gall stones acute symptoms
Laparoscopic cholecystectomy

100524

Memo Text (will not print on the letter):

Clinical Summary:
This 54 year old lady who had undergone an ERCP on 9th December following an emergency admission in November under the care of my colleague Mr De Beaux with acute cholecystitis and common duct stone, was re-admitted as an emergency with worsening upper abdominal pain. This had been progressing since her ERCP.

Routine bloods revealed mildly elevated Gamma GT and inflammatory markers but were otherwise unremarkable.

CT scan revealed a small 33mm para D3 collection containing fluid and gas, changes of acute cholecystitis and a possible small contained perforation at the fundus, together with a dilated CBD at 8mm. Contrast study revealed no

duodenal leaks.

She was commenced on intravenous antibiotics and arrangements made for cholecystectomy. Given her recent complex course her case was discussed with Mr Ravindran, HPB consultant who agreed with the plan.

At surgery a gallbladder empyema was identified but she underwent laparoscopic cholecystectomy without incident. IOC was satisfactory.

She made an uneventful recovery from her surgery and was discharged to complete a full course of oral antibiotics with no plans for routine surgical review.

With best wishes.
Follow Up: nil
Yours sincerely

Miss ANNA PAISLEY
Consultant Surgeon

cc:

Mr Andrew De Beaux, Consultant Surgeon, RIE.
Mr Ravi Ravindran, Consultant HPB Surgeon, RIE.
Sister Sam Bow, ERCP Coordinator, Endoscopy Unit, RIE.

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. David McKean
Clinical Nurse Manager Ms Heidi Byrne
THE RDYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371 E4904302
A/E no. E4866009
Previous no. 620101347R
UHPI no. 2108671080
CHI no.

PATIENT INFORMATION

Surname Cuthill
Forenames Lynda
Address 17 Badger Way
Postcode EH17 8XD
Contact Address Cuthill, Callum
Date of Birth 21/08/1967
Age 54 Yrs Sex F
Telephone 0131 661 0115
Telephone H 07368670863
W
Complaint PC ABDO PAIN , EPIGASTRIC , RUQ , VOMITING HX
Allergies
Attendances in last 12 months: 1 School :

General Practitioner

CB Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT
0131 322 2111
Address
Telephone

Date and Time of Arrival 19/12/2021 19:43
Incident Date Time: 19/12/2021 19:16
Mode of Arrival Private Transport
Source of Referral Flow Centre

INITIAL ASSESSMENT

Presenting Complaint	
History of PC	
Assessment	

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
°C		/		%					

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN)		TRIAGED BY (PRINT)	

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHG SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO		W/RM	RESUS	HO	IC	EXAM		

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Care Providers Name:..... Signature:.....

WHO Surgical Safety Checklist

(adapted for General Surgery NHS Lothian)

620101347R/E4904302 F 21/08/1967

Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

Last Name
First Name
Date of Birth
CHI Number

CHI 2108671080

70215 CB Bickler

*DATE 21/12/21

*THEATRE 13

*SITE RIE

*OPERATING/SUPERVISING CONSULTANT

*PROCEDURE LAP CHOLE

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

	Yes	No	N/A
Member verbally confirms with the team:			
Patient confirmed his/her identity, site, procedure and consent	✓		
Correct operating table?	✓		
Surgical site/side marked			✓
Are prophylactic antibiotics required?			
Does the patient have a:			
Known Allergy?	✓		
Difficult airway/aspiration risk?			
Complete case notes available?	✓		
Estimated blood loss > 500ml?			
If yes, edequate IV access/fluid warming/cell salvage planned?			
Negative pregnancy test documented?	✓		
Blood results available?	✓		
Group & Save available?			
Patient temperature (°C)			
Patient diabetic?		✓	
If yes, BM (millimoles)			
Patient on Beta blockade?			
If yes, Beta blockade given?			
If not given, state reason omitted:			

Name:

Signature:

TIME OUT (To be read out loud)
Before start of surgical intervention

	Yes	No	N/A
Member verbally confirms with the team:			
Team members introduce themselves by name and role	✓		
Correct patient?	✓		
Correct procedure/consent?	✓		
Correct site/side marked?			✓
Correct positioning?	✓		
Does the patient have a known allergy?	✓		
Essential imaging displayed	✓		
Has OVT prophylaxis been undertaken?			
TEDS	✓		
Calf compression	✓		
Heparin	✓		
Antibiotic prophylaxis administration complete?	Complete ✓	Started	N/A
Diathermy plate on	✓		
Extra/Specific Equipment required	✓		
Any enticipated difficulties expected by?	Yes	No	
Surgeon		✓	
Anaesthetist		✓	
Theatre Practitioner		✓	

Name:

Signature:

Please record any Problems Identified overleaf

www.patientsafetyalliance.scot.nhs.uk/programme

SIGN OUT (To be read out loud)
Before patient leaves operating room

	Yes	No	N/A
Member verbally confirms with the team:			
Has the operation/procedure summary been completed?	✓		
Have the post operative instructions been documented by:			
Surgeon	✓		
Anaesthetist	✓		
Theatre Prectitioner	✓		
Have the specimens been labelled correctly (including patient name)?	✓		
Have blood tags been completed?			✓
Regular DVT prophylaxis prescribed?	✓		
Further antibiotic doses prescribed?	✓		
Cardiac medication prescribed?			✓
Oischarge medical analgesia prescribed?			✓
Please ensure all *asterix boxes have been completed	✓		

Name: D. Uy

Signature:

RECOVERY AREA (On arrival:)

		N/A
Patient temperature (°C)	36.5	
Patient BM if diabetic (millimoles)	✗	

Name:

Signature:

Lothian Unscheduled Care Service

RIE

Date: Sunday 19-Dec-21 **Agency Phone No.**

Patient Name: Lynda Cuthill Sex: F **Date of Birth:** 21-Aug-1967 **Age:** 54 years
Address: 17 Badger Way Edinburgh **Own Doctor:** Bickler, C.B
Surgery: Provider Group

EH17 8XD
Home Tel: 07754 588518

Case Origin: NH524 **Case Number:** 40709

Caller Name: Lynda **Tel:** **Case Priority:** Urgent(Within 2 Hours)

Reported Condition: **Receive Time:** **Operator:**

NHS 24 PMH:

Latest Consultation Details **Consulted By:** Watson, Katrina [Doc] **Cons. Begin:** 7:01 PM
Cons. Finished: 7:25 PM

54 year old lady presents with a 10 day history of epigastric and RUQ pain, increasingly severe over the last 6 days
Underwent ERCP for stone in C8D on 9th Dec and is awaiting cholecystectomy for gallstones (Mr de Beaux at RIE)
Vomiting over the last 3 days, watery, 3x today, no hematemesis
Pain constant, bruised feeling all over abdo, burning around top of abdo internally, occasionally intensifying to a sharp wave of pain, 10/10 severity
Loose stools for a few days until 48 hours ago, bowels have not opened since
Denies fevers but is feeling cold all the time
Been trying to manage pain with paracetamol
Feels pain is unmanageable
Associated with burning in epigastrium and up foodpipe

PMH- gallstones, prev thyroid surgery
Meds- levothyroxine
Allergic to penicillin
Works as a Mental Health Assistant
Smoker, does not drink
Lives alone, son nearby

Examination Details:

Appears to be in pain
Able to walk slowly to consulting room
BP 137/67 HR 81 Sats 98% on air T 37.0 RR 21
Abdo soft, tender +++ epigastrium and RUQ with some localised guarding in these areas
Erythema ab igne noted on abdominal wall skin - admits to hot water bottle use

Agreed Surgical review - arranged via Flow Centre - pt to attned SAU at RIE
Many thanks

Clinical Codes:

J6422 Biliary Colic

Prescription Items:

Diagnosis:

Biliary colic ?cholecystitis

ECS Lookup Details

Provider

Accessed 19/12/2021 16:24:05

Lothian Unscheduled Care Service

Allergy Information

Description: [V]PH - Penicillin allergy Comments: Phenoxymethylpenicillin 250mg tablets Date Recorded: 2009-06-05

Prescription Information

Levothyroxine sodium 50microgram tablets-1 TAB IN THE MORNING Prescription Date: 2021-10-15
Omeprazole 20mg gastro-resistant capsules-ONE CAPSULE(S) TWICE A DAY FOR 2 WEEKS FROM NRIE - Repeat Prescription Prescription Date: 2021-11-08
Codeine 30mg tablets-ONE TABLET(S) FOUR TIMES A DAY FOR ONE WEEK FROM N- Repeat Prescription Prescription Date: 2021-11-08
Temazepam 10mg tablets-1 TABLET AT NIGHT AND CAN TAKE 2 AT NIGHT BUT PLEA- Repeat Prescription Prescription Date: 2021-08-27

Agency Comments

General Surgery SBAR

Lynda Cuthill

NHS Lothian

S — SITUATION:

Patient Name and CHI:

Date 20/12/21 Location RIE SOU

Consultant Miss Pausley

Presenting complaint, clinical symptoms: Adm with RUQ pain after eating, since November

B — BACKGROUND:

Allergies: NKDA Relevant patient history subtotal thyroidectomy, graves disease * see trak MRCP, ERCP +sphinct erotomy

Social History /POC nil Mobility ind

A — ASSESSMENT:

Most recent vital signs @: 0550

Temp 38.1 HR 78 RR 18 BP 143/82 SaO2 96 %on RA O2

NEWS 1

Neuro Obs GCS:

Deranged Bloods: CRP 18, GGT 37,

Lactate:

Frailty Score: Referral Y/N

Infection Risk/Trak Alert NO Inform ward if cubicle required.

R — RECOMMENDATIONS:

Differential Diagnosis: - gallstones ?? biliary leak following ERCP

Actions required **PRIOR** to admission to ward.

IV FLUIDS ☑ IV ABX ☑ NBM ☑ D+F ☑ CF ☐ FF ☐

ANALGESIA ☑ Gent level@ 12:00 POC : FFMN CT - ? leak MRCP, Barium swallow - no leak

Scan Results/Plan: for lap chole FFMN

Is DNACPR form in place: Y/N

COVID SWAB ☑ confirmed cholecystitis

NHS Lothian

INSTRUCTIONS

1. Enter patient details into shaded blue cells in the calculator to the right.
2. Gentamicin dosage regimen will automatically be calculated.
3. Print worksheet and place with prescription and administration record.
4. Use the table in the print out to record drug monitoring levels.

IF CREATININE IS NOT KNOWN, SEE BOX B ON PAGE 2 FOR INSTRUCTIONS ON HOW TO GIVE THE FIRST DOSE OF GENTAMICIN

Calculator version: Version 2.3; February 2017

Print date: 20/12/2021 00:15

Patient Name:	Lynda Cuthil
CHI Number:	620101347R
After printing, patient label may be affixed above if available	

Type in the data into shaded blue boxes and press <enter>		Recommended doses and dosage intervals are shown in red	
Cockcroft Clearance (ml/min)		IV GENTAMICIN DOSAGE REGIMEN	
Age* (years)	54	Dose (mg)	360
Height* (cm)		Add to 100ml sodium chloride (NaCl) 0.9% or glucose 5%	
OR Height* (feet)	5.2		
(inches)		Duration of infusion	30 mins
Actual Body Weight* (kg)	75.0		
Sex* (m/f)	f	Dosing interval is determined by monitoring levels	Take a sample 6-14 hours after start of administration
Creatinine* (µmol/L) (NOT eGFR) *Caution if not stable*	67		
Creatinine Clearance (ml/min)	82	Predicted dosing interval	Based on data entered, calculator expects dosing interval to be 24 hours, but confirm this with levels before prescribing the next dose
Fields marked with * are mandatory (height can be recorded in either cm OR feet & inches)			
Administer within 1 hour of recognising sepsis to reduce mortality			
Calculation must be checked by person administering first dose		Checked by:	

Prescribe gentamicin "as charted" on the prescription and administration record; use the table below to prescribe individual doses

Check creatinine EVERY day

Date/time	Creatinine (µmol/L)
19/12/2021	
20/12/2021	
21/12/2021	
22/12/2021	
23/12/2021	
24/12/2021	
25/12/2021	

Gentamicin Prescription Record

Complete a line for each day. If dosing 48 hourly write 'No dose today' against date.

Administration Record

Complete each time gentamicin is administered (in addition to the prescription and administration record).

Monitoring Record

Levels must be taken between 6 and 14 hours after start of each dose.

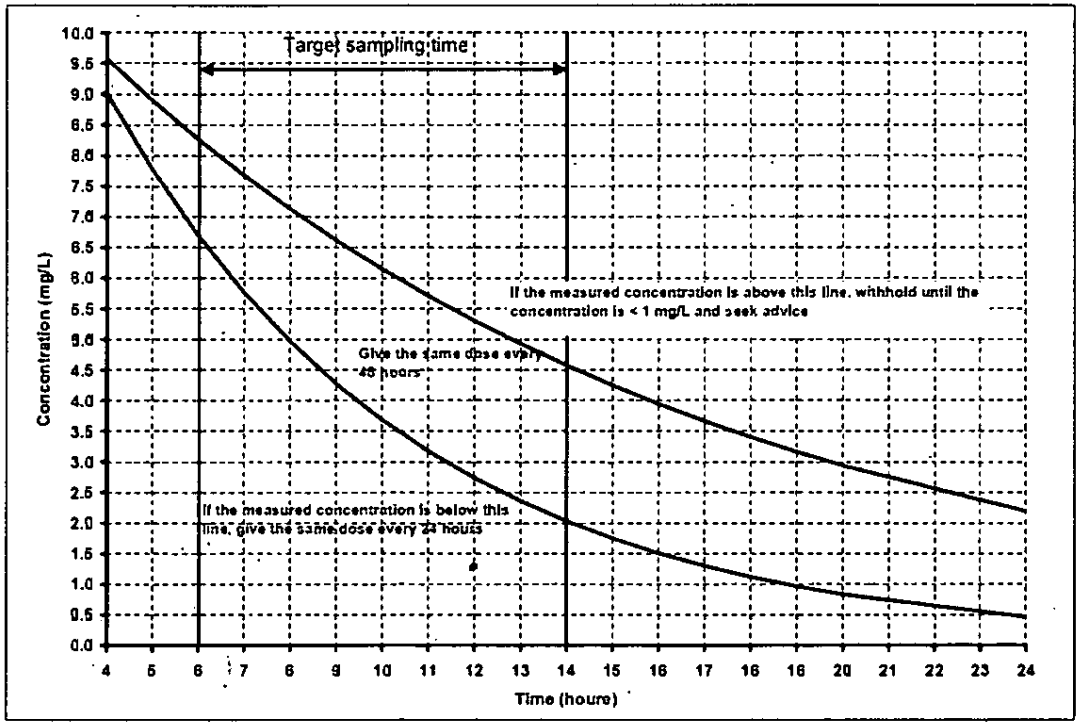
Date to be given	Time to be given (24 hr clock)	Gentamicin Dose (mg)	Prescriber's signature and PRINTED name	"Infuse over 30 mins" Date given	"Infuse over 30 mins" Time started (24 hr clock)	Given by	Date of sample	Time of sample (24 hr clock)	Gentamicin level (mg/L)	Actions / Comments (please initial action to be taken and document in patient notes)
20/12/2021 Gentamicin isn't always given every day; check today is the day	Prescribe first dose here 1:00	360mg In NaCl 0.9% ☐ or glucose 5% ☐	ABS	20/12/21	02:00	IAN	20/12/21	12.25	1.4	24 hourly ☑ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: Sign and print name: ✓
21/12/2021 Gentamicin isn't always given every day; check today is the day	1:00	360mg In NaCl 0.9% ☑ or glucose 5% ☐	HTHOMPSON	21/12	0450	AC	21/12/21	2115	<0.6	24 hourly ☑ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: Sign and print name:
22/12/2021 Gentamicin isn't always given every day; check today is the day	1:00	360mg In NaCl 0.9% ☑ or glucose 5% ☐	J. ABU-HUSSAIN	22/12/21	0400	DX'H				24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: Sign and print name:
"AFTER 3 DAYS REVIEW NEED FOR CONTINUED GENTAMICIN - SEE GUIDANCE ON MICROGUIDE OR INTRANET. DISCUSS WITH YOUR CONSULTANT AND/OR MICROBIOLOGY OR ID"										
23/12/2021 Gentamicin isn't always given every day; check today is the day		In NaCl 0.9% ☐ or glucose 5% ☐								24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: Sign and print name:
24/12/2021 Gentamicin isn't always given every day; check today is the day		In NaCl 0.9% ☐ or glucose 5% ☐								24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: Sign and print name:
25/12/2021 Gentamicin isn't always given every day; check today is the day		In NaCl 0.9% ☐ or glucose 5% ☐								24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: Sign and print name:

GENTAMICIN DOSE CALCULATOR AND PRESCRIPTION RECORD FOR ADULT PATIENTS
NOT for synergistic use prophylaxis. See guidance document for endocarditis conditions and contraindications.

To ensure the most up-to-date versions of the prescription chart and calculator are used, they should only be used when accessed from the AHT intranet site

NHS Lothian

MONITORING CHART



A: SIGNS OF GENTAMICIN TOXICITY

RENAL:

- Decreased urine output/oliguria

OR

- Increased serum creatinine

OTO/VESTIBULAR: development of **NEW:**

- tinnitus
- dizziness
- poor balance
- hearing loss
- oscillating vision

B: HOW TO GIVE FIRST DOSE OF GENTAMICIN WHEN CREATININE NOT KNOWN

- Give 5mg/kg (max 400mg) gentamicin
  OR IF CKD 5: give 2.5mg/kg (max 180mg) gentamicin on advice of senior medical staff
- Round doses to the nearest multiple of 20mg
- Check creatinine
- Once creatinine is known, use calculator to determine dose regimen and follow monitoring guidelines
- Check level between 6-14 hrs after initial dose and follow guidelines

C: MONITORING GUIDELINES

IF CREATININE CLEARANCE IS >=21ml/min

- **Make sure all doses are documented with the date and time of administration**
- Take a sample 6 – 14 hours after the start of the first infusion and every infusion thereafter
- Record the exact time of the dose and sample
- Record the serum concentration on the monitoring record (overleaf) and determine appropriate next dose/interval from the chart (left)
- **The plot will indicate one of 3 options:**
  (1) continue present dosage regimen OR
  (2) adjust dosage interval OR
  (3) withhold and resample after 24 hours
- If the concentration falls exactly on the line choose the option above the line and seek advice from Pharmacy
- Seek advice from Pharmacy or Microbiology if help needed to interpret the result or if concentration unexpectedly high or low
- Monitor serum creatinine concentrations daily
- Take a further sample 6-14 hours after each dose
- Do not continue with treatment for more than 3 days unless recommended by a specialist consultant, ID physician or microbiology. The IVOS policy (*available on the antibiotic app or on the intranet*) gives more guidance.

IF CREATININE CLEARANCE IS ≤21ml/min

- Make sure all doses are documented with the date and time of administration
- Take a sample 24 hours after the start of the first infusion
- Record the exact time of the dose and sample
- Record the serum concentration on the monitoring record (overleaf). Do not give a further dose until the level is <1mg/L
- Seek advice from Pharmacy or Microbiology if you are unsure how to interpret the result or if concentration very low
- Monitor serum creatinine concentrations daily
- If therapy to continue, take additional samples every 24 hours and give a further dose only when the measured concentration is <1mg/L
- Do not continue with treatment for more than 3 days unless recommended by a specialist consultant, ID physician or microbiology. The IVOS policy (*available on the antibiotic app or on the intranet*) gives more guidance.

VANCOMYCIN DOSE CALCULATOR FOR ADULT PATIENTS

Produced by: NHS Lothian AMT (Using GG&C Template designed by A.Thomson)
Contact: AMT Administrator Linda.M.Robertson@nhslothian.scot.nhs.uk Version 2.7 2020

NHS Lothian

ENTER DETAILS IN BLUE BOXES		STAT vancomycin IV loading dose date & time:	20/12/2021 00:20
*Fields marked * are mandatory; height can be recorded in either cm or feet & inches.*		*If loading dose is calculated as lower than maintenance dose then give the maintenance dose as a loading dose instead.*	
Patient name*	Lynda Cuthil	Dose	1500 mg
Patient CHI*	820101347R	Volume	500 ml
Indication	Surgical intra-abdominal infection(Penicillin allergy)	Duration of infusion	3 hours
Planned duration	7 days	Rate	166 ml/hr
Target trough levels* Select either 10-15 or 15-20. See Note 1.	10-16	REGULAR VANCOMYCIN IV MAINTENANCE DOSE	
Age* (years)	54	Mode of administration	Intermittent infusion
Height* (cm)		Time of first maintenance dose	at 0am on 20/12/2021, then every 12 hours
OR Height* (feet)	5.2	Dose	1000 mg
(inches)		Volume	250 ml
Actual Body Weight* (kg)	75.0	Duration of infusion	2 hours
Sex* (m/f)	f	Rate	125 ml/hour
Creatinine* (µmol/L)	87	Dosage interval	12 hours
Creatinine CL (ml/min)	82	PHARMACY CHECK (Signature/Data)	

VANCOMYCIN MONITORING FORM

	Date of level	Time sample taken	Level	Creatinine	Action taken (circle)	Name	Signature
1ST LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		
2ND LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		
3RD LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		
4TH LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		
5TH LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		
6TH LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		
7TH LEVEL	DD/MM/YY	__:__			INCREASE/DECREASE/NO CHANGE		

FOR PATIENTS ON VANCOMYCIN FOR PROLONGED PERIODS FURTHER MONITORING CHARTS CAN BE FOUND ON THE ANTIMICROBIAL MANAGEMENT INTRANET PAGE CLICK HERE

NOTE 1. RECOMMENDED TARGET TROUGH LEVELS

10-15
- Skin soft tissue infection (cellulitis, diabetic foot infection (no osteomyelitis))
- Wound infection
- Respiratory tract infection (HAP, CAP, aspiration pneumonia)
- Line infection without bacteraemia
- Urinary tract infection
- Intra-abdominal infection

15-20
Typically "deep seated" infections
- Bone and joint infections including prosthetic joint infection
- Endocarditis and other intravascular infections
- Any abscess or collection (liver/diverticular/appendix /brain)
- Any prosthetic material infection
- Staph aureus bacteraemia

CLICK HERE FOR MICROGUIDE AND ANTIBIOTIC GUIDELINES

NOTE 2. WHEN TO CHECK VANCOMYCIN LEVELS

Blood levels should be taken up to 1 hour before the dose. Do not wait for level to return before administering the next dose

12 hourly maintenance dosing	Trough level should be taken before the 3rd MAINTENANCE dose. When dose changed re-check trough level before 3rd NEW MAINTENANCE dose if remains on 12 hourly dosing.
24 hourly maintenance dosing	Trough level should be taken before the 2nd MAINETNENCE dose. When dose changed re-check trough level before 2nd NEW MAINTENANCE dose if remains on 24 hourly dosing.
48 hourly maintenance dosing	Trough level should be taken before the 1st MAINTENANCE dose. When dose changed re-check trough level before every MAINTENANCE dose if remains on 48 hourly dosing.

When therapeutic levels achieved continue to monitor levels every 48 hours

NHS LOTHIAN PRESCRIBING NOTES FOR INTERMITTENT VANCOMYCIN USE IN ADULTS

NHS Lothian

STEP 1. STARTING VANCOMYCIN

- Check contraindications
- Decide on a target trough level NOTE 1
- Use the calculator and print off the calculator page and notes and file in patient folder.
- If unable to print off immediately prescribe the recommended doses. Be aware that if you a later time, the recommended timing of maintenance doses may vary.
- Prescribe vancomycin loading dose as a stat dose and the maintenance dose(s) as regular prescription.
- Prescribe the loading dose as close to the time recorded on the calculator (top right of chart).
- Prescribe maintenance doses only at recommended times.
- Document the indication and planned duration (use an order note to appear on charting on HEPMA).
- Document when vancomycin level should be taken NOTE 2
- Use the \vanc code to document in the electronic patient record (TRAK) the required monitoring information
- Check U+E daily

STEP 2. GETTING TO THERAPEUTIC LEVELS

- Document the date and time that the vancomycin level was taken on the monitoring form
- Ensure that vancomycin is administered after the level is taken. DO NOT WAIT FOR THE LEVEL TO RETURN.
- Review the result of the level within 12 hours of it being taken.
- Document the result of the level on the monitoring form.
- Based on the target trough level chosen and information in NOTE 3 circle the required action - INCREASE/DECREASE/NO CHANGE
- If a change in dose is required use the dose banding table NOTE 4 to choose subsequent doses as recommended.
- Prescribe the new recommended doses.
- Document when the next vancomycin level should be taken (typically every 48 hours or more frequently if renal function unstable)
- Use the \vanc in TRAK to document the required monitoring information and action taken

STEP 3. REVIEW AND REVISE @72 HOURS

- Review IV antibiotics daily
- At 48-72 hours review need for ongoing IV therapy and available microbiology results
- Complete the \antibreview
- If vancomycin level not therapeutic by 72 hours after ward pharmacist review discuss with microbiology (review antibiotic choice)
- If vancomycin is to be continued continue to monitor trough levels every 48-72 hours or as advised by the pharmacist
- See NOTE 5 if a dose is unintentionally missed or delayed.

NOTE 5. MANAGING MISSED OR DELAYED DOSES

A DOSE DELAYED LESS THAN 1 HOUR AFTER THE PRESCRIBED TIME CAN BE ADMINISTERED WITHOUT BEING RE-WRITTEN OR OTHER ACTIONS TAKEN

Length of delay	Recommended action
More than 1 hour but less than half the maintenance dosing interval (i.e. if on 12 hourly dosing <6 hours delay, if on 24 hourly dosing <12 hours delay etc.)	Re-prescribe missed dose as once only/STAT. Give the next vancomycin dose at the ORIGINALLY PRESCRIBED TIME.
More than half the maintenance dosing interval (i.e. if on 12 hourly dosing >6 hours delay, if on 24 hourly dosing >12 hours delay etc.)	Re-prescribe missed dose as once only/STAT. Seek advice from pharmacy for further dosing.

NOTE 4. VANCOMYCIN DOSE BANDS (Sodium chloride 0.9% or glucose 5%

DOSE, VOLUME, DURATION AND RATE	DOSING INTERVAL
500 mg in 250 ml over 1 hour = 250ml/hr	48 hours
500 mg in 250 ml over 1 hour = 250ml/hr	24 hours
750 mg in 250 ml over 1.5 hours = 166ml/hr	24 hours
500 mg in 250 ml over 1 hour = 250ml/hr	12 hours
750 mg in 250 ml over 1.5 hours = 166ml/hr	12 hours
1000 mg in 250 ml over 2 hours = 125ml/hr	12 hours
1250 mg in 250 ml over 2.5 hours = 100ml/hr	12 hours
1500 mg in 500 ml over 3 hours = 166ml/hr	12 hours
1000 mg in 250 ml over 2 hours = 125ml/hr	8 hours
1250 mg in 250 ml over 2.5 hours = 100ml/hr	8 hours
1500 mg in 500 ml over 3 hours = 166ml/hr	8 hours

NOTE 3. ALTERING THE DOSE BASED ON THE TROUGH (PRE-DOSE) LEVELS

Trough (pre-dose) level	Guidance for target trough level 10-15mg/L	Guidance for target trough level 15-20 mg/L
4.9mg/L or less	Move up 2 dose bands – consider discussing with a pharmacist	Move up 3 dose bands – consider discussing with a pharmacist
5.0-9.9mg/L	Move up 1 dose band	Move up 2 doses band
10.0-14.9mg/L	Continue	Move up 1 dose band
15.0-19.9mg/L	Move down 1 dose band Do not omit a dose	Continue
20.0-24.9mg/L	Move down 2 dose band Do not omit a dose	Move down 1 dose band Do not omit a dose
25.0mg/L or more	Omit next dose and check level every 24 hours. Restart when level < 20mg/L and move down 2 dose bands.	Omit next dose and check level every 24 hours. Restart when level < 25mg/L and move down 1 dose band.

If a level of 25mg/L or more is recorded review the timing of when the sample was taken and ensure it is a true trough (up to 1 hour BEFORE the dose was administered) and discuss with your pharmacist.

THEATRE PATIENT CARE PLAN

620101347R /E4904302 F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

PRE-OPERATIVE ASSESSMENT: Pre-operative visit performed? Yes ☐ No ☐

Signature: **Name (print):** **Date:**

Identified Problems	Planned Nursing Care

PRE-OPERATIVE CHECKLIST:

Check	Ward Nurse		Theatre Nurse		Comments
	Y	N	Y	N	
Correct patient?	☑	☐	☑	☐	
Correct procedure?	☑	☐	☑	☐	
All bracelets in situ with name, date of birth, ward, unit number, gender & CHI number?	☑	☐	☑	☐	
Operation consent form signed?	☑	☐	☑	☐	
Operation site & side marked?	☐	☑	☐	☑	
Prescribed pre-medication given?	☐	☑	☐	☑	
Routine drug therapy taken?	☑	☐	☑	☐	
Make up removed as required?	☑	☐	☑	☐	
Jewellery (incl body piercings) & hairclips removed, rings taped?	☑	☐	☑	☐	6 x RINGS
Items accompanying patient to theatre? (eg wigs, hearing aids, prosthesis etc)	☐	☑	☐	☑	
Dressed for theatre?	☑	☐	☑	☐	
Does the patient have any allergies?	☑	☐	☑	☐	PENICILLIN.
Has the patient passed urine?	☑	☐	☑	☐	
Urinalysis results recorded?	☑	☐	☑	☐	NEGATIVE.
Date of last menstrual period?					
Last food? Date: 20/12/21 Time: 19.00	☑	☐	☑	☐	
Last drink? Date: 21/12/21 Time: 08.00	☑	☐	☑	☐	SIPS
Documents accompanying patient? Healthcare record ☑ ICP (if separate) ☐ Xrays ☐ Drug chart ☑ Blood results ☐ Cross matched ☐	☑	☐	☑	☐	

	Signature	Print name	Date
Ward Nurse	[signature]	[illegible]	21/12/21
Theatre Practitioner	[signature]	S. SMITH	21/12/21

D X
A Y
E X
No metal

INTRAOPERATIVE CARE RECORD

Patient name:

CHI number:

Patient address:

Surgical Position Supine Initials: VK		Equipment Used/Protection/Pressure Care Bear hugger Side supports. Flo trons eyes taped.	
Mobility Initials VK	Special Actions taken self transferred.		
Diathermy Initials: VK.	Position (R) thigh. Problem/action taken		
Skin prep. Initials: NAJ.	Details chloraprep.		
Skin closure Initials: EW	Details 4/0 BIOSYN		
Dressings ☐ N/A Initials: EW	Details MEPORE		
Drains ☒ N/A Initials:	Details /		
Catheters ☒ N/A Initials:	Details Mls in balloon /		
Specimens ☐ N/A Initials: BW	Details GALLBLADDER -> PATHOLOGY		
Packs ☒ N/A Initials:	Details /		
Tourniquet ☒ N/A Initials:	Position Protection used	Pressure	Time on Time off

Comments:

20 mls of 5mg/ml CHIROCAINE

Signature: EChallace Print name: Eloise Mclaggie

INTRAOPERATIVE COUNTS

Patient name:

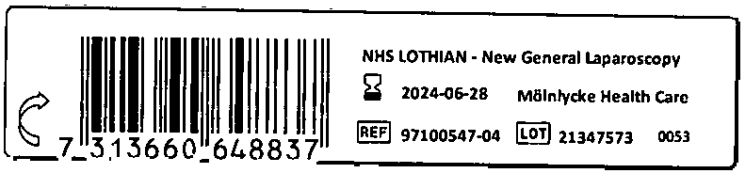
CHI number:

Patient address:

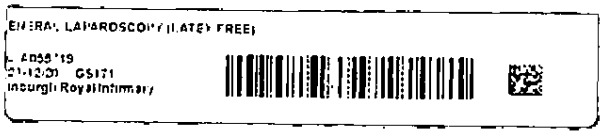
Post code

	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final count
Correct Signature	MJanssens		MJanssens		VWalsh
Discrepancy and Action taken					
Scrub nurse	Comments		Total blood loss Minimal loss		
	1. Print GILLSON MOLLARE		Sign GR Mallan		
	2. Print		Sign		

HSDU LABELS – FROM PACKS/INSTRUMENTS USED







INTRAOPERATIVE COUNTS

Patient name:

CHI number:

Patient address:

Post code

IMPLANTS

OPERATION SUMMARY (surgeon or deputy to complete)

Surgeon: Clyde

Assistants: Mckechnie

Drugs:

Operation performed:

Lap. Cholecystectomy + IOC.

- Expected adhesions.
- Acute Cholecystitis.
- Empyema of Gallbladder
- IOC – no filling defects.

Diathermy used ☐

Postoperative instructions:

E+D. continue current Antibiotics + Dalteparin

Printed: Mclaede

Signed:

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
CUTHILL LYNDA	2108671080	21/08/1967	54	BICKLER, CARL	Craigmillar Medical Group	70215

Allergies

Description	Date Recorded	Comments
[V]PH - Penicillin allergy	05/06/2009	Phenoxymethylpenicillin 250mg tablets

Sources: [1] ECS [ ] Patient's Drugs [ ] Referrer Kardex [ ] GP Practice [ ] TRAK
[2] Patient [ ] Relative / Carer [ ] Referrer Letter [ ] Comm Pharmacy [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Omeprazole 20mg gastro-resistant capsules	28 capsule	ONE CAPSULE(S) TWICE A DAY FOR 2 WEEKS FROM NRIE ******** ISSUED OUTSIDE OF PRACTICE ********		08/11/2021	08/11/2021	1			23			
Codeine 30mg tablets	28 tablet	ONE TABLET(S) FOUR TIMES A DAY FOR ONE WEEK FROM NRIE ******** ISSUED OUTSIDE OF PRACTICE ********		08/11/2021	08/11/2021	1					23	
Temazepam 10mg tablets	14 tablet	1 TABLET AT NIGHT AND CAN TAKE 2 AT NIGHT BUT PLEASE NOT EVERY NIGHT		27/08/2021	27/08/2021	1					23	

Patient Name	CHI	Date of	Age	GP	GP Practice	GP Practice Code
CUTHILL LYNDA	2108671080	21/08/1967	54	BICKLER, CARL	Craigmillar Medical Group	70215

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
GP practice	Levothyroxine sodium 50microgram tablets	56 tablet	1 TAB IN THE MORNING		08/04/2009	15/10/2021		1			23			

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**

Key Information Summary

No KIS data recorded

Name	620101347R /E4904302 F CUTHILL Lynda 21-Aug-67 CHI: 210 867 1080 70215 CB Bickler 17 Badger Way EH17 8XD
Date of	
CHI/Ur	

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

ate 20/12 | Sheet no

Ward SOU

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless $K^+ > 5.0$)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe ***Maintenance fluids and diabetic fluids*** *here.* ***Max rate is 100ml/hr.***

Prescribe subcuteneous fluids using SC guidelines *Use seperate prescription chart if more bags are required Mark as 'Sheet 2'*

Type + Additions	***Vol (ml)***	***IV/ SC***	***Rate (ml/hr)***	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
0.18% NaCl / 4% Glucose / 20mmol KCl	1000	IV	85	08:30		HTHOMPSON	T.K.

Use the box below to prescribe any additional fluids that are required for ***Replacement*** *or* ***Resuscitation***

Resuscitation: *give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient*

Date 20/12/21
Name: LYNDA CUTHILL
CHI/Unit No.

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ml/24hr TPN _____ml/24hr

Total Input Goal: _____ml in 24hr
Fluid Restriction: _____ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00	0.18 NaCl + 4% glucose (1000) + 20mmol KCl						/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00	vancomycin (IV)	125					/				
23.00		125					/				
24.00							/				
01.00	0.18% NaCl 4% dex 20mmol KCl	85					/				
02.00		85					/				
03.00		85					/				
04.00		85					/				
05.00	Gentamicin (IV)	200					/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES								24 Hr Balance			

620101347R/E4904302 F 21/08/1967

Cuthill, Lynda
Na 17 Badger Way,
Edinburgh,
EH17 8XD

Da CHI 2108671080
CH 70215 CB Bickler

ADULT FLUID PRESCRIPTION CHART

Date 27/12 Sheet no (2)

Ward SCU

NHS Lothian

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless $K^+ > 5.0$)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe ***Maintenance fluids and diabetic fluids*** *here.* ***Max rate is 100ml/hr.***

Prescribe subcutaneous fluids using SC guidelines *Use separate prescription chart if more bags are required Mark as 'Sheet 2'*

Type + Additions	*Vol (ml)*	*IV/ SC*	*Rate (ml/hr)*	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for ***Replacement*** *or* ***Resuscitation***

Resuscitation: *give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient*

Date 21/12/21

Name: _____

CHI/Unit No.

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00	NV cont	85					/				
07.00		85					/				
08.00		85					/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							600 /				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES

24 Hr Balance

See NHS Lothi Guidance for Intravenous Fluid and Electrolyte pr ribing (on Intranet)

Ward: 504 Site: RIE Date: 20/12

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly (2 hrly) 3 hrly ____hrly (please circle/complete)

Print name and sign Kelly

620101347R/E4904302 F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Name Edinburgh,
EH17 8XD

DOB
CHI 2108671080
70215 CB Bickler
Unit no. / CHI

IHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0019	0330	0500	0611								
	08.00 am ◄ 24 hour period ► 07.00 am											
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
Waterlow 10+ - Visual Skin Check (tick)	-	✓	✓	-								
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H	H	H								
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
Have you changed position since last CR?	Y	Y	Y	Y								
Positioning (R) or (L) side (B) Back (C) Chair	R	R	B	B								
Mattress type / Cushion type	*please state type:*											
Elimination — Do you need the toilet?	Y	Y	Y	Y								
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Pla	Y								
Continence product changed/offered?	NA	NA	NA	N								
Catheter care performed?	NA	NA	NA	N								
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y								
Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	Y	Y	Y	Y								
Fluid Balance Chart (if clinically indicated)	Y	Y	Y	Y								
When did you last eat?	19/12	19/12	19/12	19/12								
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart it required												
Oral Hygiene Performed (ref to risk assessment)	I	I	I	I								
Falls — Appropriate Footwear?	Y	Y	Y	Y								
Walking aid available(and within reach)	N	N	N	N								
Area de-cluttered?	Y	Y	Y	Y								
Chair and bed height assessed?	Y	Y	Y	Y								
Falls alarm in use and attached?	N	N	N	N								
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y	Y	Y								
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain — Are you in pain?	Y	Y	Y	Y								
Analgesia Given?	Y	Y	Y	Y								
General — Peripheral Venous Cannula observed?	Y	Y	Y	Y								
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
Are you comfortable? Y/N	Y	Y	Y	Y								
Anything else I can do for you?	N	No	N	N								
Buzzer within easy reach	Y	Y	Y	Y								
Personal Care *Type* _____ *(specify)* **Time Given** _____												
Initials – document at time of care delivery	[illegible]											

Ward: SOU Site: RIE Date: 20/12/24

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly (2 hrly) 3 hrly ___ hrly (please circle/complete)

Print name and sign

Addressograph or

620101347R /E4904302 F
Nar CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
DC 17 Badger Way
EH17 8XD
Un

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(O) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	08	10	12	14[25]	16[20]	18[20]	20[00]	22[00]	04[00]			
	08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care — Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review												
Waterlow 10+ - Visual Skin Check (tick)	N	N	N	N	N	N	NS	NS				
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	NS	H	NS	NS	NS	NS	NS	N		
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
Have you changed position since last CR?	Y	Y	Y	Y	Y	Y	I	Y	N	Y		
Positioning (R) or (L) side (B) Back (C) Chair	L	R	B	B	L	B	R	R	D	R		
Mattress type / Cushion type	*please state type:*											
Elimination — Do you need the toilet?	I	I	I	I	I	I	W	IND	I	W		
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Continence product changed/offered?	NA	NA	NA	NA	NA	NA	—	—	—	—		
Catheter care performed?	NA	NA	NA	NA	NA	NA	—	—				
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	W	W	W	W	W	W	W	W	W	W		
Fluid Balance Chart (if clinically indicated)	Y	Y	Y	Y	Y	Y	N	N	Y	Y		
When did you last eat?	19[11]	—	—	—	—	—	—	—	—	—		
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
Falls — Oral Hygiene Performed (ref to risk assessment)	I	I	I	I	I	I	W	IND	I	W		
Appropriate Footwear?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Walking aid available(and within reach)	NA	NA	NA	NA	NA	NA	—	NA	—	—		
Area de-cluttered?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Chair and bed height assessed?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Falls alarm in use and attached?	NA	NA	NA	—	NA	NA	—	NA	—	—		
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	NA	NA	NA	—	NA NA	NA	Y M	NA		Y M		
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain — Are you in pain?	N	—	N	Y	AS	N	N	Y	N	N		
Analgesia Given?	Ref	—	Ref	N	N	N	N	Y	N	N		
General — Peripheral Venous Cannula observed?	Y	Y	Y	Y	Y	Y	Y	Y	—	Y		
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
Are you comfortable? Y/N	Y	Y	Y	Y	AS	Y	Y	Y	Y	Y		
Anything else I can do for you?	N	N	N	N	—	N	N	N	N	N		
Buzzer within easy reach	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		

Personal Care *Type* _____ *(specify)* Time Given _____

Initials – document at time of care delivery												
				P.B								

Ward: 106 Site: RIE Date: 21/12/21

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign

620101347R/E4904302 F 21/08/1967
Cuthill, Lynda
Na 17 Badger Way,
Edinburgh,
EH17 8XD
DC
CHI 2108671080
Uni 70215 CB Bickler

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0800	2000	0000	0400									
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review													
Waterlow 10+ - Visual Skin Check (tick)		-		-									
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	-		-									
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Ind	I	I	I									
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B	B									
Mattress type / Cushion type	please state type: Pentaflex												
Elimination Do you need the toilet?	Ind	I	I	I									
Is the patient continent of urine? (at time of Care Rounding)	Y	✓	✓	✓									
Continence product changed/offered?	-	-	-	-									
Catheter care performed?	-	-											
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	✓	✓	✓									
Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition Would you like a drink? Ensure fluids are within easy reach	Y	✓	✓	✓									
Fluid Balance Chart (if clinically indicated)	Y	✓	✓	✓									
When did you last eat?		-	-	-									
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	Ind	I	I	I									
Falls Appropriate Footwear?	Y	✓	✓	✓									
Walking aid available(and within reach)	-	-	-	-									
Area de-cluttered?	Y	✓	✓	✓									
Chair and bed height assessed?	Y	✓	✓	✓									
Falls alarm in use and attached?	-	-	-										
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	-	-	-	-									
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain Are you in pain?	N	N	W	W									
Analgesia Given?	N	N	N	N									
General Peripheral Venous Cannula observed?	Y		-	-									
Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily													
Are you comfortable? Y/N	Y	Y	Y	Y									
Anything else I can do for you?	N	W	W	W									
Buzzer within easy reach	Y	✓	✓	✓									
Personal Care *Type* _____ *(specify)* **Time Given** _____													
Initials – document at time of care delivery	SE	[illegible]	M	M									

Ward: 10b Site: RIE Date: 22/12/21

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign CS Swan

62010134TR/E4904302 F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI 2108671080
70215 CB Bickler

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	08.00 am ◄ 24 hour period ► 07.00 am											
	0809	1830										

Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓											
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	HS	NJ										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	I										
	Positioning (R) or (L) side (B) Back (C) Chair	B	C										
	Mattress type / Cushion type	*please state type:* Foam											
Elimination	Do you need the toilet?	N	I										
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y										
	Continence product changed/offered?	—	—										
	Catheter care performed?	—	—										
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y										
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	Y	Y										
	Fluid Balance Chart (if clinically indicated)	N	N										
	When did you last eat?	B	B										
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	Y	I										
Falls	Appropriate Footwear?	Y	Y										
	Walking aid available(and within reach)	NA	NA										
	Area de-cluttered?	Y	Y										
	Chair and bed height assessed?	Y	Y										
	Falls alarm in use and attached?	N	N										
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y										
	Requires close observation for commode, toilet, bathing or showering Y ✓ N												
Pain	Are you in pain?	Y	N										
	Analgesia Given?	N	R										
General	Peripheral Venous Cannula observed?	Y	Y										
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y										
	Anything else I can do for you?	N	N										
	Buzzer within easy reach	Y	Y										

Personal Care *Type* SHOWER *(specify)* **Time Given** _____

Initials – document at time of care delivery													
	CS	PD											

PRESCRIPTION AND ADMINISTRATION RECORD

including the Warfarin C

NHS Lothian

620101347R /E4904302 F

Hospital/Ward: Consultant:

Weight: Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed: Completed by:

Name CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
CHI N 70215 CB Bickler
17 Badger Way
D.O.8 EH17 8XD

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known *(tick box)* ☐			
		Medicine / Agent / Food / Other	Description of reaction		
		PENICILLIN		THOMPSON	20/12/21

Risk assessment for Venous Thromboembolism (VTE) has been completed ☐

Outcome: No action required ☐ TEDS ☐ LMWH/heparin (please prescribe) ☐

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:
  IV - intravenous SL - sublingual NG - nasogastric
  IM - intramuscular PR - per rectum ID - intradermal
  SC - subcutaneous PV - per vagina TOP - topical
  INHAL - inhaled NEB - nebulised
  Never abbreviate ORAL or INTRATHECAL
  Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
  - The only acceptable abbreviations are:
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
  - Write units as 'units' not 'iu'

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
	20/12/21	VANCOMYCIN	1500mg	IV infusion over 500 ml over 3 hrs	ABS	2.30	
	20/12/21	METRONIDAZOLE	400mg	oral	ABS	2.30	
21/12/21	1000	PARACETAMOL	1g	IV		1000	
21/12/21	recon	MORPHINE	upto 10mg	IV			

REGULAR THERAPY

N 620101347R F
CI CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
D.I 70215 CB Bickler
17 Badger Way
EH17 8XD

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → 20/12 21/12/21 22/12/21
Time ↓

Medicine (Approved Name): Gentamicin
Dose: APC | Route: IV | For Use / Date | Quantity | Start Date: 20/12 | Stop Date | Pharmacy
Notes/Indication for antibiotic
Prescriber - sign + print: ABS

6: 2 PM PM AC
8: QDS
12
14
18
22

Medicine (Approved Name): Metronidazole
Dose: 400 mg | Route: oral/IV | For Use / Date | Quantity | Start Date: 20/12 | Stop Date | Pharmacy
Notes/Indication for antibiotic
Prescriber - sign + print: ABS

6: X BC O
8
12
14: CX (2)
18
22: AC O

Medicine (Approved Name): Vancomycin
Dose: AP C (1000mg | Route: IV | For Use / Date | Quantity | Start Date | Stop Date | Pharmacy
Notes/Indication for antibiotic
Prescriber - sign + print: ABS

6
8
10: 10 X
14
18
22: BC O AC

Medicine (Approved Name): Omeprazole
Dose: 20 mg | Route: ORAL | For Use / Date | Quantity | Start Date: 20/12 | Stop Date | Pharmacy
Notes/Indication for antibiotic
Prescriber - sign + print: ABS

6
8: CX BC O
12
14
18: CX BC
22

AS REQUIRED THERAPY

Nam 620101347R /E4904302 F
CUTHILL Lynda
CHI I 21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
D.O 17 Badger Way
EH17 8XD

PRESCRIPTION		Patient's Own Medicine												
Medicine (Approved Name)		For Use	Date	20/12										
Dihydrocodeine			Time	2230										
Dose + frequency + max	Route	Quantity	Dose	30/30										
30mg 8 max	oral		Initials	AC										
Indication + notes	Start Date	Date	Date											
	20/12		Time											
Prescriber - sign + print		Pharmacy	Dose											
ABS			Initials											
Medicine (Approved Name)		For Use	Date											
Oramorph			Time											
Dose + frequency + max	Route	Quantity	Dose											
5mg 4	oral		Initials											
Indication + notes	Start Date	Date	Date											
	20/12		Time											
Prescriber - sign + print		Pharmacy	Dose											
ABS			Initials											
Medicine (Approved Name)		For Use	Date											
Cyclizine			Time											
Dose + frequency + max	Route	Quantity	Dose											
50mg 8 TDS	oral/IV		Initials											
Indication + notes	Start Date	Date	Date											
N+V	20/12		Time											
Prescriber - sign + print		Pharmacy	Dose											
ABS			Initials											
Medicine (Approved Name)		For Use	Date											
Ondansetron			Time											
Dose + frequency + max	Route	Quantity	Dose											
4mg 8 max	oral/IV		Initials											
Indication + notes	Start Date	Date	Date											
N+V	20/12		Time											
Prescriber - sign + print		Pharmacy	Dose											
ABS.			Initials											
Medicine (Approved Name)		For Use	Date											
PARACETAMOL			Time											
Dose + frequency + max	Route	Quantity	Dose											
1g 4° QDS	ORAL		Initials											STOP
Indication + notes	Start Date	Date	Date											
			Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											
Medicine (Approved Name)		For Use	Date											
ORAMORPH			Time											
Dose + frequency + max	Route	Quantity	Dose											
10mg 1°	oral		Initials											
Indication + notes	Start Date	Date	Date											
Pain	21/12/21		Time											
Prescriber - sign + print		Pharmacy	Dose											
			Initials											

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														
Medicine (Approved Name)		For Use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
			18														
Prescriber - sign + print		Pharmacy	22														

TURN OVER →

REGULAR THERAPY

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

PRESCRIPTION

Patient's Own Medicine

Date → 20/12 21/12 22/12/21

Time ↓

Medicine (Approved Name): levothyroxine
Dose: 50 mcg. | Route: oral
Notes/Indication for antibiotic | Start Date: 20/12 | Stop Date
Prescriber - sign + print: ABS | Pharmacy
For Use Date | Quantity
6 | 8 CT 8c D | 12 | 14 | 18 | 22

Medicine (Approved Name): DALTEPARIN
Dose: 5000 UNITS | Route: S/C
Notes/Indication for antibiotic | Start Date: 20/12 | Stop Date
Prescriber - sign + print: HTHOMPSON | Pharmacy
For Use Date | Quantity
6 | 8 | 12 | 14 | 18 | 22 ACN

Medicine (Approved Name): TEDS
Dose | Route
Notes/Indication for antibiotic | Start Date: 20/12 | Stop Date
Prescriber - sign + print: HTHOMPSON | Pharmacy
For Use Date | Quantity
6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): PARACETAMOL
Dose: 1g | Route: ORAL
Notes/Indication for antibiotic | Start Date: 20/12 | Stop Date
Prescriber - sign + print: HTHOMPSON | Pharmacy
For Use Date | Quantity
6 | 8 X 8c D | 12 CT 8c | 14 | 18 CT 8c | 22 ACN

Medicine (Approved Name): Cotrimoxazole
Dose: 960mg | Route: PO
Notes/Indication for antibiotic | Start Date: 22/12 | Stop Date
Prescriber - sign + print | Pharmacy
For Use Date | Quantity
6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): Methotrexate
Dose: 400mg | Route: PO
Notes/Indication for antibiotic | Start Date: 22/12 | Stop Date
Prescriber - sign + print | Pharmacy
For Use Date | Quantity
6 | 8 | 12 | 14 | 18 | 22

Name of Patient:
CHI Number:
D.O.B.:
(Attach printed label here)

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by

NHS Lothian

Royal Infirmary of Edinburgh
Emergency Department

Drug and Prescription Record

620101347R /E4904302 F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

Previous Adverse Reactions	Weight	Date
Penicillin	kgs Actual / Estimate	19/12/21

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Duration	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Oxygen (NP/MASK/NRB)	% / L					
		Co-Codamol	2 tabs 30/500	oral	~~A~~ ABS	21:00	Bm.	Pt Refused. dent w out any Other pain kills
19/12/21	21:20	Paracetamol Syrup Liquid	1 gm	oral	~~A~~ ABS	22:00	Pom	
19/12		Oramorph	5mg	oral	~~A~~ ABS	22.50	Bm	
19/12	23:16	codeine	60mg	oral		23.20	Bm	
19/12	23:16	Ibuprofen	400mg	oral		23.20	Bm	
19/12	23:20	Omeprazole	20mg	oral		23.20	Bm	

Discharge Medication to Take Away

Drug (Approved Name)	Dose	Frequency	Duration	Prescribers Signature	Given by (initials)	Checked by (initials)



THINK SEPSIS

NEWS SCORE

SCORE MORE THAN 4

Are any of the following Present?	
Clinical signs of infection	

Plus 2 of these:	
Temperature <36°c or >38°c	
Heart rate >90 bpm	
Respiratory rate > 20bpm	
New confusion	
WCC <4 or >12	
Blood sugar > 7.7 in non-diabetic	

*if hypo tensive or raised lactate with above indicators discuss with Consultant

Start Sepsis 6 - complete within 1 hour	
Oxygen to achieve saturations >94% (NB COPD 88-92%)	
Measure lactate and FBC	
Blood cultures	
IV Antibiotics (start time _____)	
IV Fluids (up to 20ml/kg)	
Measure urine output and start fluid balance chart	

*please tick box i.e Yes or No (do not require time)

Neurological Observations

GLASGOW COMA SCALE

Time			
Eyes Open	Spontaneously	4	
	To speech	3	
	To pain	2	
	None	1	
Best Verbal Response	Orientated	5	
	Confused	4	
	Inappropriate words	3	
	Incomprehensible sounds	2	
	None	1	
Best Motor Response	Obey commands	6	
	Localise to pain	5	
	Flexion to pain	4	
	Abnormal flexion	3	
	Extension to pain	2	
	None	1	
Total GCS Score	14-15		
	12-13		
	9-11		
	<8		

Endotracheal tube or tracheostomy = T

Always record the best arm response

		Time:							
Blood Sugar	>25								
	15-25								
	4-15								
	<4								

Think Analgesia

		Time:							
Pain Score	Very Severe 9 -10								
	Severe 6 - 8								
	Moderate 4 - 5								
	Mild 1 - 3								
	None 0								

NEWS Score	Structured Response	Escalation Plan
NEWS 0 - 1	Commence on 1hrly observations	Report to Area Co-ordinator if score increases
NEWS 2 - 4*	Commence on 30mins observations	Report to Area Co-ordinator if score increases
NEWS 5 - 7	Commence on 15mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
NEWS >7	Commence on 10mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
* score of 3 in one parameter	Commence on 30mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

Right Pupil	Size		
	Reaction		
Left Pupil	Size		
	Reaction		
Initials of person taking GCS			

+ reacts - no reaction c. eye closed

Pupil Scale mm

1 2 3 4 5 6 7 8

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

620101347R/E4904302 F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI 2108671080
70215 CB Bickler

Date chart commenced: 19/12/12

This is chart number 1 of this admission

REMEMBER
- **Record all observations** on NEWS2 chart
- **Document concerns/decisions in clinical notes**
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Conscious Level Chart to be completed when clinically indicated

	Date		
	Time		
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4	Eyes closed by swelling = C
	To speech	3	
	To pain	2	
	None	1	
GLASGOW COMA SCALE – Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
	Confused	4	
	Inappropriate words	3	
	Incomprehensible sounds	2	
	None	1	
GLASGOW COMA SCALE – Best Motor Response	Obey commands	6	Always record the best arm response
	Localise to pain	5	
	Flexion to pain	4	
	Abnormal flexion	3	
	Extension to pain	2	
	None	1	
	Total GCS Score		
Right Pupil	Size		+ reacts - no reaction c. eye closed
	Reaction		
Left Pupil	Size		
	Reaction		
LIMB MOVEMENT – ARMS	Normal power		Record right (R) and left (L) separately if there is a difference between the two sides
	Mild weakness		
	Severe weakness		
	Extension		
	No response		
LIMB MOVEMENT – LEGS	Normal power		
	Mild weakness		
	Severe weakness		
	Extension		
	No response		
	Initials		

Pupil Scale mm 1 • 2 • 3 ● 4 5 6 7 8

Pain and Symptom Assessment and Management

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to **Acute Pain Guidelines**

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical Staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	SPECIALIST PALLIATIVE CARE
Mon-Fri: bleep Acute Pain Team Out of Hours: on-call Anaesthetist	Mon-Fri: bleep Palliative Care Team Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily	**0 - No Nausea**	**0 - Full Power**
1 - 3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs**
4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**2 - Able to bend knees**
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**3 - Minimal movement** **4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

Addressograph

Name:

DOB:

CHI:

NEWS of 5 or more?

Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____
is acceptable for this patient because

_____

Please escalate if

_____

Print _____ Sign _____ Designation _____

Date _____ Time _____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 **Urgent response threshold**	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more **Emergency response threshold**	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	**RM**	reservoir mask
N	nasal cannula (document in litres)	**TM**	tracheostomy mask
SM	simple mask	**CP**	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	**H**	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	**OTH**	Other specify

Date / Time																
Circulation																
Sensation																
Movement																

NEWS Key 0 1 2 3

	Date:																							Date
A+B Respirations Breaths/min	Time:	2m	6-4h	10	14-25	18	22⁰⁰	02⁰⁰	05³⁰	06⁰⁰	17-35	1330	1330		5-55	1403	1503	19-40	2217 0030	0600	0915			Time
	≥25													3										≥25
	21-24			25										2										21-24
	18-20	18	18			19																		18-20
	15-17			17			16	12	14	15		16			15	16	16	16	16	17	16			15-17
	12-14											14												12-14
	9-11													1										9-11
	≤8													3										≤8
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-88%	≥96	98	98	97	96	96	96	96	96	97		96			98	97	97	96		96				≥96
	94-95										95			1					94	95				94-95
	92-93													2										92-93
	≤91													3										≤91
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2													3										≥97 on O_2
	95-96 on O_2													2										95-96 on O_2
	93-94 on O_2													1										93-94 on O_2
	≥93 on air																							≥93 on air
* ONLY use Scale 2 under the direction of a qualified clinician	88-92																							88-92
	86-87													1										86-87
Tick box if using SpO_2 Scale 2	84-85													2										84-85
Sign	≤83													3										≤83
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	A	A	A	A	A	A	A									A	V	A	A			A = Air
	O^2 L/min or %									2L FM	2L	3L		2	3L NC	3L	3L							O^2 L/min or %
	Device																							Device
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220													3										≥220
	201-219																							201-219
	181-200																							181-200
	161-180																							161-180
	141-160	132																						141-160
	121-140		104	110				140	118	136		116	119		121	130	132			104	113			121-140
	111-120				109	103	91	99										115						111-120
	101-110													1					107					101-110
	91-100													2										91-100
	81-90																							81-90
	71-80																							71-80
	61-70	72	67	59	53	56	88	82	64	63	71	71		3	69	98	60	67	61		71			61-70
	51-60																							51-60
	≤50																							≤50
C Pulse Beats/min Manual pulse	≥131													3										≥131
	121-130																							121-130
	111-120													2										111-120
	101-110																							101-110
	91-100													1										91-100
	81-90																			80				81-90
	71-80																							71-80
	61-70	78	72	77	68	74	79	78	72	67	61	62			70	63	57	61	54					61-70
	51-60						C																	51-60
	41-50													1										41-50
	31-40																							31-40
	≤30													3										≤30
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A	A	A	A	A	A	A	AS	AS			A	A	A			A	A			Alert
	New Confusion																							New Confusion
	V													3										V
	P																							P
	U																							U
E Temperature °C	≥39.1°													2										≥39.1°
	38.1-39.0°													1										38.1-39.0°
	37.1-38.0°	37.7	37.4	37.7	35.8	35.8	37.2	38.1	36.0	36.3	36.3	35.9			36.0	36.1	35.8	36.1	36.4	36.6	36.0			37.1-38.0°
	36.1-37.0°						C																	36.1-37.0°
	35.1-36.0°													1										35.1-36.0°
	≤35.0°													3										≤35.0°
NEWS TOTAL		0	0	0	4	2	2	2	1	1	2	3	3		2	2	3	0		2	0			**Total**
Monitoring frequency		4	4																					Monitoring
Escalation of care Y/N																								Escalation
Initials		WS		CT	PB	CT			AC	MK														Initials
Urine output recorded Y/N							N													N				Urine output
Blood Glucose level or N/A							N/A													Y				Blood Glucose
Pain score (0-10)							0													0				Pain
Nausea score (0-3)							0													0				Nausea
Motor Block score (0-4) or N/A							N/A													N/A				Motor Block

Reproduced from Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.

20/12/2021 14:19:31

C/O chest pain

Royal Infirmary of Edinburgh (3>
Dept: Surgical Obs Un> (>

Rate	74	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		Sinus rhythm.....normal P axis, V-rate 60- 99
PR	168	. Probable left atrial enlargement.....P >50mS, <-0.10mV V1
QRSD	88	. Low voltage, precordial leads.....precordial leads <1.0mV
QT	373	
QTc	414	

--AXIS--

P	68
QRS	19
T	39

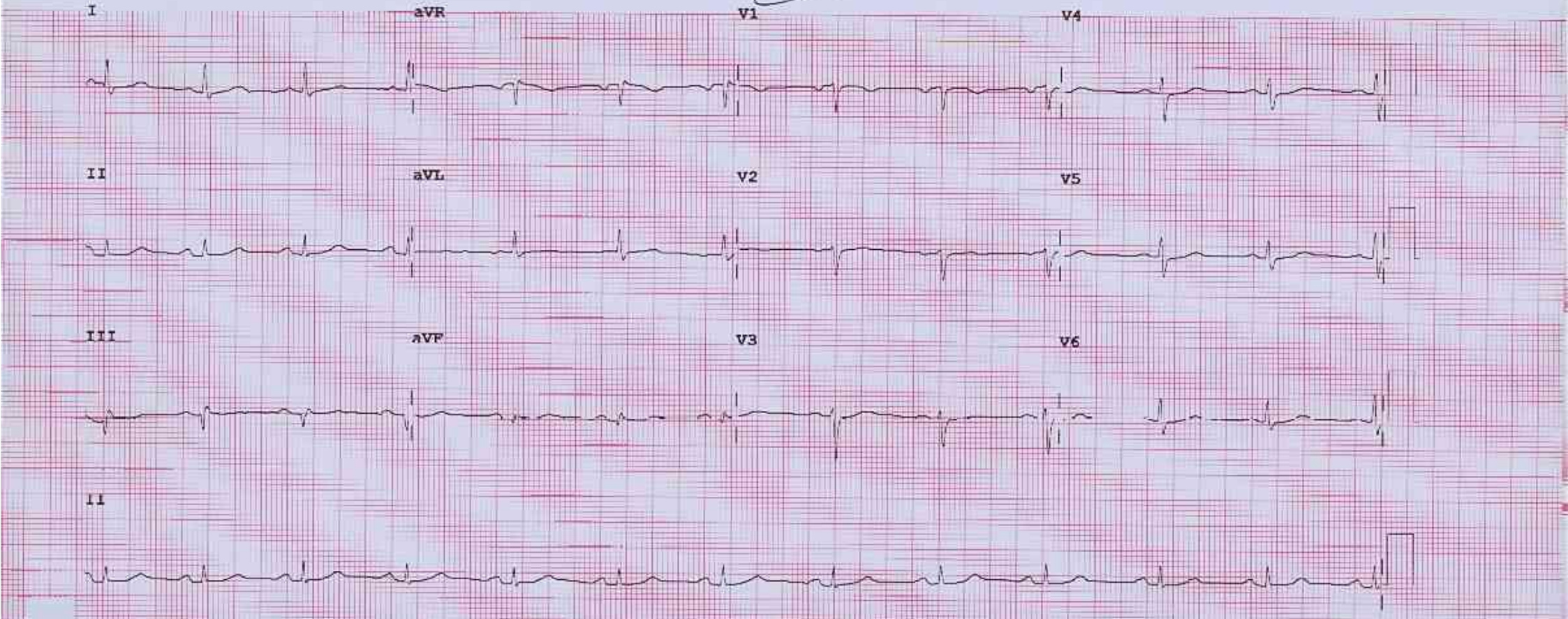
620101347R/E4904302 F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CB Bickler

NSR
No ischaemic changes

- BORDERLINE ECG -

HTHOMPSON Unconfirmed Diagnosis



Dev: 92033198 Speed: 25 mm/sec Limb: ; m/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz PH100B CL F?

NHS Lothian consent form

NHS Lothian

Patient Name | DOB | CHI

LYNDA G CUTHILL | | 2108671080

Attach label.

Consultant or other health professional responsible for your care

Name and job title: ANNA MCGUFF, CONS

Any special needs of the patient (e.g. help with communication)?

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear) Patient's side left / right or N/A

Laparoscopic Cholecystectomy +/- open +/- IOC +/- transcystic exploration

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

To deal c gallstones + prevent further complications

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occurring risks including any risks that may be of specific concern to the patient

Bleeding / bile leak / reoperation / anesthesia / worsened sten / COPD injury / wound infection / haemai. chest infection, DVT, PE, mortality COVID - ↑ risk contraction, ↑ severity.

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

No surgery - ↓ risk of operation but increased risk of further complications from gallstones

d) any extra procedures that might become necessary during the procedure such as: Blood transfusion ☑ or Other procedure (please state)

2 The following information leaflet has been provided:

EIDO

or I have offered the patient information about the procedure but this has been declined. ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☑ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): [signature] Date: 21/12/21

Name (PRINT): JUDE Time (24hr): 21/12/21

Designation: _____ Contact/bleep no: _____

C Consent of patient / person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **Yes / No**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **Yes / No**

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
Yes / No

Use of Tissue
a) **I agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for Bio resource which may include genetic analysis. **Yes / No**

I have received the patient information sheet about the Bioresource. **Yes / No**

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers. **Yes / No**

I have listed below any procedures that **I do not wish to be carried out without further discussion**.

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: _____

Name of patient (PRINT): _____

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): _____ Date:_____

Name of witness (PRINT): _____

Address: _____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance) On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): _____ Date:_____

Name (PRINT): _____

Job title: _____

Please initial to confirm all sections have been completed: _____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): _____ Date:_____

Name (PRINT): _____

Or, please note the language line reference ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment (ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional): _____ Date:_____

Name (PRINT):_____

Job title: _____

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 11:50 TIME OUT:

Discharge criteria met? Y ☐ N ☐

Name:
Hospit
Date c

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

EVENTS

A PAC sips/quads
B
C
D
E
F
G
H

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

TIME	10	11	11	11	12	12	12	12
Airway	Face	Face	Face	Face	Face	Face	Face	Face
Oxygen Therapy	4L	4L	4L	2L	2L	2L	2L	Air
S_pO_2	96	99	98	98	97	97	97	96
Respiration	20	18	18	16	12	16	17	15
PAIN								
Nausea Score	0	0	0	0	0	0	0	0
Sedation Score	0	0	0	0	0	0	0	0
Urine Volume	Catheterised							
Wound Check	Dry							
Drains	None							
Temperature	36.5							

PAIN: Severe 6 - 10; Moderate 4 - 5; Mild 1 - 3; None 0

SBP - v
MAP - x
DBP - ^
Pulse - •

200 / 150 / 100 / 50

Events	
Fluids	Normally to iron Slowly stopped finished
Drugs	Vancomycin running from Theatre.

RECOVERY COMMENTS

→ Denture with the patient.

News = 2 = Og

Name (print) Amoody Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☑
Oxygen to keep SpO_2 >94%
Monitoring Routine
Fluids and. complete IV fluids As charted ☑
Analgesia As charted ☑
Anti-emetics As charted ☑
Special Instructions (including expected return of power & sensation after RA):

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) CAT Signature

Contact No. 07932992120.

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation: lap Chole

Date: Side:

NCEPOD: Ele ☐ Exp ☐ Urg ☐ Imm ☐

Nai
Hos
Dat
CH
Ger

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CB Bickler
17 Badger Way
EH17 8XD

PRE-OP ASSESSMENT

Assessor: Coad CONS ☑ SAS ☐ ST__ ☐ CT__ ☐ Other ☐

Date: 21/12/21 Location: 106 Consent form signed and checked ☐

History / Examination (& see care pathway)

Grave disease
thyroidectomy 20 years ago

Gallstones
ERCP 9/12
continued symptoms

HR
BP
Weight (kg) 75
Height (m) 1.7
MCC -ve BMI 32

Medications (including herbal)

HRT.
omeprazole
Levothyroxine.
Paracetamol

Allergies & adverse reactions

Penicillin
→ Rash

ASA Grade

1 2 3 4 5 6 E

Airway Assessment

MP2
Neck /
Jaw

Teeth

top denture

Previous Anaesthesia

Yes

Uneventful Y ☑ N ☐ N/A ☐

Family History

Alcohol
Smoking
Drugs
Reflux / GORD —
Fasted F yesterday W

Investigations

FBC Hb 128 WCC 8·8 plt 417
U&E's / eGFR U 3.9 cr 67 eGFR >60
G+S / e-Release / X-match Na 138 K 4
ECG
CXR covid -ve 20/12

Information Given to Patient GA + Rgl several

	Y	N	N/A
Intended anaesthetic technique discussed	☑	☐	
Regional / local anaesthetic technique discussed	☑	☐	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☐	☐	☐
Failure	☐	☐	
Temporary nerve damage	☐	☐	
Permanent nerve damage	☐	☐	
Post-operative analgesia discussed	☐	☐	
Consent for PR drug administration	☐	☐	

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids_____hrs Clear fluids_____hrs
(or state times)
Other:

Post-operative Remarks

	Y	N
Uneventful anaesthetic	☐	☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Signature
Contact No

620101347R /E4904302 F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
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17 Badger Way
EH17 8XD

ANAESTHETIST(S) CoAD GRADE C.

SUPERVISING CONSULTANT: INFORMED Yes ☐ No ☐

OPERATION PERFORMED: Laparoscopic Cholecystectomy

LOCATION: TH13

SURGEON: McKechnie

DATE: 21/12/21

START TIME:

END TIME:

TRAINED ASSISTANT PRESENT ☑

CONDUCT OF ANAESTHETIC

Induction

Pre O_2 ☑ RSI ☑ Cricoid ☑

ALFENTANIL 1mg

PROPOFOL 200mg

ROCURONIUM 90mg

Maintenance

O_2 / Air / Sevo

Reversal

AIRWAY

Face Mask ☐

Oral Airway ☐

Nasal Airway ☐

LMA ☐

Type

Size

ETT ☑

Cuff Shiley ☑

Type Portex

Size 7.0

Laryngoscopy grade (1) 2 3 4

BREATHING SYSTEM

Circuit circle

Ventilator Aisys CS²

Gas flow 0.5 L/min

Filter /Humidifier ☑

S.V. ☐

I.P.P.V. ☑

Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☐ N ☐ N/A ☑

VASCULAR ACCESS

Cannula(e)	Site
20G	RACF
18G	DCH

A – line ☐

CVP ☐

Ultrasound guidance Y ☐ N ☐

MONITORING

Machine checks

Anaesthetic room ☑

Theatre ☑

Monitor used MINDRAY

ECG	☑	P_{aw}	☑
S_pO_2	☑	Disconnect	☑
NIBP	☑	NMB	☑
F_iO_2	☑	Steth	☐
F_ECO_2	☑	Temp	☑
Agent	☑	Urine	☐
Anaesthetic depth			☑

POSITION

Patient / limb position supine

PROPHYLAXIS

Eye care (Optic) ☑

Pressure care (Foam) ☑

Fluid warmer ☐

Warming blanket ☑

	Y	N	N/A
DVT	☑	☐	☐
Antibiotics	☑	☐	☐
PONV	☑	☐	☐

REGIONAL TECHNIQUE

Type of block

Consent ☐

Awake ☐ CA

Asleep ☐ by surgeon

Stimulator ☐

Ultrasound guidance ☐

Catheter ☐

Entry site

Needle used

Drugs given

Technique

EVENTS

A INDUCTION

B THEATRE

C START

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

TIME	0900		0930		1000		1030		1100	
S_pO_2	97	99	99	99	100	100	100	100	100	100
F_ECO_2			4.6	4.8	5	5.9	5.7	5.7	5.7	5.5
F_iO_2			.6	.5	.5	.5	.05	.15	.5	.5
F_EAn			1.6	1.8	2.0	2.0	2.0	2.0	2.0	1.4
P_{aw}			17	17	21	22	24	23	23	24
BIS			41	54	50	48	46	46	50	
CVP										
Urine Output										
Blood loss										
Temperature			36.9		36.9		37.0			

SBP - v MAP - x DBP - ^ Pulse - • (200 / 150 / 100 / 50)

Events	A		B	C						
Fluids	(1)				(2)					
MORPHINE mg			5	+ 5						
DEXAMETHASONE			6	6mg						
PARACETAMOL					1g					
ONDANSETRON									4mg	
Vancomycin	1gm 250ml @ 125ml/h									
EPHEDRINE mg	6									

FLUIDS

1 PL 1000

2 PL 1000

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

TOTAL FLUIDS

TOTAL BLOOD LOSS

TOTAL URINE

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

General Medicine

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 12/11/2025

Inpatient Discharge Summary

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (58 years) 620101347R
Ward	AMU Bay 1	**Admission Date**	10/11/2025
Consultant	Dr Sarah A Clifford	**Discharge Date**	11/11/2025

Dear Dr Rana

ACUTE AND GENERAL MEDICINE RIE
DISCHARGE COMMUNICATION

PRINCIPAL DIAGNOSIS:
Syncope unclear cause.

---

1. Can you explain my diagnosis and what treatment did I receive?
You were admitted to the Royal Infirmary due to recurrent falls with loss of consciousness. You described increasing number of falls over the past 2 weeks.

You were admitted for monitoring with a heart monitor. The Cardiology team had seen you and advised that it was not likely to be caused by your heart but to request a holter monitor which is a 24 hour record of your heart rhythm.

We had also noted your thyroid function tests were abnormal. Our Endocrine colleagues have reviewed you and have asked for blood tests to be done. They will get in contact with your GP if any changes need to be done with your Levothyroxine.

A scan of your head showed a possible mucus cyst in your facial sinuses. We have gotten in touch with the ENT doctors who will make contact with you if any follow up is required.

2. What tests have I had and what were the results from these tests?
CT Head - Mucus cyst in your ethmoid sinus.

3. Do I need to contact my GP practice after discharge? If so, why and when?
Please contact your GP if the frequency of your falls continues to increase.

---

1. Medicines reconciled against ECS/other sources? Yes

2. ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin

3. Changes to drugs since admission (relative to ECS above and please include reason)

STOPPED: Nil
STARTED: Nil
CHANGED: Levothyroxine from 50mcg OD to 25mcg and 50mcg on alternate days.
WITHHELD: Nil

INSULIN PREPARATION AND DOSE ON DISCHARGE: (if applicable - Please write out units in full do not abbreviate to u)

Pharmacist check: Name: Date: Time:
Nursing check:
Patients own medication / controlled drugs returned to patient: YES / NO / NA Signature:
Patients own medication / controlled drugs removed with consent: YES / NO / NA Signature:

ACTION REQUIRED IN COMMUNITY:
Await Endocrine email re: amending Levothyroxine.

HOSPITAL FOLLOW-UP ARRANGED:
Syncope Clinic, 24 hour holter

BRIEF SUMMARY OF ADMISSION:
Ms Cuthill presented to RIE due to 2 week hx of recurrent falls with LOC. She described no pre-syncopal symptoms, however her history was somewhat vague. She was admitted to a monitored bed and kept on telemetry overnight.

Cardio review the following day advised not likely to be a cardiac cause of falls and to request a 24 hour holter. A CTH was done showing an incidental finding of an ethmoid mucocele. ENT have advised they will make contact with Ms Cuthill directly if required.

We have discussed with Endocrine regarding her TSH. They have sent off TRABs to exclude active Graves disease and will make contact with yourself if any changes to medications need to be done.

SUMMARY OF INVESTIGATION RESULTS:
CTH - Well-circumscribed 21 x 13 mm soft tissue density within the right ethmoid air cells causes bony remodelling of the lateral wall which indents into the right medial rectus muscle.
Findings in keeping with an ethmoid mucocele.

TSH 0.02

FUTURE CARE PLAN (please update KIS - delete if not appropriate)

Outstanding results: 24 hour holter, TRAbs/T3

Please cc this letter to:
Cc: Syncope Clinic, OPD 2, RIE
Cc: Dr Justin McKee, Consultant Ophthalmologist, Ophthalmology, Princess Alexandra Eye Pavilion - for follow up in the thyroid eye clinic

Sent 12/11/25

Yours sincerely,

JT Lim
CF
Acute and General Medicine, Royal Infirmary of Edinburgh

FDL Authorising Consultant: Date:

For further information contact:
Acute and General Medicine Secretaries
Phone: 0131 242 1440
E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk

NHS
Lothian

Nursing Assessment Form
GP Interface

620101347R /E6214519 F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
Na 71472 HS Rana
17 Badger Way
DO EH17 8XD
CHI no:

Date 10 / 11 / 25 | Time of Triage: 1335

Name of Nurse Completing Triage (Print Name): Emily

Presenting Complaint:

Black ots + Drop attacks

Allergies:

Penicillin

NEWS Score:

Escalate to medical team as per protocol

Social Hx (inc mobility):

Lives alone

NO POCS

Infection Control:

Recent Travel – Yes ☐ No☐
Fever – Yes ☐ No ☐

Cepheid required - Yes ☐ No ☐

Diabetes	Is patient diabetic? Y/(N)		If Yes:			
			BM		**Ketones**	

Enhanced Obs required Yes ☐ No☐ N/A☐

[redacted] **DNAR - Y☐ N☐** **TEP - Y☐ N☐** **AWI - Y☐ N☐**

Nursing Admission Checklist	[redacted]	**Initial PVC Checklist(s)**
Standard Admission Procedures	**Sign**	**Triage PVC Checklist:**
Vital Signs Recorded: Yes☑ No☐		Venflon required? Yes ☐ No ☐ N/A ☐
NEWS score recorded: Yes☑ No☐		Date and Time Inserted:
GCS Recorded : Yes☐ No☑		__/__/____ __:__
Name Band Attached: Yes☑ No☐	AM	**Further PVC Checklist:**
Relatives : In OPD 5 ☐ At Home ☐ Not Aware ☐		Venflon required? Yes ☐ No ☐ N/A ☐
ECG Completed: Yes☑ No☐		Date and Time Inserted:
Falls Risk Assessment Completed: Yes☐ No☑		__/__/____ __:__

NHS Lothian

Care Rounding Frequency (Please Tick)	1hr ☐	2hr ☐	3hr ☐	4hr ☑	RN Please print name and sign:

Time of Care Rounding	1535												
PRESSURE AREA CARE (complete care interventions on P4 if appropriate)													
If Established pressure ulcer complete formal wound assessment on TRAK ☐													
Visual Skin Check? Y/N	N												
Outcome? (H)Healthy (R) Red (B) Broken	Heals H												
Position? (R) or (L) side (B) Back (C) Chair	B												
Surface? (B) Bed (T) Trolley (C) Chair	T												
MOBILITY (tick one) (complete care interventions on P4 if appropriate)													
Identified falls risk ☐	**Complete top to toe if fall within department (\TTT)**												
Independent?	✓												
Requires some assistance/ Requires walking aid	✓												
NWB / Full Assistance required	✓												
ELIMINATION (complete care interventions on P4 if appropriate)													
Independent ☑	**Assistance required ☐**	**Incontinent ☐**	**Catheterised ☐**										
Do you need the toilet? Y/N/NA	N												
Continence product changed / offered? Y/N/NA	N												
Catheter Emptied? Y/N/NA	N												
Bowels moved? Y/N/NA	N												
FOOD/FLUID/NUTRITION (complete care interventions on P4 if appropriate)													
If NBM consider IV Fluids, use TRAK icon													
Food Given? Y/N/(R)refused/ NBM	N												
Fluids Given? Y/N/(R)refused/ NBM	N												
Assistance required? Y/N	N												
PAIN (complete care interventions on P4 if appropriate)													
Consider use of Abbey Paint scale if unable to communicate needs													
Are you in Pain? Y/N	N												
RN Informed? Y/N	N												
OTHER (complete care interventions on P4 if appropriate)													
Type of personal care provided	Independent ☐	Basin ☐	Bedbath ☐										
Oral hygiene Performed? Y/N	N												
Area tidy / De-cluttered? Y/N	Y												
Anything else I can do for you? Y/N	N												
Patient / Relatives updated? Y/N	Y												
PRINT INITIALS	DM												

NHS Lothian

GP Interface Admission Care Plan / Care Rounding

620101347R /E6214519 F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD
CHI No:

Date/Time	Progress Notes	Sign/Print Name

620101347R /E6214519 F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

NHS Lothian

Care Interventions

PRESSURE AREA CARE
MOBILITY / FALLS
Yellow Blanket ☐ TRAK Icon ☐ Patient Placement in department ☐
ELIMINATION
FOOD/FLUID/NUTRITION
PAIN
OTHER

GP Interface to AMU/ED Handover					
NEWS	**Infection**	RR:	SPO2:	O2:	BP:
		HR:	Temp:	AVPU:	Cepheid: Y☐ N☐ N/A☐
Outstanding Jobs					
Diagnosis					
SBAR		S: B: A: R:			
NOK aware of transfer		Y☐ N☐			
Name of Nurse completing handover:					

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

620101347R /E6214519 F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
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The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions		Weight	Date
	Penicillin.	kgs Actual / Estimate	10.11.25

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3		Date: 10/11																				
		Time: 335																				
A+B Respirations Breaths/min	≥25										3											
	21-24										2											
	18-20																					
	15-17	17																				
	12-14																					
	9-11										1											
	≤8										3											
A+B SpO$_2$ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	96																				
	94-95										1											
	92-93										2											
	≤91										3											
SpO$_2$ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician Tick box if using SpO$_2$ Scale 2 Sign:	≥97 on O$_2$										3											
	95-96 on O$_2$										2											
	93-94 on O$_2$										1											
	≥93 on air																					
	88-92																					
	86-87										1											
	84-85										2											
	≤83										3											
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																				
	O$_2$ L/min or %										2											
	Device																					
C Blood Pressure mmHg Score uses systolic BP only If manual BP mark as M	≥220										3											
	201-219																					
	181-200																					
	161-180																					
	141-160																					
	121-140	122																				
	111-120	∧																				
	101-110										1											
	91-100	↓									2											
	81-90																					
	71-80																					
	61-70	70									3											
	51-60																					
	≤50																					
C Pulse Beats/min Manual pulse	≥131										3											
	121-130																					
	111-120										2											
	101-110																					
	91-100										1											
	81-90																					
	71-80																					
	61-70	69																				
	51-60																					
	41-50										1											
	31-40										2											
	≤30										3											
D Consciousness Score for new onset of confusion (or known if dementia)	Alert	A																				
	New Confusion										3											
	V																					
	P																					
	U																					
E Temperature °C	≥39.1°										2											
	38.1-39.0°										1											
	37.1-38.0°																					
	36.1-37.0°	36.3																				
	35.1-36.0°										1											
	≤35.0°										3											
NEWS TOTAL		0																				
Monitoring frequency		2o																				
Escalation of care Y/N		N																				
Blood Glucose reading or N/A		-																				
Pain score (0-10)		-																				
Initials		AJ																				

NEWS of 5 or more?
Think Sepsis!



In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

620101347R /E6214519 F
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21-Aug-67 **CHI:** 210 867 1080
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NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date		
		Time		
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	Eyes closed by swelling = C
		To speech	3	
		To pain	2	
		None	1	
	Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
		Confused	4	
		Inappropriate words	3	
		Incomprehensible sounds	2	
		None	1	
	Best Motor Response	Obey commands	6	Always record the best arm response
		Localise to pain	5	
		Flexion to pain	4	
		Abnormal flexion	3	
		Extension to pain	2	
		None	1	
		Total GCS Score		
Right Pupil		Size		+ reacts - no reaction c. eye closed
		Reaction		
Left Pupil		Size		
		Reaction		
LIMB MOVEMENT	ARMS	Normal power		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
	LEGS	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
		Initials		

Pupil Scale mm 1 2 3 4 5 6 7 8

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	**IV Line(s)**	**Oral Input**		**Input**		**Urine**		**Gastric**	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

CUTHILL, LYNDA ID:2108671080 10-Nov-2025 13:37:44 NHS LOTHIAN-RIEINT ROUTINE RECORD

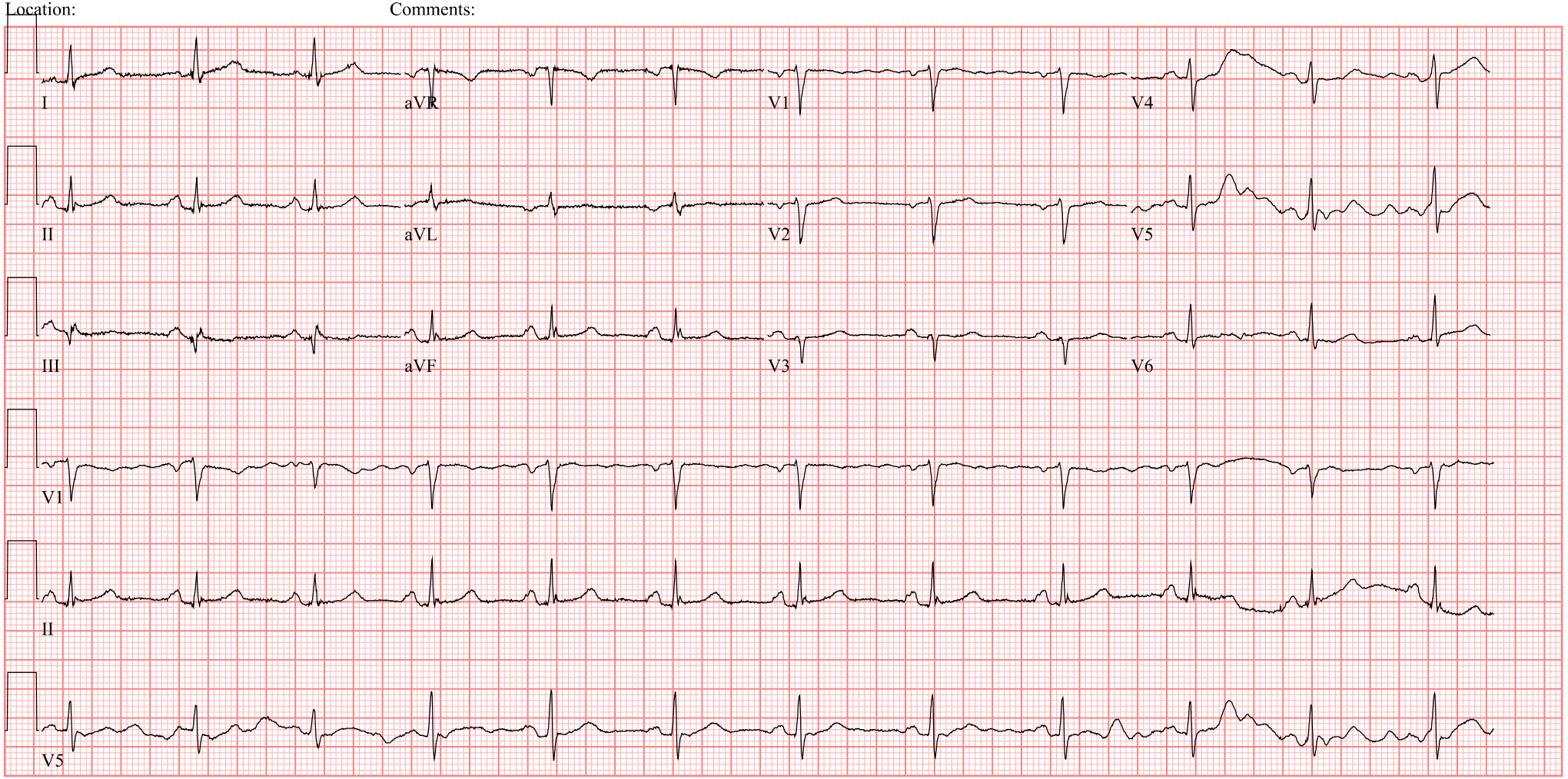
21-Aug-1967 (58 yr)
Female

Room:
Loc:90

Vent. rate	70	BPM
PR interval	162	ms
QRS duration	78	ms
QT/QTcB	382/412	ms
P-R-T axes	79 47	53

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 245 CID: 1989 SID: 1350872 EID: EDT: ORDER:

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Ear Nose and Throat

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 14/11/2025

Inpatient Discharge Summary

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (58 years) 620101347R
Ward	Ward 19A SJH	**Admission Date**	11/11/2025
Consultant	Mr AT Williams	**Discharge Date**	13/11/2025

Dear Dr Rana

Allergen (Group to which Allergen belongs)	Reaction
PENICILLINS	2 other adverse reaction - see TRAK

Discharge Drugs:

Colecalciferol 800unit tablets			
Dose	Route	Frequency	To Continue
800 unit	Oral	Once daily at 0700	Yes
Notes:			
Folic acid 5mg tablets			
Dose	Route	Frequency	To Continue
5 mg	Oral	Once daily at 0700	Yes
Notes:			
Lansoprazole 30mg gastro-resistant capsules			
Dose	Route	Frequency	To Continue
30 mg	Oral	Twice daily at 0700 & 1800	Yes
Notes:			
Levothyroxine sodium 50microgram tablets			
Dose	Route	Frequency	To Continue
50 microgram	Oral	Once daily at 0700	Yes
Notes:			

Dear Doctor

Ms Cuthill was admitted on 11/11 from the Royal Infirmary due to episodes of loss of consciousness, headaches and paraesthesia. She also reported worsening proptosis of her R eye and diplopia.
During her admission, she was investigated with a CT scan showed a right ethmoid mucocele and reviewed by opthalmology today 13/11 who will discuss long term management with Dr Peden.
As a result, she will return for decompression of right ethmoidal mucocele procedure under GA.
Safety netting and worsening advice has been provided.

PRINCIPAL DIAGNOSIS/PROCEDURE - R ethmoid mucocele

TREATMENT
-Due for urgent decompression procedure

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
-Urgent decompression of right ethmoidal mucocele under GA

CHANGES TO DRUGS SINCE ADMISSION
-nil

ALLERGIES / ADVERSE DRUG REACTIONS
-Penicillin

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
-nil

CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN
-nil

Should you need further information please contact ENT St John's Hospital, Livingston.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... Print Name.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is a final discharge letter

SURNAME Mr Mrs Miss	FIRST NAMES (Block Letters)	UNIT NUMBER

a) This is to certify that I am taking my own discharge from this hospital, against the advice of the Medical Staff.

Signature ..... Date .....

b) This is to certify that I am taking (patient's name) ..... away from this hospital on my own responsibility and against the advice of the

..... Date .....

.....

y

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

WL1-595 LEAVING AGAINST ADVICE

ADMISSION INFORMATION

Check/ name and date of birth/ address yes Correct lynda cuthill

Who lives with pt & NOK at home ~~so~~ Dot baga ?

Allergies Penacilli alone 07739867850

Past Medical History Thyroid ~~OV~~ overactive ?

What matters to you Bug ~~MSRA~~ from abroad long term

Job getting better no more hospital

housekeeper

Driver? NO

Smoking Habits yes 10-15 perday

Alcohol Intake special occasons

Mobility/ any previous falls 2 days previously mobilise independently

Diet Bad eater

Simple food

Weight 56.5kg Height 5.2

Bladder and Bowel Habits- (last BO?) Urea ~~tea~~ Diarrhea

Teeth/Dentures/ Oral Hygiene denture top

Glasses/ Hearing Aids no

Housing alone widowed

Sleeping Pattern ~~no sleep~~ dosnt sleep well due to thyroid

Venflon site/colour/dated? NA

MRSA/CPE/POC/PCR

Hospital outside Scotland in the last 12 months no

Package of Care

Skin no issues NA

Pregnant NO

Observations: Temp 36.6 Resps 16 Pulse 61 96%

Risk assessments PCCP: 12767 RA

falls risk

headache

Ward: M4 Site: SLH Date: 13/11/25

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign M Reg

620101347R F
CUTHILL Lynda
Name 21-Aug-67 CHI: 210 867 1080
71472 HS Rana
17 Badger Way
DOB EH17 8XD
Unit no. / CHI

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	08.00												
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓	–										
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	✓										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	Y										
	Positioning (R) or (L) side (B) Back (C) Chair	C	C										
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	I	I										
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y										
	Continence product changed/offered?	NA	✓										
	Catheter care performed?	NA	–										
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y										
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	I	I										
	Fluid Balance Chart (if clinically indicated)	–	–										
	When did you last eat?	B.	B.										
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**												
	Oral Hygiene Performed (ref to risk assessment)	✓	✓										
Falls	Appropriate Footwear?	✓	✓										
	Walking aid available(and within reach)	–	✓										
	Area de-cluttered?	Y	Y										
	Chair and bed height assessed?	Y	Y										
	Falls alarm in use and attached?	–	✓										
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	–	–										
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	N										
	Analgesia Given?	N	N										
General	Peripheral Venous Cannula observed?	N	N										
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y										
	Anything else I can do for you?	N	N										
	Buzzer within easy reach	Y	Y										
Personal Care *Type* IND *(specify)* **Time Given** _____													
Initials – document at time of care delivery	JM	M											

Ward:	Site:	Date:	Addressograph, or
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.			Name
1hrly 2 hrly 3 hrly _____hrly (please circle/complete)			DOB
Print name and sign _____			Unit no. / CHI

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830		
	08.00 am ← **24 hour period** →	**07.00 am**

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review	
Waterlow 10+ - Visual Skin Check (tick)	
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other……..
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan	
Have you changed position since last CR?	
Positioning (R) or (L) side (B) Back (C) Chair	
Mattress type / Cushion type	*please state type:*

Elimination

Do you need the toilet?	
Is the patient continent of urine? (at time of Care Rounding)	
Continence product changed/offered?	
Catheter care performed?	
Catheter bundle updated daily	position catheter below the bladder / no more than 2/3 full with connections intact
Is patient continent of faeces? (at time of Care Rounding)	
Bowel function monitored	Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach	
Fluid Balance Chart (if clinically indicated)	
When did you last eat?	
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance	**Update Food Chart if required**
Oral Hygiene Performed (ref to risk assessment)	

Falls

Appropriate Footwear?	
Walking aid available(and within reach)	
Area de-cluttered?	
Chair and bed height assessed?	
Falls alarm in use and attached?	
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	
Requires close observation for commode, toilet, bathing or showering	Y ☐ N ☐

Pain

Are you in pain?	
Analgesia Given?	

General

Peripheral Venous Cannula observed?	
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**	
Are you comfortable? Y/N	
Anything else I can do for you?	
Buzzer within easy reach	

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery	

Ward: 19A Site: SJH Date: 12-11-25

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign

620101347R F
CUTHILL Lynda
Nat 21-Aug-67 CHI: 210 867 1080
71472 HS Rana
17 Badger Way
DO EH17 8XD

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0800	1200	1600	2000	2400								
	08.00 am ◄			24 hour period		► 07.00 am							
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review.** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓	✓	✓									
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	NJ	WS	WS	WS						
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	Y	Y	Y	Y	Y						
	Positioning (R) or (L) side (B) Back (C) Chair	R	B	C	I	I	I						
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	I	I	I	I	I	I						
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	AS						
	Continence product changed/offered?	NA	NA	NA	WA	✓							
	Catheter care performed?	NA	NA	NA	WA	✓							
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	I	I	I	Y	Y							
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	FFM	✓	Y	W	W	W						
	Fluid Balance Chart (if clinically indicated)	✓	✓	N	W	W	W						
	When did you last eat?	FFM	✓	S	S	S	S						
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**												
	Oral Hygiene Performed (ref to risk assessment)	I	I	I	I	✓	✓						
Falls	Appropriate Footwear?	Y	Y	Y	Y	Y	Y						
	Walking aid available(and within reach)	NA	NA	NA	WA	WA	WA						
	Area de-cluttered?	Y	Y	Y	Y	Y	Y						
	Chair and bed height assessed?	Y	Y	Y	Y	Y	Y						
	Falls alarm in use and attached?	NA	NA	NA	WA	✓	✓						
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	✓	✓	✓	✓	✓	✓						
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	N	N	W	W	AS						
	Analgesia Given?	N	N	N	W	W	W						
General	Peripheral Venous Cannula observed?	N	N	N	WS	WS	WS						
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y	Y	Y	Y	Y						
	Anything else I can do for you?	N	N	N	W	W	W						
	Buzzer within easy reach	Y	Y	Y	Y	Y	Y						

Personal Care *Type* IND - shower *(specify)* **Time Given**

Initials – document at time of care delivery	JM	JM	JM	AM	AM	AM							

Ward: 11/11 Site: 19A Date: 11-11-25

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly ____hrly (please circle/complete)

Print name and sign _____

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	1830	2000	0400										
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	NS	n	NBAP									
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	/											
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	Y	I	I	I								
	Positioning (R) or (L) side (B) Back (C) Chair	C	B	B	B								
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	I	I	I	I								
	Is the patient continent of urine? (at time of Care Rounding)	Y	y	Y	Y								
	Continence product changed/offered?	/	na	na	na								
	Catheter care performed?	/											
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	Y	I	I	I								
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	I	I	I	FFM								
	Fluid Balance Chart (if clinically indicated)	/	na	na	na								
	When did you last eat?	D	D	D	D								
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**												
	Oral Hygiene Performed (ref to risk assessment)	I	I	I	I								
Falls	Appropriate Footwear?	Y	Y	Y	Y								
	Walking aid available(and within reach)	Na	na	na	na								
	Area de-cluttered?	Y	Y	Y	Y								
	Chair and bed height assessed?	Y	Y	Y	Y								
	Falls alarm in use and attached?	/	na	na	na								
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	/	na	n	n								
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	n	n	AD								
	Analgesia Given?	N	n	n	AD								
General	Peripheral Venous Cannula observed?	Na	n	na	n								
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N	Y	Y	Y	AD								
	Anything else I can do for you?	N	n	n	AD								
	Buzzer within easy reach	Y	Y	Y	Y								
Personal Care *Type* _____ *(specify)*	**Time Given** _____												
Initials – document at time of care delivery	AR	LM	LM	LM									

Eye Department Continuation Sheet

~~NA, AT, VF~~ disc + mac oct ✓

NHS Lothian

Addressograph Label

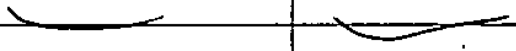
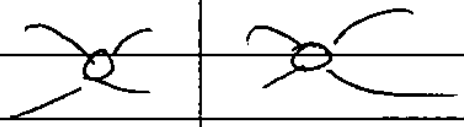
620101347R F 21/08/1967
Name: Cuthill, Lynda
17 Badger Way,
Edinburgh,
D.o.B: EH17 8XD

CHI No: CHI 2108671080 [redacted]
71472 HS Rana

Forgot glasses.

JXK

DATE	RIGHT EYE	LEFT EYE	SIGNED
13/11/25	6/9 (UA)	6/6	
e9.00	N48 (UA)	N48	
	16 IOARE 21		SCDugan
	OCT disc RE WNL		
	LE WNL		
	mac RE WNL		
	LE WNL		
CT:	R ethmoid sinus mass ?mucocele		
	associated mass effect with lateral displacement of		
	R MR		
	Unsure of clinical plan from ENT		
	- Not noticed any change since seeing Dr Peden		
	last year		
	- Feels proptosis has got worse		
	- No diplopia	Current tx:	
	- Headaches past 6-7 months	Lovothyrovine 50mg OD	
	- Feels dry eyes	L have considered	
	L does not wish to put	reducing	
	dry eye drops in		

DATE	RIGHT EYE	LEFT EYE	SIGNED
	Previous exopthalmometr		
		101	
		18·5 17·5	
	Exopthalmometr		
	101		
	19 18		
	17 Palpebral aperture 14		
	6 MRD1 3		
	14 LF 15		
			
			
	R upper lid retraction		
	17/17 Ishihara 17/17		
	AS		
			
	Imp: no current effect on eyes		
	Plan inform ENT		
	inform Dr Peden of admission		

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Ear Nose and Throat

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 20/11/2025

Inpatient Discharge Summary

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (58 years) 620101347R
Ward	SJH Day Surgery Centre	**Admission Date**	18/11/2025
Consultant	Mr Anas Gomati	**Discharge Date**	19/11/2025

Dear Dr Rana

Operation Note

Admitted: 18/11/25
Discharged: 19/11/25

Surgeon: Mr Gomati
Anaesth: Dr Crawford

Clinical Diagnosis:
1. Right-sided mucocele creating a proctocyst
2. Previous bilateral medial decompression for thyroid eye disease.

Recommendation:
1. Salt water nasal rinsing twice a day until follow-up.
2. Fluticasone nasal drops to be added to salt water nasal rinse until follow-up.

Follow-up:
Mr Gomati in 4-6 weeks for removal of a Sialastic sheets.

Your patient underwent the above named procedure for drainage of a mucocele that was causing further proptosis. This was picked up last week during a hospital visit to the Royal Infirmary due to ?loss of consciousness, a headache and paraesthesia. She is awaiting bilateral lateral decompressions under our ophthalmology colleagues care. I proceeded by carrying out a middle turbinate resection, revision sinus surgery on the right-hand side and drainage of the mucocele. There was no peri-procedural concerns. I will keep you posted with her progress.

Yours sincerely

Dictated but not signed to expedite delivery.

Mr Anas Gomati, MB BCh, DOHNS, FRCSEd ORL-HNS
Consultant Rhinologist & Endoscopic Skull Base Surgeon
AG/JT 20/11/2025

Secretary: Keryn Reddie
Contact: 0131 536 4453
Working Hours: Monday Friday (09.00 17.00)

GP enquiries only: loth.entsecretaries@nhs.scot

St John's Hospital Day Surgery Booklet

NHS Lothian

ENT

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Date: 18/11/25 Time patient arrived: 1100

Consultant: AG

Theatre no: 3

Next of kin details

Name: Dot Baigan Relationship: Auntie

Address:

Phone no: 07739 867850

Escort details

Name: As NOK Phone no:

	Ward	Theatre Reception	Anaesthetic Room
• Patient ID: bracelets x2 / Allergy band	☑	☑	☑
• Consent form signed	☐	☑	☑
• Operation site marked or obvious	☐ / n/a	☑ / n/a	☑ / n/a
• Patient Hospital notes / ward charts (inc. results / kardex / anaesthetic chart)	☑	☑	☑
• Bladder emptied	☑	☑	
• Underwear: disposable / removed	☐ / n/a	☑ / n/a	☐ / n/a
• Contact lens removed	☐ / n/a	☑ / n/a	☐ / n/a
• Prosthesis removed	☐ / n/a	☑ / n/a	☐ / n/a
• Hearing aid / glasses with patient	☐ / n/a	☑ / n/a	☐ / n/a
• Jewellery / piercings removed / taped	☑ / n/a	☑ / n/a	☑ / n/a
• TEDS	☑ / n/a	☑ / n/a	☑ / n/a
• Pre-med / pre-op analgesia given	☐ / n/a	☐ / n/a	☐ / n/a

• Fasted from: 2200 food Tea 0730 STS LMP

• Patient pregnant Yes ☐ No ☐

• Blood glucose level if required Value Time

• Patient temperature in anaesthetic room Value Time

Other issues including TRAK alerts: Top dentures No cpe MSK

Signatures: [signature] [signature]

Names: Ward Flemming

Nurse led discharge

• Post op surgical visit	☑ / not needed	• IV access device removed	☑
• Post op anaesthetic visit	☐ / not needed	• Post op instructions understood	☑
• Observations stable and satisfactory	☑	• GP letter provided	☐
• Alert, orientated & ambulant	☑	• Follow up appointment made	☑ n/a
• Drinking and eating	☑	• Take home medicines	☑ n/a
• Analgesia satisfactory	☑	• Dressings provided	☐ n/a
• No nausea / vomiting	☑	• Physiotherapy organised	☐ n/a
• Passed urine	☑	• Community care organised	☐ n/a
• Operation site satisfactory	☑	• Sick absence note provided	☐ n/a

Discharge time: 2020 Date: 19/11/25

Signature of Nurse: [signature] Patient Signature: [signature]

Received discharge:

St John's Hospital Day Surgery Booklet

NHS Lothian ENT

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Date: 18/11/25 Time patient arrived: 1100

Consultant: AG

Theatre no: 3

Next of kin details

Name: Dot Bagan Relationship: Auntie.

Address:

Phone no: 07739 867850.

Escort details

Name: AS NOK. Phone no:

	Ward	Theatre Reception	Anaesthetic Room
• Patient ID: bracelets x2 / Allergy band	☑	☑	☑
• Consent form signed	☐	☑	☑
• Operation site marked or obvious	☐ / n/a	☑ / n/a	☑ / n/a
• Patient Hospital notes / ward charts (inc. results / kardex / anaesthetic chart)	☑	☑	☑
• Bladder emptied	☑	☑	
• Underwear: disposable / removed	☐ / n/a	☒ / n/a	☐ / n/a
• Contact lens removed	☐ / n/a	☒ / n/a	☐ / n/a
• Prosthesis removed	☐ / n/a	☒ / n/a	☐ / n/a
• Hearing aid / glasses with patient	☐ / n/a	☒ / n/a	☐ / n/a
• Jewellery / piercings removed / taped	☑ / n/a	☒ / n/a	☑ / n/a
• TEDS	☑ / n/a	☒ / n/a	☑ / n/a
• Pre-med / pre-op analgesia given	☐ / n/a	☒ / n/a	☐ / n/a
• Fasted from: 22⁰⁰ food Tea 0730	STS.	LMP	
• Patient pregnant	Yes ☐ No ☐		
• Blood glucose level if required	Value	Time	
• Patient temperature in anaesthetic room	Value	Time	

Other issues including TRAK alerts: Top dentures. No cpe MSK.

Signatures: Ward HFleming

Names: Ward HFleming

Nurse led discharge

• Post op surgical visit	☑ / not needed	• IV access device removed	☑
• Post op anaesthetic visit	☐ / not needed	• Post op instructions understood	☑
• Observations stable and satisfactory	☑	• GP letter provided	☑
• Alert, orientated & ambulant	☑	• Follow up appointment made	☑ n/a
• Drinking and eating	☑	• Take home medicines	☑ n/a
• Analgesia satisfactory	☑	• Dressings provided	☐ ~~n/a~~
• No nausea / vomiting	☑	• Physiotherapy organised	☐ n/a
• Passed urine	☑	• Community care organised	☐ ~~n/a~~
• Operation site satisfactory	☑	• Sick absence note provided	☐ ~~n/a~~

Discharge time: 0920 Date: 19/11/25

Signature of Nurse: Patient Signature:

Received discharge:

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

CHI: ..... M / F

Consultant: Thomson

Planned procedure: Right Revision Endoscopic Sinus Surg. + Drainage of Mucocele + Adhesiolysis.

Common risks: Bleed, infxn, stenosis

Less common risks: orbital injury, diplopia, CSF leak

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature: ..... Date: 18/11/25

Name and status of practitioner: D. Thomson

Re-confirmation of consent on the day of admission

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

Name and status of practitioner: .....

Medical Students

- I agree to allow students to be present in theatre (tick box): Yes ☑ No ☐
- I agree to be examined by a medical student whilst under general anaesthesia in theatre: Yes ☐ No ☐

Medical Photography (I agree to being photographed)

- For my medical records for the purpose of diagnosis and treatment: Yes ☑ No ☐
- For the purpose of teaching and education: Yes ☑ No ☐
- For the purpose of publication: Yes ☑ No ☐
- To be shown to other patients (as an example): Yes ☐ No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☐ No ☑

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☑ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☑ That anaesthesia (general / regional / local) or sedation will be needed.
- ☑ That the procedure may not be done by the practitioner who has been treating me so far.
- ☑ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☐ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

.....

Signature: ..... Name: Lynda Cuthill

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

Medical History (refer to pre-admission documents if available)

Please list any allergies and describe nature of allergy

Penicillin

Please list current medications and tick those taken today

Levothyroxine 75micrograms ✓
Colecalciferol 800units ✓
Lansoprazole 30mg ✓

Please complete the following if you were NOT assessed by the pre-admission service

Have you had any problems with anaesthesia in the past? Yes ☐ No ☑

Please provide details of any problems:

Has anyone in your family had problems with anaesthesia? Yes ☐ No ☑

Please provide details of any problems:

Please provide any other information about your family medical history that you think we should know about:

Please list any operations you have had with their approximate dates:

Have you currently or ever had any of the following? If so please provide approximate dates and any other details you feel might be useful

	Yes	No
• High blood pressure		✓
• Heart attack		✓
• Angina / chest pains		✓
• Stroke or transient ischaemic attack		✓
• Heart murmur		✓
• Pacemaker (please indicate when last checked)		✓
• Tendency to faint easily		✓
• Shortness of breath		✓
• Asthma or bronchitis		✓
• Current cold or cough		✓
• Diabetes		✓
• Epilepsy		✓
• Anaemia or bleeding tendency		✓
• Indigestion, ~~heartburn~~ or hiatus hernia	✓	~~✓~~
• Muscle disease or weakness		✓
• Arthritis		✓
• If female, are you pregnant?		✓

Do you smoke? Yes ☑ No ☐ If so, how much per day? 10 - 15

Do you drink alcohol? Yes ☑ No ☐

How much do you drink on average each week? (one bottle of wine = 9 units) within limits.

When did you last have an alcoholic drink?

Anaesthetic Record

MP-3.
NM 73cm.
TOP DENTURES
FRENUM.

Pre-op information

ASA ..... BP 143/79 PULSE 79 SpO_2 96 Temp 36.2 Wt ..... Ht ..... BMI .....

BACKGROUND (68) → HYPOTHYROIDISM → GOUT

NO PROBLEMS W/ PREVIOUS GAS

GOOD ET.

REFLUX - SETTLED W/ PPI.

LOC → ADMITTED LAST WEEK

LAST ATE 09:30pm.

?2° TO ETHANOL WITHDRAWAL - NO OBJECTIVE VISUAL ISSUE

TEA AT 07:30am.

Information given to patient: DRY MOUTH, SORE THROAT, DENTAL DAMAGE, ALLERGIC REACTION, NERVE DAMAGE W/ OBJECTIVE OPPORTUNITY FOR QUESTIONS

RASH. NO TONGUE SWELLING. PENICILLIN ALLERGY

MEDICATION AS LISTED

SMOKES 10-15 /DAY.

REGIONAL - NOT DISCUSSED. ECHO - SEVERE RHYTHM.

BLOODS 11/11
→ FBC - SATISFACTORY
→ UEE - SATISFACTORY
→ LFTS - ✓

HEAVY W/ IBUPROFEN

Anaesthesia details

Anaesthetist(s) name & grade: S. OKE (SAS) Date: 18/11/25

Supervising Consultant: DR GEORGE (CONS)

Machine check ☑ Trained assistant ☑ Prelist brief / Surgical pause ☑

Vascular access (site / device / size)

20 GAUGE (RIGHT HAND)

Induction TIVA

~~Propofol ——— mg~~

ELEVATED PROPOFOL TCI 4.0 → 5.0 (mcg/ml)

ELEVATED REMIFENTANIL TCI 4.0 (ng/ml).

ROCURONIUM 50mg.

Maintenance TIVE

Airway / Circuit / Machine

ETT - SOUTH FACING BAG, 7.0, FIXED 20cm

LARYNGEAL MASK SIZE 5.

Easy to hand ventilate? Yes ☑

Laryngoscopy grade MACKEN - GRADE 1 W/ VC MANIPULATION ON 1ST ATTEMPT

Monitors:

Minimal monitoring ☑

Others

NMB.

BIS

Eye care — Tape ☑ (LEFT) Lubricant ☑ (RIGHT) Padded ☐

Pressure care ☑

Fluid warmer ☐

Warming blanket ☑

DVT prophylaxis ☐ n/a ☐ (PLOMIN + TED)

Post Op DVT prophylaxis ☐ n/a ☑

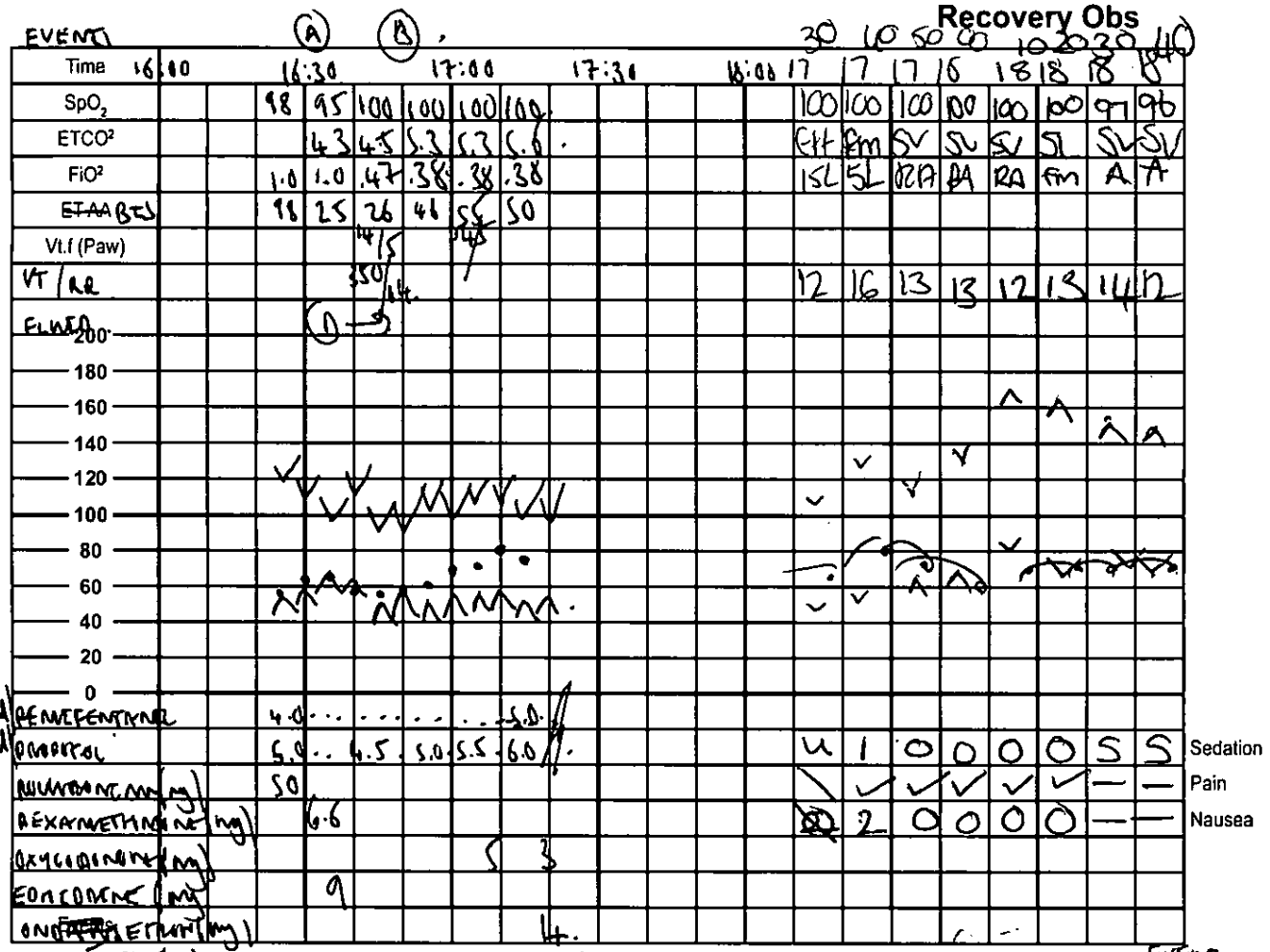
Antibiotics ☐ n/a ☑

Patient / Limb position

SUPINE, HEAD NEUT.

ARMS AT SIDE.

Significant issues or events



FLUID

① PLASMA LYTE 148. (500ML)

2mg IV oxycodone given @ 1805 RJ/AR
2mg IV oxycodone given @ 1810 RJ/AR
2mg IV oxycodone given @ 1815 AR/RJ
2mg IV oxycodone given @ 1820 AR/RJ
2mg IV oxycodone given @ 1825 AR/RJ

400

↑ 4 TWITCHES NO FADE

Temp 36.6

EVENT INFORMATION

(A) INDUCTION

(B) MTS

NEWS 0

Recovery

Anaesthetist instructions: Routine obs ☑ O_2 as needed to maintain SpO_2>93% ☑

Tick if you want to see patient before discharge ☐

Recovery comments:

Received in Recovery ET tube insitu expelled by anathematist, fm and O2 applied now self ventilating on R/A

- IV access right hand - Pink cannula IV fluids ran through.
- IV ondansetron given and IV paracetamol given. - has complained of a headache
- Surgical site checked no active bleeding from nose.
- IV analgesia given as charted.

Patient appears settled. Able to sleep -

Arrival time in recovery: 17 Time discharged to ward: .....

Recovery nurse: Sam / ARussell Signature: S.S ARussell SN

episode of hypertension, setting following administration of analgesia.

ARUSSELL ARussell

Prescription and administration record

If an additional prescription chart is in use tick this box ☐

Codes for non-administration of prescribed medicine

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as follows:

Patient refuses	1	Vomiting / nausea	8
Patient not present on ward	2	Time varied on Dr's instructions	9
Medicines not available (check ordered)	3	Once only / prn medication given	10
Instructions not clear or illegal	4	Dose withheld on Dr's instructions	X
Nil by mouth	5	Possible drug reaction / side effect	12
Asleep / drowsy	6	Self administered by patient	13
Administration route not available (check for an alternative)	7	Other reasons	14

Pre-operative and once only medication

Date	Time	Drug / PGD No.	Dose	Route	Prescriber Signature / Name	Time given	Given by	Checked by
8/11/25	THEATRE RECOVERY	OXYCODONE	0-20mg	IV	S. Owen	1805	AR	
	Theatre Recovery	FENTANYL	microg max total	IV				

10MG GIVEN

Regular Therapy

Drug		Date				
PARACETAMOL		Time				
Dose	Route	6				
1g	Oral	8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
IBUPROFEN		Time				
Dose	Route	8				
400mg	Oral	8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	8				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

As Required Therapy

Drug		Date				
MORPHINE		Time				
Dose & Frequency	Route	Dose / Route				
10mg hourly	Oral	Initials				
Signature / Name	Start Date	Date				
S. ONE	18/11/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
PRN / MAX 40mg IN 24 HOURS		Initials				

Drug		Date	18/11			
PARACETAMOL		Time	1745			
Dose & Frequency	Route	Dose / Route	1g IV			
1000mg / 4°	ORAL/IV	Initials	SS			
Signature	Start Data	Date				
S. ONE	18/11/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
PRN / MAX 4000mg IN 24 HRS		Initials				

Drug		Date				
TRAMADOL		Time				
Dose & Frequency	Route	Dose / Route				
50-100mg 4°	Oral / IV	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
IBUPROFEN.		Time				
Dose & Frequency	Route	Dose / Route				
400mg / 8°	ORAL	Initials				
Signature / Name	Start Date	Date				
S. ONE	18/11/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
MAX 1200mg IN 24 HOURS / PRN.		Initials				

Drug		Date				
DIHYDROCODEINE		Time				
Dose & Frequency	Route	Dose / Route				
30mg 4°	Oral	Initials				
Signature / Name	Start Date	Date				
S. ONE	18/11/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
PRN / MAX 120mg IN 24 HRS		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
CYCLIZINE		Time				
Dose & Frequency	Route	Dose / Route				
50mg 8°	Oral/IV/IM	Initials				
Signature / Name	Start Data	Date				
S. ONE	18/11/25	Time				
Indication / Notes	Pharmacy	Dose / Route				
NAV PRN / MAX 150mg IN 24 HRS		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date	18/11			
ONDANSETRON		Time	1745			
Dose & Frequency	Route	Dose / Route	4mg IV			
4mg 6°	Oral/IV/IM	Initials	SS			
Signature / Name	Start Date	Date				
S. ONE.		Time				
Indication / Notes	Pharmacy	Dose / Route				
NAV / MAX 12mg IN 24 HRS		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Surgeon's Operation Notes

Affix patient label

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Patient's na
Hospital nur
Date of birth
CHI:

Consultant: Ramakrishnan

Surgeon	Assistants	Scrub Nurse	Operation
Ramakrishnan		Joanne	(L) Revision ESS + MTR. (R) Adhesion division

Surgeon's operation notes

Findings - (L) 2x Adhesions between septum + lat. nasal wall.
- (R) Medial decompression rtcd.
- MT - Adherent & cleaty Mucosa.
- MT Resection - Mucosal cavity flushed & opened

procedure - GA, CA x 1 vial
Adhesion division (L)
(R) Revision ESS + MT Resection.
Mucosa dissected + DRA & ZA
Haemostasis.
post-op +
Silastic on septum

plan - clarithromycin 500mg / bd / 10 days.
- Home today
- F/u 4-6 wks.
- Nasal rinse / bd
- Fluticasone nasal drops / bd / 6 wks.

Surgeon's operation notes - continued

Ward instructions

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: .....

Name: ..... Date: .....

Theatre Equipment Stickers

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

Affix
Pat CUTHILL Lynda
Hos 21-Aug-67 **CHI:** 210 867 1080
Date 71472 HS Rana
CHI: 17 Badger Way
EH17 8XD
F

Consultant:
Operator:
GP:

Dear

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation:

Findings / Results:

Further treatment is planned as follows:

Removal of sutures:

Follow up arrangements:

Sickness absence form has been issued for: days / weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN				
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	..... capsules ..... capsules		
Morphine sulphate 10mg MR tablets	.....mg .....tabs	Twice daily	..... tablets ..... tablets		
Morphine sulphate 10mg/5ml oral solution	.....mg	.....Hourly PRN Max.....times daily	..... millilitres ..... millilitres		

Signature: Date: 19/11/25

Name: Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

Affix patient label

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Patient's
Hospita
Date of
CHI:

Consultant:
Operator:
GP:

Dear Doctor,

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation: Rev. R, C5 + N.R

Findings / Results:

Further treatment is planned as follows:

Removal of sutures:

Follow up arrangements: 11, Consult 4 6wk.

Sickness absence form has been issued for: days / weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN	7			
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	..... capsules ..... capsules		
Morphine sulphate 10mg MR tablets	.....mg .....tabs	Twice daily	..... tablets ..... tablets		
Morphine sulphate 10mg/5ml oral solution	.....mg	..... Hourly PRN Max..... times daily	..... millilitres ..... millilitres		

Signature:

Date: 13/11/25

Name:

Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

NHS Lothian

Essential Scanning Sheet

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

PATIENT PROGRESS NOTES /COMMUNICATION SHEET

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Hospital ☐ OPD ☐ Ward ☐ Clinical area

State Action/s taken After Exception Reporting
Each entry should be dated and timed

Date and Time	Progress notes / Problems Action Taken and Investigations Required	Signature (Print name & designation)
19/1/25	Returned to ward following a Right revision endoscopic sinus surgery and drainage of mucocele and adhesions. Allergy to penicillin. PMH - indigestion. Overnight stay due to being back pain meane late and very drowsy as had a lot of analgesia in recovery. Has now ate, drank and passed urine. Reposed pain relief last night stating it doesn't work. Slept well. Ventolin aut, NEWS 1, BP 109s/pt.	[redacted] S/N

Authorised: Nov 2022
Review: Nov 2025

Essential Scanning Sheet

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

NHS Lothian

PATIENT PROGRESS NOTES /COMMUNICATION SHEET	Addressograph, or Name DOB Unit No./CHI

Hospital	☐ OPD	☐ Ward	☐ Clinical area

State Action/s taken After Exception Reporting
Each entry should be dated and timed

Date and Time	Progress notes / Problems Action Taken and Investigations Required	Signature (Print name designation)

Authorised: Nov 2022
Review: Nov 2025

NHS Lothian

Intra ...an

Patien

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Consultant: Mr GOMATI

Theatre no: 3

Local Anaesthetic Patients

Observations	Sp02	HR
	O2 required	

Pre-list Briefing Yes ☑ No ☐

Surgical Pause Yes ☑ No ☐

Date: 18/4/25 Time: 16.42 Signature: D. Kuepal

Patient Position (tick all that apply)

Supine ☑	Prone ☐	Lloyd Davies ☐
Neck Extension ☐	Lateral Right Down ☐	Lateral Left Down ☐
Traction ☐	Other	

Table fitting and attachments (tick all that apply)

Mattress Type:		
Anaesthetic Screen ☐	Arm Board ☐	Arm Rest ☐
Arm Retainer ☑	Arm Table ☐	Head Ring ☑
Heel Pad ☐	Lateral Supports ☐	Oxford Help ☐
Pillow ☐	Sandbag ☐	Warming Blanket ☑
Other		

Ted Stockings		Pneumatic Boots	
On ☑	Off ☐	On ☑	Off ☐

Catheter			
Type:	Indwelling: ☐ Temporary: ☐	Cath. Bag: ☐ Urometer: ☐	Prep:
Size:	Time inserted:	Lubricant:	Balloon Capacity:
Signature:			

Tourniquet (tick all that apply)

Site		Side		Time	
Ankle	☐	Right	☐		
Arm	☐	Right	☐	Time on:	
Thigh	☐	Left	☐	Time off:	
Digit	☐		☐	Total time	
Surgeon informed at:		1hr ☐	2hr ☐		

Diathermy Plate Position (tick all that apply)

Site		Side		Type	
Abdomen	☐		☐		
Back	☐		☐		
Buttock	☐	Left	☑	Monopolar	☑
Thigh	☑	Right	☐	Bi-Polar	☐
Other:					
Skin condition on plate removal:		Intact ☐		Broken ☐	

Skin Prep (tick all that apply)

Betadine	☐	Betadine Alcoholic	☐	Betadine Scrub	☐
Chloraprep	☐	Chlorhexidine 0.5% in spirit	☐	IPA	☐
Tisept	☐	Other	☐	None	☑

Peri-Operative Infiltration		Wound Lavage	
Type:	Amount:	Type:	Amount:
Lignospan	4.4ml		

Prosthesis / Implants (put traceability labels on last page or back of consent form)	
Yes	Details
No	

Procedure Performed

Right nerveon endoscopic sinus surgery + drainage of mucocele + adhesions.

Intraoperative Counts

Initial Count	Intraoperative	Intraoperative/ Handover	Final
Correct: Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Signature:			DK
Discrepancy:			
Action taken:			

Drains

Type:
Site:
Sutured in Yes No

Skin Closure

Sutures:
Staples:
Non Closure:

Packs

Dressings

silicone splint + posisep X

Splints

Type	Site
POP Backslab	
POP CAST	
Zimmer	
Nasal Splints	silicone splint - ethilon to secure.
Other	

Blood Loss

Swabs:	
Suction:	
Total:	EBL 150mls

Specimens

Pathology:	
Microbiology:	
Other:	

Tissue uplift by Porter (as per protocol)

Handover to Recovery		
Yes ☑	No ☐	N/A ☐

	Print	Sign
Scrub Nurse	S. FALCONER.	

Traceability Labels

NHS LOTHIAN - Nasal Pack Mölnlycke Health Care
7 313660 648899
2028-03-28
REF 97081462-02
LOT 25255610
0068

RHINOFORCE THROUGH CUTTING FORCEPS PACK
ID: A058375
2025 11 17 PT0106
Hospital Sterilising&Disinfection

SEPTAL TRAY ENT
2025 11 16 ENT014
Hospital Sterilising&Disinfection

FESS TRAY ENT
2025 11 16 ENT004
Hospital Sterilising&Disinfection

Surgeon's Operation Notes

Affix patient label

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

Patient's na:
Hospital nur
Date of birth
CHI:

Consultant: Kennedy

Surgeon	Assistants	Scrub Nurse	Operation
Kennedy		Joanne	(L) Revision ESS + MTR. (R) Adhesion division

Surgeon's operation notes

Findings - (L) 2x Adhesions between septum + lat. nasal wall.
- (R) Medial decompression ntcd.
- MT - Adherent & cranky Mucosa.
- MT Resection - Mucosa cauty stripped & opened

Procedure - GA, CA x 1 vial
Adhesion division (L)
(R) Revision ESS + MT Resection.
Mucosa stripped + DRA f2A
Haemostasis.
post nasal packs
Silastic on septum

plan - clarithromycin 500mg / bd / 10 days.
- Home today
- F/u 4-6wks.
- Nasal rinse / bd
- Fluticasone nasal drops / bd / 6wks.

Surgeon's operation notes - continued

Ward instructions

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: .....

Name: ..... Date: .....

Anaesthetic Record

Pre-op information

ASA ____ BP 143/79 PULSE 79 SpO_2 96 Temp 36.2 Wt ____ Ht ____ BMI ____

BACKGROUND (SB) — NORFOLK ISLAND W/ RECENT UAE

↳ HYPOTHYROIDISM

↳ GOUT

GOOD ET. — SMOKES 10-15 CPD.

REFLUX - SETTLED W/ PPI. — ALCOHOL - MAC 6UW - SOCIAL

LOC → PROMOTED LAST WEEK — LAST ATE 09:30pm. — BLOODS 11/11

?2° TO ETHANOL WITHDRAWAL — TEA AT 07:30am.

NO RECENT VISUAL ISSUES

Information given to patient: PAIN, NAUS, SORE THROAT, DENTAL DAMAGE, ALLERGIC REACTION, NERVE DAMAGE W/ OBSTETRICS, APPROPRIATELY FOR OPERATION

RASH. NITROUS SWELLING PENICILLIN ALLERGY MEDICATION AS LIST

↳ FBC - SATISFACT

↳ U&E - SATISFM

↳ LFTs - ✓

CHEST W/ ECHOCARDIOGRAM

AP-3. M 73cm. TOP DENTURES FROM.

Anaesthesia details

Anaesthetist(s) name & grade: S.OME (SAS) Date: 18/11/25

Supervising Consultant: DR LEADER (CONS)

Machine check ☑ Trained assistant ☑ Prelist brief / Surgical pause ☑

Vascular access (site / device / size)

20 CANULE (RIGHT HAND)

Induction TIVA

~~Propofol mg~~

ELEVATED PROPOFOL TCI 4.0 → 5.0 (mcg/ml)

ELEVATED REMIFENTANIL TCI 4.0 (ng/ml).

ROCURONIUM 50mg.

Maintenance TIVE

Airway / Circuit / Machine

ETT - SOUTH FACING RAE, 7.0, FIXED 20cm

LEMAC

NGTS CS².

Easy to hand ventilate? Yes ☑

Laryngoscopy grade MURPHY - GRADE 1 W/ VC SUMMERFIELD ON 1ST ATTEMPT

Monitors:

Minimal monitoring ☑

Others

NMB.

BIS

Eye care — Tape ☑ (LEFT) Lubricant ☑ (RIGHT) Padded ☐

Pressure care ☑

Fluid warmer ☐

Warming blanket ☑

DVT prophylaxis ☑ n/a ☐ (P LOW MWH + TED)

Post Op DVT prophylaxis ☐ n/a ☑

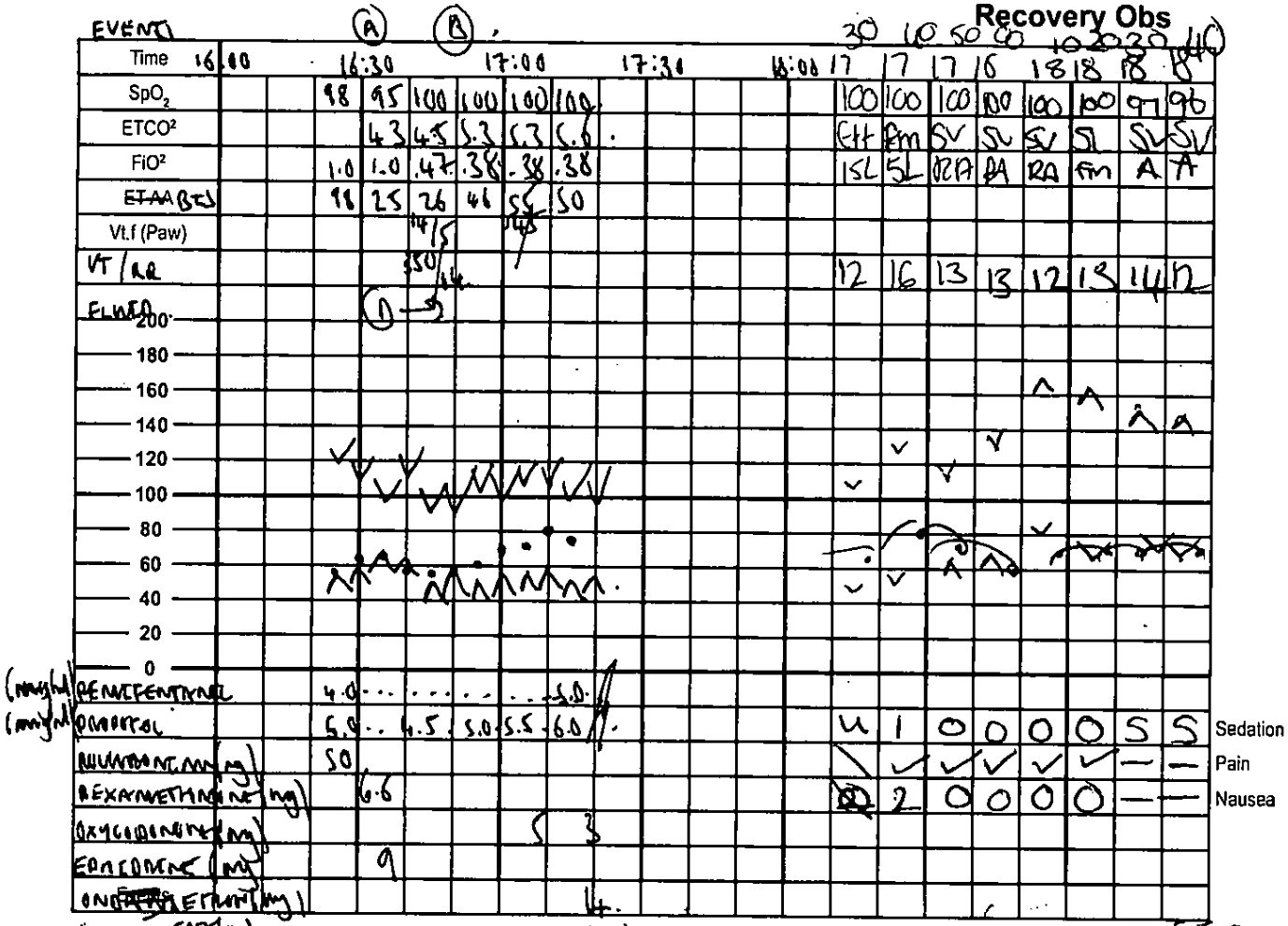
Antibiotics ☐ n/a ☑

Patient / Limb position

SUPINE, HEAD NEUT.

ARMS AT SIDE.

Significant issues or events



FLUID

(1) PLASMA LYTE 148.
(500ML)

400

4 TWITCHES
NO FADE

Temp 36.6

EVENT INFORMATION

(A) ENDOTRACH

(B) MTS

2mg IV oxycodone given @ 1805 RS/AR
2mg IV oxycodone given @ 1810 RS/AR
2mg IV oxycodone given @ 1815 AR/RS
2mg IV oxycodone given @ 1820 AR/RS
2mg IV oxycodone given @ 1825 AR/RS

NEWS 0

Recovery

Anaesthetist instructions: Routine obs ☑ O_2 as needed to maintain SpO_2>93% ☑

Tick if you want to see patient before discharge ☐

Recovery comments:

Recieved in Recovery ET tube insitu expelled by anathematist, fm and O2 applied now self ventilating on R/A

IV access right hand - Pink cannula IV fluids ran through. IV ondansetron given and IV paracetamol given. - has complained of a headache
Surgical site checked no active bleeding from nose.
IV analgesia given as charted.
Patient appears settled. Able to sleep.

Arrival time in recovery: 17 Time discharged to ward:

Recovery nurse: Sam / ARussell Signature: S.S ARussell SN

episode of hypertension, setting following administration of analgesia.

ARUSSELL ARussell

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

620101347R F
CUTHILL Lynda
21-Aug-67 **CHI:** 210 867 1080
71472 HS Rana
17 Badger Way
EH17 8XD

CHI: ..... M / F

Consultant: Kumar

Planned procedure: Right Revision Endoscopic Knee Surg. + Drainage of Muscle + Arthroscopy R/V

Common risks: bleed, infxn, stiffness

Less common risks: nerve injury, diplopia, CSF leak

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature: ..... Date: 18/11/25

Name and status of practitioner: A Kumar

Re-confirmation of consent on the day of admission

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

Name and status of practitioner: .....

Medical Students

- I agree to allow students to be present in theatre (tick box): Yes ☑ No ☐
- I agree to be examined by a medical student whilst under general anaesthesia in theatre: Yes ☐ No ☐

Medical Photography (I agree to being photographed)

- For my medical records for the purpose of diagnosis and treatment: Yes ☐ No ☐
- For the purpose of teaching and education: Yes ☑ No ☐
- For the purpose of publication: Yes ☑ No ☐
- To be shown to other patients (as an example): Yes ☐ No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☐ No ☑

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☑ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☑ That anaesthesia (general / regional / local) or sedation will be needed.
- ☑ That the procedure may not be done by the practitioner who has been treating me so far.
- ☑ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☐ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

.....

Signature: Julia Tait Name: Lynda Cuthill

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision ot a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 19/01/2026

Inpatient Discharge Summary

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (58 years) 620101347R
Ward	SJH Day Surgery Centre	**Admission Date**	06/01/2026
Consultant	Dr Robert G Peden	**Discharge Date**	07/01/2026

Dear Dr Rana

PROCEDURE:
Bilateral lateral orbital wall decompression done under general anaesthesia as a day case.

TREATMENT:
Oc Chloramphenicol TDS both eyes for 10 days

Tab Clarithromycin 250mg BD for 5 days

Tab Prednisolone 20mg once daily for two weeks

Omeprazole 20mg once daily for two weeks

REVIEW:
Planned review with Dr Peden in clinic in 1-2 weeks.

NHS Lothian

Patient Attending PAEP [Princess Alexandra Eye Pavilion] SJH [St John's Hospital] (Please circle)

Date of Referral: _____

Date of Operation ~~guarantee~~: 6/1/25

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71472 HS Rana

BWF – BD – HD – JS – SM - AM
HB – MW – PK – JMK – AA – PV – Pool

Patient Contact Telephone No's:
Home: 07754588518
Work: _____
Next of Kin/ Friend: Dorothy - Auntie
Tel no: 07739867850
Can accept short-notice: Y ☐ N ☐

Other Ophthalmology Integrated Care Pathway

Facility: Day Surgery – InPatient ~~Right / Left~~ Both

Anaesthetic Suitable for LA (GA) [Nurse to complete GA assessment section page 9]
If Not LA - State reason: _____ Patient given "You and Your Anaesthetic"
(refer to protocol) booklet ☐ Yes - Date / /

☐ Consultant Led Clinic; ☑ Nurse Led Assessment;

Allergies reaction: Penicillan > Red Blotchy. **CJD: High Risk** ☐ **Low Risk** ☑

Latex Allergy Y ☐ N ☑ **Action** Theatre informed Y ☐

Action Theatre informed Y ☐

Hearing status: Good

MRSA Screening Required Y ☐ N ☐

Mobility Y ☑ N ☐

P ____ **BP** _____ [If > 180 / 100 Y ☐ N ☐]

Action if no:

Action GP Letter defer Y ☐ N ☐

Warfarin Y ☐ N ☑

Urine Y ☐ Not Available ☑

Action Warfarin leaflet given Y ☐

Action sample sent / GP informed

Eye drops (self) carer DN

Diabetic Y ☐ N ☑

Drops **Ointment**

Surgery details: **CC1** **CC2** **CC3**

Th. Cataract Equivalents: (1=30mins) ____

Demonstrated Y ☐ N ☑ Initial PS

Patient's dependency status: 1 - 2 – 3 *(please refer to coding chart)*

Comments – Nursing Staff
4AT - 0
Falls - 0
on Inhaler

If Hospital - Medical Reason for Transport:

Type of transport required:
Car / Ambulance: 1-man, 2-man, escort

Special Instructions Anaesthetist

Special Instructions Medical Staff
weight 55.33 height 157.48

University Hospitals Division
Other Ophthalmology
(excl. cataract & VR)
Integrated Care Pathway

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KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

Print name	Designation	Initials	Signature	date
1. PAULINE SUTHERLAND	SN	PS	PS	11/12/25
2. SARAH DUGAN	SIN	SD	SDugan	6/1/25
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

A care pathway is intended as a guide to treatment and an aid to documenting patient's progress. Clinicians are free to exercise their own professional judgements as appropriate. However any alteration to the practice identified within this care pathway should be clearly noted.

Addressograph label, or,

Name: _____

DoB: _____

Address: _____

Unit no: _____

CHI: _____

GP's Letter
And / Or
Patient Information Letter
And / Or
Optician's Letter
And / Or
Ophthalmic Referral Information

PRE–OPERATIVE ASSESSMENT

Addressograph label, or,

Name: _____

DoB: _____

Address: _____

Unit no: _____

CHI: _____

Presenting Complaint:

POH:

IF GA, DOCTOR TO COMPLETE MEDICAL EXAMINATION (PAGE 5)

OPHTHALMOLOGY GENERAL ANAESTHETIC ASSESSMENT

PMH (see SCI Referral)

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Date completed / /

Have you ever suffered from any of the following?

Airway			Add Details
Mouth opening: < 5 cm / 2"	YES	NO	
Can you bend neck back normally	YES	NO	
Reflux/ GORD / hiatus hernia / heartburn	YES	NO	

Breathing / RS			
Breathless - on exertion IF YES, LESS THAN 1 FLIGHT STAIRS?	YES	NO	
Breathless - whilst lying flat (orthopnoea) IF YES, HOW MANY PILLOWS TO SLEEP?	YES	NO	
Breathless - at night (PND)	YES	NO	
(Chronic) cough	YES	NO	
Asthma	YES	NO	
COAD/COPD	YES	NO	
Smoking	YES	NO	
Other	YES	NO	

Previous GAs			
Any problems or complications with previous GA?	YES	NO	
Any Family History problems with GA?	YES	NO	
Anything else your anaesthetist should know?	YES	NO	

Circulation / CVS			Add Details
MI/heart attack / Stent IF YES, IN LAST 6 MONTHS?	YES	NO	
Current angina	YES	NO	
Hypertension	YES	NO	
Stroke/TIA IF YES, IN LAST 6 MONTHS?	YES	NO	
Faints / blackouts / dizzy turns	YES	NO	
Pacemaker WHEN WAS IT LAST CHECKED?	YES	NO	
Blood clot in leg or lung VTE / DVT / PE	YES	NO	
Heart murmur	YES	NO	

Other			
Diabetes INSULIN/ TABLET / DIET	YES	NO	
Renal disease	YES	NO	
Convulsions / epilepsy	YES	NO	
Alcohol UNITS P/W	YES	NO	
PH of jaundice	YES	NO	
Excessive bleeding	YES	NO	
Other serious illness e.g. ankylosing spondylitis, rheumatoid arthritis	YES	NO	
If female, pregnant, O.C. pill or HRT	YES	NO	

Investigations

FBC Y ☐ Not indicated ☐
U's & E's Y ☐ Not indicated ☐
Other Y ☐ Not indicated ☐
Type (specify)
ECG Y ☐ Not indicated ☐
Weight _____kg Height _____m BMI _____(kg/m2)

Medical Examination	Finding on examination	Action
General		
Airway	Mouth opens > 5 cm?	
	Tonsils visible?	
	Normal neck extension?	
RS		
CVS		

CONSENT FORM

Medical or Dental Investigation, Treatment or Operation

Hospital: PAEP / St John's

Sex (tick box) Male ☐, Female ☐

(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)

Addressograph label, or.

Name: _____

DoB: _____

Address: _____

Unit no: _____

CHI: _____

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.

.....

.....

I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Relevant Written Information given to the patient: ☐ Yes, ☐ No

Signature ..... Date .....

Name and Status of Practitioner .....

To the Patient (or Parent or Guardian if Appropriate)

1. Please read this form and accompanying notes very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (*delete as necessary)*

I agree

- to what is proposed, which has been explained to me by the practitioner named above.
- to give consent to my treatment being video recorded and/or used for teaching

I understand

- risks of the treatment, which have been explained to me
- that anaesthesia (general / regional / local) or sedation will be needed,
- that the procedure may not be done by the practitioner who has been treating me so far,
- that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary & in my best interests, and can be justified for medical reasons.

I have told

- the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first.

*.....

.....

Signature ..... Name .....

Address ..... Date .....

DAY OF ADMISSION

Date of Operation: 6 / 1 / 2026

Additional Information: [if required, ensure entries have date, time initials]

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CHI 2108671080[redacted]
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Category		Time	Initials
Health Changes No ☑ Yes ☐	Any changes since Assessment? *Specify: Clinical* - *Medication* - News of 1 BP 123/70 P 67 BM — INR —	0821	SD
Education	Orientation to the ward Discussed/explained both the pre-operative & post-operative regime Explained named nurse concept SARAH. JENNY. PENA	0821	SD
Property Valuables? No ☐ Yes ☑	Care of Patients Property Policy Explained If Yes, State type of valuables: Dentures ☑ Hearing Aid ☒ Glasses ☑ Walking Aid ☒ Other ☑ Rings taped State Location: Bedside locker - doesn't lock valuables in PE's handbag.	0821	SD
Discharge	Satisfactory arrangements in place: overnight Specify if necessary will discharge 7/1/26	0821	SD

Patient Group Directive - PRE-OPERATIVE EYEDROPS

Right eye ☐ Left eye ☐ Prescriber's signature: _____

Date	Drug	1st drop time given	Initial	2nd drop time given	Initial	3rd drop time given	Initial

ONCE ONLY MEDICATION

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by

PRE-OPERATIVE ASSESSMENT & CHECKLIST

THEATRE PATIENT CARE PLAN

320101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh.
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Check	Ward Nurse		Theatre Practitioner		Comments
	Y	N	Y	N	
Patient Fasted? (GA only)	✓		✓		From 22:30 5/1/26 water with tablets this AM
Correct patient?	✓		✓		
Correct procedure?	✓		✓		Bilateral Lateral Orbital Decompression.
Biometry	—		—		
INR Level	—		—		
All bracelets in situ with name, DoB, gender, ward, unit & CHI number?	✓		✓		
Operation consent / incapacity consent form signed?	✓		✓		
Operation site & side marked?	✓		✓		
Does the patient have any allergies?	✓		✓		See red band - PENICILLIN
Prescribed pre-medication given?	—		—		
Routine drug therapy taken?	✓		✓		
Make up removed as required?	✓		✓		
Jewellery (incl. body piercings) & hairclips removed, rings taped, mobile phones off.	✓		✓		
Items accompanying patient to theatre? (eg wigs, prosthesis, glasses, hearing aid, dentures etc)	✓		✓		TOP dentures
Dressed for theatre?	✓		✓		
Has the patient passed urine?	✓				

SD

Additional Information

NEWS of 1

Falls ✓ Indep

4AT 0

Initials can be used in the 'Checklist' **IF** the staff member has signed in on the 'Initial table': otherwise, full name / print / designation is required.

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LOCAL ANAESTHESIA

(if GA, use standard NHS Lothian Anaesthetic form)

LA given by Dr. .....(PRINT)

Grade: ..... Surg/Anaes

Date: ____/____/_____

.....(SIGN)

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Ophthalmologist: Dr. ..... grade .....

On Warfarin Yes ☐ - INR ..... **IV access:** Yes☐ .....22G..... 20G .....G

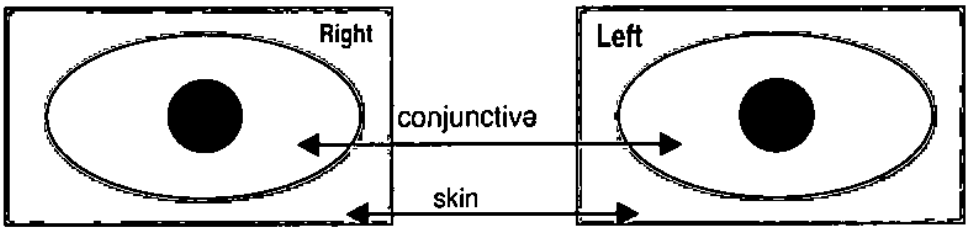
Monitors Attendant ☐ SpO_2 ☐ NIBP ☐ ECG ☐

Technique			**Drugs**	
Topical only	☐		Tetracaine 1%	☐
Topical + intracameral	☐		Oxybuprocaine 0.4%	☐
Subconjunctival	☐		Lidocaine 2%	☐
Sub-Tenon's	☐		Bupivacaine 0.5%	☐
Peribulbar	☐		50/50 Lido 2% / Bupiva 0.5%	☐
Other:	☐	specify -	Other1	☐
			Other2	☐
Honan's balloon	☐		Hyaluronidase ..... units/ml, or,	Not used ☐

Needle

Length 25mm ☐ Dia. 25 swg/ 0.5 mm ☐ Bevel Standard ☐
.....mm ☐ ..... ☐ Short/Atkinson ☐
Sub Tenons Canulae ☐

Site of injection
Mark with an X, and state volume injected



AWAKE SEDATION: Anaesthetist: Dr. ..... grade .....

Blood Pressure; Pulse ● ● : START & END of the OPERATION ⊙

Drugs	totals	comments:
200		
160		
150		
140		
120		
100		
80		
60		
40		
20		
0		
%SpO2		

Quality of local anaesthetic block
1. ?Top up Y/N
2. Intra-op Pain.
None
Mild
Moderate
Severe

Anaesthetic Complications:

or none ☐

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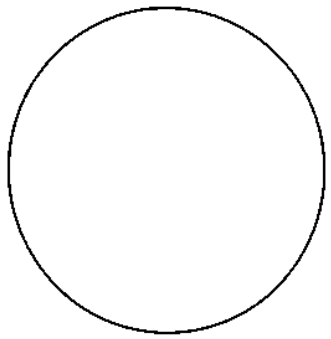
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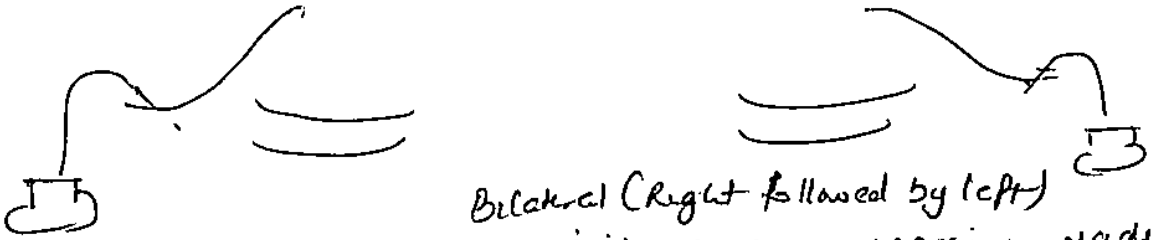
OPERATION

Date: 6/1/25 Surgeon/s: K. Peden
S. Sadanandan

RIGHT ☑ LEFT ☑

Other Operation ..... lateral orbital decompression done under GA





Bilateral (Right followed by left)
- lid crease incision made & extended laterally
- orbicularis dissected & cut
- dissected upto orbital rim lat, sup & inferiorly
- periosteum dissected & cut & cautery
- reflected & dissected into orbital cavity
- bleeders cauterised.
- Temporal (zygomatic) bone revered & burr & bone punch.
- Temporalis muscle cauterised.
- ~~fat prolapse~~ prohibited cut & fat prolapsed
- ~1 ml of fat removed from right side only
- oxylamp put
- drain inserted
- incising sutured in layer & 5-0 monocryl & 6-0 monocryl

Adv
Occ CPL TDS (BD) x 10/7
1. Clarithromycin 250mg BD x 5/7
1. Paracetamol 500mg QID x 2/52
2. Omeprazole 20mg OD x 4/52

Post-Op Protocol Date: ___/___/_____

RPW in 1-2/52 - to CPL clinic

THEATRE SECTION

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Date: ____/____/_____

Surgeon	Circulating Nurse(s)
Assistant	
Scrub Nurse	Recovery Practitioner

	Y	N	
Iodine / Tisept			
Wound Dressing			Eye pads / eye shield
Final swab, needle and instrument check			
Additional Information			

Instrument Tray labels:

Comments: LABELS SHEET STAPLED WITH PATIENT DETAILS

ON RETURN FROM THEATRE

Date 6 / 1 / 2026

Return from Theatre: *To Ward:* DOSA

At Time 13 : 40

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Pain Management notes

DISCHARGE FOR DAY CASE / OVER NIGHT STAY

#	ALL PATIENTS discharge criteria	Yes	No	Comment
1.	Patient for: ☐ Hospital Optometrist 1week tollow-up appt date: ☐ Follow-up 1-7 days post-op ☑ Other please specity	✓		R/w in 1-2/52
2.	Venflon removed	✓		Removed by D+G staff
3.	Patient eye protection is comfortable			Eye Dressings removed with drops.
4.	Alert & orientated (as on admission)	✓		
5.	Ring tape: identity bracelet removed	✓		
6.	Post Operative Information Provided	✓		
7.	Is assistance required tor with drops (see pp2)		✓	
8.	Letter to GP	✓		
9.	Transport Public transport.	✓		~~Family will collect~~
10.	Comment / other criteria to apply:			

#	GA / SEDATION discharge criteria	Yes	No	Comment
11.	Patient is 2h post sedation	✓		
12.	Vital signs stable & satisfactory	✓		BP 148/63 P 63.
13.	Patient tolerating fluids	✓		
14.	Patient has passed urine	✓		
15.	Check responsible adult at home for first 24h	✓		

Other Discharge information given ✓

The Patient named above met the Discharge Criteria, & was discharged home from ward.
Date: 7/a/26 Time: 10.20
Nurse's Initial: ..... ward: ...OPD 1.

NEWS-0

VA
6/24 UA 6/9
6/12+2 PH 6/9+2
N18 WG N10
12_1 CARE 10-

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POST-OP REVIEW

Date:..... Patient Comments:

Op date: .....

R_x

	RIGHT	LEFT
Unaided		
Dist glasses		
+ PH		
Near aided		

To be completed by Hospital Practitioner

☐ Discharge to hospital clinic: _____ _____;

Medication Stop Date: _____; _____;

_____; _____;

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NHS Lothian

Intra[illegible]e Plan

6201[illegible] 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080[redacted]
71472 HS Rana

Consultant: DR PEDEN

Theatre no: 12

Local Anaesthetic Patients

Observations	Sp02	HR
	O2 required	

Pre-list Briefing Yes ☑ No ☐

Surgical Pause Yes ☑ No ☐

Date: 6/1/26 Time: 0945 Signature: [signature]

Patient Position (tick all that apply)

Supine ☑	Prone ☐	Lloyd Davies ☐
Neck Extension ☐	Lateral Right Down ☐	Lateral Left Down ☐
Traction ☐	Other	

Table fitting and attachments (tick all that apply)

Mattress Type:		
Anaesthetic Screen ☐	Arm Board ☐	Arm Rest ☐
Arm Retainer ☐	Arm Table ☐	Head Ring ☑
Heel Pad ☐	Lateral Supports ☐	Oxford Help ☐
Pillow under knees ☑	Sandbag ☐	Warming Blanket ☐
Other		

Ted Stockings		Pneumatic Boots	
On ☑	Off ☐	On ☑	Off ☐

Catheter			
Type:	Indwelling: ☐ Temporary: ☐	Cath. Bag: ☐ Urometer: ☐	Prep:
Size:	Time inserted:	Lubricant:	Balloon Capacity:
Signature:			

Tourniquet (tick all that apply)

Site		Side		Time	
Ankle	☐	Right	☐		
Arm	☐	Right	☐	Time on:	
Thigh	☐	Left	☐	Time off:	
Digit	☐		☐	Total time	
Surgeon informed at:		1hr ☐	2hr ☐		

Diathermy Plate Position (tick all that apply)

Site		Side		Type	
Abdomen	☐		☐		
Back	☐		☐		
Buttock	☐	Left	☑	Monopolar	☐
Thigh	☑	Right	☐	Bi-Polar	☑
Other:					
Skin condition on plate removal:		Intact ☐		Broken ☐	

Skin Prep (tick all that apply)

Betadine	☑	Betadine Alcoholic	☐	Betadine Scrub	☐
Chloraprep	☐	Chlorhexidine 0.5% in spirit	☐	IPA	☐
Tisept	☐	Other	☐	None	☐

Peri-Operative Infiltration		Wound Lavage	
Type: 0.5% levobupivacaine + Adrenaline 1:1000	Amount: 10mls 1 m/s	Type:	Amount:

Magnospan · 2·2m/s·

Prosthesis / Implants (put traceability labels on last page or back of consent form)	
Yes	Details
No	

Procedure Performed

Bilateral orbital decompressions

Intraoperative Counts

Initial Count	Intraoperative	Intraoperative/ Handover	Final
Correct: Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Signature: D Doyle			D Doyle.
Discrepancy: —			
Action taken: —			

Drains

Type: small corrugated
Site: Bilateral eyes.
Sutured in Yes (No)

Skin Closure

Sutures: Monocryl
Staples:
Non Closure:

Packs

Dressings

Jelonet, eye pads, tape. Chloramphenicol ointment

Splints

Type	Site
POP Backslab	
POP CAST	
Zimmer	
Nasal Splints	
Other	

Blood Loss

Swabs:	
Suction:	
Total:	< 10ml5

Specimens

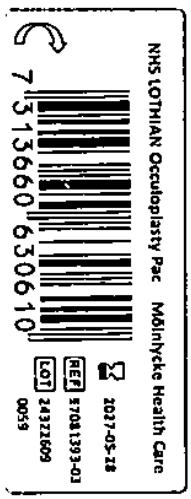
Pathology:	
Microbiology:	
Other:	

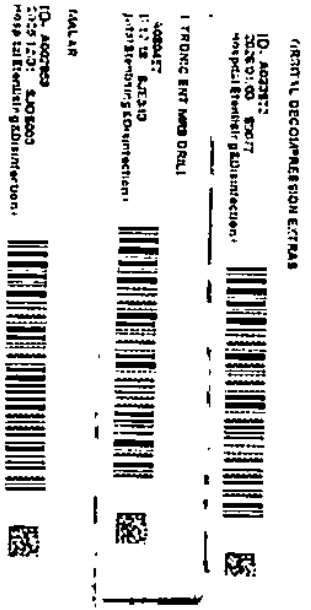
Tissue uplift by Porter (as per protocol)

Handover to Recovery		
Yes ☐	No ☐	N/A ☐

	Print	Sign
Scrub Nurse	S/N C. WHYTE	

Traceability Labels





Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Cuthill Lynda	2108671080	21/08/1967	58	Rana, Hamis	Gracemount Medical Group	71472

Allergies

Description	Date Recorded	Comments
Adverse reaction to Penicillins, Certain Moderate Allergy to Phenoxymethylpenicillin 250mg Tabs	05/06/2009	

Sources: [1] ECS [ ] Patient's Drugs [ ] Referrer Kardex [ ] GP Practice [ ] TRAK
[ ] Patient [ ] Relative / Carer [ ] Referrer Letter [ ] Comm Pharmacy [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (Including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1*	Source 2*	Source 3*	Action C	Action W	Action S	Comments
Fluticasone Propionate	400 micrograms/ dose Nasal drops (unit dose)	SIX DROPS (200MICROGRAMS) TO BE USED IN EACH NOSTRIL TWICE DAILY FOR 6 WEEKS AS PER ENT		24/11/2025	24/11/2025	1						

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1*	Source 2*	Source 3*	Action C	Action W	Action S	Comments
In Practice	Levothyroxine Sodium	25 micrograms Tablets	TAKE ONE TABLET EVERY OTHER DAY - ALTERNATE WITH 50MICROGRAM TABLET		14/11/2025	14/11/2025		1						
In Practice	Levothyroxine Sodium	50 micrograms Tablets	TAKE ONE TABLET EVERY OTHER DAY - ALTERNATE WITH		13/06/2024	23/10/2025		1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
Cuthill Lynda	2108671080	21/08/1967	58	Rana, Harris	Gracemount Medical Group	71472

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1*	Source 2*	Source 3*	Action C	Action W	Action S	Comments
			25MICROGRAM TABLET											
In Practice	Colecalciferol	800 units Capsules	ONE TO BE TAKEN DAILY		29/10/2024	21/10/2025		1						
In Practice	Lansoprazole	30 mg Capsules (Gastro-Resistant)	ONE TO BE TAKEN TWICE A DAY		13/06/2024	17/10/2025		1						
In Practice	Ensure Shake	57 gram sachet Oral powder sachets	ONE TWICE A DAY- ISSUE STRAWBERRY AND VANILLA FLAVOURS		13/06/2024	17/10/2025		1						
In Practice	Folic Acid	5 mg Tablets	ONE TO BE TAKEN DAILY FOR 4 MONTHS THEN STOP		29/10/2024	25/08/2025		1						

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**

Key Information Summary

No KIS data recorded

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

NHS Lothian

Essential Scanning Sheet

Anything documented on this sheet will be scanned and made avail...

PATIENT PROGRESS NOTES /COMMUNICATION SHEET

Adc 620101347R F 7/3
Name CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
71472 HS Rana 59
OOB 17 Badger Way
EH17 8XD
Unit No./CHI

Hospital ☐ OPD ☐ Ward ☐ Clinical area

State Action/s taken After Exception Reporting
Each entry should be dated and timed

Date and Time	Progress notes / Problems Action Taken and Investigations Required	Signature (Print name designation)
6/1/26	LV MURRAY / GEDDES: ANAESTHETIST 01506-522178	
	SURGEON ROB PEDEN 07883 093299	
	ON CALL: Pramesh Balasubramanian, 2nd Andreas Kotsimpris +	
	Consultant on call Mary Macrae (Switchboard)	
	Theatre contacted anaesthetist to prescribe pain relief	
	in 5 page document. As no access to Nepma.	Scougan
1500	Pt has refused any drinks so far. She has	
	water at her bedside + beaker. Please encourage.	
	Pt extremely sleepy, just wants to sleep/rest,	
	not passed urine or eaten yet. Appears stable /	
	Comfortable. NOT complaining of pain / nausea.	
	Anaesthetist arrived and prescribed on 5 page document	
	pain relief and anti sickness medication.	Scougan
15:26	news score 0	
15:52	Passed urine, drunk + ted stockings removed	
	Pt's request.	Scouga
1900	discharge needs completed before it can be	
	pulled news of 1 refusing 6pm medications.	D--
06.01.26	Slept well overnight, Dressings & drains	
0630	remain insitu, no complaints of pain,	
	managed diet & fluid, assist x1 to	
	toilet, awaiting review mane prior to DC	D. Gullies JW

Authorised: Nov 2022
Review: Nov 2025

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

NHS Lothian

Essential Scanning Sheet

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080 [redacted]
71472 HS Rana

PATIENT PROGRESS NOTES /COMMUNICATION SHEET

Hospital | ☐ OPD | ☑ Ward | ☐ Clinical area

State Action/s taken After Exception Reporting
Each entry should be dated and timed

Date and Time	Progress notes / Problems Action Taken and Investigations Required	Signature (Print name & designation)
06/01/26	Surgery: Under GA Bilateral Lateral Orbital Decompression.	
	4AT: 0 FALLS: 0 (Indep)	
	Allergies: Penicillin (see red band)	
	Medical history: Hypothyroidism	
	Venflon left hand	
	Prescription sent to pharmacy to be collected,	
	Pt also has own supply of medication with her.	
	Emergency contact: Auntie Dorothy 07739867850	
	Informed of Pt's return from theatre 13:55, will collect	
	from OPD1 7/1/26 10am.	SCDugan
	Menu ordered ☑	
06/01/26 14:00	Received from Theatre around 13.30pm Lynda appears settled and sleepy. Both eyes dressing is intact. Drainage attached to Both side of the eye appears draining well. Approximately 4mls in both drainage bag. Please keep the patient sitting upright On bed. Lynda allowed to drink cool drinks and meals. Lynda requires assistance overnight due to dressing on both eyes. Lynda advised not to sneez, cough due to risk of bleeding. Nurses from OPD1 coming in the morning 8:30am to Discharge Lynda. Prescribed medication received From pharmacy, in the medicine cabinet.	Qm.

Authorised: Nov 2022
Review: Nov 2025

Eye Department Continuation Sheet

NHS Lothian

Name:	620101347R F CUTHILL Lynda 21-Aug-67 CHI: 210 867 1080
D.o.B:	71472 HS Rana 17 Badger Way EH17 8XD
CHI No:	

DATE	RIGHT EYE	LEFT EYE	SIGNED
7/1/26	Arrived at ward 9am to discharge pt. Pt was sitting up and had had small breakfast. She complained of having a headache but refused any pain relief. Drains were removed, approximately 15mls in each drain ventlon removed by DOSA staff. NEWS of 0 on discharge. offered for her to commence morning medication prescribed - wants to wait till home. Discharge information given by Priya, aware of follow up appointment. Visual acuity + IOP checked before leaving. Pt travelling home by bus, nobody collect. Pam + hynsey aware and fine with it- Pt will contact us if any issues Kcdugan		

DATE	RIGHT EYE	LEFT EYE	SIGNED

St John's Hospital Day Surgery Booklet

NHS Lothian

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080 [redacted]
71472 HS Rana

Date: 6.1.26 Time patient arrived: 0800

Consultant:

Theatre no:

Next of kin details

Name: Relationship:

Address:

Phone no:

Escort details

Name: Phone no:

	Ward	Theatre Reception	Anaesthetic Room
• Patient ID: bracelets x2 / Allergy band	☐	☐	☐
• Consent form signed	☐	☐	☐
• Operation site marked or obvious	☐ / n/a	☐ / n/a	☐ / n/a
• Patient Hospital notes / ward charts (inc. results / kardex / anaesthetic chart)	☐	☐	☐
• Bladder emptied	☐	☐	
• Underwear: disposable / removed	☐ / n/a	☐ / n/a	☐ / n/a
• Contact lens removed	☐ / n/a	☐ / n/a	☐ / n/a
• Prosthesis removed	☐ / n/a	☐ / n/a	☐ / n/a
• Hearing aid / glasses with patient	☐ / n/a	☐ / n/a	☐ / n/a
• Jewellery / piercings removed / taped	☐ / n/a	☐ / n/a	☐ / n/a
• TEDS	☐ / n/a	☐ / n/a	☐ / n/a
• Pre-med / pre-op analgesia given	☐ / n/a	☐ / n/a	☐ / n/a
• Fasted from:		LMP	
• Patient pregnant	Yes ☐ No ☐		
• Blood glucose level if required	Value	Time	
• Patient temperature in anaesthetic room	Value	Time	

Other issues including TRAK alerts:

Signatures:

Names:

Nurse led discharge

• Post op surgical visit	☐ / not needed	• IV access device removed	☐ Pas 9.
• Post op anaesthetic visit	☐ / not needed	• Post op instructions understood	☑
• Observations stable and satisfactory	☑	• GP letter provided	☑
• Alert, orientated & ambulant	☑	• Follow up appointment made	☐ n/a
• Drinking and eating	☑	• Take home medicines	☐ n/a
• Analgesia satisfactory	☑	• Dressings provided	☑ n/a
• No nausea / vomiting	☑	• Physiotherapy organised	☐ n/a
• Passed urine	☑	• Community care organised	☐ n/a
• Operation site satisfactory	☑	• Sick absence note provided	☐ n/a

Discharge time: 10-00 Date: 07/01/26

Signature of Nurse: [signature] Patient Signature:

Received discharge:

Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Consent for Operation

SEE SEPARATE CONSENT

Affix patient label

Patient's name: _____ Consultant: _____

Hospital number: _____

Date of birth: _____

CHI: _____ M / F

Planned procedure: _____

_____

_____

Common risks: _____ **Less common risks:** _____

_____ _____

_____ _____

_____ _____

I confirm that I have explained to the patient in terms in which my judgement are suited to his / her understanding (and / or to one of his / her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature: _____ Date: _____

Name and status of practitioner: _____

Re-confirmation of consent on the day of admission

Signature: _____ Date: _____

Name and status of practitioner: _____

Medical Students

- I agree to allow students to be present in theatre (tick box): Yes ☐ No ☐
- I agree to be examined by a medical student whilst under general anaesthesia in theatre: Yes ☐ No ☐

Medical Photography (I agree to being photographed)

- For my medical records for the purpose of diagnosis and treatment: Yes ☐ No ☐
- For the purpose of teaching and education: Yes ☐ No ☐
- For the purpose of publication: Yes ☐ No ☐
- To be shown to other patients (as an example): Yes ☐ No ☐

Tissue for medical research and teaching

When you have tissue removed as part of a medical investigation, operation or procedure, such as a blood test, some tissue may be left over after the laboratory tests have been completed. This tissue could be kept without your name or the details, so that it is impossible to know whom the tissue came from, and used for research or teaching, to improve laboratory tests, or to see how many people in an area might have a disease or an infection.

Do you agree? Yes ☐ No ☐

To the patient (or parent or guardian if appropriate)

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / parent / guardian (delete as necessary)

I agree ☐ To what is proposed which has been explained to me by the practitioner named above.

I understand
- ☐ That anaesthesia (general / regional / local) or sedation will be needed.
- ☐ That the procedure may not be done by the practitioner who has been treating me so far.
- ☐ That any procedure in addition to the investigation or treatment described on this form will only be carried out of it is necessary and in my best interests and can be justified for medical reasons.

I have told ☐ The practitioner about the procedures I have noted below which I would wish not to be carried out without my having the opportunity to consider them first.

Signature: _____ Name: _____

Notes to all Health Practitioners (Doctors, Dentists, Nurses, Professionals Allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in NHS Lothian's Policy Statement).

Notes to Patients

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed.

The type of information you should receive should include:

1. Nature of your condition and proposed procedures, including degree of urgency.
2. Benefits to be reasonably accepted of the procedure.
3. Nature and probability of material (= significant) risks involved, including consideration of ratio of risks and benefits.
4. Inability of the practitioner to predict results.
5. Irreversibility of the procedure, if that is the case.
6. The likely result of not having the proposed treatment or procedure.
7. Alternatives available, including their risks and benefits.

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without you being given the chance to consider them first.

Medical History (refer to pre-admission documents if available)

Please list any allergies and describe nature of allergy

Please list current medications and tick those taken today

Please complete the following if you were NOT assessed by the pre-admission service

Have you had any problems with anaesthesia in the past? Yes ☐ No ☐

Please provide details of any problems:

Has anyone in your family had problems with anaesthesia? Yes ☐ No ☐

Please provide details of any problems:

Please provide any other information about your family medical history that you think we should know about:

Please list any operations you have had with their approximate dates:

Have you currently or ever had any of the following? If so please provide approximate dates and any other details you feel might be useful

	Yes	No		Yes	No
• High blood pressure			• Current cold or cough		
• Heart attack			• Diabetes		
• Angina / chest pains			• Epilepsy		
• Stroke or transient ischaemic attack			• Anaemia or bleeding tendency		
• Heart murmur			• Indigestion, heartburn or hiatus hernia		
• Pacemaker (please indicate when last checked)			• Muscle disease or weakness		
• Tendency to faint easily			• Arthritis		
• Shortness of breath			• If female, are you pregnant?		
• Asthma or bronchitis					

Do you smoke? Yes☐ No☐ If so, how much per day?

Do you drink alcohol? Yes☐ No☐

How much do you drink on average each week? (one bottle of wine = 9 units)

When did you last have an alcoholic drink?

Anaesthetic Record

Pre-op information

ASA BP PULSE SpO_2 Temp Wt Ht BMI

Information given to patient:

Anaesthesia details

Anaesthetist(s) name & grade: Date:

Supervising Consultant:

Machine check ☐ Trained assistant ☐ Prelist brief / Surgical pause ☐

Vascular access (site / device / size)

Induction

Propofol mg

Maintenance

Airway / Circuit / Machine

Easy to hand ventilate? Yes ☐

Laryngoscopy grade

Monitors:

Minimal monitoring ☐

Others

Eye care Tape ☐

Lubricant ☐

Padded ☐

Pressure care ☐

Fluid warmer ☐

Warming blanket ☐

DVT prophylaxis ☐ n/a ☐

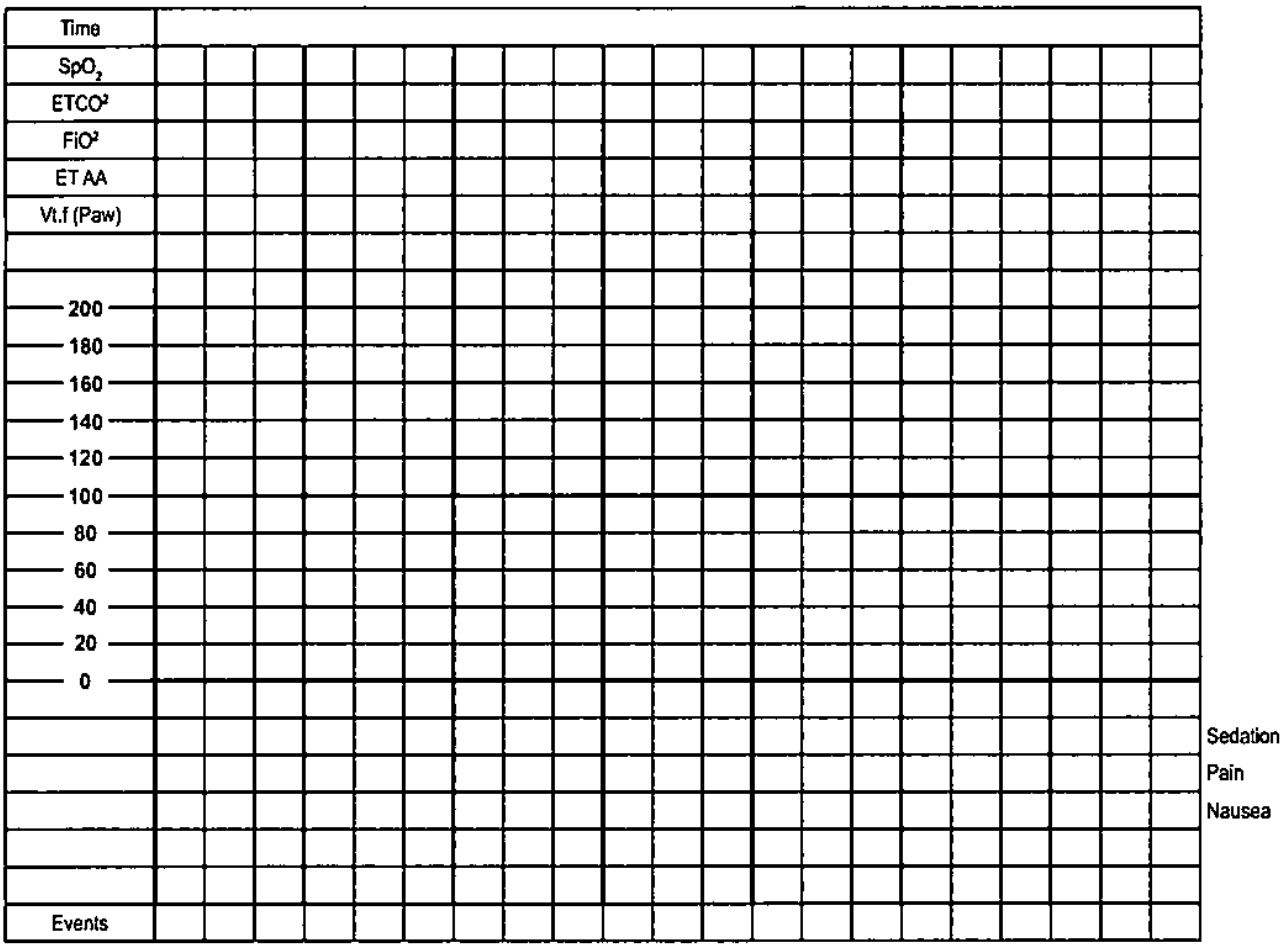
Post Op DVT prophylaxis ☐ n/a ☐

Antibiotics ☐ n/a ☐

Patient / Limb position

Significant issues or events

Recovery Obs



Recovery

Anaesthetist instructions: Routine obs ☐ O_2 as needed to maintain SpO_2>93% ☐

Tick if you want to see patient before discharge ☐

Recovery comments:

Arrival time in recovery: _____ Time discharged to ward: _____

Recovery nurse: _____ Signature: _____

Prescription and administration record

If an additional prescription chart is in use tick this box ☐

Codes for non-administration of prescribed medicine

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as follows:

Patient refuses	1	Vomiting / nausea	8
Patient not present on ward	2	Time varied on Dr's instructions	9
Medicines not available (check ordered)	3	Once only / prn medication given	10
Instructions not clear or illegal	4	Dose withheld on Dr's instructions	X
Nil by mouth	5	Possible drug reaction / side effect	12
Asleep / drowsy	6	Self administered by patient	13
Administration route not available (check for an alternative)	7	Other reasons	14

Pre-operative and once only medication

Date	Time	Drug / PGD No.	Dose	Route	Prescriber Signature / Name	Time given	Given by	Checked by
	Theatre Recovery	FENTANYL	microg max total	IV				

Regular Therapy

Drug		Date	6/1	7/1		
PARACETAMOL		Time				
Dose	Route	6				
1g	Oral	8	X	(1)		
Signature / Name	Start Date	12	X			
	6.1.22	14				
Notes	Pharmacy	18	(1)			
		22	(1)			

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
IBUPROFEN		Time				
Dose	Route	6				
400mg	Oral	8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

Drug		Date				
		Time				
Dose	Route	6				
		8				
Signature / Name	Start Date	12				
		14				
Notes	Pharmacy	18				
		22				

As Required Therapy

Drug		Date				
MORPHINE		Time				
Dose & Frequency	Route	Dose / Route				
10mg hourly	Oral	Initials				
Signature / Name	Start Date	Date				
	6-1-26	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
IBUPROFEN		Time				
Dose & Frequency	Route	Dose / Route				
400mg 8° prn	O	Initials				
Signature	Start Date	Date				
	6-1-26	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
TRAMADOL		Time				
Dose & Frequency	Route	Dose / Route				
50-100mg 4°	Oral / IV	Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
DIHYDROCODEINE		Time				
Dose & Frequency	Route	Dose / Route				
30mg 4°	Oral	Initials				
Signature / Name	Start Date	Date				
	6-1-26	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
CYCLIZINE		Time				
Dose & Frequency	Route	Dose / Route				
50mg 8°	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
	6-1-26	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature / Name	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
ONDANSETRON		Time				
Dose & Frequency	Route	Dose / Route				
4mg 6°	Oral/IV/IM	Initials				
Signature / Name	Start Date	Date				
	6-1-26	Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Drug		Date				
		Time				
Dose & Frequency	Route	Dose / Route				
		Initials				
Signature	Start Date	Date				
		Time				
Indication / Notes	Pharmacy	Dose / Route				
		Initials				

Surgeon's Operation Notes

Affix patient label

Patient's name: Consultant:

Hospital number:

Date of birth:

CHI: M / F

Surgeon	Assistants	Scrub Nurse	Operation

Surgeon's operation notes

Surgeon's operation notes - continued

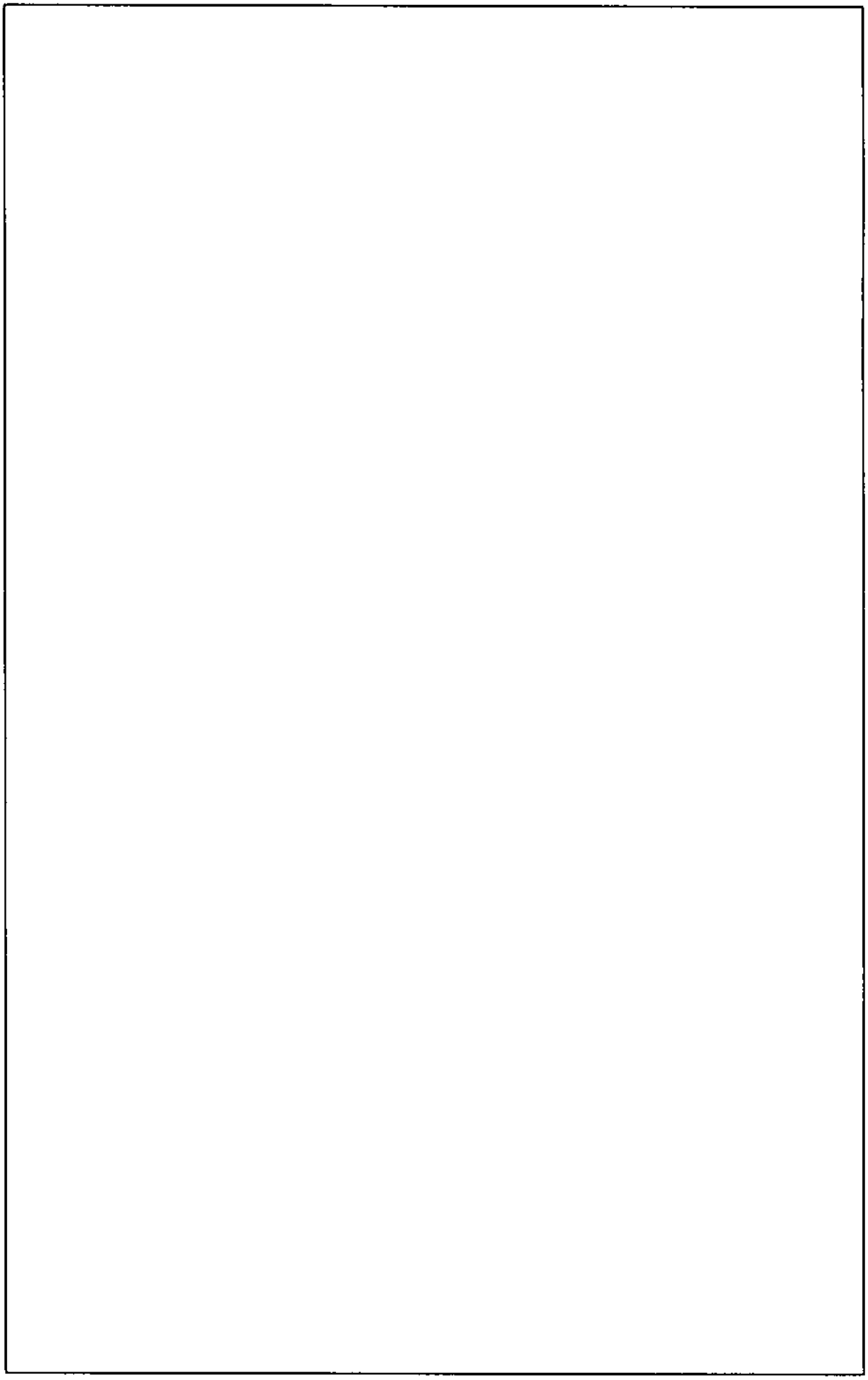
Ward instructions

Complete sickness absence note as necessary
Tick if you want to see patient before discharge ☐

Signature: _____

Name: _____ Date: _____

Theatre Equipment Stickers



Day Surgery Centre
St John's Hospital, Howden Road West,
Livingston, West Lothian, EH54 6PP.
Phone: 01506 524105
www.nhslothian.scot.nhs.uk

NHS Lothian

Discharge Letter

Affix patient label

Patient's name:
Hospital number:
Date of birth:
CHI: M / F

Consultant:
Operator:
GP:

Dear Doctor,

Your patient underwent the following operation or investigation and will be discharged today.

Operation / Investigation:

Findings / Results:

Further treatment is planned as follows:

Removal of sutures:

Follow up arrangements:

Sickness absence form has been issued for: days / weeks

DISCHARGE Prescription	Dose / Timing / Route	No. of days	Prescriber: Sign / Name	Dispenser: Sign / Name	Checked by
Paracetamol 500mg	Two tablets every 6 hours PRN				
Ibuprofen 400mg	One tablet every 6 hours PRN				
Dihydrocodeine 30mg	One tablet every 6 hours PRN				

CONTROLLED Drug Prescription (delete those not required)	Dose	Frequency	Total Quantity Supplied in figures & words	Prescribers Signature & Name	Pharmacy Disp/check
Tramadol 50mg capsules	ONE or TWO capsules	4 hourly PRN Max 400mg daily	capsules capsules		
Morphine sulphate 10mg MR tablets	mg tabs	Twice daily	tablets tablets		
Morphine sulphate 10mg/5ml oral solution	mg	Hourly PRN Max times daily	millilitres millilitres		

Signature: Date:

Name: Phone. no:

Top copy (White) Patient's copy Second copy (Yellow) GP's copy Third copy (Blue) Pharmacy copy

- Discharge needs completed before it can be pulled.
- refused 6PM medications, notified of 1, asleep.

Addressograph

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
71472 HS Rana

NEWS of 5 or more?

Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____
is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____
Date _____ Time _____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients' clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other specify

| | | |

National Early Warning Score 2 (NEWS2) Chart

NHS Lothian

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080

71472 HS Rana

Date chart commenced:

This is chart number ____ of this admission

Conscious Level Chart to be completed when clinically indicated

		Date	
		Time	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Orientated	5
		Confused	4
		Inappropriate words	3
		Incomprehensible sounds	2
		None	1
	Best Motor Response	Obey commands	6
		Localise to pain	5
		Flexion to pain	4
		Abnormal flexion	3
		Extension to pain	2
		None	1
		Total GCS Score	
	Right Pupil	Size	
		Reaction	
	Left Pupil	Size	
		Reaction	
LIMB MOVEMENT	ARMS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
	LEGS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
		Initials	

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pupil Scale mm 1 2 3 4 5 6 7 8

REMEMBER
- **Record all observations** on NEWS2 chart
- **Document concerns/decisions in clinical notes**
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Pain and Symptom Assessment and Management

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to **Acute Pain Guidelines**

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical Staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	SPECIALIST PALLIATIVE CARE
Mon-Fri: bleep Acute Pain Team Out of Hours: on-call Anaesthetist	Mon-Fri: bleep Palliative Care Team Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily	**0 - No Nausea**	**0 - Full Power**
1 - 3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs**
4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**2 - Able to bend knees**
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**3 - Minimal movement** **4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

NHS Lothian Consent Form

NHS Lothian

520101347R F 21/08/1967

Patient: Cuthill, Lynda
17 Badger Way,
Edinburgh.
EH17 8XD

DOB

CHI

Attach: CHI 2108671080[redacted]
71472 HS Rana

Consultant or health professional responsible for your care

Name and job title: R Feeley Consultant

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

lateral Orbital decompression both sides

B Statement of health professional (details of treatment, risks and benefits)

1 With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

Reduce prominence of eyes

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

— Bleeding, bruising, swelling, scar, infection, granuloma, asymmetry, under- or over-correction, incomplete blink/closure, dry eye/exposure of the eye, numbness of skin and/or mouth, wobbly vision, double vision, eyelid droop/retraction, hollow temples, damage to nerves or muscles, loss of vision, CSF leak

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

Option of no treatment

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☐ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☑ Local anaesthesia ☐ **Sedation** ☐ None ☐

Signed (Health professional): _____ Date: 6.1.26

Name (PRINT): RUMAN Time (24hr): _____

Designation: Cons. Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **YES / NO**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES / NO**

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

a) I agree that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**
I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I **wish to proceed** with the planned procedure.

I therefore give my **consent to the procedure as described**

Signed (Patient): _____ Date: 6.1.18

Name of patient (PRINT): _____

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental **responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 3.0 Approved Mar 2023 Review Mar 2026

Name:
Hospital Number:
Date of Birth:

Fix Label

ANAESTHETIST(S) [illegible] GRADE C

SUPERVISING CONSULTANT INFORMED Yes ☐ No ☐

OPERATION PERFORMED: [illegible]

LOCATION: 12

SURGEON: [illegible]

DATE: 6.1.26
START TIME: 09:20
END TIME: 12:57

TRAINED ASSISTANT PRESENT ☐

CONDUCT OF ANAESTHETIC

Induction
Pre O_2 ☑ RSI ☐ Cricoid ☐
PROPOFOL TCI 5mg/L (ELEVEN, EFFECT)
REMIFENTANIL TCI 4ng/ml (ELEVEN, EFFECT)
Maintenance ROCURONIUM 100mg
PROPOFOL/REMIFENTANIL TCI AS ABOVE

Reversal
SUGAMMADEX 200mg

AIRWAY

Face Mask ☐
Oral Airway ☐
Nasal Airway ☐
LMA ☐
Type
Size
ETT ☑
Cuff ☑
Type PORTEX SOFT SEAL
Size 7

Laryngoscopy grade (1) 2 3 4
DIRECT LARYNGOSCOPY

BREATHING SYSTEM

Circuit CIRCUIT
Ventilator MANUAL/ASSIST
Gas flow 2 L/min
Filter /Humidifier ☑
S.V. ☐
I.P.P.V. ☑
Throat Pack In ☐ Out ☐

Easy to hand ventilate Y ☑ N ☐ N/A ☐

VASCULAR ACCESS

Cannula(e) Site
#22 (L)

A – line ☐
CVP ☐

Y N
Ultrasound guidance ☐ ☐

MONITORING

Machine checks
Anaesthetic room ☑
Theatre ☑
Monitor used DATASCOPE
ECG ☑ P_{aw} ☑
S_pO_2 ☑ Disconnect ☐
NIBP ☑ NMB ☑
F_iO_2 ☑ Steth ☐
F_ECO_2 ☑ Temp ☐
Agent ☐ Urine ☐
Anaesthetic depth ☑

POSITION

Patient / limb position
SUPINE / FLAT

PROPHYLAXIS

Eye care ☑
Pressure care ☑
Fluid warmer ☐
Warming blanket ☑

	Y	N	N/A
DVT	☑	☐	☐
Antibiotics	☑	☐	☐
PONV	☑	☐	☐

REGIONAL TECHNIQUE

Type of block
Consent ☐
Awake ☐
Asleep ☐
Stimulator ☐
Ultrasound guidance ☐
Catheter ☐
Entry site
Needle used 20G 3½ SUPRAPUBIC
Drugs given
Technique

EVENTS

A INDUCTION
B SCRUB
C REVERSAL
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V

TIME	09[illegible]	0930	1000	1030	1100	1130	1200	1230	1300
S_pO_2	95	98 98 98

RECOVERY ROOM* (→ WARD on day of surgery)

Name:

Hospital Number:

Date of Birth:

TIME IN: 1300 TIME OUT: 1320

Discharge criteria met? Y ☑ N ☐

EVENTS

A Warm blanket
B Wheel.
C Left Dr — 3-0
D Right Dr — 2-0
Bilaterally.
F
G
H

PAIN SCORE
0 NONE. Continue to assess pain with every set of observations
1-3 MILD Continue to assess pain with every set of observations
4-5 MODERATE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
6-10 SEVERE Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
0 No Nausea
1 Nausea (consider anti-emetic)
2 Nausea/vomiting (administer anti-emetic)
3 Persistent nausea &/or vomiting (contact Dr.)

SEDATION SCORE
0 None, patient alert
1 Mild, occ drowsy, easy to rouse
2 Mod frequently drowsy, easy to rouse
3 Severe, somnolent, difficult to rouse
S Normal sleep, stirs to light touch
U Unconscious

TIME	13 00	13 10	13 20
Airway	Su	Su	Su
Oxygen Therapy	A	A	A
S_pO_2	96	96	96
Respiration	18	19	18
PAIN (Severe 6-10 / Moderate 4-5 / Mild 1-3 / None 0)	0	0	0
Nausea Score	0	0	0
Sedation Score	S	S	S
Urine Volume	—	—	—
Wound Check	L	L	L
Drains x 2	—	—	—
Temperature	36.7		

SBP - v MAP - x DBP - ^ Pulse - • (200 / 150 / 100 / 50)

Events	⑨	CD	
Fluids			
Drugs	Pain not v/s for a drink of water. Patient is drowsy but easily rousable and orientated.		

RECOVERY COMMENTS

NOTE
PARACETAMOL 1g GIVEN @ 11:00.
PLEASE HOLD RESCUED 12:00 DOSE
(NO ORDERS WRITTEN TO BE THIS ON HELMA)

Recovered after routine caudal and G.A. Sv on arrival to recovery. eye pads and dressings - site to both eyes, dressings are dry consolidated drain - site to left groin, very minimal drainage noted - both drains. Patient is settled and sleepy

Name (print) Jill Mer Signature

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed ☑
Oxygen SpO2 > 93%
Monitoring
Fluids As charted ☐
Analgesia As charted ☐
Anti-emetics As charted ☐
Special Instructions (including expected return of power & sensation after RA):

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) Signature

Contact No.

NHS LOTHIAN — ANAESTHESIA RECORD

Proposed operation: CATERACT OPERATION BY COMPUTER

Date: 06-01-26 Side: R (LEFT)

NCEPDD: Ele ☑ Exp ☐ Urg ☐ Imm ☐

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI 2108671080
71472 HS Rana

PRE-OP ASSESSMENT

Assessor: M GRANT CDNS ☑ SAS ☐ ST__ ☐ CT__ ☐ Other ☐

Date: 06-01-26 Location: DCCA Consent form signed and checked ☐

History / Examination (& see cera pathway)

① THYROID DISEASE
- THYROIDECTOMY 1992
- STARTED ON 37.5µg L-THYROXINE SINCE
- EUTHYROID - TFTs 6.2.25.

② CCRA
- WORK CONTINUE ? P.O.I.

OTHERWISE WELL
KEEN GOLF
NO APPARENT COMPLICATIONS OF GENERAL ANAESTHETIC GIVEN PREVIOUSLY.

HR 72
BP 111/66
Weight (kg) 55
Height (m) 1.57
BMI 22

Medications (including herbal)

· THYROXINE 50/25µg ✓
· LANSOPRAZOLE 30mg ON ✓

NSAIDS O.K

Allergies & adverse reactions

PENICILLIN (RASH)

ASA Grade

1 (2) 3 4 5 6 E

Airway Assessment

MP 1

Teeth

EDENTULOUS

Previous Anaesthesia ✓

Uneventful Y ☑ N ☐ N/A ☐

Family History NIL

Alcohol ✓ 1 WINE OCCASIONALLY
Smoking EX SMOKER
Drugs NIL
Reflux / GDRD CONTROLLED
Fasted 7hrs

Investigations (NOV '25)

FBC 124 / 7.6 / 346
U&E's / eGFR 14.1 / 4.5 / 3.9 / 62 / >90
G+S / e-Release / X-match T4 18 ✓
ECG SR / RATE / ? PREMATURE T3 5.8 ✓
CXR (N CXR)

Information Given to Patient

	Y	N	N/A
Intended anaesthetic technique discussed	☑	☐	
Regional / local anaesthetic technique discussed	☐	☑	☐
Risks of regional anaesthesia discussed:			☐
PDPH	☐	☐	☐
Failure	☐	☐	
Temporary nerve damage	☐	☐	
Permanent nerve damage	☐	☐	
Post-operative analgesia discussed	☐	☐	
Consent for PR drug administration	☐	☐	

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☑	☐
Give charted medication	☐	☐	☑
Omit anticoagulant	☐	☐	☑
Keep dentures in	☐	☑	☐

Fasting: Solids > 6 hrs Clear fluids > 2 hrs (or state times)
Other:

Post-operative Remarks

Uneventful anaesthetic Y ☑ N ☐

* Significant events
* Critical incident
* Warnings / Hazards

Name (print) Signature
Contact No

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

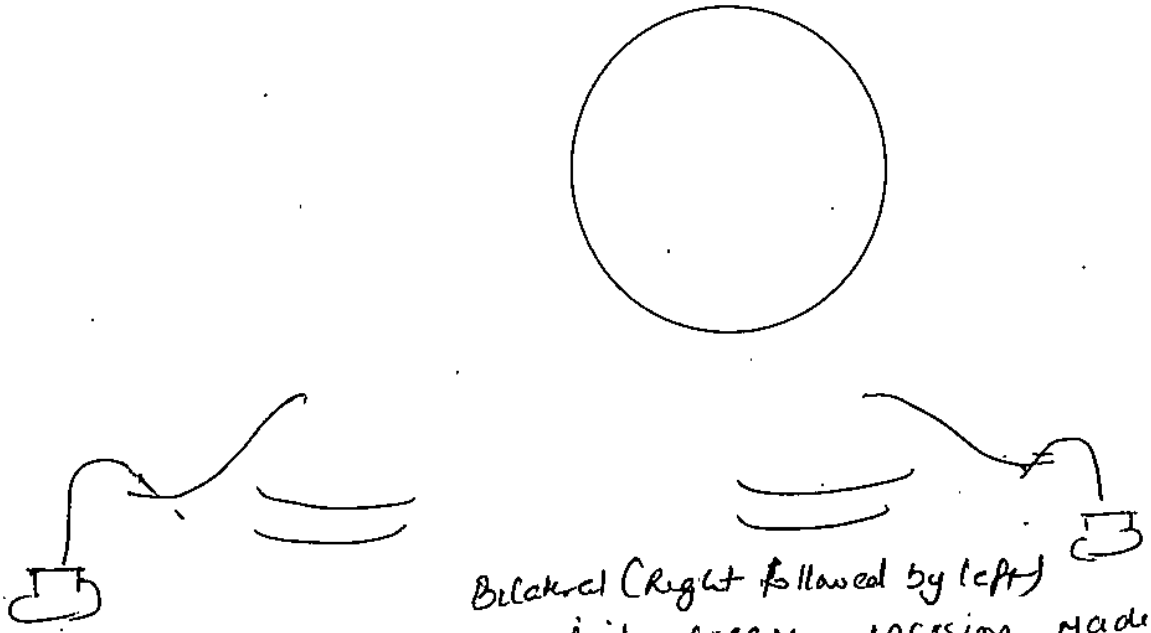
CHI 2108671080 [redacted]
71472 HS Rana

OPERATION

Date: 6/1/25 Surgeon/s: K. Peden
S - Sadanandan

RIGHT ☒ LEFT ☒

Other Operation ..... lateral orbital decompression done under GA



Bilateral (Right followed by left)
- lid crease incision made & extended laterally
- orbicularis dissected & cut
- dissected upto orbital rim sup & inferiorly
- periosteum dissected & cut & cautery
- reflected & dissected into orbital cavity
- bleeden cauterised.
- Temporal (zygomatic) bone revered & burr & bone punch.
- Temporalis muscle cautered.
- ~~fat hernia~~ prorbital cut & fat prolapsed
- ½ ml of fat removed from right side only
- oxylamp put
- drain'd inserted
- incision sutured in layer & 5-0 monocryl & 6-0 monocryl

Adv
Oca CPL TDS (BD) x 10/7
T. Clarithromycin 250mg BD x 5/7
T. Paracetamol 20mg QID x 2/52
T. Oxycodone 20mg OD x 4/52

Post-Op Protocol Date: ___/___/___

RPO in 1-2/52 - o/a CPL stat.

Progress Notes

Patient & GP Information

UHPI Number	620101347R
CHI Number	2108671080
Episode Number	I0001183777
Surname/Forename	Cuthill, Lynda
Date of Birth	8/21/67
Sex	Female
Patient Address.	17 Badger Way Edinburgh EH17 8XD
Registered GP	HS Rana
GP Address.	Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

620101347R	620101347R
2108671080	2108671080
I0002492823	I0004515993
Cuthill, Lynda	Cuthill, Lynda
8/21/67	8/21/67
Female	Female
17 Badger Way Edinburgh EH17 8XD	17 Badger Way Edinburgh EH17 8XD
HS Rana	HS Rana
Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN	Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN

Patient & GP Information

620101347R	620101347R
2108671080	2108671080
I0005332451	I0005348097
Cuthill, Lynda	Cuthill, Lynda
8/21/67	8/21/67
Female	Female
17 Badger Way Edinburgh EH17 8XD	17 Badger Way Edinburgh EH17 8XD
HS Rana	HS Rana
Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN	Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN

Patient & GP Information

620101347R	620101347R
2108671080	2108671080
I0006351800	I0006352719
Cuthill, Lynda	Cuthill, Lynda
8/21/67	8/21/67
Female	Female
17 Badger Way Edinburgh EH17 8XD	17 Badger Way Edinburgh EH17 8XD
HS Rana	HS Rana
Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN	Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN

Patient & GP Information

620101347R	620101347R
2108671080	2108671080
I0006355127	I0006391309
Cuthill, Lynda	Cuthill, Lynda
8/21/67	8/21/67
Female	Female
17 Badger Way Edinburgh EH17 8XD	17 Badger Way Edinburgh EH17 8XD
HS Rana	HS Rana
Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN	Gracemount Medical Group,24 Gracemount Drive,Edinburgh, EH16 6RN

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	I0001183777

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002492823 Dr Euan McRorie 4/9/10 16:41 Adele Niven	Diagnosis:,Bilateral swollen and painful hands ?Buerger's disease,Left CMCJ osteoarthritis,,Past Medical History:,Hypothyroidism,Grave's disease (partial thyroidectomy, on long term Thyroxine),,Medication:,Thyroxine 50 mcgs od,Paracetamol 1g qds,Piriton 4mg prn,,Lynda is a forty two year old lady who was admitted from the outpatient clinic with bilateral hand pain and swelling. She gave a two month history of painful left thenar eminence which progressively got worse to a point where the whole hand was swollen with evidence of bruising around her left wrist. She denied any history of trauma. She also noticed pain around her right finger two days ago with pin point non-blanching purpuric rash on the finger tip. She was otherwise systemically well with no night sweats, rigours, weight loss, joint pain or cough. She reported episodes of vomiting overnight in the past two months but she had put that down to eating too much in the evening.,,She denied any family history of rheumatological conditions. She is a housekeeper, married with three grown up children. She has smoked ten cigarettes a day for the past thirty years and denied any alcohol intake. ,,On examination she was apyrexial, bp 116/69, pulse 64, saturation 98% on air respiratory rate 14. Heart sounds 1+2+0, no peripheral oedema. All peripheral pulses were palpable. Chest clear, abdo soft and non-tender. There were generalised swellings and tenderness all over both hands with local tenderness around the right MCPJs and left CMCJ. Pinpoint purpuric rash was noted on the finger tops of the right hand. The rest of the joint examinations were unremarkable. There was no other skin rash of note.,,Admission blood - Hb 146, MCV 95.4, white cells 8.6, platelet 324, urea 2.9, sodium143, potassium 4.7, creatinine 60, bilirubin 7, ALT 23, alk.phos 74, CRP 3, ESR 11. Chest x-ray was unremarkable. ,,She was admitted to ward 15 to rule our infection or vasculitis. She had three sets of negative blood cultures and three sets of negative urine dipsticks. Echocardiogram showed mild left ventricular systolic impairment and slight aortic regurgitation. Her total ANCA screen was negative, CCP 2.1, ANA still pending. Her acute hepatitis serology was all negative, we are still awaiting parvovirus serology results.,,Cultures done of the hand showed irregularity at the left CMCJ and confirmed degenerative changes but otherwise no evidence of inflammatory arthropathy. ,,Myeloma screen was negative we have also sent off samples for lupus screen and lipid study. Her thyroid function test on day of admission was normal. A few days into admission, Lynda had some cold symptoms and noticed an itchy rash on her right maxilla and across her arms and legs. She also had some itchy swellings, worse on the left than the right eye. The rash settled with one single dose of antihistamine although the left swelling did not improve. There was no evidence of cellulitis, her eye movement and vision were normal. I advised her to seek medical attention should the swelling become worse.,,Her symptoms on her hands are probably most consistent with Buerger's disease and we have advised her to smoke smoking. The left thumb tenderness is most likely to be secondary to degenerative changes. She remained medically stable throughout this admission. She was discharged with an outpatient follow up in one month. Hopefully the rest of the results will be available by then.,,Yours sincerely,,,,Dr Shi Zhuan Tan,FY2 to Dr McRorie,,

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	I0001183777

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0002492823 Dr Euan McRorie 6/18/10 13:53 Paulene McNulty	Diagnosis:,Left CMCJ osteoarthritis,Possible Buerger's disease,Hypothyroidism,Possible left carpal tunnel syndrome (awaiting nerve conduction studies),,Past Medical History:,Grave's disease,Partial thyroidectomy (on long-term Thyroxine),,Medication:,Thyroxine 50mcg once a day,Topical Ibuprofen gel - see text,,I reviewed Lynda in Dr McRorie's rheumatology clinic today and she tells me that things are very much the same as on discharge. She continues to experience a great deal of pain in the left wrist and the thenar eminence of the left hand. She continues to develop blisters over the digits which I believe are one or two millimetres in size and appear clear. She is unable to burst these herself but when the do burst they do leave a small mark on her skin which then resolves.,,She has been reviewed by the hand surgeons at St John's and was diagnosed with probable carpal tunnel syndrome on the left. She is awaiting nerve conduction studies and will then be followed up by them. They did give her a wrist splint but she did not find that this was helpful. On systemic enquiry there is no history of any symptoms of connective tissue disease. She tells me that she has reduced her smoking from 20 a day to 10 a day since the time of discharge.,,On examination BP 130/76, weight 91kg, no urine sample provided. She was very tender over the left 1st CMC joint though there were no skin or nail changes. ,,In terms of outstanding investigations her MPO ANCA is mildly elevated at 2.8 but there are no symptoms of an ANCA positive vasculitis. This is not significant. Her parvovirus IgG was positive and IgM negative suggesting previous parvovirus infection. Lupus sensitive APTT was prolonged at 42 but this normalised on the sensitive APTT mix and lupus anticoagulant screen was normal. Anticardiolipin IgG and IgM were within the normal range. I discussed this lady's results with the haematology registrar on-call and these results are not suggestive of lupus anticoagulant however she does have a prolonged APTT which may represent a possible clotting deficiency. The registrar advised that if Mrs Cuthill had a history of requiring transfusions or prolonged bleeding after childbirth or any problems with bleeding post-operatively (I note that she has had a partial thyroidectomy without any problems) or a family history of bleeding problems then they would advise referral to the haematologists at the Royal Infirmary to do clotting assays. I shall leave this in your hands if you feel that it is appropriate as you may be aware of previous bleeding problems.,,This lady does not have any evidence of a vasculitis and her wrist pain is being followed up by the hand surgeons. In view of this we have discharged her from the rheumatology service. I have again advised her of the importance of stopping smoking and she does understand this. In terms of analgesia it may be worth trying topical non-steroidal gel to see if this does improve her symptoms. We shall leave follow up and further management to the hand surgeons. ,,Yours sincerely,,,,,,Dr Nishanthi Thalayasingam,LAT in Rheumatology,,cc.:/,St John's Notes,,,(NT/PM)

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	I0001183777

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004515993 Mr AT Williams 8/29/18 19:26 Isla Cameron	GPST Cameron,,ATSP - throat pain,,orbital decompression for thyroid eye disease earlier today.,,Describes coughing episode around 20-30mins previously followed by sharp jagging pain in throat which initially did not resolve. Was not eating anything at the time and hadn't eaten since theatre. Was lying in bed when this occurred.,,On my arrival lying in bed dosing. Throat pain now completely resolved and managed tea and sandwich with no issues prior to my arrival. Speaking normally. No added airway sounds or issues. Obs stable.,,Imp: likely irritation of throat following ET tube - now resolved,,Plan,1. monitor

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	I0001183777

Note Details	Clinical Notes
Ward Round Episode/Ref: I0004515993 Mr AT Williams 8/30/18 10:04 Kirsten Shoemaker	WR Baring, Stewart,,Post-op orbital decompression,Seen yesterday evening for sore throat - likely just intubation related,,Double vision,No pain + normal eye ROM,--> Reassure as normal,,Answered patient's questions re:operation,,Plan:,Home

Surname/Forename	Cuthill, Lynda
UHPI Number	620101347R

Episode Number	I0001183777

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004515993 Mr AT Williams 8/31/18 08:34 Ray Milne	Date of Admission:,29.08.2018,,Date of Discharge:,30.08.2018,,Diagnosis:,Bilateral dysthyroid eye disease,,Operation:,Bilateral endonasal orbital decompression,,Follow-up:,2 months,,This lady was admitted for a bilateral endonasal orbital decompression. These were performed under GA without complication. A septoplasty was not required. It is anticipated she will be discharged home the following day and be seen back in the outpatient clinic in 2 months time. ,,Yours sincerely,,,DICTATED BUT NOT SIGNED FOR EXPEDIENCY,,Mr Alun T Williams,Consultant ENT Surgeon,,ATW/RM 31/08/2018

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005332451 Mr Andrew C De Beaux 12/9/21 11:52 Louise Brown	Person-Centred Care New patient admitted via A&E for ERCP NEWS = 1 Son aware of admission and will collect later

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Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0005332451 Mr Andrew C De Beaux 12/17/21 17:37 Eva Grounsell	Date of Admission: 09/12/21 Date of Discharge: 09/12/21 Diagnosis : ERCP with stone removal This lady came in for her ERCP having had an MRI scan demonstrating a stone in the common bile duct. The ERCP was relatively straightforward and she was discharged home later the same day having had her stone removed. She is awaiting a cholecystectomy under the care of Mr De Beaux . Yours Sincerely Dr A Bathgate Consultant Hepatologist RIE Typed: 17/12/21 AB/EG Department of Gastroenterology Royal Infirmary of Edinburgh Tel. Secretary - 0131 242 2056 Copy to Mr A De Beaux Consultant General Surgeon Dept of General Surgery RIE

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Note Details	Clinical Notes
Clerking Episode/Ref: I0005332451 Nurse 12/9/21 12:25 Jason Hames	*** AUTO GENERATED BY {History, Exam and Plan} QUESTIONNAIRE *** HISTORY: Presented to the surgical observation unit 5/11/21 with a 3 day history of sudden onset RUQ pain with associated nausea and vomiting. Derranged LFT's with CRP 153. MRCP demonstrated acute cholecystitis and ductal calculi. Preclerked by Sam Bow 2/12/21, see paper notes. For ERCP today ALLERGIES: Penicillin 4AT SCORE: 0 INITIAL MANAGEMENT PLAN: ERCP

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005332451 Nurse 12/9/21 14:23 Louise Brown	Returned to MDC following ERCP under sedation and removal of 1 stone NEWS = 2 Alert and orientated

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005332451 Mr Andrew C De Beaux 12/9/21 19:46 Dr Sarah Dobson	SpR Dobson GI ERCP and stone removal this afternoon with sphincterotomy Now having severe epigastric pain, round to sides - feels like the same pain as when gallstones started. Abdomen soft NEWS 0, apyrexial Allergic to penicillin Not had any analgesia - given paracetamol and 5mg oramorph If pain settles can get home later with worsening advice to return

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005332451 Nurse 12/9/21 19:52 Elaine Aguilar	Patient complaining of abdo pain @ 1830. Gi on call reg bleep 2117 contacted and informed about the patient. GI reg came in and prescribed PRN analgesia. Analgesia given to patient as prescribed. Patient still insisted to go home though been told to wait for a little while but refused. Observations stable.Patient stated that she will contact gen surgery if pain worsen. Patient discharged by SN Louise with letter and advice given. Venflon and nameband removed. Patient collected by husband on discharged.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005348097 Miss AM Paisley 12/20/21 08:26 Claire B McNaull (NMR)	*** AUTO GENERATED BY {Structured Ward Round} QUESTIONNAIRE *** Date : 20/12/2021 Ward Round Lead : Miss AM Paisley Team : ET1 DIAGNOSIS / PROCEDURE : Abdominal pain DAILY UPDATE : RUQ pain after eating. Since November, pain is now 5/11/21 ADB - cholecystitis with deranged LFTs 9/11/21 MRCP: cholecystitis, 10mm CBD, stone in distal CBD 9/12/21 ERCP - sphincterotomy, stone removed. Patient insisted on being discharged same day despite severe pain post procedure. MANAGEMENT PLAN : 1. 30 day re-admission : No 30 day re-operation : No NEWS Score : 0 Results reviewed : Yes IVI fluids : Reviewed Nutrition reviewed : Oral VTE risk assessed, reviewed : Yes Adequate analgesia : Yes Antibiotics status : Not applicable Estimated discharge date : 21/12/2021

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0005348097 Miss AM Paisley 12/20/21 18:32 Mr Rajan Ravindran	Review of notes only - Mr R Ravindran Events as documented ERCP + sphinctertotomy on 09.12.2021 Recurrent acute biliary symptoms - normal WCC Current CT - periduodenal fluid collection + gas flecks Water soluble contrast swallow / follow-thriugh - no on going leak In view of ongoing biliary symptoms, cholecystectomy is needed and there are no contraindications for lap chole though risks of conversion to open is higher in this situation. Please let me know if you need any further clarification Mr R Ravindran Cons HPB Surgeon

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005348097 Nurse 12/20/21 19:00 Shona Mowitt	Nurse Practitioner: Written in retrospect MRCP result noted by Miss Paisley. PLAN: Fast from 12 midnight for potential laparoscopic cholecystectomy tomorrow. Lynda has been advised of this an a patient information leaflet has been given to Lynda. Shona Mowitt ANP General Surgery

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005348097 Nurse 12/20/21 19:08 Chloe Fyvie	Nursing: Lynda's cannula came out earlier and she asked for a little break as her arm was sore due to the cannula. Lynda has also been in pain but has refused analgesia most of the day, I have said she would feel a lot better and does not need to sit in pain. She eventually took some paracetomal as I informed her she had a temperature and that this would help. Lynda has agreed to have the cannula inserted later but does not want it at the moment as she wants to walk to the canteen.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005348097 Miss AM Paisley 12/21/21 07:32 Stacie Duffy	Person-Centred Care Lynda was transferred from sou feeling poorly this morning, IVI running and fasting for lap chole this am-seen by Ms Paisley-first on list this morning, News>1 due to temp 38.0, requires check list. 1 due to temp 38.0, requires check list. </body></html>

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Note Details	Clinical Notes
Consultant Review Episode/Ref: I0005348097 Miss AM Paisley 12/21/21 09:37 Dr Zi Xin Lim	Reviewed by Ms Paisely this morning, now in Th.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005348097 Miss AM Paisley 12/21/21 16:20 Christine Sinclair	Person-Centred Care Lynda attended for Lap chole this am. Returned from theatre alert and orientated. Post op care continues Diet and fluids tolerated. Keen for home this afternoon Bladder and Bowel Function Passed urine post op problem free Pain Management Pain currently controlled at this time Food Fluid and Nutrition Diet and fluids as able

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0005348097 Miss AM Paisley 12/21/21 16:47 Dr Danielle Clyde	WR ST3 CLYDE POD0 Lap Chole + IOC - very inflamed GB - epyema - large stone - iatrogenic GB perf intra-op w/ retraction v friable tissue - back wall of GB left - clips to cystic duct - IOC clear duct Feels great Sat up in bed Pain free NEWS = 3 (for O2 req) but now on RA PLAN - probably 2 further doses of IV abx - aim home tomorrow Danielle Clyde ST3

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005348097 Miss AM Paisley 12/22/21 03:19 Jennifer Gilchrist	Person-Centred Care No issues to note overnight. Lynne reports she feels well post-op and keen for home. No c/o pain or nausea. Mobilising independently off ward. Passing urine nil issues voiced. Observations remain stable as docuemnted. Continues on IVABX, for repeat bloods and am r/v. No immediate concerns, will continue to monitor.

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Note Details	Clinical Notes
Consultant Review Episode/Ref: I0005348097 Miss AM Paisley 12/22/21 09:41 Dr Zi Xin Lim	WR Ms Paisley NEWS 0 Sitting in chair, feels better. Has passed urine and bowels, and tolereated oral fluids after op. Hb 11.4 LFTs are fine O/E Abdo normal Plan Home today No sutures to remove Analgesia, laxatives 2 week sickline Oral cotrim to complete course 5d and met

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005348097 Miss AM Paisley 12/22/21 11:31 Dr Kate Alexander	OPERATION/PROCEDURE(S): Laproscopic Cholecystectomy - 21/12/21 UNDERLYING DIAGNOSIS: Cholecystitis TYPE OF ADMISSION: Emergency CHANGES TO MEDICATIONS SINCE ADMISSION (relative to ECS): Started: Paracetamol & Dihydrocodeine PRN for pain management post operatively. Stopped: Nil Changed: Nil Withheld: Nil ALLERGIES / ADVERSE DRUG REACTIONS: penicillin Discharge prescription checked against ECS med rec: Yes FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: Nil ACTION REQUIRED FROM GP: Titrate anaglesia as appropraite post-operatively. _____ Dear Doctor, COURSE OF ADMISSION: Ms Lynda Cuthill was admitted to General Surgery at the Royal Infirmary of Edinburgh on the 19/12/21 with RUQ pain exacerbated by eating. She had previously been admitted in early November with cholecystitis treated conservativeluy on two occations and underwent an ERCP on 9/12/21 for removal of CBD stone and sphinceterotomy. Since this time she has continued to have unrelenting RUQ pain assocaited with eating. CT scan showed possible persistant ductal calculi. Persistant features of cholecystitis with suspicions of localised perforation at the fundus reducing in size. A follow through constrast scan showed no active leak. She was again treated for cholecystitis with antibiotics and the decision was made to undertake a laparoscopic cholecystectomy on the 21/12/21. She recovered well post operatively and is now able to be discharged home with some simple analgesia. SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS/DNACPR STATUS/ANTCIPATORY CARE PLANNING: Nil A Med 3 Certificate has been issued for: 2 weeks Should you need further information please contact: Miss Paisley and Team Thank you for your ongoing care of this patient. Yours sincerely, Kate Alexander FY2 Department of General Surgery, Royal Infirmary of Edinburgh This is an immediate discharge letter and a further letter may follow.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005348097 Miss AM Paisley 12/20/21 11:01 Dr Helen Thompson	6130780 20/12/2021 CT Abdomen/Pelvis With Contrast Portal-venous phase. Reference: MRCP 09/11/2021. Recent ERCP noted. Small intra-abdominal collection containing fluid and gas. This main volume lies anterior and inferior to the distal duodenum (D3) measuring 33 mm in maximal diameter (key image) although extends to superiorly to the level of the uncinate process / head of the pancreas. Associated thickening of the duodenal wall here there is associated mild mesenteric fat stranding. No other intra-abdominal or pelvic collection. No pneumoperitoneum or free fluid. Normal pancreas. No pancreatic oedema or peripancreatic stranding suggestive of pancreatitis. Thickening of the gallbladder wall with mild pericholecystic stranding is in keeping with persistent cholecystitis. Changes at the fundus may represent a small contained perforation, reduced in size. Large 2 cm gallstone. The CBD is dilated (8 mm), however, the dilatation has slightly improved compared to the previous MRCP of 09/11/2021. There is impression of persistent distal ductal calculi, otherwise no recent intervention, see key image. Simple cysts within the right lobe of the liver. Pneumobilia is in keeping with recent ERCP / sphincterotomy. Otherwise, normal appearances of the liver parenchyma. Normal spleen, adrenal glands and kidneys. Non-inflamed sigmoid diverticula. Otherwise unremarkable appearances of the unprepared small and large bowel. Distended bladder. No adnexal abnormality. Calcified pelvic node (likely longstanding). Small upper abdominal nodes but no size significant abdominal or pelvic nodes. Calcified atheroma of the aortoiliac vessels. The lung bases are clear. Mild left convex lumbar scoliosis. Mild degenerative change of the spine. No destructive bone abnormality. Opinion: Small intra-abdominal fluid and gas collection adjacent to D3 with associated mesenteric stranding. No evidence of viscus perforation. Possible persistent ductal calculi. Persistent features of cholecystitis with suspicion of localised perforation at the fundus reducing in size. —

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0005348097 Miss AM Paisley 12/22/21 13:35 Christine Sinclair	Person-Centred Care Lynda reviewed on ward round and happy for home Independant with mobility and ADLS' PVC removed Lap sites changed and intact. Post op wound care given medications supplied and discharged from ward. Son collected

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Note Details	Clinical Notes
Operation Note Episode/Ref: I0005348097 Miss AM Paisley 12/23/21 09:42 Heidi O'Guntke	Consultant: ANNA PAISLEY Ward: 106 Date of Op: 21/12/2021 Surgeon: DANIELLE CLYDE STUART MCKECHNIE Assistant: Anaesthetist: Dr D Coad Anaesthetic: General Urgency: Delayed Emergency Case: Inpatient Operations Site Diagnosis Operation Code Type BILIARY TREE AND GALL BLADDER Gall stones acute symptoms Laparoscopic Cholecystectomy & IOC 100566 Operative Findings and Techniques Indication: 54 year old lady admitted as an emergency. Underwent ERCP and sphincterotomy on 9th Dec with removal of CBD stone. The patient self discharged against medical advice despite significant abdominal pain post operatively. Re-admitted. Underwent CT scan which showed intra-abdo fluid and gas collection around the level of D3. Repeat MRCP showed no definitive duct calculi. Patient discussed with RXXR and advised for lap chole and IOC. Findings: Multiple flimsy adhesions between abdo wall and duodenum and fundus of the gallbladder which were taken down at the start of operation. Acutely inflamed gallbladder consistent with acute cholecystitis. Fibrotic peritoneal attachments and thickened fibrotic peritoneum. Gallbladder empyema with large gallstone. Biliary anatomy clearly identified and cystic duct and cystic artery were clipped. IOC showed no evidence of filling defects. Procedure: Prepped with chlorprep and draped. Open Hassan cut down. Placement of infraumbilical 10mm laparoscopic port. Laparoscopy findings above. Pneumoperitoneum to 12mmHg. Further lap ports inserted under direct vision - 10mm epigastric and two 5mm RUQ. Adhesions taken down prior to placement of epigastric port. Meticulous dissection with diathermy to release adhesions from duodenum and the body of the gallbladder. Gallbladder held cephalad and peritoneum opened posterior and anterior to expose the cysto-hepatic triangle. Window of safety developed within the triangle and cystic duct skeletalised to give length. Single medium metal clips placed at proximal aspect of the cystic duct. Incision made in the cystic duct to permit IOC catheter. 3F IOC catheter inserted. Slightly difficult due to the angle of the cystic duct. IOC performed with images saved and no evidence of filling defects on final IOC. A total of three clips were placed on the distal cystic duct (two medium and one large). Cystic duct then divided. Diathermy dissection to free gallbladder from cystic plate. Cystic artery was encountered and clipped with medium metal clip. Gallbladder densely adherent to the liver and suggestion of early developing abscess. Back wall of gallbladder was left in situ. Remainder of gallbladder was dissected. Large gallstone retrieved and placed in new Bert bag along with the gallbladder and removed via the epigastric port site. Re-laparoscopy and inspection of surgical site, good haemostasis, clips in situ, no evidence of bile leak. Thorough wash out of surgical site until running clear. Ports removed under direct vision. 2/0 Vicryl to close epigastric and umbilical port sites fascia. Interrupted subcuticular 4/0 Biosyn to skin. Mepore dressings to wound. Total of 20mL 0.5% chirocaine instilled to wounds. Surgical sign out correct. Post Op: eat and drink, nurse on ward, continue DVT prophylaxis, continue IV antibiotics and review on ward, gallbladder sent to histology. dictated by/not signed by

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Note Details	Clinical Notes
	DANIELLE CLYDE ST3 to Miss ANNA PAISLEY

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005348097 Miss AM Paisley 1/10/22 14:52 Lorna Dewson	Admitted: 19/12/2021 Discharged: 22/12/2021 Dictated: 24/12/2021 Typed: 10/1/2022 Consultant(s): ANNA PAISLEY Ward: 106 Speciality: General Surgery Ref: AMP/LD Date: 21/12/2021, Consultant: Anna Paisley Site Diagnosis Operation Code Type BILIARY TREE AND GALL BLADDER Gall stones acute symptoms Laparoscopic Cholecystectomy & IOC 100566 Discharge Codes: Site Diagnosis Operation Code Type BILIARY TREE AND GALL BLADDER Gall stones acute symptoms Laparoscopic cholecystectomy 100524 Memo Text (will not print on the letter): Clinical Summary: This 54 year old lady who had undergone an ERCP on 9th December following an emergency admission in November under the care of my colleague Mr De Beaux with acute cholecystitis and common duct stone, was re-admitted as an emergency with worsening upper abdominal pain. This had been progressing since her ERCP. Routine bloods revealed mildly elevated Gamma GT and inflammatory markers but were otherwise unremarkable. CT scan revealed a small 33mm para D3 collection containing fluid and gas, changes of acute cholecystitis and a possible small contained perforation at the fundus, together with a dilated CBD at 8mm. Contrast study revealed no duodenal leaks. She was commenced on intravenous antibiotics and arrangements made for cholecystectomy. Given her recent complex course her case was discussed with Mr Ravindran, HPB consultant who agreed with the plan. At surgery a gallbladder empyema was identified but she underwent laparoscopic cholecystectomy without incident. IOC was satisfactory. She made an uneventful recovery from her surgery and was discharged to complete a full course of oral antibiotics with no plans for routine surgical review. With best wishes. Follow Up: nil Yours sincerely Miss ANNA PAISLEY

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Note Details	Clinical Notes
	Consultant Surgeon cc: Mr Andrew De Beaux, Consultant Surgeon, RIE. Mr Ravi Ravindran, Consultant HPB Surgeon, RIE. Sister Sam Bow, ERCP Coordinator, Endoscopy Unit, RIE.

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Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0005348097 Miss AM Paisley 1/10/22 14:57 Lorna Dewson	ltr to Sam Bow 24.12.21 Please find enclosed the discharge summary of Mrs Cuthill. As you will see she re-presented following her ERCP with further pain. Imaging revealed a small gas and fluid collection adjacent to her duodenum so I think it is likely that she has had a small contained perforation at the time of her ERCP. This was managed conservatively. I would be most grateful if you could please arrange discussion at the ERCP M&M. With best wishes. Yours sincerely Miss ANNA PAISLEY Consultant Surgeon

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005348097 Miss AM Paisley 12/20/21 15:16 Dr Helen Thompson	I have rung down MRI They will fit her MRCP in this afternoon, so that potential ERCP slot can be tomorrow. H Thompson FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005348097 Miss AM Paisley 12/20/21 15:31 Dr Zi Xin Lim	FFM for potential lap chole tomorrow. MRCP to clarify if ductal stones. Has been discussed with McKechnie as he is covering the list tomorrow.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0005348097 Miss AM Paisley 12/20/21 16:20 Dr Helen Thompson	6131677 20/12/2021 Water Soluble Contrast Meal and FT Reference CT from 20/12/21. Water soluble contrast passes from the stomach into the duodenum and round to the DJ flexure with no evidence of leak of contrast. Reflux of contrast into the common bile duct noted. Conclusion: No evidence of active leak.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006351800 Dr Sarah A Clifford 11/11/25 08:33 Dr Rong Bing	Cardio cons - Bing The history is very inconsistent. Episodes seem to be preceded by closing in of her vision, which implies an awareness of events. However, she says she cannot remember if she has had episodes in a supine position, or any events at work. She lives alone and works as a housekeeper. Does not drive. S1S2 ECG sinus rhythm Telemetry physiological sinus brady overnight whilst sleeping Imp - not consistent with cardiac syncope. No evidence of structural heart disease. I do not think she needs an echocardiogram. A Holter is reasonable but unlikely to be revealing No cardio f/u at this juncture unless Holter abnormal.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006351800 Dr Sarah A Clifford 11/11/25 10:31 Jane Millar	POST TAKE WARD ROUND Lead: Dr Clifford Issues: 1. Presents with a 2/12 Hx of recurrent LOC episodes (occuring sitting or standing) - Seen by Cardio; unlikely cardiac syncope Today: Note Cardio r/v with thanks - Not consistent with cardiac syncope. No evidence of structural heart disease. Not for cardio f/u. Lynda states she feels ok overall. Believes she hit her head following a LOC recently. NEWS: 2 - Temp 35.8, HR 50. Examination: Alert, sitting up in bed Investigations: - ECG: Sinus rhythm - Telemetry: Nil acute - Bloods 10/11: Hb 135, WCC 6.8, Urea 3.9, Creatinine 63, eGFR >60, Na 141, K+ 4.5, TSH 0.02, Fre T4 18. Impression: Recurrant syncope of unclear aetiology - Unlikley seizures or cardiac in nature - Sutable for further OP Ix under syncope clinic Plan: E+S BPs please Endocrinology advice regarding ?dosage adjustment of levothyroxine given TSH CT Head awaited - authorised - to have this prior to d/c please 24hr OP Holter as per cardio Aiming for home today with follow-up under the syncope clinic DESTINATION: Aiming home CONTACT DETAILS: AMU Bays 1, 2, 3, 7 FY2/CT: 2241 Medical Registrar on call: 4110 For all IDLs@ General Medicine Boarders please use \IDLGM. Thank you

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006351800 Dr Emily Rose Cox 11/11/25 10:36 Dr Emily R Cox	Endocrine Review - Cox IMT3 Known to the Joint thyroid eye clinic for Graves Disease with thyroid eye disease Subtotal thyroidectomy 1995 Endonasal decompression August 2018 Bilateral upper lid skin blepharoplasties and small right lateral tarsorrhaphy under local anaesthetic in 2019 Usually on levothyroxine 50mcgs OD Admitted with recurrent LOC TSH 0.01 and free T4 18 Over the last few years whilst on Levothyroxin 50mcgs: Nov 2025 July 2024 April 2024 Feb 2023 Jan 2019 Jan 2019 August 2018 TSH 0.01 0.14 0.12 3.0 1.1 0.11 0.14 Free T4 18 17 21 - - 13 13 T3 - - - - 1.7 Last seen by Endocrine consultant in 2019, with low TSH and normal T4 and T3 so levothyroxine dose continued at 50mcgs. Lynda tells me her thryoid eye disease has been an ongoing issue for a long time. She was last seen by Ophthalmology in June 2024 and has not had a follow appointment since. She has had ongoing headaches, and the visual acuity in her right has decreased over this time, now requiring glasses. Her proptosis has worsened but this is not new, she is awaiting surgical correction. She has not had any symptoms of Graves disease and has remained on levothyroxine 50mcgs since her subtotal thyroidectomy. She has had weight loss but this has been since the death of her husband and she is under investigation by GI. Plan 1. I have added on TRAbs to exclude any active Graves in remaining thyroid gland (only run on Mondays and Thursdays) 2. I have added on T3, if normal this will be reassuring 3. I will chase her TRAbs and will email GP with any changes to medications Update 13:00 Discussed with Dr Zammitt who has met Lynda before in clinic. Advised to reduce levothyroxine to 25mcg and 50mcg alternate days

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Note Details	Clinical Notes
	I have spoken to Lynda on the phone this afternoon and she feels her thyroid eye disease has worsened over the last year and would prefer to be seen back in the thyroid eye clinic. I will add an addendum to her discharge letter for follow up with Dr McKee in the joint endocrine eye clinic. I have also explained the medication change to Lynda and I will email her GP to supply the prescription of 25mcg levothyroxine tablets. E Cox IMT3

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006351800 Nurse 11/11/25 12:44 Lois Fairley	NURSING: Lynda has been settled so far today has been going in and out the ward for fresh air 1st set of E&Sbps completed = 145/84 - 132/72. Was dizzy when standing Alert and orientated Ind with all ADL's All medication administered as epr HEPMA Normal D+F Has been for CTH, awaits report.

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006351800 Dr Sarah A Clifford 11/11/25 12:47 Dr Jas Tin Lim	ACUTE AND GENERAL MEDICINE RIE DISCHARGE COMMUNICATION PRINCIPAL DIAGNOSIS: Syncope unclear cause. _____ 1. Can you explain my diagnosis and what treatment did I receive? You were admitted to the Royal Infirmary due to recurrent falls with loss of consciousness. You described increasing number of falls over the past 2 weeks. You were admitted for monitoring with a heart monitor. The Cardiology team had seen you and advised that it was not likely to be caused by your heart but to request a holter monitor which is a 24 hour record of your heart rhythm. We had also noted your thyroid function tests were abnormal. Our Endocrine colleagues have reviewed you and have asked for blood tests to be done. They will get in contact with your GP if any changes need to be done with your Levothyroxine. A scan of your head showed a possible mucus cyst in your facial sinuses. We have gotten in touch with the ENT doctors who will make contact with you if any follow up is required. 2. What tests have I had and what were the results from these tests? CT Head - Mucus cyst in your ethmoid sinus. 3. Do I need to contact my GP practice after discharge? If so, why and when? Please contact your GP if the frequency of your falls continues to increase. _____ 1. Medicines reconciled against ECS/other sources? Yes 2. ALLERGIES / ADVERSE DRUG REACTIONS: Phenoxymethylpenicillin 3. Changes to drugs since admission (relative to ECS above and please include reason) STOPPED: Nil STARTED: Nil CHANGED: Levothyroxine from 50mcg OD to 25mcg and 50mcg on alternate days. WITHHELD: Nil INSULIN PREPARATION AND DOSE ON DISCHARGE: (if applicable - Please write out units in full – do not abbreviate to “u”) Pharmacist check: Name: Date: Time: Nursing check: Patient’s own medication / controlled drugs returned to patient: YES / NO / NA Signature: Patient’s own medication / controlled drugs removed with consent: YES / NO / NA Signature: _____ • ACTION REQUIRED IN COMMUNITY: Await Endocrine email re: amending Levothyroxine. • HOSPITAL FOLLOW-UP ARRANGED: Syncope Clinic, 24 hour holter BRIEF SUMMARY OF ADMISSION: Ms Cuthill presented to RIE due to 2 week hx of recurrent falls with LOC. She described no pre-syncopal symptoms, however her history was somewhat vague. She was admitted to a monitored bed and kept on telemetry overnight. Cardio review the following day advised not likely to be a cardiac cause of falls and to request a 24 hour holter. A CTH was done showing an incidental finding of an ethmoid mucocele. ENT have advised they will make contact with Ms Cuthill directly if required. We have discussed with Endocrine regarding her TSH. They have sent off TRABs to exclude active Grave’s disease and will make contact with yourself if any changes to medications need to be done.

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Note Details	Clinical Notes
	SUMMARY OF INVESTIGATION RESULTS: CTH - Well-circumscribed 21 x 13 mm soft tissue density within the right ethmoid air cells causes bony remodelling of the lateral wall which indents into the right medial rectus muscle. Findings in keeping with an ethmoid mucocele. TSH 0.02 FUTURE CARE PLAN (please update KIS - delete if not appropriate) _____ Outstanding results: 24 hour holter, TRAbs/T3 Please cc this letter to: Cc: Syncope Clinic, OPD 2, RIE Cc: Dr Justin McKee, Consultant Ophthalmologist, Ophthalmology, Princess Alexandra Eye Pavilion - for follow up in the thyroid eye clinic Sent 12/11/25 Yours sincerely, JT Lim CF Acute and General Medicine, Royal Infirmary of Edinburgh _____ FDL Authorising Consultant: Date: _____ For further information contact: Acute and General Medicine Secretaries Phone: 0131 242 1440 E-mail: RIEacutemedicine@nhslothian.scot.nhs.uk _____

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006351800 Dr Sarah A Clifford 11/11/25 12:48 Dr Jas Tin Lim	Discussed with ENT SHO Dr Andrew Advised they will likely see her in clinic, no IP investigations required He will discuss with his reg and make contact with the patient directly if any follow up required. Can be discharged if medically fit, if they do not make contact then no follow up required from ENT point of view

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006351800 Dr Sarah A Clifford 11/11/25 13:00 Jane Millar	Outpatient 24hr tape requested via paper referral system. J.Millar ANP

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006351800 Dr Sarah A Clifford 11/11/25 01:09 Dr Patrick Dodd	AMU ADMISSION REVIEW Summary of ED/Interface presentation: 58F 2/12 hx of episode of LOC. Initially occurring every week now multiple times per week. Prior to LOC patient feels 'glazed' denies dizziness, flushing Unsure of duration of LOC patient 'wakes up in different position' Has 1xwitnessed episode by sister who says she thought she had tripped Not post ictal, no incontinence, tongue biting. Reports 1.5 year hx of persistent headache over R Eye describes this as a constant pain no analgesia no visual symptoms, no nausea, no diurnal variation, no tearing, rhinorrhea reports awaiting on further eye surgery Denies any recent coughs/colds No weight loss No urinary symptoms Treatment given in ED: • Medication: nil • Fluids: nil Additional history available? Progress since ED: PMHx: Subtotal thyroidectomy 1995, Graves' disease H Pylori 2024 Treated Thyroid Eye disease awaiting decompression surgery Laparscopic chelycystectomy 2021 DH: Levothyroxine 50mcg Colecalciferol 800 units OD Lansoprazole 30mg BD Penicillin allergy- anaphylaxis SHx (driving if relevant): Lives alone independent Works in hotel Vapes FH- Father had Lung Ca, Mother and 2 sisters breast Ca No significant cardiac hx NEWS: 1 RR 20 BP 110/51 HR 57 Sats 97% RA T 36.6 Focused examination: Patent No increased W.O.B, no coughs or cold, air entry bilaterally no added wheeze creps Pulse regular HS 1+2-0 GCS 15 alert pupils reactive no focal neurology Abdo SNT no fevers BM 4.7 Bloods: TFTs (TSH- 0.01) T4 Normal range 18 Random Glucose 4.7 ECG: NSR Radiology: N/A Medicine: • Is medicine reconciliation complete: Y

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Note Details	Clinical Notes
	• ALLERGY: Penicillin • Is VTE risk assessed and prescribed: Y Problem lists: 1) Recurrent episodes of TLOC Concerning for cardiac cause Plan: 24 Hour Tape/Telemetry Echo Cardiology Review Endo r/v r.e. TSH CTH Consider neuro discussion pending above Is DNACPR/AWI completed if appropriate? (if capacity assessment is required use \capacity) Destination: GM Name and designation: Alison and Josh med students - discussed with Dr Dodd IMT3 AMU Bays 1, 2, 3, 7 - Bleep 2241 AMU Bays 4, 5, 6, 8 - Bleep 2112

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006351800 Nurse 11/11/25 03:58 Michelle C Smith	NURSING - Patient admitted to AMU 1 following recurrent LOC Ind on transfers Continues on monitor For 24 hour tape and ECHO Cardio r/v in AM Awaiting CT head Will continue to monitor

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006351800 11/11/25 07:57 Adele Stinear	Phar:T Med Rec completed: Y/N Sources used (min.of 2): Referral code: No high risk meds on ECS Outstanding Med Rec issues: Outstanding/ ongoing care issues: Changes to medication: Discharge/Compliance information:

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006352719 Mr AT Williams 11/12/25 10:12 Dr India Rose Barrons	opthalmology update: -spoke to opthalmology triage, declined to add her onto Dr Henderson's list (SJH opthalmology doctor today) as already overbooked, advised to call opthalmology 2nd on call Dr Sadanadan -spoke to Dr Sadanadan who has read through Ms Cuthill's notes, does not feel that it is more urgent than this week but will call back with appointment time for eye pavillion

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006352719 Mr AT Williams 11/12/25 10:40 Dr Iyabo Adeniji	ENT WR SpR -admitted RHS ethmoid mucocele proptosis, diplopiaa and fuzzy vision CT head report: well-circumscribed 21 x 13 mm soft tissue density within the right ethmoid air cells causes bony remodelling of the lateral wall which indents into the right medial rectus muscle. Findings in keeping with an ethmoid mucocele. - Awaiting CT sinuses O: NEWS 0 Proptosis of Rt eye, Diplopia and fuzzy vision P: Chase CT -Ophthalmology review IG Adeniji GPST2

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006352719 Nurse 11/12/25 12:59 Michelle A O'Neill	Linda had been added onto Dr Kerr's clinic list for 09:00 13/11/2025 for a review at OPD1 Ophthalmology. We plan to check her visual acuity, eye pressures, visual fields, OCT Scan macula and disc. Please arrange porter transport if needed. Should this time not suit, please call on 54286 to rearrange. Kind Regards, SN Michelle O'Neill

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006352719 11/12/25 14:44 Kirsten McKinnon	Phar:T KM 12/11/25 Med Rec completed: Y Sources used (min.of 2): ECS, patient Allergies: Penicillin Weight 68.3kg 07/10/24 No OTC Medicines Medicines prior to admission Levothyroxine tablets 50mcg OD Colecalciferol capsules 800units OD Lansoprazole capsules 30mg BD Folic acid tablets 5mg OD Referral code: B1: Lansoprazole BD on ECS and patient advised takes BD prescribed OD on hepma Changes to medication: Discharge/Compliance information: Supply New medicines and Lansoprazole on discharge

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006352719 Mr AT Williams 11/12/25 15:12 Lauren Renton	Person-Centred Care Lynda has been settled today. Remains independent with all ADLs Has spent time off the ward today Deterioration and Escalation NEWS 0 Pressure Area Care Remains able to alleviate pressure areas independently Mobility Remains independently mobile Medicine Management Medications as per HEPMA Pain Management Lynda has not voiced any complaints of pain Food Fluid and Nutrition Eating and drinking good amounts

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006352719 Mr AT Williams 11/13/25 00:51 Margaret Rooney	Person-Centred Care Lynda currently settled. Went off the ward prior to bedtime for a cigarette. Reports that she was not happy with the lack of communication throughout the day. She states no one had updated her on what was happening. I offered an apology & confirmed she would not have to fast for theatre again this evening & she would be seen at opthalmology in the morning. Deterioration and Escalation Observations stable, News 0. Proptosis to R. eye remains as before. Pressure Area Care Independent with relieving own pressure areas. Mobility Mobilising Indpendently, call bell within reach. Bladder and Bowel Function Independent to toilet, no Issues reported. Medicine Management No medications due prior to settling. Food Fluid and Nutrition Managing diet & fluids. Altered Stage of Cognition Lynda remains alert & orientated

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006352719 Mr AT Williams 11/11/25 18:12 Dr Andrew J Warwick	ANDREW WARWICK - CT2 - ENT WARD 19A REVIEW 58 year old lady presents to Ward 19A today following brief admission to RIE for TLOC, paraesthesia and headaches with finding of ethmoid mucocele on CT head HPC: - I was referred this patient today by my colleagues at RIE AMU - Story revisited bedside --> Lynda has had a 6 month history of headaches, paraesthesia in her hands and arms and TLOC slowly getting worse - She has tred to make appointments with the doctor for this but reports she has been unable to do so - This was associated with worsening proptosis of the R eye only. This patient suffers with exopthalmos of both eyes due to her thyroid and has previously been seen by ENT and opthalmology for procedure to correct this - The patient has also had progressively worsening vision - She attends today as she attended the nurse for a routine yesterday and mentioned that she had had a TLOC episode over the weekend with no explanation and for which she had not seen anyone - The nurse recommended she attend RIE OOH so she did and was admitted with hx of TLOC, paraesthesia in her arms and hands and headaches. She was admitted for the night to AMU - During her brief admission she had a CT head which showed nil acute but did show a RHS ethmoid mucocele - The patient was d/c from RIE today and I phoned her TCI to ENT Ward 19A in light of her CT findings (please see below) - CT head showed --> well-circumscribed 21 x 13 mm soft tissue density within the right ethmoid air cells causes bony remodelling of the lateral wall which indents into the right medial rectus muscle. Findings in keeping with an ethmoid mucocele - This patient was d/w SpR Mr Ng who kindly reviewed images and advised that she should get further imaging of paranasal sinuses +/- MRI - When I phoned RIE back to advise the patient had already been discharged home - I then spoke with the patient to advise her to attend SJH as recommended by ENT SpR as she needs further imaging +/- procedure for her mucocele PMH - Barrett's oespohogus - H pylori 2024 - Thyroidectomy 1995 (Graves) - Thyroid Eye disease awaiting decompression surgery -> has not seen opthalmology since 2024 - Laparscopic chelycystectomy 2021 - Investigated haematuria 2024 with no cause identified Allergies: - Penicillin DH: - Levothyroxine - Lansoprazole (stopped last month) SH: - Lives alone, independant - Works at hotel - Drinks 1x/month - Smoked 10-15/day for 40y - switched to vape 2 years ago - Does not drive O/e: NEWS 0 A - patent B - RR 18, O2 96% C - HR 57 regular, BP 145/84 D - Alert & orientated, warm and well perfused, Temp 36.7 E - Patient has a proptosed R eye. Reduced visual acuity and VF globally. No mass or swelling to head or neck. - Moving all four limbs, sensation intact I have discussed this patient with Mr Ng who (as detailed above) advised getting in touch with the patient to bring her in for scan +/- procedure. The patient was given the option to attend tomorrow morning but felt for transport difficulties it would be preferrable for her to come tonight. Impression - RHS Ethmoid mucocele against/?breeching the R lateral lamella and fovea ethmoidalis

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Note Details	Clinical Notes
	PLAN: 1) Admit ENT 2) CT paranasal sinuses mane and consideration for MRI imaging please 3) NBM from midnight 4) No other intervention/tx required at this time 5) Snr review mane Andrew Warwick CT2

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006352719 Mr AT Williams 11/13/25 09:18 Fengying (Fiona) Tang	Person-Centred Care Written in retrospect Lynda asked to go out to smoke, despite that Lynda had no episode of LOC and blackout since admission but has had reported one episode of feeling dizziness at night after returned to ward. Staff explained due to risk of LOC and concerns, if Lynda would stay in ward. Lynda stated that she is feeling fine and she can not stay in ward and desperate need fresh air and she is not prisoner. Self discharge form singed by Lynda, name band insitu.

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Note Details	Clinical Notes
Specialty Review Episode/Ref: I0006352719 Mr AT Williams 11/13/25 12:14 Dr Jimmy Ng	I have arranged for Lynda to have urgent decompression of right ethmoidal mucocele under GA. She can go home and have the procedure in due course. Jimmy Ng ENT ST8

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006352719 Mr AT Williams 11/13/25 12:32 Dr India Rose Barrons	Dear Doctor Ms Cuthill was admitted on 11/11 from the Royal Infirmary due to episodes of loss of consciousness, headaches and paraesthesia. She also reported worsening proptosis of her R eye and diplopia. During her admission, she was investigated with a CT scan showed a right ethmoid mucocele and reviewed by opthalmology today 13/11 who will discuss long term management with Dr Peden. As a result, she will return for decompression of right ethmoidal mucocele procedure under GA. Safety netting and worsening advice has been provided. PRINCIPAL DIAGNOSIS/PROCEDURE - R ethmoid mucocele TREATMENT -Due for urgent decompression procedure FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL -Urgent decompression of right ethmoidal mucocele under GA CHANGES TO DRUGS SINCE ADMISSION -nil ALLERGIES / ADVERSE DRUG REACTIONS -Penicillin SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS -nil CHANGES TO DNACPR STATUS / DETAILS OF TREATMENT ESCALATION PLAN -nil Should you need further information please contact ENT St John's Hospital, Livingston. Information contained in this letter has been discussed with the patient/carer. Yours sincerely..... Staff Signature..... Print Name..... Designation..... Date..... Time..... Patient/Carer Signature..... This is a final discharge letter

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006352719 Mr AT Williams 11/13/25 13:33 Dawn Clark	Discharge Planning Lynda attended an appotiment in OPD1, 13/11 @ 9 am, plan for surgery in two weeks which will be posted out to Lynda with an exact time and date, Discharge letter given and instructions about what medications are being given and what times to take them by DC/N Fiona, using public transport to get home

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006352719 Mr AT Williams 11/11/25 18:29 Dr Shinjan Sangal	ENT ADMISSION REVIEW Summary of ED/Ward Attendee presentation: RHS ?Ethmoid mucocele presented on 11/11/25 Transferred from RIE, had LOC episodes ongoing for 6 months. CT head - nothing acute, telemetery nothing acute. Relevant PMHx incl surgical hx: Cholystectomy 3 years ago Thyroidectomy 1995 Thyroid Eye disease awaiting decompression surgery Kidney stones removed 10 years ago Barrett's oespohogus H pylori - last year Relevant SHx: - Smokes 10-15 a day - Occasional drinker NEWS: 0 Systemic examination: No headache currently Not nauseous/ vomiting No chest pain No abdominal pain - sometimes experiences flank pain but not there constantly Lungs clear bilaterally HS I+II present Abdomen SNT Calves SNT Bloods: taken • Is Group & Save required: N Radiology: CT head showed --> well-circumscribed 21 x 13 mm soft tissue density within the right ethmoid air cells causes bony remodelling of the lateral wall which indents into the right medial rectus muscle. Findings in keeping with an ethmoid mucocele Medicine: • Is medicine reconciliation complete: Y Med Rec sources (minimum 2): List of medicines on admission: Levothyroxine 50mcg OD - c Colecalciferol OD - c Lansoprazole 30mg BD - c Folic acid 5mg OD - c • ALLERGY: Penicillin • Is VTE risk assessed and prescribed: Y/N Caprini VTE Score and Risk – Low Contraindication – N Problem lists: 1. RHS ?Ethmoid mucocele Plan: FFM CT paranasal sinuses +/- MRI tomorrow Destination: Admission under ENT / OMFS / Plastics on Ward 18 / 19A Name and designation: Shinjan Sangal FY1

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Note Details	Clinical Notes
	ENT Drs Office 54207 or 53401, SHO Bleep 3982

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006352719 Mr AT Williams 11/11/25 19:08 Dawn Clark	Person-Centred Care Lynda was admitted to ward 19A under ENT with sinus mucus cyst. Lynda was d/c from the RIE today due to previous blackouts and LOC. Deterioration and Escalation NEW score stable Monitored 4 hourly Pressure Area Care Lynda reports poor eye sight due to cyst Independent with relieving own pressure areas Reports no issues with pressure areas on admission Mobility Lynda is independently mobile on admission however is a falls risk due to recent falls and LOC, advised to use buzzer before mobilising overnight. Bladder and Bowel Function Lynda reports a normal bladder and bowel function on admission Medication Management Awaiting for medications to be prescribed on HEPMA Pain Management Awaiting for analgesia to be prescribed on HEPMA Infection Prevention and Control No infection alerts noted on admission Recent d/c from RIE Food, Fluid and Nutrition Lynda can eat and drink as able To FFM tonight

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006352719 Mr AT Williams 11/12/25 03:52 Jaimol Martin	Person-Centred Care Lynda has been fai;ry settled night , went out for few times for a dre3sh air/ smoke . x1 Episode of dizziness in coridor while coming back from outside . advised stay in ward. settled since and slept for longer hrs. NEWS remains stable . indepnednt with ADls. no meds due prior to bed time . No pain offerd overnight . Fastind from 12 MN . ? for CEPOD this morning .

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006355127 11/17/25 10:25 Bryan G McAdam	Levothyroxine Sodium 75 micrograms Tablet once daily Colecalciferol 800 units one tab daily Lansoprazole 30 mg Capsules daily

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Note Details	Clinical Notes
Pre Operative Assessment Episode/Ref: I0006355127 11/17/25 10:57 Bryan G McAdam	Telephone pre-assessment carried out today Patient is well today Recently admitted to RIE 11/11 for LOC a right ethmoid mucocele was diagnosed (listed for bilateral decompression under opthalmology) urgent. See letter on trak. recent bloods and ECG on trak patient lives alone and will require over night stay all ward and fasting information given

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006355127 Mr Anas Gomati 11/20/25 11:12 Judith K Tarazona	Operation Note Admitted: 18/11/25 Discharged: 19/11/25 Surgeon: Mr Gomati Anaesth: Dr Crawford Clinical Diagnosis: 1. Right-sided mucocele creating a proctocyst 2. Previous bilateral medial decompression for thyroid eye disease. Recommendation: 1. Salt water nasal rinsing twice a day until follow-up. 2. Fluticasone nasal drops to be added to salt water nasal rinse until follow-up. Follow-up: Mr Gomati in 4-6 weeks for removal of a Sialastic sheets. Your patient underwent the above named procedure for drainage of a mucocele that was causing further proptosis. This was picked up last week during a hospital visit to the Royal Infirmary due to ? loss of consciousness, a headache and paraesthesia. She is awaiting bilateral lateral decompressions under our ophthalmology colleagues care. I proceeded by carrying out a middle turbinate resection, revision sinus surgery on the right-hand side and drainage of the mucocele. There was no peri-procedural concerns. I will keep you posted with her progress. Yours sincerely Dictated but not signed to expedite delivery. Mr Anas Gomati, MB BCh, DOHNS, FRCSEd ORL-HNS Consultant Rhinologist & Endoscopic Skull Base Surgeon AG/JT 20/11/2025 Secretary: Keryn Reddie Contact: 0131 536 4453 Working Hours: Monday – Friday (09.00 – 17.00) GP enquiries only: loth.entsecretaries@nhs.scot

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006391309 Dr Robert G Peden 1/6/26 12:42	PROCEDURE: Bilateral lateral orbital wall decompression done under general anaesthesia as a day case. TREATMENT: Oc Chloramphenicol TDS both eyes for 10 days Tab Clarithromycin 250mg BD for 5 days Tab Prednisolone 20mg once daily for two weeks Omeprazole 20mg once daily for two weeks REVIEW: Planned review with Dr Peden in clinic in 1-2 weeks.

Clinic Letters

Gynaecology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 24/08/2004
Date/Time Printed: 12/05/2026 15:27
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Gynaecology	**Consultant:**	Dr Cameron W Martin

You may recall this lady had severe dyskaryosis with an expansile pattern incompletely excised on the 20th of April 2004. I saw her today and repeated loop excision in view of the positive margins and have arranged to see her in 6 months time.

Kind regards

Yours sincerely

C W MARTIN
Consultant Gynaecologist

Pathology result: No evidence of residual CIN

cc Cervical Screening Office, Edinburgh

University Hospitals Division
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Rheumatology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 25/03/2010
Date/Time Printed: 12/05/2026 15:28
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Rheumatology	**Consultant:**	Dr CM Lambert Specialist Registrar

Diagnosis:
? Vasculitis

Past Medical History:
Hypothyroidism
Thyroidectomy for Grave's disease 1995

Medication:
Thyroxine ? 50 mcgs daily

Adverse Reactions:
Penicillin - allergy, causes rash

Thanks for referring this right-handed 42-year-old lady to our clinic. She presents with some interesting problems. She has a 2-month history of pain and swelling affecting the left hand and wrist for which she has been referred to St John's Hospital Hand Surgeons to exclude carpal tunnel syndrome. She then developed swelling of the right hand soon thereafter and 2 days ago painful blisters on the tips of the right 2nd and 3rd fingers of sudden onset. She has been systemically well and does not describe any connective tissue symptoms, GI, genitourinary, infective or nasal symptoms. She has a long history of hair loss secondary to her thyroid disease and there is no history of recent weight loss or loss of appetite. There is no significant family history. She works as a housekeeper, is married and has 3 grown-up children. She smokes 10 cigarettes a day (total duration +/- 30 years) and doesn't drink any alcohol.

On examination her BP was 128/83, weight 92 kgs and urine dipstick showed a trace of leucocytes only. General examination was normal, chest was clear, heart sounds normal, no bruits or murmurs and peripheral pulses present. On review of her joints her left wrist was swollen over the flexor

Rheumatology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 25/03/2010
Date/Time Printed: 12/05/2026 15:28
Our Ref: 620101347R
CHI: 2108671080

aspect and tender with a negative Tinel's sign. She has tenderness across the MCPs and PIP joints, mainly on the left hand but it was difficult to say whether she has clinical synovitis or not. She also has non-articular tenderness in the left hand. On the right index and 3rd fingers she has 2 vasculitic lesions (non-blanching) which were tender to palpation. A further small lesion on the right thumb. There were no lesions on the feet.

Investigations done already include normal FBC, urea and electrolytes, LFTs, ESR 11, CRP 3 and immunology pending. I discussed her case with Dr McRorie today who also reviewed her briefly and clearly she poses an interesting dilemma with regards to diagnosis. We have admitted her urgently to our Ward to exclude infective endocarditis as a diagnosis but also are considering a vasculitis. Investigations teed up include chest x-ray, urgent Echo, blood cultures, urgent ANCA, daily urine dipstick, BP in both arms, cryoglobulins and ultrasound of hands and wrists.

With kind regards.

Yours sincerely

Dr Stephen Boyle
Locum SpR in Rheumatology

SB/JP
Dictated on 24/03/10

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Plastic Surgery

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created:	06/05/2010
Date/Time Printed:	12/05/2026 15:28
Our Ref:	620101347R
CHI:	2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Plastic Surgery	**Consultant:**	Mr AS Jawad

Thank you very much for referring this patient who complains of numbness, swelling and pain, more in the left hand, for approximately a year. The patient describes night symptoms that wake her up from sleep and improve after shaking the hands and changing position. She develops the symptoms during the day when she is working and has to stop her task, seeking relief. Associated with the tingling sensation is puffiness of the hand and spasm of the muscle and the inability to make a tight fist. She noticed that her rings are getting tight on the left hand fingers. She also develops a deep ache from the wrist to the shoulder. The patient is right handed and works as a housekeeper. The patient has a history of thyroidectomy and she is now on Thyroxine supplement. She describes blood blisters on the fingertips and discoloration of the skin, for which she told me she was treated as an inpatient at the Western General Hospital for approximately a week.

On examination the patient can only make a weak fist on the left side. She perceived reduced sensation in the right and left thumbs. She is tender over the left median nerve and Tinel's sign is positive. Phalen's test is strongly positive on the left.

This patient's presentation is consistent with compression of the left median nerve within the carpal tunnel. I explained the mechanism to her and provided her with a fact sheet.

I shall request a nerve conduction study. Meanwhile I have provided her with a left wrist Futura splint to wear at night.

Yours sincerely

Mr A Jawad
Consultant Plastic & Reconstructive Surgeon

Cc: Dr G Moran, Consultant Neurophysiologist, WGH

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Plastic Surgery

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 14/07/2010
Date/Time Printed: 12/05/2026 15:28
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Plastic Surgery	**Consultant:**	Mr AS Jawad

Further to my letter of 04/05/10. I have now received the results of the nerve conduction studies, which showed just a hint of some compression of the median nerve within the carpal tunnel bilaterally.

We ought to continue with conservative treatment and I have discharged the patient to your care.

Yours sincerely

Mr A Jawad
Consultant Plastic & Reconstructive Surgeon

Cc: Ms Lynda Cuthill, Flat 4, 1 Castlebrae Wynd, Edinburgh, EH16 4FH

University Hospitals Division
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Rheumatology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 18/06/2010
Date/Time Printed: 12/05/2026 15:29
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Rheumatology	**Consultant:**	Dr Euan McRorie

Diagnosis:
Left CMCJ osteoarthritis
Possible Buerger's disease
Hypothyroidism
Possible left carpal tunnel syndrome (awaiting nerve conduction studies)

Past Medical History:
Grave's disease
Partial thyroidectomy (on long-term Thyroxine)

Medication:
Thyroxine 50mcg once a day
Topical Ibuprofen gel - see text

I reviewed Lynda in Dr McRorie's rheumatology clinic today and she tells me that things are very much the same as on discharge. She continues to experience a great deal of pain in the left wrist and the thenar eminence of the left hand. She continues to develop blisters over the digits which I believe are one or two millimetres in size and appear clear. She is unable to burst these herself but when the do burst they do leave a small mark on her skin which then resolves.

She has been reviewed by the hand surgeons at St John's and was diagnosed with probable carpal tunnel syndrome on the left. She is awaiting nerve conduction studies and will then be followed up by them. They did give her a wrist splint but she did not find that this was helpful. On systemic enquiry there is no history of any symptoms of connective tissue disease. She tells me that she has reduced her smoking from 20 a day to 10 a day since the time of discharge.

On examination BP 130/76, weight 91kg, no urine sample provided. She was very tender over the left 1st CMC joint though there were no skin or nail changes.

University Hospitals Division
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Rheumatology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 18/06/2010
Date/Time Printed: 12/05/2026 15:29
Our Ref: 620101347R
CHI: 2108671080

In terms of outstanding investigations her MPO ANCA is mildly elevated at 2.8 but there are no symptoms of an ANCA positive vasculitis. This is not significant. Her parvovirus IgG was positive and IgM negative suggesting previous parvovirus infection. Lupus sensitive APTT was prolonged at 42 but this normalised on the sensitive APTT mix and lupus anticoagulant screen was normal. Anticardiolipin IgG and IgM were within the normal range. I discussed this lady's results with the haematology registrar on-call and these results are not suggestive of lupus anticoagulant however she does have a prolonged APTT which may represent a possible clotting deficiency. The registrar advised that if Mrs Cuthill had a history of requiring transfusions or prolonged bleeding after childbirth or any problems with bleeding post-operatively (I note that she has had a partial thyroidectomy without any problems) or a family history of bleeding problems then they would advise referral to the haematologists at the Royal Infirmary to do clotting assays. I shall leave this in your hands if you feel that it is appropriate as you may be aware of previous bleeding problems.

This lady does not have any evidence of a vasculitis and her wrist pain is being followed up by the hand surgeons. In view of this we have discharged her from the rheumatology service. I have again advised her of the importance of stopping smoking and she does understand this. In terms of analgesia it may be worth trying topical non-steroidal gel to see if this does improve her symptoms. We shall leave follow up and further management to the hand surgeons.

Yours sincerely,

Dr Nishanthi Thalayasingam
LAT in Rheumatology

cc.:/
St John's Notes

(NT/PM)

University Hospitals Division
Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 15/12/2010
Date/Time Printed: 12/05/2026 15:29
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Ophthalmology	**Consultant:**	PAEP Consultants ARCTU4

DIAGNOSIS:
1. Inactive thyroid eye disease
2. Moderate proptosis, both eyes
3. Previous thyroidectomy for over-active thyroid 17 years ago
4. Recent left infectious keratitis - now resolved

VISUAL ACUITY: 6/6 both eyes

OCULAR MEDICATION: Viscotears qid plus prn to both eyes

COMMENT: Linda was seen today following recent attendance at the eye casualty department with a corneal infection. This has now settled but she is symptomatic of her thyroid eye disease. There is no evidence of active inflammation but she does have a moderate degree of proptosis in both eyes and is very unhappy with her appearance. She is also complaining of moderate to severe pain around her eyes. Of note, she is a smoker and I have given her advice regarding stopping this, as this is the most important risk factor for developing thyroid eye disease. I have also given her some lubricants to use on a regular basis, as she has not been using any recently. I have arranged to see her back in three months, at which time we will discuss possible surgical management of her proptosis.

REVIEW: Follow-up in three months.

Yours sincerely

HEATHER RUSSELL
Specialist Trainee Registrar

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created:	15/12/2010
Date/Time Printed:	12/05/2026 15:29
Our Ref:	620101347R
CHI:	2108671080

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Orthopaedics

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 23/06/2011
Date/Time Printed: 12/05/2026 15:29
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Orthopaedics	**Consultant:**	Mr John F Keating

Diagnosis: Fracture distal phalanx right middle finger with overlying laceration (query open fracture) 8 June 2011

I saw this lady who had a heavy shutter fall onto the tip of her finger on the above date. She was seen in the accident and emergency. The wound was washed out and she was splinted in a mallet splint.
X-rays confirm the diagnosis.
On examination today we have removed the dressing. The wound is clean and dry with evidence of local infection. This is almost but not not fully healed. She is already very stiff. I have encouraged her to remove the splint and to mobilise the finger while protectiving from heavy lifting/loading. This is to avoid any persisting joint stiffness. We will replace the splint with a simple dry dressing applied that she should protect her finger from further injury we will see her back in 2 weeks time for clinical assessment and likely discharged to the care of the Hand Therapists. Kind regards.

Yours sincerely

Mr Raymond Anakwe/LMcN
SpR in Orthopaedics to
Mr John Keating, Consultant Orthopaedic Trauma Surgeon
Contact: Leah McNab, Secretary to Mr John Keating Tel: 0131 242 3436

NHS Lothian

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 30/08/2017

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (50 years) 620101347R
Specialty	Ophthalmology	**Attendance Date**	15/08/2017
Consultant	Dr Justin B McKee (Thyroid)		

Dear Dr Bickler

DIAGNOSIS:

Graves' disease
Subtotal thyroidectomy 1995
Thyroid orbitopathy

VISUAL ACUITY:

Right eye 6/5
Left eye 6/5

INTRAOCULAR PRESSURE:

Right eye 14mmHg
Left eye 15mmHg

CURRENT TREATMENT:

Levothyroxine 50mcg once daily

EXAMINATION:

Smoking status: Current smoker ten cigarettes per day (reduced from forty cigarettes per day)
Thyroid function test: 29/01/17; TSH 0.28, FT4 13, TRABS 4.2 (31/01/10)
Clinical activity score: 3/10
Proptosis measurements: right eye 22mm, left eye 21mm

COMMENT:

Thank you for your referral of this lady back to the joint thyroid eye disease clinic. She was previously seen in 2010 however unfortunately did not attend subsequent follow up. She is referred with ongoing constant pain mainly around the right orbit, which she feels has got worse over the last three months. She also feels her eyes appear slightly more proptosed than normal. She denies any visual symptoms or diplopia, or any foreign body sensation. She continues on the above dose of Levothyroxine and her most recent thyroid function test in January 2017 showed a euthyroid function.
Examination of her eyes showed a slightly more proptosed right eye, however she retains full range of movement and her ocular

surface appears healthy. There was no indication of active lid swelling, erythema, conjunctival injection or caruncle inflammation. Her optic nerve function and appearance appear healthy.
Overall her measurements today are consistent with her last measurements in 2010, however given her symptoms we have organised a CT scan to assess the appearance of her extra ocular muscles. She has also had further blood tests today including an updated TRABS, which will help correlate whether she has any active thyroid eye disease. She has again been advised to stop smoking and I understand she is being helped with this via her GP. We will see her again in two months time with the results of her CT scan and keep you updated with her progress.

Yours sincerely

Dr Rhys Davies
Str

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created:	16/02/2018
Date/Time Printed:	12/05/2026 15:31
Our Ref:	620101347R
CHI:	2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Ophthalmology	**Consultant:**	Dr Justin B McKee (Thyroid)

Referral letter dictated on 31/1/18

DIAGNOSIS:
Graves' Disease
Subtotal thyroidectomy 1995
Stable proptosis
Keen for consideration for orbital decompression

I wonder if you could kindly arrange to see this lady for consideration of endonasal orbital decompression. Please find attached her last clinic letter from August detailing her previous thyroid eye disease history. She was reviewed again in October and her main complaint is regarding her longstanding and stable proptosis and its related cosmesis. She is very keen to consider decompression, and possibly lid surgery in the future. She also mentions a fairly constant "pain behind her eyes" on a daily basis, however we have had a long discussion with her today and she is aware that decompression surgery is unlikely to help this, however it could be considered given her proptosis. She otherwise has no evidence of active thyroid eye disease.

Many thanks for seeing her.

Yours sincerely

Dr Rhys Davies
Specialist Trainee

RD/AL

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created:	16/02/2018
Date/Time Printed:	12/05/2026 15:31
Our Ref:	620101347R
CHI:	2108671080

Cc
Dr C B Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

NHS Lothian

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 15/03/2018

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (50 years) 620101347R
Specialty **Consultant**	Ear Nose and Throat Mr AT Williams	**Attendance Date**	09/03/2018

Dear Dr Bickler

Thank you for asking us to see this lady. She has Graves' disease having had subtotal thyroidectomy in 1995. She is bothered by dysthyroid eye disease and proptosis. She mentioned a range of symptoms from cosmesis through headaches and blurred vision. She is otherwise fairly fit and well.

On examination today there was deviation of the nasal septum to the left which might require a septoplasty on the table for access if bilateral endonasal orbital decompression were considered.

I had a long chat with this lady today about the nature of endonasal orbital decompression. I explained that the object of the surgery is to move the position of the eyes retrogradely and that this varies between 3 and 12mm and might affect each eye differently. We discussed the risk of post operative diplopia which may require squint correction surgery. We also discussed the potential need for lid surgery in addition to decompression. I discussed the risk of injury to the orbit and eye and even the theoretical risk of loss of vision in the eye and also the risk of damage to the skull base, CSF leak and meningitis. We discussed the risk of injury to the nasal lacrimal duct and epiphora and also injury to the intraorbital nerve and facial numbness. I stressed to this lady that a successful procedure would result in retrograde positioning of both eyes to an unpredictable degree and the secondary impact this would have on her other symptoms is far less predictable.

Having discussed all this, this lady was desperately keen to have something done. As such I have arranged for a CT scan of her sinuses and will get her back once this has been done to finalise the details.

Kind regards,

Yours sincerely,

Dictated but not signed to expedite delivery

Mr Alun T Williams
Consultant ENT Surgeon

ATW/EMD 15/03/18

All enquiries regarding this episode please contact:
Ear, Nose & Throat Department Secretaries
0131 536 4453 / 3745 / 4455

Letter sent to Dr Rhys Davies, copy sent electronically to GP practice for information

EAR, NOSE AND THROAT

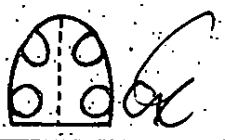
NAME

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 CB Bickler

HISTORY

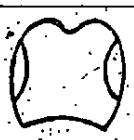
9/3/18

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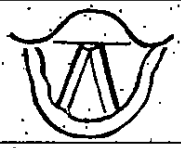
NASO-PHARYNX:

PHARYNX:



MOUTH:

LARYNX:



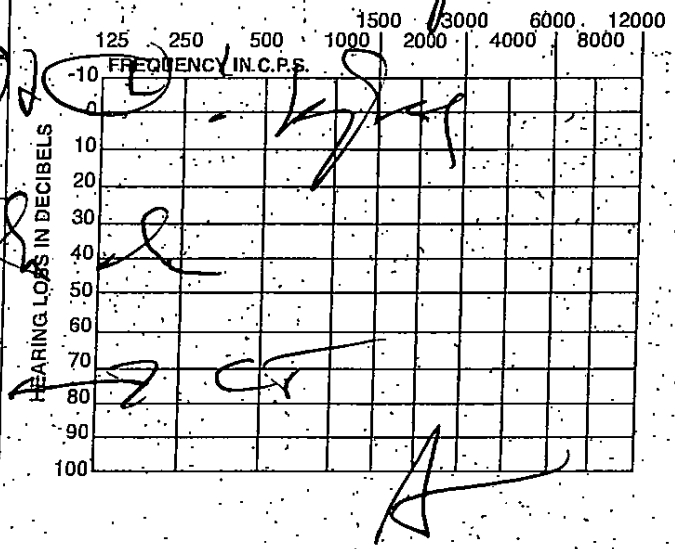
RIGHT EAR:



LEFT EAR:



AUDIOGRAM



	RIGHT	LEFT
WHISPERED VOICE		
CONVERSATIONAL VOICE		
RINNE		
WEBER		
ABC		

WLT 368

DATE

9-3-18
BK | ATW

-- WASH CYCLE PASSED --

Cantel	RapidAER
Serial No	RA0033
Start	16h 32m
End	16h 50m
Date	08-03-2018
Cycle No	3179
Load Operator	5
Name	ENT 1
Unload Operator	28
Name	ENT 3

-- Hookup --

HookUp No	301
Serial No	301-010
GS1	

-- Endoscope --

OLYN	[illegible]
Serial No	[illegible]

NHS Lothian

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 25/04/2018

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (50 years) 620101347R
Specialty	Ophthalmology	**Attendance Date**	17/04/2018
Consultant	Dr Justin B McKee (Thyroid)		

Dear Dr Bickler

DIAGNOSIS:
Graves' disease
Subtotal thyroidectomy 1995
Stable proptosis - keen for consideration of orbital decompression

CURRENT MEDICATION:
Levothyroxine 50 mcg once daily

SMOKING STATUS:
Current smoker (10 cigarettes a day)

THYROID FUNCTION TESTS:
17th April 2018 - TSH 0.44 mU/l fT4 12 pmol/l TRAb 11.1 iu/l

CLINICAL ACTIVITY SCORE:
1/10

VISUAL ACUITY:
Right 6/6 unaided, left 6/6+1 unaided

INTRAOCULAR PRESSURES:
Right 18 mm Hg, left 16 mm Hg

PROPTOSIS MEASUREMENTS:
22 mm both eyes

COMMENT:
After this lady's last appointment in October we had referred her for consideration of orbital decompression. She has been seen by the ENT Team, who has requested a CT of her sinuses. This is due to take place tomorrow and Lynda understands that it will probably be another 12 weeks or so before she has her procedure. I note that she has deviation of her nasal septum to the left, which might require a septoplasty on the table for access if bilateral endonasal orbital decompression is undertaken. I believe that Mr Williams will be in touch with this lady once her CT result is back.

She does continue to smoke 10 cigarettes a day, although this is a reduction from her previous daily consumption of 40 cigarettes a day. She feels that her eyes are still gritty, intermittently painful and sometimes glazed, but that overall the symptoms are very

stable compared to the last time she was here. She was reviewed by Dr Ah-See, the Ophthalmology Registrar. She is not keen for topical lubricants. Today there were no signs of active thyroid eye disease and we would therefore be happy for her to proceed with decompression, providing Mr Williams is happy to proceed.

Her thyroid function was checked today and she remains euthyroid on her current dose of levothyroxine.

We have given her a 4 month appointment.

Yours sincerely

(electronically verified and signed for expediency)

Dr Nicola Zammitt
Consultant Physician

Cc:
Mr AT Williams
Consultant ENT Surgeon
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NZ/kms

NHS Lothian

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 23/07/2018

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (50 years) 620101347R
Specialty **Consultant**	Ear Nose and Throat Mr AT Williams	**Attendance Date**	21/07/2018

Dear Dr Bickler

I saw this lady back in my clinic today along with the CT scan of her sinuses. We had a long discussion about the option of bilateral endonasal orbital decompression.

I discussed the surgery in detail, including the fact that the reduction in protosis can vary from eye to eye and the risk of double vision following surgery which sometimes requires squint corrective surgery. We also discussed the fact that sometimes lid surgery is required following orbital decompression to get an adequate cosmetic benefit. We discussed the nature of the surgery including the theoretical risks of orbital injury and loss of vision in an eye, CSF leak following skull base injury and lacrimal duct injury and epiphora along with infra-orbital nerve injury and facial numbness.

She understands the procedure in detail and is very keen to go ahead. I have explained that she does have a deviated septum and it may be necessary to perform a septoplasty to get access on the left side. Having discussed all the issues I have put this lady's name on the waiting list for bilateral endonasal orbital decompression +/- septoplasty.

Yours sincerely

Mr Alun T Williams
Consultant ENT Surgeon
(Dictated but not signed to expedite delivery)

ATW/JD 23/07/18

i20101347R F 21/08/1967
Duthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 CB Bickler
Ward / Clinical Area

NHS Lothian

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
26/7/10		

Patient Addressograph

Name:

Date of Birth:

CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

ENT SURGERY BOOKING FORM

NHS Lothian

Date: 21/7/08 Consultant: Williams

620101347R F 21/08/1967
Ad Cuthill, Lynda
Nar Flat 4,1 Castlebrae Wynd,
Dof Edinburgh,
Uni Midlothian,
EH16 4FH
CHI 2108671080
70215 CB Bickler

Patients Telephone Numbers:
H .....
W .....
Mob .....

Diagnosis DUCTAL ECTASIA

Procedure BILAT. ENDONASAL CRANIOTOMY DECOMPRESSION + SEPTOPLASTY + TURBINATE REDUCTION

Anaesthetic: GA ☑ LA ☐

Theatre Time: 2 hrs 30 mins (include Anaesthetic time)

Priority: 62 day ☐ Urgent ☐ Routine ☑

Admission: Same day ☑ Inpatient ☐ 23 Hrs ☐ Estimated Stay 2 Days

Pooled List: Yes ☐ No ☑ Dudley External Provider

Interpreter : Yes ☐ No ☑

Not suitable because of
Poor Health ☐
Poor mobility ☐
Complex case ☐
Patient willing to go Yes ☐ No ☐

Hospital: SJH ☑ RHSC ☐

Short Notice: Yes ☐ No ☑

Unavailability: From _____ to _____

Pre-assessment: Anti-Coagulation Therapy ☐ Stop..... days Diabetic ☐

BMI ____ Other _____

Care Level: ITU/HDU ☐ LEVEL I ☐ WARD ☐ DOSA ☑

Referral : OP ☑ Ward ☐ GP ☐ Other ☐

Medical Records: RIE ☑ SJH ☐ ROODLANDS ☐ Other ☐

Patient willing to be seen by medical students when pre-admitted: Yes No

Print Name: C Williams Signature _____

Surgical notes required

NHS Lothian

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 24/09/2018

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (51 years) 620101347R
Specialty	Ophthalmology	**Attendance Date**	28/08/2018
Consultant	Dr Justin B McKee (Thyroid)		

Dear Dr Bickler

Unfortunately Ms Cuthill did not attend her appointment at the Joint Thyroid Eye clinic on 28th August 2018. We will send another appointment for the next 3 months and hopefully we will catch up with her then. If there are any issues in the meantime please do not hesitate to get in touch.

Yours sincerely

Dr R Davies
Specialist Trainee Registrar

Cc:
Ms L Cuthill
Flat 4
1 Castlebrae Wynd
Edinburgh
EH16 4FH

RD/kms

NHS Lothian

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 24/01/2019

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (51 years) 620101347R
Specialty	Ophthalmology	**Attendance Date**	22/01/2019
Consultant	Dr Justin B McKee (Thyroid)		

Dear Dr Bickler

DIAGNOSIS:
Graves' disease
Subtotal thyroidectomy 1995
Inactive thyroid eye disease
Endonasal orbital decompression 29/08/2018

CURRENT MEDICATION:
Levothyroxine 50 mcg once daily

SMOKING STATUS:
Current smoker (10 cigarettes a day)

THYROID FUNCTION TESTS:
22nd January 2019 - TSH 0.11 mU/l FT4 13 pmol/l TT3 1.7 nmol/l

CLINICAL ACTIVITY SCORE:
0/10

VISUAL ACUITY:
Right 6/4 unaided, left 6/9 unaided

INTRAOCULAR PRESSURES:
Right 17 mm Hg, left 13 mm Hg

PROPTOSIS MEASUREMENTS:
Right 20 mm, left 20 mm

COMMENT:
This lady was seen in the Joint Thyroid Eye clinic on 22nd January 2019 by Dr McKee in Ophthalmology and Dr Zammitt in Endocrinology.

Her thyroid eye disease has been inactive for some time and she is absolutely delighted with the results of her endonasal decompression at the end of August 2018. She was euthyroid when her bloods were done back then, and I have repeated them today to ensure that her thyroid hormone levels are stable. She remains on the same dose of Levothyroxine. Although her TSH is very slightly below the bottom of the normal reference range, her T4 and T3 are both normal so I would recommend she remain on

the same dose of medication. She is keen to be seen by the Oculoplastic Surgeons for consideration of lid surgery, and we have now discharged her from this Joint Thyroid Eye clinic as there are no further active issues that need our joint input.

Yours sincerely

(electronically verified and signed for expediency)

Dr Nicola Zammitt
Consultant Physician

Cc:
Consultant Oculoplastic Surgeon
Oculoplastics Team
PAEP

NZ/kms

University Hospitals Division
Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created:	23/04/2019
Date/Time Printed:	12/05/2026 15:32
Our Ref:	620101347R
CHI:	2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Ophthalmology	**Consultant:**	Dr Mark R Wright

DIAGNOSIS:
1. Burnt out Graves' disease 29.09.18 with residual upper lid dermatochalasis and fractionally wider right eye when compared with the left.
2. Sub-total thyroidectomy 1985 now on thyroxine.
3. Still smokes.

Linda's complaint is of excessive upper eyelid skin right slightly more than the left side and the right eye is slightly wider open than the left. On examination her palpebral aperture is indeed 1mm wider on the right when compared with the left. She has had a nice result from her endonasal decompression and I measured her ptosis measurements around 15 right, 16 left with a separation distance of 100mms. After going through the pros and cons I have placed her on my waiting list for bilateral upper lid skin blepharoplasties and we will take a tiddly bit more on the left side combined with a very small lateral tarsorrhaphy on the right to try and improve the symmetry of the vertical aspect of the palpebral apertures.

With kind regards,

Yours sincerely,

Mark Wright
Consultant Oculo-Plastic Surgeon

c.c.
Dr. Bickler,
Craigmillar Medical Group,
106 Niddire Mains Road,
EDINBURGH, EH16 4DT.

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 23/04/2019
Date/Time Printed: 12/05/2026 15:32
Our Ref: 620101347R
CHI: 2108671080

c.c.
ENT Department,
Lauriston Building,
Lauriston Place,
EDINBURGH, EH3 9HA.

c.c.
Ms Lynda Cuthill,
Flat 4,
1 Castlebrae Wynde,
EDINBURGH, EH16 4FH.

NHS Lothian

Princess Alexandra Eye Pavilion
Ward E4 (Outpatient Department)
Chalmers Street
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 10/05/2019

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (51 years) 620101347R
Specialty **Consultant**	Ophthalmology Dr M Wright	**Attendance Date**	09/05/2019

Dear Dr Bickler

DIAGNOSIS:
1. Burnt out Graves' disease 29.09.18 with residual upper lid dermatochalasis and fractionally wider right eye when compared with the left.
2. Sub-total thyroidectomy 1985 now on thyroxine.
3. Still smokes.

PROCEDURE: Bilateral upper lid skin blepharoplasties and small right lateral tarsorrhaphy under local anaesthetic as a day case.

TREATMENT ON DISCHARGE: Chloramphenicol ointment three times a day to the wound till the tube is done or the wound has healed.

FOLLOW-UP: In order to minimise Linda's travel we have taken the liberty of asking her to arrange with the practice nurse to remove the upper lid silk sutures around one week post operatively, many thanks in anticipation. We will see her back in the oculo-plastic clinic in ten to twelve weeks. She knows however that if everything is okay in the week or so leading up to the appointment I am happy for her to phone up and cancel this by calling 0131 536 1628 (option 2).

Yours sincerely,

Mark Wright
Consultant Oculo-Plastic Surgeon

c.c.
ENT Department,
Lauriston Building,
Lauriston Place,
EDINBURGH, EH3 9HA.

c.c.
Dr. Nicola Zammitt,
Consultant Physician,
Princess Alexandra Eye Pavilion,

Chalmers Street,
EDINBURGH, EH3 9HA.

c.c.
Ms Lynda Cuthill,
Flat 4,
1 Castlebrae Wynde,
EDINBURGH, EH16 4FH.

NHS Lothian

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 20/09/2019

Outpatient Clinic Letter

Patient	Lynda Cuthill Flat 4 1 Castlebrae Wynd Edinburgh EH16 4FH	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (52 years) 620101347R
Specialty **Consultant**	Ear Nose and Throat ENT Advice Clinic	**Attendance Date**	20/09/2019

Dear Dr Bickler

This lady has failed to attend several appointments for follow up following her bilateral endonasal orbital decompression back in August of last year. I can only assume all is well and, indeed, she was described as absolutely delighted with the result of her endonasal orbital decompression by Nicol Zammitt when she was reviewed at the Princess Alexandra Eye Pavilion in January of this year. At this point I have not sent her a further appointment.

Yours sincerely,

Dictated but not signed to expedite delivery

Mr Alun T Williams
Consultant ENT Surgeon

ATW/EMD 20/09/19
0131 536-4453

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Surgical Ambulatory Care

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 06/11/2021

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI**	**2108671080**
		Date of Birth / Age	21/08/1967 (54 years)
		UHPI	620101347R
Attendance Date			
Consultant	Mr Richard JE Skipworth		

Dear Dr Bickler

HOT Clinic (SpR Ugwu)

PC: RUQ pain
HPC: 54 yr old lady who presented to the surgeons yesterday with 3 days of sudden onset RUQ pain. Associated nausea and vomiting. No bowel or urinary output. No fevers. On review yesterday she was discharged home on a 7 day course of oral antibtiotics and asked to reattend for an AUSS today.
O/E: abdomen soft, tender epigastrium and RUQ
Investigations:
NEWS - 0
Bloods - WCC 11.8, CRP 153, Bili 10, ALT 93, ALP 116, GGT 128, Amylase 67
AUSS - Large calculus within the gallbladder. The gallbladder wall appears prominent but there is no clear pericholecystic fluid
Imp: ? cholecystitis
Plan: On review in clinic today following her scan Lynda stated her pain was improving and she was feeling clinically well. She requires an MRCP to further examine her gallbladder. We have discharged her home today to continue on oral antibiotics and will arrange for her to return to the HOT clinic early next week for her MRCP. Worsening advice given.

A Forsyth
ANP

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Surgical Ambulatory Care

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 09/11/2021

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (54 years) 620101347R
Attendance Date			
Consultant	Mr Andrew C De Beaux		

Dear Dr Bickler

DRAFT ***
Surgical ambulatory care clinic, 08/11/21

Ms Cuthill presented to the surgical observation unit on the 5th November with a 3 day history of sudden onset RUQ pain with associated nausea and vomiting. She was systemically well, and initial investigations demonstrated mildly deranged LFT's (ALT 93, GGT 128) and elevated inflammatory markers (WCC11.8, CRP 153). She returned the folllowing day for an ultrasound, which demonstrated a large solitary gallstone with a prominent gallbladder wall, but no evidence of cholecystitis.

After review with the oncall surgical team, she was able to go home with a plan to return for an MRCP to further visualise the biliary system.

The MRCP demonstrated acute cholecystitis and ductal calculi.

Plan: Reassured and commenced on Omperazole 20mg BD for 2 week and Codeine Phosphate 30mg QDS for one week. An Urgent outpatient ERCP has been requested. Advised to return if symptoms worsen.

Shona Mowitt
ANP
General Surgery

NHS Lothian

Royal Infirmary of Edinburgh

Medical Daycase Endoscopy Unit
51 Little France Crescent
Edinburgh

Gastroenterology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 05/01/2022

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (54 years) 620101347R
Attendance Date	02/12/2021		
Consultant	Sister Samantha L Bow		

Dear Dr Bickler

Date of Admission: 09/12/21
Date of Discharge: 09/12/21

Diagnosis : ERCP with stone removal

This lady came in for her ERCP having had an MRI scan demonstrating a stone in the common bile duct. The ERCP was relatively straightforward and she was discharged home later the same day having had her stone removed.

She is awaiting a cholecystectomy under the care of Mr De Beaux .

Yours Sincerely

Dr A Bathgate
Consultant Hepatologist
RIE

Typed: 17/12/21
AB/EG

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary - 0131 242 2056

Copy to

Mr A De Beaux
Consultant General Surgeon
Dept of General Surgery
RIE

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

General Surgery

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 10/01/2022
Date/Time Printed: 12/05/2026 15:34
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	General Surgery	**Consultant:**	Miss AM Paisley

ltr to Sam Bow 24.12.21

Please find enclosed the discharge summary of Mrs Cuthill. As you will see she re-presented following her ERCP with further pain. Imaging revealed a small gas and fluid collection adjacent to her duodenum so I think it is likely that she has had a small contained perforation at the time of her ERCP. This was managed conservatively.

I would be most grateful if you could please arrange discussion at the ERCP M&M.

With best wishes.

Yours sincerely

Miss ANNA PAISLEY
Consultant Surgeon

NHS Lothian –
University Hospitals Division

PRINCESS ALEXANDRA EYE PAVILION
Chalmers Street
Edinburgh, EH3 9HA
Telephone: 0131 536 1628

Dr L Hughes
Specialist Trainee Registrar

Email:
www.show.scot.nhs.uk/luht

Ms Lynda Cuthill
17 Badger Way
Edinburgh
EH17 8XD

Date 05 October 2022
Date dictated 04 October 2022
Our Ref LH/kms/620101347R
CHI 2108671080

Enquiries to
Tel: 0131 536 1628 Option 4

Dear Ms Cuthill,

It was unfortunate you were not able to attend your appointment to be seen in the Thyroid Eye clinic. I also see that you did not attend an appointment offered for 13th September 2022. Unfortunately, with the 2 non-attendances, we are unable to offer another appointment without re-referral from your GP or Optician. Should you be having ongoing concerns, please do seek this re-referral and we would happily see you.

Many thanks.

Yours sincerely,

Dr L Hughes
Specialist Trainee Registrar

Cc:
Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

University Hospitals Division
Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 17/04/2023
Date/Time Printed: 12/05/2026 15:35
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Ophthalmology	**Consultant:**	Dr Stephen A Madill

Re printed and given to Dr McKee secretary as per Dr S. Madill 12/09. Pt currently on WL for Oculoplastic Clinc.

Dictated: 17th April 2023

DIAGNOSIS:
1. Graves disease
2. Subtotal thyroidectomy 1995
3. Endonasal orbital decompression 29th August 2018
4. Nil evidence for active thyroid eye disease today, but patient referred back due to concern with eyelid position (did not have time to wait for TRABs to be sent).

VISUAL ACUITY:
Right eye 6/5, left eye 6/6, 6/6+1 with pinhole.

PLAN:
1. Request opinion of thyroid clinic with possible referral on to oculoplastic team.

COMMENT:
This patient was last seen in the thyroid clinic in January 2019 with the above history and then DNA'd a couple of subsequent appointments, then being referred back to my clinic as a new patient.

She was principally concerned regarding the appearance of her eyes and the possibility of a worsening right proptosis. Certainly exophthalmometry confirms 20mm globe position in both sides using the Keeler which seems very similar to previous measurements in the thyroid eye disease clinic. I could find no additional signs of active thyroid eye disease with white conjunctivae even over the recti muscle insertions, normal intraocular pressures, no periorbital soft tissue swelling and excellent optic nerve function with normal colour visions and no disc swelling or choroidal folds on fundoscopy. Extra ocular movements are also full with only a small well controlled exophoria to demonstrate.

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 17/04/2023
Date/Time Printed: 12/05/2026 15:35
Our Ref: 620101347R
CHI: 2108671080

We therefore discussed with Ms Cuthill that we can find no evidence of active thyroid eye disease today, although she is concerned regarding her lid positions and I note that she previously had blepharoplasties under Dr Wright.

Unfortunately, she needed to get to work so could not wait to have her TRABs taken today. I would therefore welcome an opinion as to whether she needs reviewed in the thyroid eye disease clinic or if she could be referred directly on to oculoplastics to see if they have anything to offer for her eyelid positioning.

Thank you very much indeed for your help.

Yours sincerely

Sent unsigned for expediency

S MADILL
Consultant Ophthalmologist

cc Dr Morton
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Ms Cuthill
17 Badger Way
Edinburgh
EH17 8XD

SM/CB

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Gastroenterology

Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 20/06/2023

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (55 years) 620101347R
Attendance Date			
Consultant	Dr Benjamin M Shandro (SHO)		

Dear Dr Morton

I reviewed Mrs Cuthill this morning at clinic on behalf of Dr Shandro. She reports a history of ongoing abdominal pain, vomiting, diarrhoea and weight loss following a laparoscopic cholecystectomy for gallstones in December 2021. These symptoms have remained constant over this time, but she has lost a significant amount of weight (4.5 stone). She is only able to tolerate minimal oral intake and has been eating mostly digestive biscuits and drinking tea during this time as finds this is all she is able to manage without vomiting. The abdominal pain is constant in nature but is worsened on eating. She described it as cramping and rated at 9.5/10. She is very tired and not sleeping well. She reports ongoing diarrhoea for the same time period, opening her bowels x2-3 a day. She reports a stinging sensation at the tailend. She has not been passing any blood per rectum. Of note, she reports a family history of bowel cancer in her four brothers. She also reports a family history of gastric cancer in 3 relatives.

She is a smoker of 20-30/day since the age of 16. She reports an unchanged non productive cough. She denies any chest pain or palpitations. She reports dizzy spells and weakness associated with the aforementioned weight loss but no syncope. She drinks alcohol only very occasionally. She is troubled by headaches; she denies changes in her vision; there is no numbness or loss of sensation peripherally. Mrs Cuthill takes fluoxetine for low mood and has done so for a number of years. She describes her mood as very low at the moment and is worsened by her ongoing symptoms.

On examination she was warm and well pefused, her pulse was regular; abdomen was soft, there was moderate to severe tenderness on palpation of the epigastrium. Bowel sounds were active. There was no evidence of peripheral oedema, her chest was clear and her heart sounds were normal. I note that she has previously had an OGD with no significant findings beyond a small hiatus hernia and duodenitis. CT CAP last month showed diverticular disease and post-cholecystectomy/ERCP changes only.

Following clinic I discussed Mrs Cuthill with Dr Shandro (GI consultant) and the plan is as follows:
1. Urgent MRCP to rule out retained gallstones
2. Faecal elastase and faecal calprotectin (NOTE - both normal, along with routine blood work today)

3. Urgent upper GI endoscopy
4. Treat as dyspepsia +/- post-cholecystectomy syndrome for now: Please prescribe famotidine 20mg BD and mebeverine 200mg BD.
5. I have copied the community dieticians into this letter and would be grateful if review of Mrs Cuthill could please be arranged, for unexplained weight loss, consideration of ONS.
6. QFIT to determine if colonoscopy required (NOTE - 1st qFIT negative).
7. We would advise at present for Mrs Cuthill to eat small amounts of soft foods as often as she can tolerate

We will arrange to review Mrs Cuthill back at clinic following the above investigations.

Yours sincerely,

Dr Rebecca Grant
Clinical Fellow to Dr Shandro

Cc Community Dietetics Team - Dear colleagues, I would be grateful if this patient could be reviewed for unexplained weight loss, for consideration of dietetic support.

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Gastroenterology

Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 27/07/2023

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (55 years) 620101347R
Attendance Date	05/06/2023		
Consultant	Dr Benjamin M Shandro (SHO)		

Dear Dr Morton

Following your referral I confirm that Mrs Linda Cuthill did not attend for the appointment arranged for Transnasal endoscopy at Leith Community Treatment Centre on Monday the 24th July.

Kind regards
Yours sincerely,

Electronically checked and signed off

Dr Andrew JK Williams
Consultant Gastroenterologist

Dictated 24.7.23
Typed 26.7.23

AJKW/RH

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gastroenterology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 19/06/2023
Date/Time Printed: 12/05/2026 15:36
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Gastroenterology	**Consultant:**	Dr Benjamin M Shandro (SHO)

I have been passed your stool test reports following your recent clinic attendance. Your two q-FIT results were negative, and your faecal elastase was greater than 500 (normal), and your faecal calprotectin was less than 25 (normal). These tests are sensitive screening test for colorectal polyps, cancer, inflammatory bowel disease, and pancreatic exocrine insufficiency - and were all normal. We await the results of your forthcoming MRCP and OGD with interest.

Yours sincerely,

Dr Shandro
Electronically checked and approved by Dr Shandro
Consultant Gastroenterologist

Royal Infirmary of Edinburgh
Secretary 0131 242 1619

cc
Dr Morton, Craigmillar Medical Group, Craigmillar Medical Centre, 106 Niddrie Mains Road, Edinburgh,Edinburgh,EH16 4DT

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gastroenterology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 26/06/2023
Date/Time Printed: 12/05/2026 15:36
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Gastroenterology	**Consultant:**	Dr Benjamin M Shandro (SHO)

I have been passed to some of your results following your attendance at the GI SHO clinic this month. Your faecal elastase, faecal calprotectin and first q-FIT results were all normal. I would be grateful if you would return your second q-FIT sample when able. Your blood tests were unremarkable. Your MRCP scan was sub optimal due to a motion artefact, but there was no biliary dilatation and no common bile duct residual stones. The persistent small collection in segment 5 of the liver, as documented on the CT report, was noted again and had no concerning features.

For completeness I will discuss your CT and MRI scan at the next GI radiology meeting, but I expect these changes relate to your previous gallbladder fundus and abscess. With regards to your symptoms, you are due upper GI endoscopy later this month, and then we will meet in the clinic with the results at that point. I do suggest a trial of Famotidine 20 mg BD to treat dyspepsia, and Mebeverine could also be tried as an antispasmodic.

Yours sincerely,

Dr Shandro
Electronically checked and approved by Dr Shandro
Consultant Gastroenterologist

Royal Infirmary of Edinburgh
Secretary 0131 242 1619

cc
Dr Morton, Craigmillar Medical Group, Craigmillar Medical Centre, 106 Niddrie Mains Road, Edinburgh,Edinburgh,EH16 4DT

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gastroenterology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 24/07/2023
Date/Time Printed: 12/05/2026 15:37
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Gastroenterology	**Consultant:**	Dr Benjamin M Shandro (SHO)

Following your referral I confirm that Mrs Linda Cuthill did not attend for the appointment arranged for Transnasal endoscopy at Leith Community Treatment Centre on Monday the 24th July.

Kind regards
Yours sincerely,

Electronically checked and signed off

Dr Andrew JK Williams
Consultant Gastroenterologist

Dictated 24.7.23
Typed 26.7.23

AJKW/RH

NHS Lothian

Leith Community Treatment Centre
12 Junction Place
Edinburgh
EH6 5JA

Diagnostic Procedure

Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 11/08/2023

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (55 years) 620101347R
Attendance Date	10/08/2023		
Consultant	Dr Eleanor F Watson		

Dear Dr Morton

Further to the endoscopy carried out recently on the above patient, I can confirm that the Clo/Urease test result is POSITIVE.

It is recommended that the patient may benefit from eradication (antibiotic) therapy.

Yours sincerely

Endoscopy Secretary

c.c.
Lynda Cuthill
17 Badger Way
Edinburgh
EH17 8XD

screen ON TNE

NHS LOTHIAN **PLEASE COMPLETE AND BRING TO APPOINTMENT**

Addressograph or Foren 620101347R F 21/08/1967 Surna **Cuthill, Lynda** Unit n 17 Badger Way, Edinburgh, Addre EH17 8XD (includ **CHI** 2108671080 **Prefe** 70215 CM Morton LYNDA Tel. number 07754588318	Arrived in ..... unit for procedure Date: 10/8/23 & time: OPN GP Name Address Craigmillar M. Group. Religion Ethnic Origin **Consultant:** **Proposed Procedure**: with Sedation Yes ☐ No ☐ ☐ Colonoscopy ..... ☑ Endoscopy ..... ☐ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* ..... **Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐
Next of Kin: Name/address CALUM CUTHILL (SON) 17 Badger WAY. CH17 8XD Tel. number(s):home mobile 07368670863	
ALLERGIES: PENICILLIN document if pt has no known allergies/sensitivities	

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	VERONICA SHARPS	SN	VJ	V	10/8/23
2	J. Mugh	SN	JM		10/8/23
3	KAY DOHERTY	S/N	KD	KayDoherty	10/8/23
4	JOHN HOWSON	DCN	JM		10/8/23
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter
N ☐, Y ☐ *specify* .....

b) **OVERNIGHT CARE** N/A ☐, or Escort Y / (N) (who).....Transport .....
24hr Care Y / N (who)..... I/P bed required Yes ☐, No ☐
PHONE NUMBER .....

eGFR

c) **MOBILITY**: Wheelchair Y / N, Walking Aid Y / (N) ✓ requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y / (N)

d) **HOSPITAL TRANSPORT**: Required N ☑, Y ☐. If Yes, reason why .....
If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.
Clinicians are free to exercise their own professional judgements as appropriate.
Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

NHS LOTHIAN **PLEASE COMPLETE AND BRING TO APPOINTMENT**

severity, frequency, duration, recent changes : what where how etc .

Addressograph or

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes
1. Heart attack or Stroke	☑	☐
2. Angina / Chest Pains on exercise or at night.	☑	☐
3. Heart murmur	☑	☐
4. Heart Valve replacement	☑	☐
5. Do you have a Pacemaker	☑	☐
6. High Blood Pressure	☑	☐
7. Asthma or Bronchitis	☑	☐
8. Shortness of Breath	☑	☐
9. Diabetes	☑	☐
10. Epilepsy	☑	☐
11. Glaucoma	☑	☐
12. Could you be pregnant?	☑	☐
13. Do you use recreational drugs	☑	☐
14. Any noticeable weight loss over last 3-6 months?	☐	☑
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☑	☐

Are you taking any of the following medication:	No	Yes
i. Aspirin	☑	☐
ii. Clopidogrel	☑	☐
iii. Warfarin	☑	☐
If Yes, did you receive instructions about stopping?	☑	☐
What were they?		

Nurse comments in shaded areas

If YES: Insulin ☐, Diet ☐, or Tablets ☐ — Nurse record of BM [redacted]

over 3 stones within 1 year (unintentional)

If YES: INR result .....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc

Tick if none ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 THYROXINE	50mg	1 DAILY	7		
2 FLUOXETINE	20mg	1 DAILY	8		
3 FAMOTIDINE	20mg	2 DAILY	9		
4 LANSOPRAZOLE	30mg	2 DAILY	10	lost token. this AM (03.30)	
5 AUROBEVERINE	200mg	2 DAILY	11		
6			12		

* * **Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover**

* *

NHS Lothian

Addressograph or	Arrived in .....unit for procedure
Forename Surname Unit number 620101347R F 21/08/1967 Address (*including Post*) **Cuthill, Lynda** 17 Badger Way, Edinburgh, EH17 8XD **Preferred N**: **CHI** 2108671080 70215 CM Morton Tel. number	Date: & time: GP Name Address Religion Ethnic Origin **Consultant:** **Proposed Procedure: with Sedation** Yes ☐ No ☐ ☐ Colonoscopy ..... ☒ Endoscopy ..... ☐ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* ..... **Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐
Next of Kin: Name/address Tel. number(s):home mobile	
ALLERGIES: document if pt has no known allergies/sensitivities	

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

Print name	Designation	Initials	Signature	date
1				
2				
3		See attached.		
4				
5				
6				
7				
8				

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter

N ☐ , Y ☐ *specify* .....

b) **OVERNIGHT CARE** N/A ☐, or Escort Y / N (who).....Transport .....

24hr Care Y / N (who)..... I/P bed required Yes ☐, No ☐

PHONE NUMBER .....

c) **MOBILITY**: Wheelchair Y / N, Walking Aid Y / N ☐. requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y / N

d) **HOSPITAL TRANSPORT**: Required N ☐ , Y ☐. If Yes, reason why .....

If Ordered date: Type Ref No.....

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Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

severity, frequency, duration, recent changes : what where how etc .

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes
1. Heart attack or Stroke	☐	☐
2. Angina / Chest Pains on exercise or at night.	☐	☐
3. Heart murmur	☐	☐
4. Heart Valve replacement	☐	☐
5. Do you have a Pacemaker	☐	☐
6. High Blood Pressure	☐	☐
7. Asthma or Bronchitis	☐	☐
8. Shortness of Breath	☐	☐
9. Diabetes	☐	☐
10. Epilepsy	☐	☐
11. Glaucoma	☐	☐
12. Could you be pregnant?	☐	☐
13. Do you use recreational drugs	☐	☐
14. Any noticeable weight loss over last 3-6 months?	☐	☐
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☐	☐

Nurse comments in shaded areas

If YES: Insulin ☐, Diet ☐, or Tablets ☐

Nurse record of BM

see attached

Are you taking any of the following medication:	No	Yes
i. Aspirin	☐	☐
ii. Clopidogrel	☐	☐
iii. Warfarin	☐	☐
If Yes, did you receive instructions about stopping?	☐	☐

What were they? .....

If YES: INR result .....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

*** * Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover * ***

Have you had previous operations (including what, where, dates etc) & were there any complications

Hysterectomy (30 years ago). RIE - sedation prev. endo (2022) duodenitis (oesophagitis not stopping, dizziness, HH

Please list any other health problems

* weight loss (was 73 in July 2022)
* vomiting daily. Ongoing epigastric pain, radiating heartburn, diarrhoea daily

Would you like any information to be discussed in private YES ☐ NO ☒

Admitting Nurse initials ..VS.. date ..10/8/23.. time ..8:55..

-- WASH CYCLE PASSED --

Cantel	RapidAER
Serial No	RA0468
Start	14h 21m
End	14h 43m
Date	09-08-2023
Cycle No	2981
Load Operator	2
Name	Gillian Ness
Unload Operator	2
Name	Gillian Ness

-- Hookup --

Hookup No	318
Serial No	318/011
GS1	

-- Endoscope --

FUJI	EG-740N
Serial No	5G399K126
GS1	33
Revision	d
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	09-08-2023 at 06h 07m
Suction	Av Flow 901 ml
Biopsy	Av Flow 934 ml
Water	Av Flow 287 ml
Air	Av Flow 525 ml
Aux 1	Not tested
Aux 2	Av Flow 502 ml
RB	Not tested
Leak Test	Av Pres 196 mb

-- Conductivity --

Detergent	1542 uS
Disinfectant	1441 uS
Final Rinse	2 uS

-- Temperature --

Detergent	29.1 deg
Disinfectant	31.4 deg
Final Rinse	27.3 deg

-- Chemical Batch/Lot & Serial No --

Detergent	22000213/0000000333
Part B	23000007/B000001276
Part A	23000184/A000000038

0114729826767
'00513440
:82738

Cantel Medi
7 Day Endosc
EDC22204

Endoscope copy
Book Out
Date 10/08/2023 Time 08:44.

Hook	02
Make	Fuji
Model	EG740N
Serial No	5G399K126
GS1	33
Cycle No	5923

Booked In 09/08/2023 Time 14:51
Name: gillian ness. ID: 5

Chan Temp	33
Chan RH	10
Cab Temp	31
Cab RH	32

Booked Out 10/08/2023 Time 08:44
Name: tibby nisbet. ID: 10
Control: OK
IMS : OK

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PRE-PROCEDURE CHECKS

Nam
Dot
Uni

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	
Correct procedure	(Y)	N	(Y)	N	
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure	(Y)	N	(Y)	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 9/8/23 time 18.00	(Y)	N			
Last drink: date 10/8/23 time 04.00	(Y)	N			water
Bowel prep taken / phosphate enema given or N/A ☐	(Y)	N	Y	N	
Taken routine drug therapy	(Y)	N			@ 03.30 AM
Any limitations to movement identified: *If YES, Specify*	Y	(N)	Y	(N)	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☐	Y	N	Y	N	
Belongings secured	(Y)	N			
Hearing Aids in situ: L R or N/A ☐	Y	N	Y	N	
Dentures in situ: Top / Bottom / Full or N/A ☐	(Y)	N	Y	N	
Glasses sent with patient or N/A ☐	Y	(N)	Y	(N)	
Spare Stoma bag sent or N/A ☐	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student					
Consent signed	(Y)	N	(Y)	N	
Pre procedure Nurse check: initials* VS					date 10/8/23 time 9.00
Endoscopy Nurse initials* KLO					date 10/8/23 time 10.05

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
Name
Dob
CHI 2108671080
Unit 70215 CM Morton

Pre-, Peri-, Post-procedural observations

date 10/08/2023

Time

Ht (m) Wt(kg) BMI 62kgs	Hr : min	O/A 8:45	1015	1100									
Oral Airway / or N/A ☐		RA											
Oxygen Therapy (L / Min) or N/A ☐													
Oxygen Saturation or N/A ☐		97%	96%	97%									
Respiration or N/A ☐													
Sedation Score or N/A ☐		0											
Pain Score or N/A ☐		10											
Nausea Score or N/A ☐		0											
Procedure site checked or N/A ☐													
Blood Loss or N/A ☐													
Blood sugar or N/A ☐													
Temp or N/A ☐		36.5											

SCORING SYSTEM
see table below

200

150

100

50

Pain: - *use 0 – 10 scoring system*

0 NONE
Continue to assess pain with every set of observations
1-3 MILD
Continue to assess pain with Every set of observations
4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient. REVIEW
6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient. REVIEW

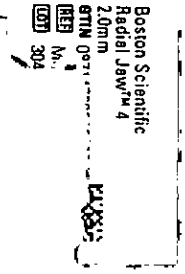
129 78
73 77
56 61

Blood Loss or N/A ☐
0 None
1 Slight
2 Heavy

[Record 'Drugs given' on table across]

Sedation		Nausea	
0	None, patient alert	0	None
1	Mild, occasionally drowsy, easy to rouse	1	Mild nausea, no treatment required
2	Moderate, frequently drowsy, easy to rouse	2	Nausea/vomiting helped by Rx
3	Severe, somnolent, difficult to rouse	3	Persistent nausea / vomiting despite Rx
S	Normal, sleep, stirs to light touch	S	Score S if sleeping normally

Endoscope label



(R) noshil 33.

D 44
F 41
M 37

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area ..GIC.....

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Name Edinburgh,
Dob EH17 8XD
Unit n CHI 2108671080
70215 CM Morton

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			
		10/8/2023					
		Simeticone 80mg		oral	[illegible]	952	JA
		Lidocaine Hydrochloride 52mg Phenylephrine Hydrochloride 5.2mg		nasal	[illegible]	954	JA
		Xylocaine	60mg	nasal	[illegible]	10-10	EW/KH

PERI-PROCEDURE CARE

	time, initials
Cannula site Size Skin Prep ☐ Handwash ☐ Apron/Gloves ☐ Aseptic Insertion ☐ Dressing labelled ☐ Difficulties/complication/deviation from standard technique Y N	
BIOPSIES TAKEN OESOPHAGEAL ☑ GASTRIC ☑ DUODENAL ☐ CLO TEST ☑ COLON ☐ POLYP/S ☐ OTHER ☐	10·15, KD
Oral Suction required Y ☐ or N/A ☐	
Diathermy: none required ☐ Monopolar ☐, Bipolar ☐ site	

Patient Nurse: initials* JH date 10/8/23

Endoscopy Nurse initials* KD date 10/8/23

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☑ Colonoscopy ☐ Flexible Sigmoidoscopy ☐
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☑, moderate ☐, severe ☐

Follow-up required: N/A ☐, Yes ☐ If YES, *specify* MDT REF OR BRANDON.
Please refer to discharge summary Y☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y ● NO ● after 30 mins ●
Patient can EAT Y ● NO ● after 30 mins ●
Suitable for NURSE-LED DISCHARGE YES NO

Endoscopist print EVANSON signature [illegible]
designation GI CONS date 10.8.23 time 10.33

620101347R F 21/08/1967
Cuthill, Lynda
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Edinburgh,
EH17 8XD

POST PROCEDURE and
DISCHARGE CRITERIA

Name
Dob
Unit no CHI 2108671080 70215 CM Morton

POST PROCEDURE			initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	Y, N/A	initials	
2	**Observations** recorded:			
	on return *time*	Y, N/A		
	at 30mins	Y, N/A		
	after 1 hour	Y, N/A		
NOTE: Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]				

DISCHARGE CRITERIA			initials	Comment overleaf
1.	Discharged by Endoscopist	Y, N/A	initials	
2.	Transport home arranged collection time:	Y, N/A	initials	
3.	Vital signs stable & satisfactory	Y, N/A	initials	
4.	Alert & orientated (as on admission)	Y, N/A	initials	
5.	Pain controlled	Y, N/A	initials	
6.	Nausea controlled, no vomiting	Y, N/A	initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	Y, N/A	initials	
8.	Mobilising as on admission	Y, N/A	initials	
9.	Patient told if further pathological specimens will be available, from whom and when	Y, N/A	initials	
10.	Discharge information given	Y, N/A	initials	
11.	Out Patient appointment given	Y, N/A	initials	
12.	IV cannula removed	Y, N/A	initials	
13.	Has passed urine	Y, N/A	initials	
14.	Identity bracelet removed	Y, N/A	initials	
15.	Collected by a responsible adult	Y, N/A	initials	
16.	Responsible adult at home for first 24h	Y, N/A	initials	
	Discharge Criteria met ? Yes ☐, No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☐		initials	
	Time patient left department ...1105.....		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
Nam EH17 8XD
Dot CHI 2108671080
Uni 70215 CM Morton

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc + signature, print name & designation
1105	? Patient upset with results of ~~for~~ procedure, ~~not~~ with Barretts and Hiatus hernia and possible helicobacter pylori tests. I have explained as much as I can with regards to her symptoms but patient wanted to go home. I have advised her that if she has gone home, she can ring GP or LGIC if she has more questions but she verbalized she will discuss with GP removal of H. Hernia. I have given her information leaflets of Barretts E, H. It & H. Pylori. Patient went home 128/77 P61 ~~Rg~~ Sats 97%. JAngga

VARIANCES: all staff to identify & record variances *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible
A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton

Multidisciplinary Progress notes / problems

Name
Dob
Unit n

Time	include action taken, investigations required, etc + signature, print name & designation

surgical pause

Created: 18/12/09

620101347R F 21/08/1967

Surg **Cuthill, Lynda**
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton

adapted for Endoscopy Unit, LCTC, NHS Lothian

NHS Lothian

DATE 10/8/23
SITE LCTC
OPERATOR Dr Watson
PROCEDURE UGIE

Please complete ALL boxes

SIGN IN (To be read out loud)

Pre-procedure

Member verbally confirms with the team:	YES	NO
Check any information form Pre-Procedural Assement has been passed over to endoscopist.	☑	☐
All staff followed hand hygiene protocol?	☑	☐
Patient confirmed his/her identity, procedure and consent	☑	☐
Disscusion with patient for withdrawal of consent during procedure. TNE - verbal. Oral - raise R arm	☑	☐
Correct case notes available?	☑	☐
Confirmed scope number and label match	☑	☐

Initial or Signature: US JWD

SIGN OUT (To be read out loud)

Post-procedure

Member verbally confirms with the team:	YES	NO
All staff followed hand hygiene protocol?	☑	☐
Have the specimens been labelled correctly and checked by endoscopist and nurse?	YES ☑	N/A ☐
Is a follow up appointment required?	YES ☐	N/A ☑

Initial or Signature: JWD

Please record any Issues Identified

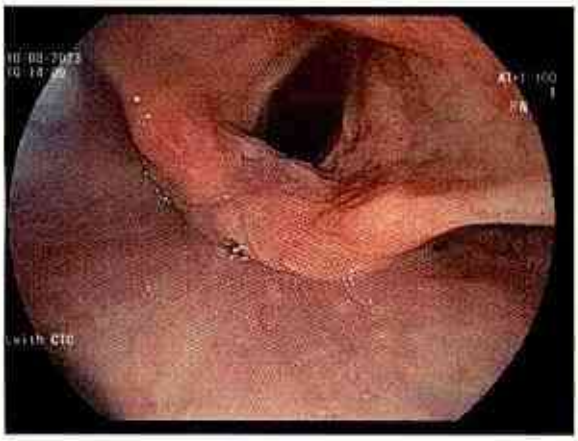
NHS Lothian

Leith Community Treatment Centre

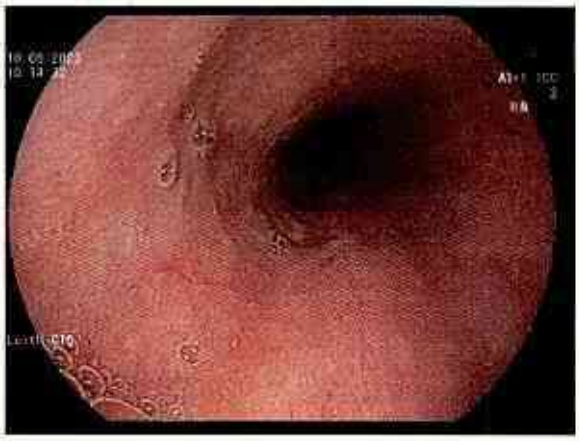
TRANSNASAL ENDOSCOPY REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way**
Date of birth:	**21/08/1967**		**Edinburgh**
CHI No:	**2108671080**		**EH17 8XD**
Case note no.:	**620101347R**		

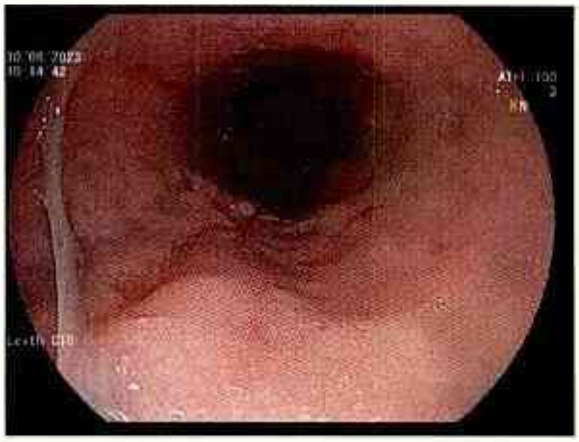
Procedure date: **10th August 2023 (10:33)**



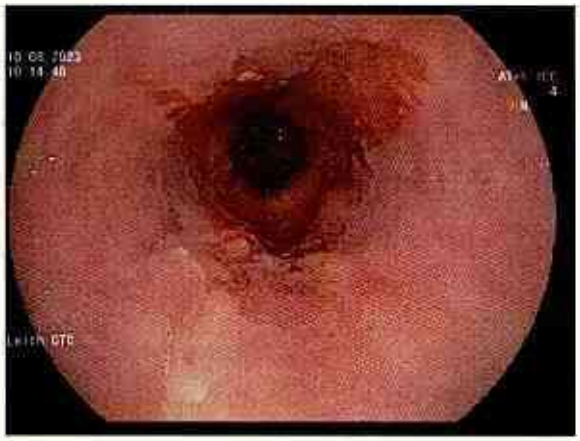
Site a: Upper oesophagus



Site b: Middle oesophagus



Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.



Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.

Dr Eleanor Watson

NHS Lothian

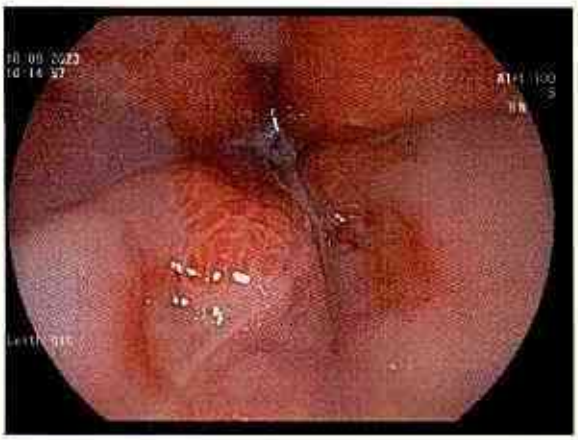
Leith Community Treatment Centre

TRANSNASAL ENDOSCOPY REPORT

Name: **Lynda CUTHILL (F)**
Date of birth: **21/08/1967**
CHI No: **2108671080**
Case note no.: **620101347R**

Address: **17 Badger Way**
Edinburgh
EH17 8XD

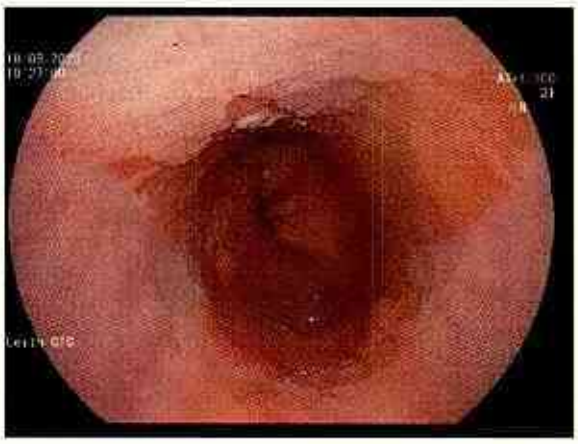
Procedure date: **10th August 2023 (10:33)**



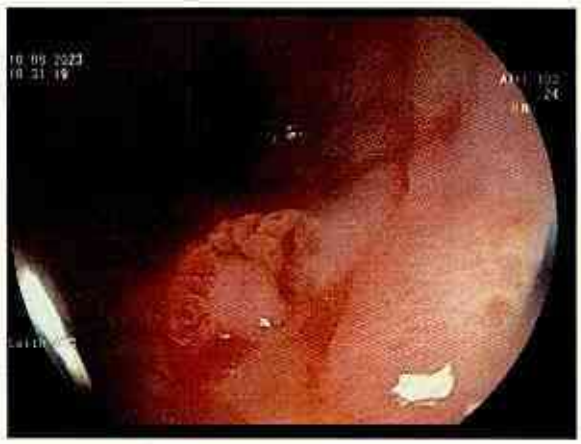
Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.



Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.



Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.



Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.

Dr Eleanor Watson

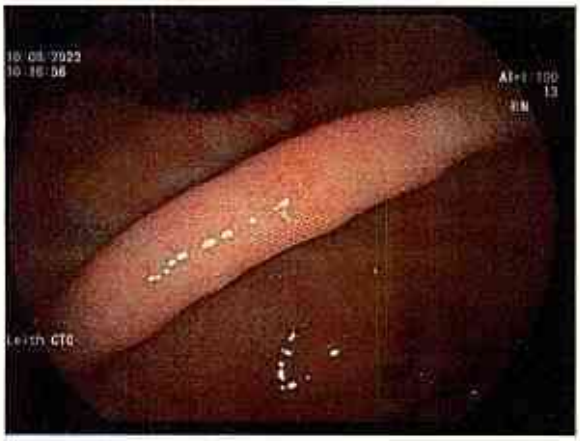
NHS Lothian

Leith Community Treatment Centre

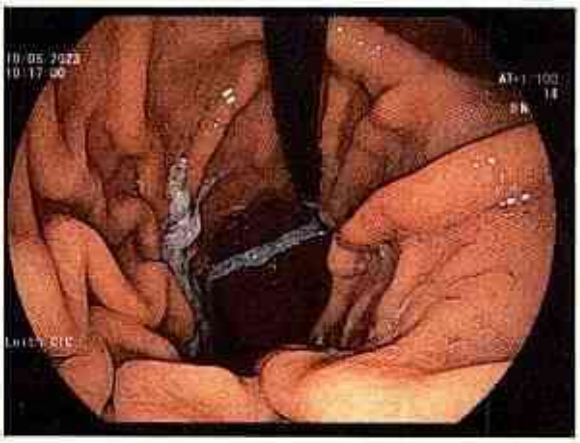
TRANSNASAL ENDOSCOPY REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way**
Date of birth:	**21/08/1967**		**Edinburgh**
CHI No:	**2108671080**		**EH17 8XD**
Case note no.:	**620101347R**		

Procedure date: **10th August 2023 (10:33)**



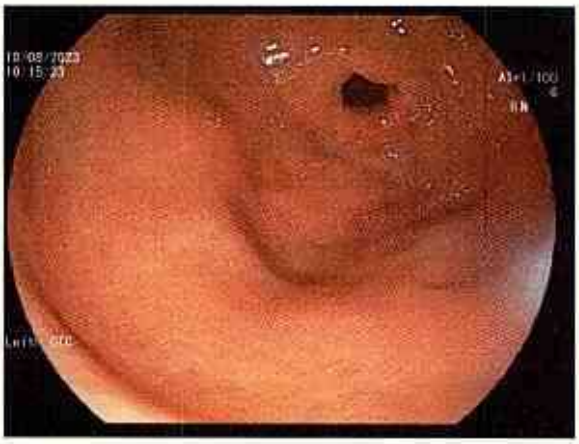
Site g: Middle body



Site g: Middle body



Site g: Middle body



Site h: Antrum
Gastritis: moderate erythematous/exudative with no bleeding and moderate reflux with no bleeding.

Dr Eleanor Watson

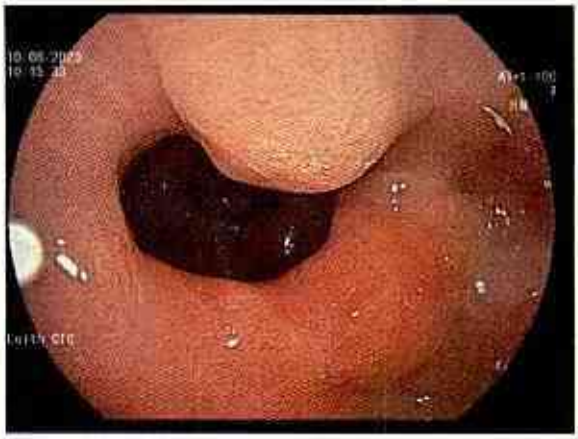
NHS Lothian

Leith Community Treatment Centre

TRANSNASAL ENDOSCOPY REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way**
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Site h: Antrum
Gastritis: moderate erythematous/exudative with no bleeding and moderate reflux with no bleeding.



Site h: Antrum
Gastritis: moderate erythematous/exudative with no bleeding and moderate reflux with no bleeding.



Site i: First part



Site j: Second part

Dr Eleanor Watson

NHS Lothian

Leith Community Treatment Centre

TRANSNASAL ENDOSCOPY REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way**
Date of birth:	**21/08/1967**		**Edinburgh**
CHI No:	**2108671080**		**EH17 8XD**
Case note no.:	**620101347R**		

GP: **BICKLER, CARL**
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Procedure date: **10th August 2023 (10:33)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **Royal Infirmary of Edinburgh**
Referring Cons: **Dr Ben Shandro**

Indications
Dyspepsia.
Clinically important commehts: Post cholecystectomy abdo pain. Significant, constant, debilitating symptoms exacerbated by food causing reduction in oral intake and weight loss. Prev scope 2022 - oesophagitis.

Consultant/Endoscopist
Dr Eleanor Watson
Nurses: John Howson
Kay Doherty

Instruments
LTH 033 5G399K126 EG74ON
Disposable forceps

Premedication
Lidocaine5%/Phenylephrine0.5% 1ml nasal spray
Xylocaine (Spray) 60 mg

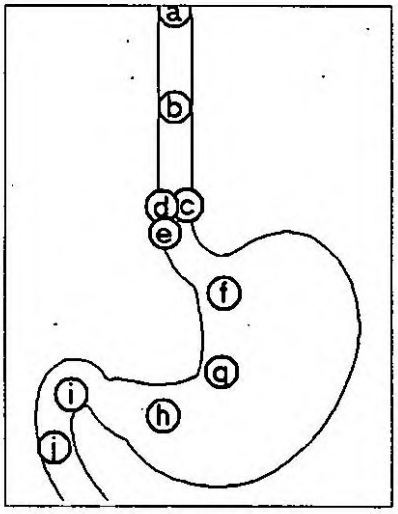
Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2.
Apparent mucosal junction at 37cm from the incisors.
There were no peri-operative complications.

Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Hiatus hernia: sliding of length 3cm.

Site d: Right lower oesophagus
Specimens: 4x biopsy at 38cm.

Site e: Right lower oesophagus
Specimens: 4x biopsy at 40cm.

Site h: Antrum
Gastritis: moderate erythematous/exudative with no bleeding and moderate reflux with no bleeding.
Specimens: 3x biopsy, Urease test for H.plyori.



a: *Upper oesophagus (photographed)*
b: *Middle oesophagus (photographed)*
c: *Lower oesophagus (photographed)*
d: *Right lower oesophagus*
e: *Right lower oesophagus*
f: *Upper body*
g: *Middle body (photographed)*
h: *Antrum (photographed)*
i: *First part (photographed)*
j: *Second part (photographed)*

Diagnoses
OESOPHAGUS. Barrett's mucosa, hiatus hernia, oesophagitis/other and oesophagitis/reflux.
STOMACH. Non-erosive gastritis.
DUODENUM. Normal.

TRANSNASAL ENDOSCOPY REPORT

Name: **Lynda CUTHILL (F)**
Date of birth: **21/08/1967**
CHI No: **2108671080**
Case note no.: **620101347R**

Address: **17 Badger Way**
Edinburgh
EH17 8XD

Advice/comments

Well tolerated TNE right nostril (left side tight).
Air insufflation provoked symptoms of abdominal pain (?element of visceral hypersensitivity - patient aware this may be contributing).
HH noted - now has Barrett's oesophagus and associated oesophagitis - discrete erosions noted again as per 2022.
Diaphragmatic pinch at 44cm, folds 41cm, circumferential extent 40cm and maximal 37cm ie. C1M4.
Gastritis - whole body/antrum affected. Bile reflux apparent but ?HP. Looks like CLO test is already turning positive but await formal result. Please consider HP eradication.
Biopsies taken from stomach and oesophagus - please continue lansoprazole 30mg b.d. and follow up as per Dr Shandro.

Follow up

Awaiting pathology results.

Dr Eleanor Watson
Consultant Gastroenterologist
c.c. Dr Ben Shandro (Gastroenterology)
Cuthill, Lynda

NHS Lothian

Consent Form for Transnasal or Oral Upper GI Endoscopy at Leith Community Treatment Centre (without sedation)

Addressograph or

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton

Name of procedure/investigation: **Upper GI Endoscopy**

Inspection of the oesophagus, stomach and duodenum using a flexible scope – with or without a biopsy and/or a polypectomy.
Please read the patient information leaflet for further details **Transnasal or Oral Upper GI Endoscopy (without sedation) at Leith Community Treatment Centre version 1.0**

This procedure is carried out using local anaesthetic spray.

Following a request for further information: Statement of the healthcare professional

With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular:

The intended benefits of the procedure:

The possible risks involved. I have discussed and listed below the significant, unavoidable and/or frequently occurring risks, including any risks that may be of specific concern to the patient:

Risks specific to Upper GI Endoscopy are bleeding, perforation, damage to teeth and missed pathology

The benefits and risks of alternative treatments that might be offered for this patient – including the option of no treatment:

Read the booklet

Any extra procedure(s) that might become necessary during this procedure
e.g. blood transfusion ☒ Other procedure (please state) ☐

N/A

Healthcare Professional's signature: Print name and job title:	Date: __/__/__

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand

Signature: Print name:	Date: __/__/__

Or, please note the telephone interpreter ID number:	

To the patient

You have the right to change your mind at any time, including after you have signed this consent form.

I have read and understood the information in the patient information leaflet.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I wish to proceed with the planned procedure.

Signature: Lynda Cothill Print name: LINDA COTHILL	Date: 10/8/2023

If signing for a child or young person *(delete if not applicable)*
I confirm that I am a person with parental responsibility for the patient named on this form:

Signature: Relationship to the patient:	Date: __/__/__

If the patient is unable to sign but has indicated his/her consent, a witness should sign below:

Signature (Witness) Print name:	Date: __/__/__
Address:	

Confirmation of Consent (where the procedure/treatment has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Healthcare Professional's signature: Print name and job title: V. SHAHANI	Date: 10/8/23

Withdrawal of patient consent

The option of withdrawing consent has been discussed and agreed by the team treating the patient.

Signature: Lynda Cothill Print name: LYNDA COTHILL	Date: 10/8/2023
Healthcare Professional's signature: Print name and job title: V. SHAHANI	Date: 10/8/23

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gastroenterology RIE Non Triaged

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 24/08/2023
Date/Time Printed: 12/05/2026 15:38
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Gastroenterology RIE Non Triaged	**Consultant:**	Dr Nicholas I Church (A Siddiqui)

I have passed a copy of your endoscopy report. This showed gastro-oesophagitis and your CLO test was positive for bacteria called helicobacter pylori. I would be grateful if you could see your GP to arrange a course of eradication therapy. In the meantime I think you should continue your Lansoprazole 30 mg twice daily. If you remain symptomatic after H. pylori eradication therapy, I suggest adding Famotidine to your Lansoprazole.
I did have a chance to discuss your previous cross-sectional imaging at the GI specialist x-ray meeting, and all were satisfied that the changes in segment 5 of the liver relate to previous gallbladder fundus/abscess and does not require any further action. It is entirely possible your upper GI symptoms relate to helicobacter pylori, so I am keen to hear how your symptoms respond to the above.

Yours sincerely,

Dr Shandro
Electronically checked and approved by Dr Shandro
Consultant Gastroenterologist

Royal Infirmary of Edinburgh
Secretary 0131 242 1619

cc
Dr Morton, Craigmillar Medical Group, Craigmillar Medical Centre, 106 Niddrie Mains Road, Edinburgh,Edinburgh,EH16 4DT

NHS Lothian

Addressograph or	Arrived in .....unit for procedure
Forenan 620101347R F Surnam CUTHILL Lynda Unit nur 21-Aug-67 CHI: 210 867 1080 Address 70215 CM Morton (*including* 17 Badger Way EH17 8XD **Preferr**	Date: 24/6/2022 & time: 1315 GP Name CRAIGMILLAR MEDICAL Address 106 Niddrie Mains Rd PRACTICE Edinburgh. EH16.4DT
Tel. number	Religion Ethnic Origin
Next of Kin: Name/address CALUM CUTHILL. Son. Tel. number(s):home mobile 07368670863.	**Consultant:** NC **Proposed Procedure: with Sedation** Yes ☑ No ☐ ☐ Colonoscopy ..... ☑ Endoscopy ..... ☐ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* ..... **Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐
ALLERGIES: NONE PENICILLIN. document if pt has no known allergies/sensitivities	

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	JENNY BUTLER	SN	JB		24/6/22
2	L MILLAN	SN	LM	LMillan	24.06.2022
3	H. Morris	STN	HM		24/06/22
4	J. Reid	SN			24/06/22
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter
N ☑, Y ☐ *specify* .....

b) **OVERNIGHT CARE** N/A ☐, or Escort (Y) / N (who): ~~CHILD (age 9)~~ Transport Car.
24hr Care (Y) / N (who)..... NOK ..... I/P bed required Yes ☐, No ☐
PHONE NUMBER ..... CM SON (Nick)

c) **MOBILITY**: Wheelchair Y / (N) Walking Aid Y / N ☑. requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y (N)

d) **HOSPITAL TRANSPORT**: Required N ☑, Y ☐. If Yes, reason why .....
If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.
Clinicians are free to exercise their own professional judgements as appropriate.
Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

severity, frequency, duration, recent changes : what where how etc .

70215 CM Morton
620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI 2108671080

Nam
Dob
Unit
Nur

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

Have you ever had any of the following:	No	Yes
1. Heart attack or Stroke	☑	☐
2. Angina / Chest Pains on exercise or at night.	☑	☐
3. Heart murmur	☑	☐
4. Heart Valve replacement	☑	☐
5. Do you have a Pacemaker	☑	☐
6. High Blood Pressure	☑	☐
7. Asthma or Bronchitis	☑	☐
8. Shortness of Breath	☑	☐
9. Diabetes	☑	☐
10. Epilepsy	☑	☐
11. Glaucoma	☑	☐
12. Could you be pregnant?	☑	☐
13. Do you use recreational drugs	☑	☐
14. Any noticeable weight loss over last 3-6 months?	☑	☐
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldJacob disease)for public health purposes?	☐	☐

If YES: Insulin ☐, Diet ☐, or Tablets ☐ — Nurse record of BM

Are you taking any of the following medication:	No	Yes
i. Aspirin	☑	☐
ii. Clopidogrel	☑	☐
iii. Warfarin	☑	☐
If Yes, did you receive instructions about stopping?	☑	☐
What were they?		

If YES: INR result .....

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 THYROXINE	50mg	OD.	7		
2			8		
3			9		
4			10		
5			11		
6			12		

*** * Staff –be aware that 'Allergies & Sensitivities' are to be noted on front cover * ***

Have you had previous operations (including what, where, dates etc) & were there any complications

Cholecystectomy Dec '21, ERCP Dec '21.

Please list any other health problems Hyperthyroidism.
Epigastric/abdo pain when eating fried, then vomiting and diarrhea.
Continuous pain behind sternum (last few weeks ongoing).

Would you like any information to be discussed in private YES ☐ NO ☑

Admitting Nurse initials ...VB..... date ...24/6/22..... time ...13:22.....

PRE-PROCEDURE CHECKS

620101347R F 21/08/1967
Cuthill, Lynda
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Edinburgh,
EH17 8XD

CHI 2108671080

PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart – p.7

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	(Y)	N			
Patient identification checked & name band(s) applied	(Y)	N	(Y)	N	
ALLERGIES RE-CHECKED (same as on front cover)	(Y)	N	(Y)	N	
Correct procedure	(Y)	N	(Y)	N	
Pre, Peri and Post procedure care explained	(Y)	N			
Explanation of withdrawing consent during procedure	(Y)	N	(Y)	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	(Y)	N			
Last food: date 23/6/22 time 2045	(Y)	N			
Last drink: date 24/6/22 time 1145 (sips water) .	(Y)	N			
Bowel prep taken / phosphate enema given or N/A ☐	Y	N	Y	N	
Taken routine drug therapy	(Y)	N			
Any limitations to movement identified: *If YES, Specify*	Y	(N)	Y	(N)	
Any other relevant issues identified: Covid Swabs NEGATIVE.					
Jewellery REMOVED/TAPED or N/A ☐	Y	N	Y	N	
Belongings secured	(Y)	N			with pt.
Hearing Aids in situ: L R or N/A ☐	Y	N	Y	N	
Dentures in situ: (Top) / Bottom / Full or N/A ☐	(Y)	N	(Y)	N	
Glasses sent with patient or N/A ☐	(Y)	N	Y	(N)	
Spare Stoma bag sent or N/A ☐	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student	Y				no objections
Consent signed	(Y)	N	(Y)	N	
Pre procedure Nurse check: initials* JS					date 24/6/22 time 13·30
Endoscopy Nurse initials* LM / JHL					date 24.6.22 time 16.16

intials can be used **IF** the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

D Script

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton
[illegible] JD Hickson

Pre-, Peri-, Post-procedural observations

date

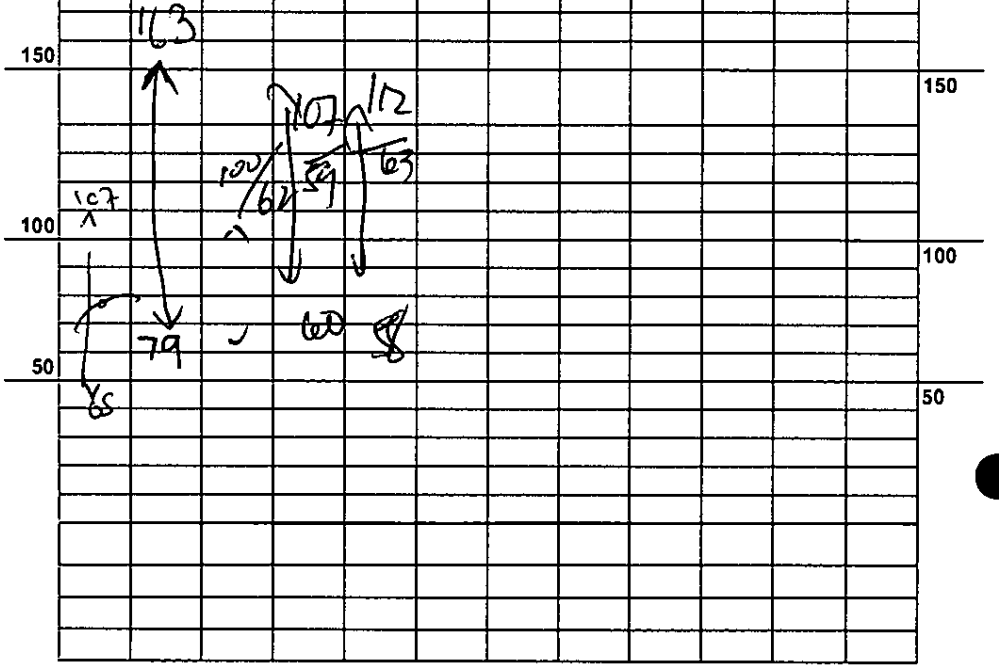
POST

Ht (m) Wt(kg) BMI	Time Hr : min	O/A 13:30	14:20	14:30	15:00	15:30							
Oral Airway	or N/A ☐	SV	SV	SV	SV	SV							
Oxygen Therapy (L / Min)	or N/A ☐	RA	2L	2L	2L	2L							
Oxygen Saturation	or N/A ☐	96%	95	94%	96%	96%							
Respiration	or N/A ☐	16	16	16	16	17							
Sedation Score	or N/A ☐	0	0-1	1	0	0							
Pain Score	or N/A ☐	0	0	0	0	0							
Nausea Score	or N/A ☐	0	0	0	0	0							
Procedure site checked	or N/A ☐												
Blood Loss	or N/A ☐												
Blood sugar	or N/A ☐												
Temp	or N/A ☐	36.8											

SCORING SYSTEM
see table below

Pain: *- use 0 – 10 scoring system*

0 NONE
Continue to assess pain with every set of observations
1-3 MILD
Continue to assess pain with Every set of observations
4-5
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW
6-10
Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW


200
150
100
50
200
150
100
50
163
79
107
63
107
63
107
63

-- WASH CYCLE PASSED --

Cantel	RapidAER
Serial No	R#0954
Start	12h 33m
End	12h 53m
Date	24-06-2022
Cycle No	24202
Load Operator	79
Name	Jarek Ziolek
Unload Operator	65
Name	ANDY J SLOSS

-- Hookup --

CANTEL	RAH019
Serial No	005
GS1	

-- Endoscope --

OLYMPUS	GIF-H290
Serial No	2062940
GS1	
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	24-06-2022 at 05h 08m
Suction	Av Flow 1274 ml
Biopsy	Av Flow 801 ml
Water	Av Flow 96 ml
Air	Av Flow 139 ml
Aux 1	Av Flow 144 ml
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 20+ mb

-- Conductivity --

Detergent	240 uS
Disinfectant	1192 uS
Final Rinse	4 uS

-- Temperature --

Detergent	28.7 deg
Disinfectant	30.7 deg
Final Rinse	24.6 deg

-- Chemical Batch/Lot & Serial No --

Detergent	00036022/0000000559
Part B	00009922/B000001838
Part A	00011122/A000001515

29cm-8cesophagHS. 34cm: F
31cm&2 Lung
37cm. 8 Duod

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area .....

09/10/1947
620101347R - F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI 2108671080
70215 CM Morton

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Given: given	Given: by
		OXYGEN	2 L	NASAL/ORAL		14:15	GV
24/06/22		Xylocaine	100 mg	oral	SND	14:20	AS
24/06/22		Midazolam	4 mg	IV	SND	14:21	AS
		Fentanyl	50 mcg	IV		14:21	AS

PERI-PROCEDURE CARE

time, initials

Cannula site R arm Size 22g Skin Prep ☐
Handwash ☑ Apron/Gloves ☑ Aseptic Insertion ☑ Dressing labelled ☐ 1341 JB.
Difficulties/complication/deviation from standard technique Y (N)

BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐
CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐

Oral Suction required Y ☐ or N/A ☐

Diathermy: none required ☐
Monopolar ☐, Bipolar ☐ site .....

Patient Nurse: initials* GV date 23/06/22

Endoscopy Nurse initials* LM HM date 24/06/22

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy ☑ Colonoscopy ☐ Flexible Sigmoidoscopy ☐
ERCP ☐ Other (please specify)

PROCEDURE SUMMARY: procedure comfort mild ☐, moderate ☐, severe ☐

See Report

Follow-up required: N/A ☐, Yes ☐ If YES, *specify*

Please refer to discharge summary Y☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK (Y) NO after 30 mins
Patient can EAT (Y) NO after 30 mins
Suitable for NURSE-LED DISCHARGE (YES) NO

Endoscopist print SND signature
designation date 24/6/22 time 1425hr

620101347R F 21/08/1947
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Edinburgh,
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POST PROCEDURE and DISCHARGE CRITERIA

Nar
Do
Un

POST PROCEDURE

			initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	(Y), N/A	initials	
2	**Observations** recorded: on return *time*	(Y), N/A		
	at 30mins	(Y), N/A		
	after 1 hour	Y , N/A		

NOTE: Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]

DISCHARGE CRITERIA

			initials	Comment overleaf
1.	Discharged by Endoscopist	(Y), N/A	initials	
2.	Transport home arranged collection time:	(Y), N/A	initials	
3.	Vital signs stable & satisfactory	(Y), N/A	initials	
4.	Alert & orientated (as on admission)	(Y), N/A	initials	
5.	Pain controlled	(Y), N/A	initials	
6.	Nausea controlled, no vomiting	(Y), N/A	initials	
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	(Y), N/A	initials	
8.	Mobilising as on admission	(Y), N/A	initials	
9.	Patient told if further pathological specimens will be available, from whom and when	(Y), N/A	initials	
10.	Discharge information given	(Y), N/A	initials	
11.	Out Patient appointment given	Y , (N/A)	initials	
12.	IV cannula removed	(Y), N/A	initials	
13.	Has passed urine	(Y), N/A	initials	
14.	Identity bracelet removed	(Y), N/A	initials	
15.	Collected by a responsible adult	Y , N/A	initials	
16.	Responsible adult at home for first 24h	Y , N/A	initials	
	Discharge Criteria met ? Yes ☐, No ☐* (record as variance)		initials	
	Patient discharged, or, back to Relative/Carer/Support person ☐ or N/A ☐		initials	
	Time patient left department ....1700.....		Initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances *further Variance Sheet are available*

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

620101347R F 21/08/1967
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620101347R F 21/08/1967

Multidisciplinary Progress notes / problems

Time	include action taken, investigations required, etc +
16-05 24/16/22	PT. weight today 75kgs. Nursing as requested by doctor. 2. Done SCN

VARIANCES: all staff to identify & record variances *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible

A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					
/	:					
/	:					
/	:					

Multidisciplinary Progress notes / problems

Nar
Do
Un

60008787OA r 09/10/1947
620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD
CHI
CHI 2108671080
70215 CM Morton

Time	include action taken, investigations required, etc + sign

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CM Morton
17 Badger Way
EH17 8XD

DATE: 24/6/2022

Classification of potential Covid 19 infection risk in patients undergoing endoscopy	
Low risk	☑ No Symptoms ☑ No contact with someone who is Covid 19 positive
Intermediate risk	☐ Fever (temperature above 37.8) and/or persistent dry cough in the last 14 days with no contact with Covid 19 positive person ☐ No symptoms but contact with Covid 19 positive person within the last 14 days
High risk	☐ Fever or persistent dry cough within the last 14 days and contact with Covid 19 positive person ☐ Any patient in an emergency situation in whom a history is not obtainable

15.08 please phone 21601 ASAP

NHS Lothian

Immediate Outpatient Letter

Serial number 786769

IN CONFIDENCE

Hospital : RIE Department : endoscopy Consultant :

Name and address of General Practitioner

Craigmillar M/G
106 Niddrie Mains Rd
EH16 4DT

Mr/ 620101347R F 21/08/1967
Sur Cuthill, Lynda
Firs 17 Badger Way,
Ad Edinburgh,
EH17 8XD

CHI 2108671080

Weight (where applicable)

Your patient attended the clinic on: _____

Recommendations/comments:

Follow-up advice: To attend hospital for further review in _____

To attend GP surgery Y / N

Follow-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use: PC 24.6.22 l d dl fc 24.6.22

Medicine and Form	Dose	Administration Times						Additional Instructions (including length of treatment course)	Quantity to be provided *	LIF **	Dispensed/ Issued by:	Checked by:
1. Omeprazole	40mg	0800			1800hrs			Premeals.	56 tabs		SJD	
2. then												
3. Omeprazole	40mg	0800						Premeals	56 tabs		SJD	
4.								56 x 20mg				
5.												
6.												

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : SJD (sign) Date : 24/6/22 14:30hrs

D. Ithan Siddiqui (print)

Contact for advice : _____ Tel/bleep no. : _____

WHITE COPY - TO PHARMACY *PINK COPY - G.P.* *BLUE COPY - CASENOTES*

RIE 334

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CM Morton
17 Badger Way
EH17 8XD

NHS Lothian

To the patient

You have the right to change your mind at any time, including after you have signed this consent form.

I have read and understood the information in the patient information leaflet.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I wish to proceed with the planned procedure.

Signature: Lynda Cuthill Print name: LYNDA CUTHILL	Date: 24/6/22.

If signing for a child or young person *(delete if not opplicoble)*
I confirm that I am a person with parental responsibility for the patient named on this form:

Signature: Relationship to the patient:	Date: __/__/__

If the patient is unable to sign but has indicated his/her consent, a witness should sign below:

Signature (Witness) Print name: Address:	Date: __/__/__

Confirmation of Consent (where the procedure/treatment has been discussed in advance)	
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.	
Healthcare Professional's signature: Print name and job title:	Date: __/__/__

Withdrawal of patient consent	
The option of withdrawing consent has been discussed and agreed by the team treating the patient.	
Signature: Lynda Cuthill Print name: Lynda CUTHILL.	Date: 24/6/22.
Healthcare Professional's signature: Print name and job title: JBuchan RN	Date: 24/6/22.

NHS
Lothian

620101347R F
CUTHILL Lynda
21-Aug-67 CHI: 210 867 1080
70215 CM Morton
17 Badger Way
EH17 8XD

Consent Form for Transnasal or Oral Upper GI Endoscopy

Name of procedure/investigation: ~~Transnasal~~ or Oral Upper GI Endoscopy

Inspection of the colon and oesophagus, stomach and duodenum using a flexible scope – with or without a biopsy and/or a polypectomy.
Please read the patient information leaflet for further details **Transnasal or Oral Upper GI Endoscopy version 1.0**

This procedure will involve:
Local anaesthetic throat spray ☑ Sedation ☑

Following a request for further information: Statement of the healthcare professional

With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular:

The intended benefits of the procedure:

The possible risks involved. I have discussed and listed below the significant, unavoidable and/or frequently occurring risks, including any risks that may be of specific concern to the patient:

Risks specific to Transnasal or Oral Upper GI Endoscopy are bleeding, perforation, incomplete procedure, missed pathology and possible damage to teeth

The benefits and risks of alternative treatments that might be offered for this patient – including the option of no treatment:

Any extra procedure(s) that might become necessary during this procedure
e.g. blood transfusion ☐ Other procedure (please state) ☐

Healthcare Professional's signature: Print name and job title:	Date: __/__/__

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand

Signature: Print name: Or, please note the telephone interpreter ID number:	Date: __/__/__

Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

For legal reasons family members cannot interpret for you.

Family members cannot come into the procedure room with you.

Contact Telephone Numbers

To cancel or change an appointment:	**0131 536 4162**
To speak to a nurse:	
Western General Hospital Endoscopy unit	**0131 537 1695**
Royal Infirmary of Edinburgh	**0131 242 1600**
St John's Hospital (voicemail)	**01506 523 982**
East Lothian Community Hospital	**01620 642 885**
Leith Community Treatment Centre	**0131 536 6442**

NHS Lothian

Leith Community Treatment Centre
12 Junction Place
Edinburgh
EH6 5JA

Diagnostic Procedure

Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 11/09/2023

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (56 years) 620101347R
Attendance Date	10/08/2023		
Consultant	Dr Eleanor F Watson		

Dear Dr Morton

I am writing with the results of the biopsy samples taken during your Transnasal Endoscopy on the 10th August at Leith Community Treatment Centre.

We did this to investigate abdominal pain following your gallbladder removal its worse with food. At the time we found inflammation of the stomach and biopsies have confirmed this is relating to helicobacter pylori. I hope you have been able to have some treatment for this with some benefit.

The other finding was of a 4cm length of Barrett's Oesophagus with some acid related inflammation. I took biopsies from 2 sites here. These have confirmed Barrett's Oesophagus with a feature called intestinal metaplasia. This is important as it means you may benefit from further tests to follow up Barrett's Oesophagus.

The other finding was that the Heliocobacter pylori bug was in the biopsies from the stomach and also in the lower gullet, contributing to inflammation. There were no worrying findings in the samples. I believe you have further follow up with Dr Shandro in clinic. In addition I have requested a repeat gastroscopy in 1 years time to look at this area again and repeat biopsies. If at that point you still have similar findings you may enter a surveillance programme for Barrett's Oesophagus either with endoscopy or cytosponge follow up depending on availability.

Please let know if you don't wish to have the repeat gastroscopy. You seem to tolerate a transnasal procedure well and I will suggest it is done this way again.

With kind regards
Yours sincerely

Electronically checked and signed off

Dr Eleanor Watson

Consultant Gastroenterologist

cc:GP
cc: Dr Ben Shandro Consultant Gastroenterologist Royal Infirmary of Edinburgh

Ref:EW/JD

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created:	21/09/2023
Date/Time Printed:	12/05/2026 15:35
Our Ref:	620101347R
CHI:	2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Ophthalmology	**Consultant:**	Dr Stephen A Madill

LETTER DICTATED 20.09.2023

Thanks for writing to me about Ms Cuthill. I forwarded the letter from April to Dr Peden in Oculoplastics, hence Ms Cuthill is on the waiting list to see him, which I think is the most appropriate outcome.

Yours sincerely,

DR JUSTIN McKEE
Consultant Medical Ophthalmologist

Cc;
Craigmillar Medical Group
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Cc;
Ms Lynda Cuthill
17 Badger Way
Edinburgh
EH17 8XD

JM/LG

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA

Gastroenterology

Dr Dixon
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 22/04/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (56 years) 620101347R
Attendance Date	17/04/2024		
Consultant	Gastroenterology Team RIE (Virtual)		

Dear Dr Dixon

Thank you for your note regarding this patient . She was offered her a follow-up appointment in November 2023 after her endoscopy and did not attend this. I will add her back to the waiting list, as the letter states she would still like to be seen.

Yours sincerely,

Dr Shandro
Electronically checked and approved by Dr Shandro
Consultant Gastroenterologist

Royal Infirmary of Edinburgh
Secretary 0131 242 1619

NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Diagnostic Procedure (Urology)

Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 23/05/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (56 years) 620101347R
Attendance Date	20/05/2024		
Consultant	Dr Kirby F Sebro		

Dear Dr Morton

KS/SM
22/05/24

Operation:
Flexible cystoscopy.

Surgeon:
Kirby Sebro.

Indication:
Visible haematuria. Patient is a smoker.

Findings:
Urethra - normal.
Bladder mucosa - normal.
Ureteric orifices - normal.
No pathology identified.

Informed consent taken. Patient cleaned and draped. Flexible cystoscopy performed with excellent visualisation. Scope retroflexed. Findings as above.

As part of our haematuria evaluation we have requested an urgent ultrasound scan for this patient. I will write to you with the results.

Yours sincerely

Kirby Sebro
Associate Specialist in Urology

NHS Lothian Consent Form

NHS Lothian

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh.
EH17 8XD

DOB

CHI

CHI:2108671080
70215 CM Morton

Consultant or health professional responsible for your care

Name and job title: mr SEBA

Associate Specialist

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

Cervical Cytology

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

Infection, Haemorrhage.

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☐ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☑ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 20/8/17

Name (PRINT): Lee _____ Time (24hr): _____

Designation: _____ Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **YES / NO**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES / NO**

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

a) **I agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**
I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: 20/5/24

Name of patient (PRINT): LYNDA COTHILL

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance) On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment. (ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 3.0 Approved: Mar 2023 Review: Mar 2026

NHS Lothian

OPD FLEXIBLE CYSTOSCOPY CHECKLIST

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton

620101347R F 21/08/1967
Cuthill, Lynda
17 B[illegible]

Date 20/5/24

OSC ☐ Diagnostic Cysto ☑ Surveillance Cysto ☐ Stent removal ☐

Urine dipstick ☑

BP 148/83 Pulse 67 Temp 36.2

Allergies Penicillin

DIAGNOSTIC ROOM

Instillagel YES ☐ NO ☐

Completed by MR SEBBO Assistant M. ALLAN C.CROSS

Comments &F/up instructions

NAD

620101347R F 21/08/1967
Cuthill, Lynda
17 B[illegible]

POST PROCEDURE

Flow study/Bladder scan/US same day (please circle)

Prescription ☐

DISCHARGE CRITERIA

Voiding urine Yes ☐ No ☐

Post-op advice Yes ☑ No ☐

May 24 vers 0.2

```
**************************
**   Labcaire - ESC     **
**  7 Day Endoscope     **
**  Storage Cabinet     **
**                      **
** S/N:  ESC0000397     **
**----------------------**
**       BOOK OUT       **
**    Endoscope copy    **
** Date: 20/05/2024.    **
** Time: 09:04.         **
**************************
Hook -01- Book Out.
Model - Olympus CYFV.
Serial- GREY-2928348.
Booked in 17/05/2024.
at 10:11.
By[Name] Jen Fernie.
  [ID]     36.
Booked out 28/05/2024.
at 09:84.
By[Name] Clinic.
  [ID]     88.
Status=OK.
```

Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080

70215 CM Morton

232581

Patient:

Multistix® 10 SG
Test date 20-05-2024
Time 08:52
Operator
Test number 1345
Color Not Entered
Clarity Not Entered

GLU Negative
BIL Negative
KET Negative
SG <=1.005
BLD Negative
pH 6.0
PRO Negative
UBG 3.2 umol/L
NIT Negative
LEU Negative

Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080

70215 CM Morton

Cantel	RapidAER
Serial No	RA0067
Start	08h 56m
End	09h 16m
Date	17-05-2024
Cycle No	23871
Load Operator	89
Name	James p 1
Unload Operator	74
Name	Steven Wood
-- Hookup --	
CANTEL	RAH002
Serial No	000726
GS1	
-- Endoscope --	
olympus	cyf-vh
Serial No	2928348
GS1	
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	17-05-2024 at 01h 17m
Suction	Not tested
Biopsy	Av Flow 1594 ml
Water	Not tested
Air	Not tested
Aux 1	Not tested
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 225 mb
-- Conductivity --	
Detergent	1437 uS
Disinfectant	1271 uS
Final Rinse	7 uS
-- Temperature --	
Detergent	24.6 deg
Disinfectant	28.2 deg
Final Rinse	27.5 deg
-- Chemical Batch/Lot & Serial No --	
Detergent	23000755/D000000366
Part B	24000064/B000003309
Part A	24000066/A000002026

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Diagnostic Procedure (Urology)

Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 01/07/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (56 years) 620101347R
Attendance Date	14/06/2024		
Consultant	Dr Kirby F Sebro		

Dear Dr Morton

KS/SM
25/06/24

I hope that you have recovered from your recent flexible cystoscopy procedure. I write to inform you of the result of your ultrasound scan done on 14/06/24. This was normal.

In light of your normal ultrasound scan and normal flexible cystoscopy, I am happy to discharge you back to the care of your general practitioner.

Yours sincerely

Kirby Sebro
Associate Specialist in Urology

Copy GP Electronically. (Letter addressed to patient)

NHS Lothian

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

Ear Nose and Throat

Dr Kitchen
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 05/08/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (56 years) 620101347R
Attendance Date	15/07/2024		
Consultant	ENT Neck Lump Clinic		

Dear Dr Kitchen

Thank you for referring this lady who presents with about a 6 month history of awareness of a small lump below her jaw line. More recently this has significantly increased in size, became tender then discharged. Since it has discharged it has settled down.

Examination confirms a 5mm injury to the skin below the jaw line on the left consistent with a recently infected epidermoid cyst.

I did discuss with her this may settled spontaneously, but given there is a pre-existing lump she is keen to have this excised. I have explained the risks of surgery but she is willing to accept this. I have placed her name on the waiting list.

Kind Regards,

Mr Andrew Evans
Consultant Head and Neck Surgeon
ASE/CW 31/07/2024

Secretary: Sandra Murray
Contact: 01506 523 405
Working Hours: Tuesday Friday (07:45 16:45)

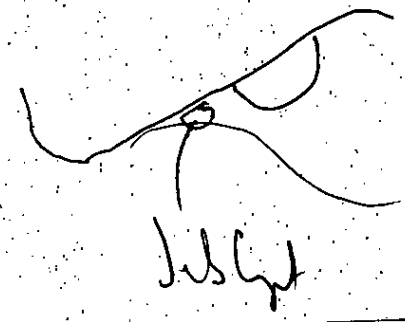
EAR, NOSE AND THROAT

No.
NAME

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70516 PJ Kitchen

HISTORY



NOSE:

NASO-PHARYNX:

PHARYNX:

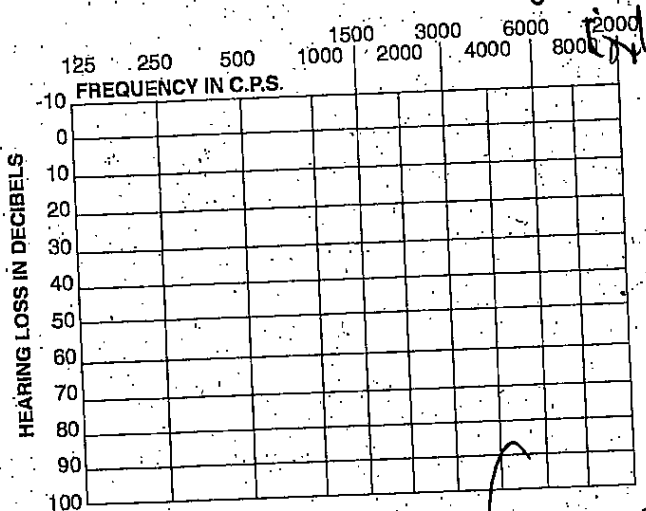
MOUTH:

LARYNX:

RIGHT EAR:

LEFT EAR:

AUDIOGRAM



	RIGHT	LEFT
WHISPERED VOICE		
CONVERSATIONAL VOICE		
RINNE		
WEBER		
ABC		

WLT 368

\TE

NHS Lothian

Princess Alexandra Eye Pavilion
Ward E4 (Outpatient Department)
Chalmers Street
Edinburgh
EH3 9HA

Ophthalmology

Dr Kitchen
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 27/08/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (57 years) 620101347R
Attendance Date	22/07/2024		
Consultant	Dr Robert G Peden		

Dear Dr Kitchen

DIAGNOSIS:
1. Graves' disease with thyroid eye disease
2. Subtotal thyroidectomy 1995
3. Endonasal orbital decompression August 2018
4. Bilateral upper lid skin blepharoplasties and small right lateral tarsorrhaphy under local anaesthetic by Dr Wright May 2019
5. Current smoker

VISUAL ACUITY:
Right eye 6/6
Left eye 6/6

OUTCOME:
Added to waiting list for bilateral lateral orbital decompressions under general anaesthetic with an overnight stay. Baseline CT orbits ordered today.

COMMENT:
I met Ms Cuthill in the clinic today. Her principal complaints are of persisting proptosis on both sides, right worse than left, compared to her pre-morbid state. She does not feel like it has got particularly worse in the past several years, but she is very aware of it both in terms of her appearance and also her right eye dryness and occasional ache. She denies any diplopia.

On examination her right eye is around 1mm further forward than her left eye (exophthalmometer readings today 18.5 on the right and 17.5 on the left with an oculus exophthalmometer set at 101). She also has some right upper lid retraction which is exacerbating her symptoms. There is evidence of a previous lateral tarsorrhaphy on the right hand side. Thankfully there is no sign of any inflammation or any sign of active thyroid eye disease. I have advised

her that smoking is a risk factor for thyroid eye disease reactivation and progression, and advised her that stopping this would be good if at all possible.

We discussed options going forwards, including leaving things as they are, performing eyelid surgery such as right upper lid lowering, or performing further decompression surgery by decompressing the lateral orbital walls. She is very keen on further decompression as she feels that both sides are still more proptosed than her pre-morbid state. She does understand that the eyes can potentially appear sunken after this. We discussed the full risks of lateral orbital decompression, particularly emphasising that she will almost certainly need eyelid surgery afterwards. There is the potential to develop diplopia (probably between 5-10% probability), there is a possibility of loss of vision (although this is rare), there is a high probability of some degree of remaining asymmetry between the two sides, there is a high probability of numbness of the temples, sometimes the cheek, and even down into the teeth and gums, although this often recovers, she may have wobbly vision after the operation particularly when she chews (masticatory oscillopsia), she will have a scar hidden in her upper lid skin crease, she will have significant bruising and swelling on both sides which can persist for a number of weeks, and she would need to stay in overnight with dressings over both eyes, meaning she would not be able to see when she wakes up until the dressings are removed the following morning along with the post operative drains.

She is very keen to proceed with this and so I have added her to the waiting list for lateral decompression surgery under general anaesthetic with an overnight stay. I look forward to seeing her for this in due course.

Yours Sincerely

Dr Robert Peden
Consultant Ophthalmologist

Ref: RP/CAF

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 4
51 Little France Crescent
Edinburgh
EH16 4SA

Gastroenterology

Dr Kitchen
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 22/10/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (57 years) 620101347R
Attendance Date	07/10/2024		
Consultant	Dr Benjamin M Shandro		

Dear Dr Kitchen

Diagnoses;
1) Graves' disease with ophthalmoplegia
2) Subtotal thyroidectomy 1995
3) Endo nasal orbital decompression of August 2018
4) Gallstone disease
- ERCP and sphincterotomy 2021
- Subsequent laparoscopic cholecystectomy 2021, complicated by a persistent small collections
6) H.pylori associated dyspepsia
7) Lifelong smoker

I met Lynda in the GI clinic today, she was reviewed by the GI SHO in last year. Her symptoms are essentially unchanged from the letter. She reports a constant epigastric pain that worsened significantly after eating. There is a vomiting after eating several times per week, there is heartburn, and bowel habits tending towards loose stools 2-3 times per day with no rectal bleeding. These symptoms have all been present since her gall bladder issues in 2021. There was initially some reported weight loss, but in fact she has gained 5kg over the past 12 months and weight 68kg today.

Her past medical history is summarised above. Her diet is very poor, as she links eating to worsening of symptoms. She currently takes black tea 20 cups/day and 1/2 pack of digestive biscuits per day. Her weight is stable, as I say, despite this, and her blood test were normal over the summer. She is currently taking Lansoprazole, Fluoxetine and Levothyroxine. She is smoking 20-30 cigarettes/day, and binge drinking (e.g., 20 cocktails a in one night) 1 weekend a month. She has been reviewed by the dieticians last year, but did not tolerate ensure shakes. She thought she had tried Mirtazapine and possibly Amitriptyline, but she was unsure. She did not think she had tried Famotidine or Mebeverine.

She has been thoroughly investigated already. A comprehensive set of blood tests was negative including coeliac

serology. Faecal elastase, faecal calprotectin, and qFIT were negative. CT scan of the chest abdomen and pelvis did not show any explanation for her symptoms, and an MRCP was reassuring, demonstrating post cholecystectomy and post ERCP changes only. I have previously discussed her CT and MRI in the GI x-ray meeting for completeness. Upper GI endoscopy last year showed a 4 cm non circumferential barrett's oesophagus with intestinal metaplasia, mild reflux oesophagitis, and CLO test was positive for H. pylori. Linda recalls having first line eradication therapy with Metoclopramide and Clarithromycin and had a 2nd course of Levofloxacin and Doxycycline in June, having tested positive for H. pylori again in April.

I think a combination of H. pylori associated dyspepsia and post cholecystectomy syndrome is the most likely explanation for Lynda's symptoms, which are severe . I have arranged a comprehensive set of blood tests as well as a repeat H. pylori faecal antigen in the first instance. If the H. pylori antigen is positive I will recommend a suitable 14 day third line treatment. If it is negative, I think I will repeat her transnasal endoscopy and refer her for oesophageal manometry, given her severe postprandial epigastric pain that is associated with an element of dysphagia as well as vomiting.

For symptomatic improvement, I have prescribed her Forceval one once daily, Famotidine 20 mg twice daily, and Buscopan 10 mg prn max tds and explained the reasoning for each of these medications, to improve compliance. Smoking cessation was also recommended. If she does find the medication helpful I would be grateful if you could add into her repeat prescription list.

Yours sincerely,

NOTE: Vitamin D level was 18 and folate 2.7 (both just below normal ranges) - I would be grateful if GP could prescribe standard replacement for both.

Dr Shandro
Electronically checked and approved by Dr Shandro
Consultant Gastroenterologist

Royal Infirmary of Edinburgh
Secretary 0131 242 1619

cc
Patient

NHS Lothian

East Lothian Community Hospital
Alderston Road
Haddington
EH41 3PF

Ear Nose and Throat

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 10/12/2024

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (57 years) 620101347R
Attendance Date	28/11/2024		
Consultant	ELCH Minor Operations		

Dear Dr Rana

Minor procedure: Excision of left epidermoid cyst in level 1b carried out under local anaesthetic

Surgeon: Mr Gomati

Follow up: Nil required

Recommendation: Bactroban ointment to be used twice a day for the next 10 days

I caught up with Lynda today in the clinic here at ELCH for a minor op. She actually had her clinics mixed up and she thought she was a orbital decompression today and that this was an ophthalmology appointment however after clarifying that this is an ENT clinic and that she is here for a neck lump excision we proceeded to gain her consent. She has had two active infective processes of this last of which was actually 7 weeks ago and she said she required antibiotics. Local anaesthetic excision was carried out. Suture closure with 4-0 vicryl rapide so dissolvable stitches and non would require removal. I have applied Bactroban ointment here today and I have provided her with a script and I would appreciate it if you would be able to dispense for her. I have not arranged any routine follow up, I will keep you posted with regards to the results of pathology.

Yours sincerely,

Mr. Anas Gomati
MB BCh, DOHNS, FRCSEd (ORL-HNS)
Consultant ENT Surgeon - Rhinologist and Endoscopic Skull Base Surgeon
AG/JG 06/12/2024

NHS Lothian Consent Form

NHS Lothian

Patient Name | DOB | CHI

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh, EH17 8XD

CHI 2108671080
71472 HS Rana

Consultant or health professional responsible for your care

Name and job title: Mr. Komati consultant.

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's (**LEFT**) / **RIGHT** side or **N/A**

LEFT Neck lump Excision under.
local Anasthesia

B Statement of health professional (details of treatment, risks and benefits)

1 With **appropriate knowledge of the proposed procedure**, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

- Acl diagnosis.

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occuring risks including any risks that may be of specific concern to the patient:

bleeding, Infection, pain, scar tissue, unsatisfactory Cosmesis. Recurrence, jaw numbness, facial weakness, Haematoma. neurovascular Injury.

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

No treatment.

surgery

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion ☐ or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined ☐
or no further written information ☐

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☑ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 28/11/24

Name (PRINT): A. Ganat Time (24hr): 1010

Designation: Consultant Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **YES / NO**

b) **I agree** to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. **YES / NO**

Medical Training

I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

a) I **agree** that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**

I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that I **do not wish to be carried out without further discussion.**

_____

_____

_____

_____

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): x [signature] Date: 28-11-2024.

Name of patient (PRINT): x Lynda Cottill

If signing for a child or young person; delete if not applicable.

I **confirm** I am a person with **parental responsibility** for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed:_____ Date:_____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 2.0 Authorised: Dec 2019 Review: Dec 2022

ELCH

_____HOSPITAL

620101347R **F** 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

Date 28/11/16

CHI 2108671080
71472 HS Rana

Your patient attended the ENT clinic Out-patient clinic today.

Recommendation
(C) Neck lump Excisn

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
Bactroban ointment.	T/bd/10days.	

He/She will attend again in .....

A full letter will follow.

Yours sincerely,

A Usmani STATUS Consultant

LHB 474

FFHH

NHS Lothian

St John's Hospital at Howden
Outpatient Department 1
Howden Road West
Livingston
West Lothian EH54 6PP

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 01/12/2025

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (58 years) 620101347R
Attendance Date	13/11/2025		
Consultant	Dr Jan Kerr		

Dear Dr Rana

DIAGNOSIS:
Currently admitted to ENT for ? mucocele
Graves disease with thyroid eye disease
Subtotal thyroidectomy 1995
Endonasal orbital decompression August 2018
Bilateral upper lid skin blepharoplasties and small right lateral tarsorrhaphy under local anaesthetic by Dr Wright May 2019
Current smoker

VISUAL ACUITY:
Right eye 6/9
Left eye 6/9

COMMENT:
It was a pleasure to review Ms Cuthill. Unfortunately she has been admitted to ENT with what appears to be a mucocele. On CT this has been reported as having associated mass affect with lateral displacement of the right medial rectus. She is currently awaiting an MRI. On examination today she has not noticed any change in her vision since when she was seen by Dr Peden last year. She reports no diplopia, however, has ongoing dry eye symptoms but does not wish to use dry eye lubricants.
On examination her exophthalmometer set to 101 in the right eye was 19 and left eye 18 which shows no significant proptosis change from last year. She does have ongoing right upper lid retraction which has previously been documented. She had full range of eye movements, anterior segment and posterior segment unremarkable. I note that she has previously been listed for decompression with Dr Peden. I will let him know that she has currently been admitted under ENT for ? mucocele and ask for him to review whether she has still to proceed with decompression surgery.

Yours sincerely

Electronically checked & signed

Dr Joanna Mair
Specialist Registrar in Ophthalmology

cc.
Dr Rob Peden
Consultant Ophthalmologist
PAEP

Ref: JM/em

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA

Gastroenterology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 17/12/2025

Outpatient Clinic Letter

Patient	Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**CHI** **Date of Birth / Age** **UHPI**	**2108671080** 21/08/1967 (58 years) 620101347R
Attendance Date	26/11/2025		
Consultant	Gastroenterology Team RIE (Virtual)		

Dear Dr Rana

We were expecting to see you in the GI clinic this morning, and you did not attend. I hope this was not due to an administrative error. You are offered one further appointment for review. As per my last clinic letter, I would be most grateful if you could complete your H. pylori faecal antigen test before your next appointment, as that will determine the next stage. If you did not attend because your symptoms have improved significantly, and there is no need for us to review you, you can cancel the appointment. Please let my secretary know if this is the case, on 0131 242 1619

Yours sincerely,

Dr Shandro
Electronically checked and approved by Dr Shandro
Consultant Gastroenterologist

Royal Infirmary of Edinburgh
Secretary 0131 242 1619

cc
GP

University Hospitals Division
Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 19/01/2026
Date/Time Printed: 12/05/2026 15:40
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:** **Date of Birth:**	620101347R 21/08/1967
Specialty:	Ophthalmology	**Consultant:**	Dr Robert G Peden (Registrar)

DIAGNOSIS:
Graves disease with thyroid eye disease
Subtotal thyroidectomy 1995
Endo nasal optic decompression in August 2018
Previous bilateral upper lid skin blepharoplasty and small right lateral tarsal done by Dr Wright in May 2019
Right recent mucocele drainage done on 18/11/25
Post bilateral lateral wall decompression done 06/01/26

VISUAL ACUITY:
Right eye 6/6
Left eye 6/9

INTRAOCULAR PRESSURE:
Right eye 9 mmHg
Left eye 10 mmHg

COMMENT:
Lynda was reviewed in Dr Peden's clinic post her recent bilateral lateral orbital wall decompression surgery. Lynda was concerned that there is still asymmetry between the two eyes and the right eye looks prominent.

On examination the eye has settled well after surgery with healthy wounds. Proctometry reading at 101mm is 14 in the right eye and 15 in the left eye. There is evidence lid retraction in the right eye with full range of extraocular movements. The rest of the anterior and posterior segment examination were normal.

I have explained to Lynda that she has had a good response to surgery as per her proctometry readings. The slight asymmetrical appearance is due to lid retraction in her right upper lid. For this she might need lid lowering surgery but at a later date since her eye is still healing from the recent surgery. The plan is to review her in a few months time.

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

NHS Lothian

Ophthalmology

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 19/01/2026
Date/Time Printed: 12/05/2026 15:40
Our Ref: 620101347R
CHI: 2108671080

REVIEW:
Review in clinic in 3 months

Yours Sincerely

Dr Smrithy Sadanandan
STR

SS/SL

University Hospitals Division

East Lothian Community Hospital
Alderston Road
Haddington
EH41 3PF

NHS Lothian

Ear Nose and Throat

Dr Rana
Gracemount Medical Group
24 Gracemount Drive
Edinburgh
EH16 6RN

Date First Created: 08/04/2026
Date/Time Printed: 12/05/2026 15:40
Our Ref: 620101347R
CHI: 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Specialty:	Ear Nose and Throat	**Consultant:**	Mr Anas Gomati

Clinical diagnosis:
Three months post right fronto ethmoid mucocele drained with revision sinus surgery on a background of thyroid eye disease requiring previous medial decompressions and a recently lateral decompressions carried out at the beginning of January 26.

I am glad to review Lynda today. She has been doing unremarkably well and she has had no further headaches or blackout symptoms that she was describing previously. I have taken out the silastic splints today and the cavity looks remarkably healthy. At this stage I don't believe that she warrants any further intervention from an ENT stand point of view and she has therefore been discharged back to your care.

Yours sincerely

Dictated but not signed to expedite delivery

Mr Anas Gomati, MB BCh, DOHNS, FRCSEd ORL-HNS
Consultant Rhinologist & Endoscopic Skull Base Surgeon
AG/SM 08/04/2026

Secretary: Keryn Reddie
Contact: 0131 536 4453
Working Hours: Monday -; Friday (09.00 -; 17.00)

GP enquiries only : loth.entsecretaries@nhs.scot

Letter sent electronically to GP practice for information.

EAR, NOSE AND THROAT

No.

NAME 620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080

71472 HS Rana

HISTORY

3/12 P.O (R) Mucocele.
Rem in GS.

split ant
perfect cavity





NOSE:



NASO-PHARYNX:

PHARYNX:



MOUTH:

LARYNX:



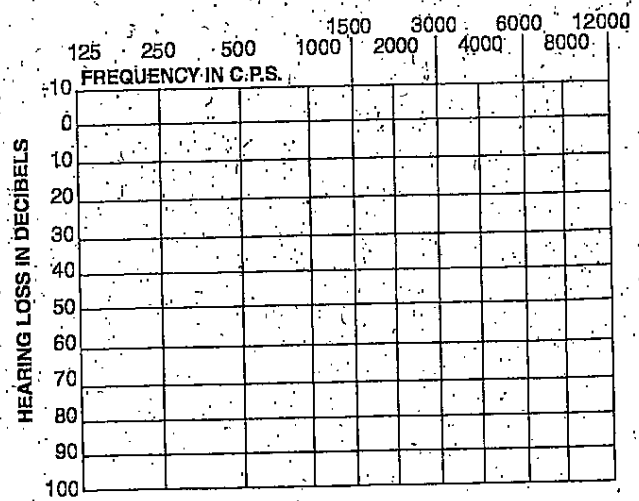
RIGHT EAR:



LEFT EAR:



AUDIOGRAM



	RIGHT	LEFT
WHISPERED VOICE		
CONVERSATIONAL VOICE		
RINNE		
WEBER		
ABC		

WLT 368

620101347R F 21/08/1967
Cuthill, Lynda MRGOMATM
17 Badger Way, A17
Edinburgh, 24/2/26
EH17 8XD (195736) RIGID
CHI 2108671080
71472 HS Rana

24/2/26

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[Serial No S/3 RA0837]
[---]
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[End 16h 18m 9A]
[Date 23-02-2026]
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[---]
[Unload Operator 5]
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[-- Endoscope --]
[OLYM ENF-VH]
[Serial No 2938128]
[Barcode]
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[---]
[Control Pass]
[IMS Verify Pass]
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[Contact Time 5 Minutes]
[---]
[Last SD 23-02-2026 at 07h 09m]
[---]
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[Biopsy Not tested]
[Water Not tested]
[Air Not tested]
[Aux 1 Not tested]
[Aux 2 Not tested]
[RB Not tested]
[Leak Test Av Pres 197 mb]
[---]
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[Disinfectant 1289 uS]
[Final Rinse 0 uS]
[---]
[-- Temperature --]
[Detergent 25.4 deg]
[Disinfectant 27.7 deg]
[Final Rinse 17.0 deg]
[---]
[-- Chemical [illegible] Serial No --]
[[illegible]614/D0000001458]
[[illegible]78/B0000001463]
[[illegible]2/A0000000629]
[---]

Referrals

ENT SURGERY BOOKING FORM

NHS Lothian

Date: 21/7/08 Consultant: Williams

620101347R F 21/08/1967
Ad Cuthill, Lynda
Nar Flat 4,1 Castlebrae Wynd,
Dof Edinburgh,
Uni Midlothian,
EH16 4FH
CHI 2108671080
70215 CB Bickler

Patients Telephone Numbers:
H .....
W .....
Mob .....

Diagnosis THYROID EYE DISEASE

Procedure BILAT. ENDONASAL CRANIAL DECOMPRESSION + RESECTION MEDIAL ORBITAL WALLS

Anaesthetic: GA ☑ LA ☐

Theatre Time: 2 hrs 30 mins (include Anaesthetic time)

Priority: 62 day ☐ Urgent ☐ Routine ☑

Admission: Same day ☑ Inpatient ☐ 23 Hrs ☐ Estimated Stay 2 Days

Pooled List: Yes ☐ No ☑ Dowley External Provider

Interpreter : Yes ☐ No ☑

Hospital: SJH ☑ RHSC ☐

Short Notice: Yes ☐ No ☑

Not suitable because of
Poor Health ☐
Poor mobility ☐
Complex case ☐
Patient willing to go Yes ☐ No ☐

Unavailability: From _____ to _____

Pre-assessment: Anti-Coagulation Therapy ☐ Stop..... days Diabetic ☐
BMI ____ Other _____

Care Level: ITU/HDU ☐ LEVEL I ☐ WARD ☐ DOSA ☑

Referral : OP ☑ Ward ☐ GP ☐ Other ☐

Medical Records: RIE ☑ SJH ☐ ROODLANDS ☐ Other ☐

Patient willing to be seen by medical students when pre-admitted: Yes No

Print Name: Williams Signature _____

Surgical notes required

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	10/07/2017
Date submitted	10/07/2017
UCPN	101014024624V

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

1-4 CASTLEBRAE WYND
EDINBURGH
EH16 4FH

Voice (Home) : 661 0115

REFERRING PRACTITIONER DETAILS

Name:	Dr. Carl Bickler (GMC: 2549932)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	thyoroid eye disease
Main Referral Text:	lomgh standing thyroid eye disease. feels can no longer cope with pains in eyes and inability to slepp which she reports as beng caused by her eyes her tfts are normal. wediscuss ed the pros and coons of referral and has requested a review

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Cervical smear defaulter	New event		19/12/2016	19/12/2016
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Simple goitre			14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988

[redacted]

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		06/06/2017

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:30-Apr-2012

Alcohol history (Encounters):Teetotaller Date recorded:15-Nov-1994

Patient Weight in Kilograms:92

Patient Height in Metres:1.57

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	05/11/2021
Date submitted	05/11/2021
UCPN	101024792553C

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 661 0115

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Severe upper abdo pain

Main Referral Text: Thank you for seeing this 54 year old woman who contacted me this evening. She has had 2 days of severe upper and upper right abdominal pain - there all the time but episodes when it is worse. Sharp and "worse than labour pain". Has also had two days of vomiting she says non-stop. No other GI symptoms - bowels fine, no urinary symptoms and still PUing regularly. Feels thirsty though. No chest or Covid symptoms. She is post-menopausal. She drinks no alcohol. Please note that her husband died in August and she now lives alone.

OE: Well but clearly in pain+. P78/m. BP 147/86. Sats 99. Temp 36.6. VERY tender right hypochondrium and also epigastrium. No rebound. Very scanty BS.

Imp? Gallbladder ?Pancreatitis ?Peptic.

Many thanks for seeing her. I gave her im prochlorperazine 12.5mg at 19.10 but felt I could not safely give her strong analgesia as she is coming to you in a taxi.

Thank you so much again at this difficult time.

Investigations

Description	Result	Date
Discussed with Receiving Service? :	No	
Receiving Specialty :	Surgeons at RIE	
Have there been any changes to medicines/dosage in the past two weeks? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020
Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018

No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Cervical smear defaulter	New event		19/12/2016	19/12/2016
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Simple goitre			14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		15/10/2021

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Temazepam 10mg tablets	tablet	1 TABLET AT NIGHT AND CAN TAK[more]		27/08/2021		27/08/2021

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:92
Patient Height in Metres:1.57
Patient BMI:37.3
Patient Blood Pressure (Systolic):147
Patient Blood Pressure (Diastolic):86
Smoking history (Screening):Cigarette smoker Date Recorded:09-May-2019
Smoking history (Encounters):Cigarette smoker Date Recorded:09-May-2019
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

GI Waiting List Form

Consultant DeBeaux

Addressograph or	Patient's Telephone nos:
Name LYNDA CUTHILL DoB Unit no. 62010347R CHI 2108671080	H ..... W ..... Mob 07754 588 518

23 NOV 2021

1. Diagnosis/Reason for admission ERCP

2. Proposed Procedure ERCP

3. Date of procedure 09/12/21 Time of Procedure AM ☐ PM ☑

4. Urgency: 1-3 days ☐ Within 1 Week ☐ or Date 09/12/21

5. Estimated Length of Stay 12hrs

6. Ward: MDC ☐ 107 ☐ 205 ☐ 206 (send to transplant admit team) ☐

7. Patient suitable for Medical/Surgical Day Case ? Yes ☐ No ☐

8. Transport required: Yes ☐ No ☐ Booked ☐ Ref No.....

Medical reason for Transport.....

9. Is patient aware of admission? Yes ☐ No ☑

10. Other information
To come in fasted Yes ☑ No ☐

11. Information booklet to be sent: ERCP ☑
EUS ☐ Oesophageal stent ☐ Oesophageal dilatation ☐ Pneumatic dilatation ☐

12. Pre admission clinic to be booked? Yes ☑ Date 021221 **No ☐**

13. Date on Waiting List 16/11/21

Comments TCI @ 12pm
FAST FROM 0800 following light breakfast.

Signature ..... **Print** ..... **Bleep** 4048

IF CLINICIANS DETAILS ARE NOT FULLY COMPLETED FORM WILL NOT BE PROCESSED

For GI and surgical admissions form scanned to Waiting List Office team
For 206/transplant admissions form scanned to Transplant Admission team
(updated June 2021).

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical LI GI Upper inc Dysphagia
Urgency of referral	Urgent - Suspected Cancer
Date of referral	21/06/2022
Date submitted	21/06/2022
UCPN	101026526806D

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 661 0115
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Upper GI symptoms. Very strong FH of gastric cancer

Main Referral Text: I would be grateful for your urgent assessment of this 54 year old woman, please. She came to see me saying that she had very persistent pain in her upper central abdomen, ever since her laparoscopic cholecystectomy for gallstones in December 2021. Every time she has something to eat it makes the pain worse. She sometimes feels sick, too and has marked heartburn. Since her cholecystectomy she also has diarrhoea around three times a day.

Of note is that she has now had four siblings with gastric carcinoma, three deceased and one still alive but with the diagnosis. They were largely in their 60s when this happened. She is a smoker (a heavy one for years, though has recently cut down) but does not currently take alcohol or NSAIDs.

On examination she was tender in her epigastrium but I felt there were no masses or other abnormalities. I have attached her bloods which were essentially normal other than a marginally raised CRP. I do note that she had an ERCP in December 2021 because of her common bile duct stone, but I was not sure if the stomach would have been visualised fully during this procedure.

Although she is young in view of this constellation of symptoms and her remarkable family history I would be grateful for your urgent assessment, please.

With many thanks for your help.

Investigations

Description	Result	Date
Age :	40-55 years	
Duration of Symptoms :	More than 6 months	
Persistent vomiting :	No	
Weight Loss (greater than 3 kgs) :	No	
Epigastric mass :	No	
Significant Haematemesis :	No	
Melaena :	No	
Current NSAID use :	No	
Fe-deficiency anaemia :	No	
New dyspepsia (greater than 55 years) :	No	
Previous upper GI Investigations? (if yes, where and when - please specify findings) :	Yes- see attached - MRCP	
Contraindications for Endoscopy :	No	
Progressive Dysphagia for solids :	No	

Progressive Dysphagia for liquids :	No
Weight loss greater than 3kg :	No

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Gallbladder calculus		to have MRCP next week	06/11/2021	06/11/2021
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020
Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Cervical smear defaulter	New event		19/12/2016	19/12/2016
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Simple goitre			14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		06/06/2022
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		06/06/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		12/04/2022
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		21/03/2022		21/03/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:92
Patient Height in Metres:1.57
Patient BMI:37.3
Patient Blood Pressure (Systolic):147
Patient Blood Pressure (Diastolic):86
Smoking history (Screening):Cigarette smoker Date Recorded:06-Jun-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:06-Jun-2022
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk in
Urgency of referral	Urgent - Suspected Cancer
Date of referral	22/07/2022
Date submitted	22/07/2022
UCPN	101026939130R

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 661 0115
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: SIGNIFICANT weight loss. Heavy smoker. No specific chest signs. Many thanks for seeing her.

CLINICAL INFORMATION

Investigations

Description	Result	Date
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick Children - **Children Only**	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology LI Basic Sign Referral
Urgency of referral	Urgent
Date of referral	29/07/2022
Date submitted	29/07/2022
UCPN	101026942525F

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 661 0115
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Worsening thyroid eye disease

Main Referral Text: This 54 year old woman was previously under Mr Wright's care for her thyroid eye disease: she had lid surgery in May 2019 and I have attached details of that.

She came to see me with further symptoms. She now has a proptosis on the right, and says this is new, and affecting her vision. She has seen her optometrist recently for an eye check and tells me there are no other problems. She had a normal TSH in June.

I would be grateful for your urgent help in her management.

With many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Duodenitis			24/06/2022	24/06/2022
Oesophagitis			24/06/2022	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022
Gallbladder calculus		to have MRCP next week	06/11/2021	06/11/2021
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020
Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Cervical smear defaulter	New event		19/12/2016	19/12/2016
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996

Spontaneous vaginal delivery		16/05/1993	16/05/1993
Thyrotoxicosis	Graves Disease	14/05/1992	14/05/1992
Simple goitre		14/05/1992	14/05/1992
Spontaneous vaginal delivery		13/10/1989	13/10/1989
Alcohol abuse - unspecified		24/04/1989	24/04/1989
Suicide+SII - NOS	Overdose	01/11/1988	01/11/1988
[redacted]		01/05/1986	01/05/1986
		02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		22/07/2022
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		25/07/2022
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		25/07/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	ONE AT NIGHT		25/07/2022		25/07/2022
Metoclopramide 10mg tablets	tablet	1 TABLET THREE TIMES A DAY		22/07/2022		22/07/2022
Omeprazole 20mg gastro-resistant capsules	capsule	AS DIRECTED FROM ENDOSCOPY **[more]		24/06/2022		24/06/2022
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		06/06/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:73
Patient Height in Metres:1.57
Patient BMI:29.6
Patient Blood Pressure (Systolic):147
Patient Blood Pressure (Diastolic):86
Smoking history (Screening):Cigarette smoker Date Recorded:06-Jun-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:06-Jun-2022
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology L Radiology Walk in
Urgency of referral	Urgent - Suspected Cancer
Date of referral	13/02/2023
Date submitted	13/02/2023
UCPN	1010287343885

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 0131 3575670
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: Very significant weight loss. Ex-smoker. No chest signs when last examined.

CLINICAL INFORMATION

Investigations

Description	Result	Date
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick Children - **Children Only**	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI USOC CT Chest Abdo Pelvis
Urgency of referral	Urgent - Suspected Cancer
Date of referral	16/03/2023
Date submitted	16/03/2023
UCPN	101028968112G

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 0131 3575670
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

INVESTIGATION REQUESTED

Test Requested: **Weight loss. Upper abdominal pain**

Reason for Request:

This 55 year old woman has ongoing weight loss, with no obvious cause. She also has some upper abdominal pain and does vomit at times at night. However all her bloods are unremarkable (including LFTs, amylase and a coeliac screen) and she has already had an upper GI scope for these symptoms which showed some reflux oesophagitis / hiatus hernia and some duodenitis thought to be due to an element of bile reflux. She continues on high dose PPI and I have given her an anti-emetic too. She does smoke but a chest X-ray is normal. On examination there are signs of weight loss. She has some upper abdominal tenderness (widespread and not localised) but no obvious masses. PR examination is normal. In view of this I would be very grateful for an urgent CT chest-abdo-pelvis please. With many thanks for your help.

CLINICAL INFORMATION

Investigations

Description	Result Date
Normal :	true
Unexplained significant weight loss >10% of body weight :	Yes
Weight Loss (kg) :	8
Recent CXR (in last 2/12) :	Yes
CXR - Primary Lung Malignancy? :	No
CXR - Metastatic disease from unknown primary :	No
USS of Abdo/Pelvis if <40 years old :	No
Relevant Haematology and Biochemistry :	Yes
eGFR within last 2 months :	Yes
Other :	No

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Duodenitis			24/06/2022	24/06/2022
Oesophagitis			24/06/2022	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020

Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		13/02/2023
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		08/03/2023
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		08/03/2023

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metoclopramide 10mg tablets	tablet	1 TABLET THREE TIMES A DAY FO[more]		08/03/2023		08/03/2023
Tramadol 50mg capsules	capsule	UPTO ONE FOUR TIMES A DAY FOR[more]		08/03/2023		08/03/2023
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		15/12/2022
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		15/12/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:65

Patient Height in Metres:1.57

Patient BMI:26.3

Patient Blood Pressure (Systolic):118

Patient Blood Pressure (Diastolic):71
Smoking history (Screening):Cigarette smoker Date Recorded:06-Jun-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:06-Jun-2022
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology LI Basic Sign Referral
Urgency of referral	Urgent
Date of referral	19/03/2023
Date submitted	19/03/2023
UCPN	101029066026I

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 0131 3575670
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Proptosis and worsening vision right eye - Grave's disease

Main Referral Text: I referred this 55 year old woman to you last year and have attached that referral and details of her previous ophthalmological treatment for Grave's disease. She has worsening symptoms in her right eye, with reduced vision (recently checked by her optometrist) and a proptosis. She was previously treated by Dr Wright. Her TSH was normal last month.

She missed two appointments last year and is apologetic - she has suffered a major bereavement and had substantial additional stresses. In part as a result of these she will shortly be moving to Haddington, but knows she needs to contact you with her new address. However if she could be sent an appointment letter soon that would be helpful.

With many thanks for your help.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Duodenitis			24/06/2022	24/06/2022
Oesophagitis			24/06/2022	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020
Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988

[redacted] 01/05/1986 01/05/1986
02/08/1984 02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		13/02/2023
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		08/03/2023
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		08/03/2023

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metoclopramide 10mg tablets	tablet	1 TABLET THREE TIMES A DAY FO[more]		08/03/2023		08/03/2023
Tramadol 50mg capsules	capsule	UPTO ONE FOUR TIMES A DAY FOR[more]		08/03/2023		08/03/2023

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:65
Patient Height in Metres:1.57
Patient BMI:26.3
Patient Blood Pressure (Systolic):118
Patient Blood Pressure (Diastolic):71
Smoking history (Screening):Cigarette smoker Date Recorded:06-Jun-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:06-Jun-2022
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gastroenterology - Medical LI GI - Upper
Urgency of referral	Urgent - Suspected Cancer
Date of referral	24/05/2023
Date submitted	24/05/2023
UCPN	101028968113E

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
EH17 8XD

Voice (Home) : 0131 3575670
Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Ongoing vomiting, pain and weight loss

Main Referral Text: I would be grateful for your urgent reassessment of this 55 year old woman, please. She now has a long history of weight loss and upper abdominal symptoms. She first presented to me last summer with epigastric tenderness and heartburn, with those symptoms made worse by eating food. She said that she had four siblings who had gastric carcinoma, and I therefore referred her for an urgent upper GI scope, and have attached that result which showed oesophagitis, reflux, duodenitis and a hiatus hernia.

As she had ongoing weight loss, I then arranged to review her, and obviously commenced high dose PPI of lansoprazole 30 mg bd. What was also complex was that she was under very severe stress at home, and for various reasons was being persecuted by neighbours and in fact has now decided to move house and will be moving to Haddington. This has been extremely traumatic for her.

As her weight loss was ongoing, I then arranged for her to have further blood tests, but it took her a long time to attend for those and a chest X-ray, but they were all unremarkable. I then arranged a CT chest, abdo, pelvis and that result is also attached: other than what were considered some incidental findings of what was thought to be a residual scanning abnormality due to a previous abscess at her gallbladder fundus, and some moderate diverticular disease, there was no clear cut abnormalities to account for her symptoms. However, her weight loss, epigastric tenderness and now episodic vomiting continue, and I would therefore be grateful for your urgent assessment once again. Of note, is that she weighed 73 kg in July 2022 and her weight has now dropped to 65 kg. She continues to smoke.

Finally, as mentioned, she is due to move to Haddington and I have emphasised to her, that she would need to let you know should she do so.

With many thanks for your help.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Duodenitis			24/06/2022	24/06/2022
Oesophagitis			24/06/2022	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020

Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
[redacted]			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		13/02/2023
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		08/03/2023
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		08/03/2023

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metoclopramide 10mg tablets	tablet	1 TABLET THREE TIMES A DAY FO[more]		08/03/2023		08/03/2023
Tramadol 50mg capsules	capsule	UPTO ONE FOUR TIMES A DAY FOR[more]		08/03/2023		08/03/2023
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		15/12/2022
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		15/12/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:65

Patient Height in Metres:1.57

Patient BMI:26.3

Patient Blood Pressure (Systolic):118

Patient Blood Pressure (Diastolic):71
Smoking history (Screening):Cigarette smoker Date Recorded:06-Jun-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:06-Jun-2022
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr McKee
Consultant Ophthalmologist
Princess Alexandra Eye Pavilion
Chalmers Street
Edinburgh

Date First Created 17/04/2023
Date Authorised
Date/Time Printed 17/05/2023 15:08
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	SM/NEURO	**Attendance Date:**	17/04/2023
Specialty:	Ophthalmology		
Consultant:	Dr Stephen A Madill		

Ophthalmology

Outpatient Clinic Letter

Dear Dr McKee,

Dictated: 17th April 2023

DIAGNOSIS:
1. Graves disease
2. Subtotal thyroidectomy 1995
3. Endonasal orbital decompression 29th August 2018
4. Nil evidence for active thyroid eye disease today, but patient referred back due to concern with eyelid position (did not have time to wait for TRABs to be sent).

VISUAL ACUITY:
Right eye 6/5, left eye 6/6, 6/6+1 with pinhole.

PLAN:
1. Request opinion of thyroid clinic with possible referral on to oculoplastic team.

COMMENT:
This patient was last seen in the thyroid clinic in January 2019 with the above history and then DNA'd a couple of subsequent appointments, then being referred back to my clinic as a new patient.

She was principally concerned regarding the appearance of her eyes and the possibility of a worsening right proptosis. Certainly exophthalmometry confirms 20mm globe position

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

in both sides using the Keeler which seems very similar to previous measurements in the thyroid eye disease clinic. I could find no additional signs of active thyroid eye disease with white conjunctivae even over the recti muscle insertions, normal intraocular pressures, no periorbital soft tissue swelling and excellent optic nerve function with normal colour visions and no disc swelling or choroidal folds on fundoscopy. Extra ocular movements are also full with only a small well controlled exophoria to demonstrate.

31 MAY 2023

We therefore discussed with Ms Cuthill that we can find no evidence of active thyroid eye disease today, although she is concerned regarding her lid positions and I note that she previously had blepharoplasties under Dr Wright.

Unfortunately, she needed to get to work so could not wait to have her TRABs taken today. I would therefore welcome an opinion as to whether she needs reviewed in the thyroid eye disease clinic or if she could be referred directly on to oculoplastics to see if they have anything to offer for her eyelid positioning.

→ FORWARD TO ROB PERRY

→ ROB I THINK MOST APPROPRIATE FOR PLASTICS?

JUSTIN

→ Oculoplastic new pt (RLP or JK)

→ routine please

Thank you very much indeed for your help.

Yours sincerely

Sent unsigned for expediency

S MADILL
Consultant Ophthalmologist

cc Dr Morton
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Ms Cuthill
17 Badger Way
Edinburgh
EH17 8XD

SM/CB

NHS Lothian - Referral Letter

Referral To	Western General Hospital Urology LI Frank Haematuria
Urgency of referral	Urgent - Suspected Cancer
Date of referral	03/05/2024
Date submitted	03/05/2024
UCPN	101032948811J

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 BADGER WAY
EDINBURGH
MIDLOTHIAN
EH17 8XD

Voice (Mobile) : 07754588518

REFERRING PRACTITIONER DETAILS

Name:	Dr. Catriona Morton (GMC: 3180923)
Practice:	Craigmillar Medical Group (70215)
Phone:	Voice : 0131 322 2111

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Visible haematuria

Main Referral Text: This 56 year old woman has reported ongoing visible haematuria, and urinary frequency. Of note is that she smokes, and is also being investigated by the gastroenterologists for upper abdominal pain and ongoing vomiting. She has had weight loss relating to that.

When I saw her she did not have visible haematuria on that particular day, but said that she had blood in her urine regularly, and was quite clear that it was in her urine rather than eg PV loss. She had upper abdominal tenderness (which is long standing now), and some suprapubic tenderness but no obvious masses. Urinalysis showed 2+ haematuria and a subsequent MSSU was negative for infection. Bloods are normal.

I had arranged to see her subsequently but for various reasons she was unable to come to the surgery (and is shortly to register more locally) so I felt it best to refer her in view of the red flag symptoms.

Many thanks for seeing her - your help is much appreciated.

Catriona Morton, GP

Investigations

Description	Result	Date
Abdominal Mass :	No, abdominal mass not present	
U&Es :	Result Normal	
FBC :	Result Normal	
Renal Ultrasound :	Not Done	
Abdominal X-ray (KUB) :	Not Done	
Has the patient impaired renal function (Creatinine >200 or eGFR <30) :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Barrett's oesophagus		with metoplasia	10/08/2023	10/08/2023
Diverticular disease			19/04/2023	19/04/2023
Duodenitis			24/06/2022	24/06/2022
Oesophagitis			24/06/2022	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022

Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020
Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Helicobacter eradication therapy			26/04/2024	26/04/2024
Helicobacter eradication therapy			14/08/2023	14/08/2023
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		08/04/2024
Ensure Shake oral powder 57g sachets (Flavour Not Specified)	sachet	TAKE ONE TWICE A DAY		22/08/2023		22/08/2023
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		14/08/2023
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		15/03/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metronidazole 400mg tablets	tablet	TAKE ONE TABLET TWICE DAILY		26/04/2024		26/04/2024
Levofloxacin 250mg tablets	tablet	1 TABLET ONCE DAILY		26/04/2024		26/04/2024
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		26/04/2024		26/04/2024
Trimethoprim 200mg tablets	tablet	1 tablet twice daily		08/04/2024		08/04/2024
Lactulose 3.1-3.7g/5ml oral solution	ml	15ML TWICE A DAY		08/04/2024		08/04/2024
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		08/04/2024

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:63

Patient Height in Metres:1.53

Patient BMI:26.9

Patient Blood Pressure (Systolic):118

Patient Blood Pressure (Diastolic):71

Smoking history (Screening):Cigarette smoker Date Recorded:20-Jun-2023

Smoking history (Encounters):Cigarette smoker Date Recorded:20-Jun-2023

Alcohol history (Screening):Alcohol consumption Date Recorded:20-Jun-2023

Alcohol history (Encounters):Alcohol consumption Date Recorded:20-Jun-2023

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose & Throat (ENT) - Neck Lump LI ENT - Neck Lump Urgent
Urgency of referral	Urgent - Suspected Cancer
Date of referral	03/07/2024
Date submitted	03/07/2024
UCPN	101033529953E

PATIENT DETAILS

CHI number:	2108671080
Name:	Mrs Lynda Cuthill
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 Badger Way
Edinburgh
EH17 8XD

Voice (Mobile) : 07754 588518
E-mail : lyndacuthill@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	E Jane Bell (GMC: 6120813)
Practice:	Gracemount Medical Practice (70516)
Phone:	Voice : 0131 664 2377

Practice address

24 Gracemount Drive
Edinburgh
EH16 6RN

CLINICAL INFORMATION

Reason for Referral: Neck lump 4 weeks

Main Referral Text:

Dear colleague,

This 56y F is new to this surgery. She reports 3-4 weeks of a lump in her left neck that is increasing in size and in the last 2 days it is more painful and discharging pus. She is a current smoker and has been investigated for unintentional weight loss with GI investigations as she has nausea and treatment-resistant H pylori. She is receiving oral nutritional supplements from the dietician. She is also under urological investigation for frank haematuria.

O/E: 2cm tender, firm mass under jaw line near chin, started 3-4 weeks ago, now infected so exam difficult as so tender, has been discharging pus. No other lymph nodes palpable in neck. Left ear NAD, no teeth, gums look healthy.

I have started doxycycline today (she has an allergy to penicillin) and would be grateful for your urgent review.

Many thanks, Jane Bell GP locum

Investigations

Description	Result	Date
Persistent unexplained head and neck lumps for > 3 weeks :	Yes	
Clinical examination findings :	2cm tender, firm mass on jaw line near chin, started 3-4 weeks ago, now infected so exam difficult as so tender, has been discharging pus. No other lymph nodes palpable in neck. Left ear NAD, no teeth, gums look healthy.	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Patient MRE received from FPC		1 x volume paper medical records received	02/07/2024	02/07/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Levothyroxine Sodium Tablets 50 micrograms	56 TABLET	ONE TO BE TAKEN EACH DAY		13/06/2024		13/06/2024
Lansoprazole Capsules (Gastro-Resistant) 30	112 CAPSULE	ONE TO BE TAKEN TWICE A DAY		13/06/2024		13/06/2024

mg				
Ensure Shake Oral powder sachets 57 gram sachet	56 sachet	ONE TWICE A DAY- ISSUE STRAWBERRY AND VANILLA FLAVOURS	13/06/2024	13/06/2024

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Doxycycline Hyclate Capsules 100 mg	8 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY		03/07/2024		03/07/2024
Vismed Multi Eye drops (preservative-free) 0.18 %	30 ml	FOUR TIMES DAILY IN BOTH EYES		27/06/2024		27/06/2024
Doxycycline Hyclate Capsules 100 mg	28 capsule	ONE TO BE TAKEN TWO TIMES DAILY		13/06/2024		13/06/2024
Levofloxacin Tablets 250 mg	28 tablet	ONE TAB BD		13/06/2024		13/06/2024

Additional information

Patient Blood Pressure (Systolic):127

Patient Blood Pressure (Diastolic):61

Smoking history (Screening):Cigarette smoker, 15 Cigarettes/day Date Recorded:11-Jun-2024

Smoking history (Encounters):Cigarette smoker, 15 Cigarettes/day Date Recorded:11-Jun-2024

Alcohol history (Screening):Alcohol consumption, 0 units/week Date Recorded:11-Jun-2024

Alcohol history (Encounters):Alcohol consumption, 0 units/week Date Recorded:11-Jun-2024

NHS Lothian

WLV

NHS LOTHIAN ENT SURGERY BOOKING FORM

Date: 15/9/24 Consultant: Ewan

Addres 620101347R F 21/08/1967
Name Cuthill, Lynda
DoB 17 Badger Way,
Unit nc Edinburgh,
EH17 8XD

CHI 2108671080
70516 PJ Kitchen

Patients Telephone Numbers:
H .....
W .....
Mob 07954888518

Diagnosis _____

Procedure Ewan Cyst Lip Tumour

Anaesthetic: GA ☐ LA ☑

Theatre Time: _____hrs 45 mins (include Anaesthetic time)

Priority: Suspected/Confirmed Cancer ☐ Urgent (<4 wks) ☐
Soon (4-12 wks) ☐ Routine (>12 wks) ☑

Admission: Day Case Inpatient Estimated Stay : ..... Days

Pooled List: Yes No

Interpreter : Yes No

Hospital: SJH RHSC ECH

Short Notice: Yes No

Pacemaker/CIED Yes No

External Provider

Not suitable because of
Poor Health
Poor mobility
Complex case
Patient willing to go
Yes No

Unavailability: From _____ to _____

Pre-assessment: Anti-Coagulation Therapy Stop..... days Diabetic
BMI ____ Other _____

Care Level: ITU/HDU LEVEL I WARD DOSA

Referral : OP Ward GP Other

Medical Records: RIE SJH ROODLANDS Other

Patient willing to be seen by medical students when pre-admitted: Yes No

Print Name: Ewan **Signature** _____

JC – Feb 2021

scanned

NHS Lothian

PAEP/SJH OPHTHALMOLOGY SURGICAL WAITING LIST BOOKING FORM

Name: [redacted]
620101347R F 21/08/1967
Dal Cuthill, Lynda
17 Badger Way,
Ade Edinburgh,
EH17 8XD

Tele CHI 2108671080 [redacted]
70215 CM Morton
Mobile.....

POOL ☐ Consultant –Please state Initials RAP

1st EYE ☐ 2nd EYE ☐ Refraction Required ☐

Biometry Required ☐

Assessment: Telephone ☐ Nurse Led ☐

Clinic(specify) ☐ _____

Provisional Diagnosis Lateral orbital decompression - bilateral

Proposed Procedure: R EYE ☐ L EYE ☐ PHACO & IOL ☐ OTHER SURGERY ☐

Special Lens (if required) ordered: ☐ **Surgery Details:**

Anaesthetic: LA ☐ GA ☑ Awake Sedation ☐ Cataract Category: CC1 / CC2 / CC3

Theatre Time: 4 hrs _____ mins (include Anaesthetic time)

Priority: Suspected/Confirmed Cancer ☐ Urgent (<4 wks) ☐

Soon (4-12 wks) ☐ Routine (>12 wks) ☑

Facility: Day Case ☐ Inpatient ☐ O/N Stay ☑ E4 Minor OPS ☐

Suitable for Theatre 3: Yes ☐ No ☐ SJH

Can accept short notice: Yes ☐ No ☐

Listed by: RAPaton **Date:** 22-7-24

Additional Information – Nurse to complete

Is Patient Mobile? ☐ YES ☑ NO **Hoist Required?** ☐ YES ☑ NO

Is patient on Warfarin or other anticoagulant? ☐ YES ☑ NO

Is Patient a Diabetic? ☐ YES ☑ NO

Pacemaker/CIED? ☐ YES ☑ NO

MRSA Screen Required? ☐ YES ☑ NO **Latex Allergy?** ☐ YES ☑ NO

Please refer to LUHT MRSA screening protocol.

Hospital Transport: ☐ YES ☑ NO may be late due to public Transport

Dates Unsuitable:

DATE OF ASSESSMENT/NLA:
Assessment Completed by (please sign)

Staff Nurse Signature: **PRINT NAME:**

Waiting List Office use only

Date of Assessment/NLA: 11/12/25	Letter/Tel:
Date of Surgery: 6/01/25	Letter/Tel:
Revised Date of Surgery:	Letter/Tel:
TTG:	

NHS Lothian

PAEP/SJH OPHTHALMOLOGY SURGICAL WAITING LIST BOOKING FORM

Name: 620101347R F 21/08/1967
Dat Cuthill, Lynda
17 Badger Way,
Add Edinburgh,
EH17 8XD
Tele CHI 2108671080
70215 CM Morton
Mobile.....

POOL ☐ **Consultant** –Please state Initials RAP
1st EYE ☐ **2nd EYE** ☐ **Refraction Required** ☐
Biometry Required ☐
Assessment: **Telephone** ☐ **Nurse Led** ☐
Clinic(specify) ☐ _____

Provisional Diagnosis Lateral orbital decompression - bilateral
Proposed Procedure: R EYE ☐ L EYE ☐ PHACO & IOL ☐ OTHER SURGERY ☐
Special Lens (if required) ordered: ☐ **Surgery Details:**
Anaesthetic: LA ☐ GA ☑ Awake Sedation ☐ Cataract Category: CC1 / CC2 / CC3
Theatre Time: 4 hrs _____ mins (include Anaesthetic time)
Priority: Suspected/Confirmed Cancer ☐ Urgent (<4 wks) ☐
Soon (4-12 wks) ☐ Routine (>12 wks) ☑
Facility: Day Case ☐ Inpatient ☐ O/N Stay ☑ E4 Minor OPS ☐
Suitable for Theatre 3: Yes ☐ No ☐ SJH
Can accept short notice: Yes ☐ No ☐
Listed by: RAP **Date:** 22-7-24

Additional Information – Nurse to complete

Is Patient Mobile? ☐ YES ☐NO **Hoist Required?** ☐YES ☐NO
Is patient on Warfarin or other anticoagulant? ☐ YES ☐NO
Is Patient a Diabetic? ☐ YES ☐NO
Pacemaker/CIED? ☐ YES ☐NO
MRSA Screen Required? ☐ YES ☐NO **Latex Allergy?** ☐ YES ☐NO
Please refer to LUHT MRSA screening protocol.
Hospital Transport: ☐ YES ☐NO
Dates Unsuitable:
DATE OF ASSESSMENT/NLA:
Assessment Completed by (please sign)
Staff Nurse Signature: **PRINT NAME:**

Waiting List Office use only

Date of Assessment/NLA:	Letter/Tel:
Date of Surgery:	Letter/Tel:
Revised Date of Surgery:	Letter/Tel:
TTG:	

NHS Lothian - Referral Letter

Referral To	Leith Community Treatment Centre Locality Minor Surgery Service LI Leith Minor Surgery
Urgency of referral	Routine
Date of referral	11/03/2025
Date submitted	11/03/2025
UCPN	101035848083J

PATIENT DETAILS

CHI number:	2108671080
Name:	Mrs Lynda Cuthill
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 Badger Way
Edinburgh
EH17 8XD

Voice (Mobile) : 07754 588518
E-mail : lyndacuthill@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr Mahvish Elahi (GMC: 7639384)
Practice:	Gracemount Medical Group (71472)
Phone:	Voice : 0131 664 2377

Practice address

24 Gracemount Drive
Edinburgh
EH16 6RN

CLINICAL INFORMATION

Reason for Referral: Excision of small growth from nose

Main Referral Text:

Dear Doctor

I would be grateful for seeing this lady who presented with small growth on left side of her nose for many months now, but she thinks its growing in size, no bleeding on contact, no colour variation, no itch but it is causing her distress to see it on her face I tired to reassure her regarding benign nevus but she would like to get it excised, will refer her to minor ops but if rapidly growing to come back for review.

Thank you
Mahvish Elahi
Locum GP

Investigations

Description	Result	Date
Presumed Nature of lesion :	benign nevus/growth	
Site :	nose	
Severe Psychological Distress :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Notes summary on computer		Docman records checked and updated, 1xVol paper medical records, held from 1967	09/07/2024	09/07/2024
Patient MRE received from FPC		1 x volume paper medical records received	02/07/2024	02/07/2024
Barrett's oesophagus		With Metoplasia	10/08/2023	10/08/2023
Diverticulosis		- Diverticular diseasee	19/04/2023	19/04/2023
Oesophagitis			24/06/2022	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022
Duodenitis			24/06/2022	24/06/2022
Miscarriage			28/11/2006	28/11/2006
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS		and Hypocalcaeminc	01/03/1996	01/03/1996

Spontaneous vaginal delivery		16/05/1993	16/05/1993
Graves' disease	- Thyrotoxicosis	14/05/1992	14/05/1992
Spontaneous vaginal delivery		13/10/1989	13/10/1989
Attempted suicide	- Overdose	01/11/1988	01/11/1988
[redacted]		01/05/1986	01/05/1986
		02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Excision of skin cyst	of left epidermoid in level 1b			10/12/2024	10/12/2024
Thyroid eye disease				22/07/2024	22/07/2024
Diagnostic cystoscopy				23/05/2024	23/05/2024
Diagnostic cystoscopy				02/05/2024	02/05/2024
Helicobacter eradication therapy				26/04/2024	26/04/2024
Helicobacter eradication therapy				14/08/2023	14/08/2023
Laparoscopic cholecystectomy				21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal				09/12/2021	09/12/2021
Lateral tarsorrhaphy (Right)		Right		09/05/2019	09/05/2019
Blepharoplasty (Bilateral)	Upper lid skin	Bilateral		09/05/2019	09/05/2019
Eye operations	- bilateral endonasal orbital decompression			29/08/2018	29/08/2018
Colposcopy NEC	Biopsied and transformation zone treated with coagulation/LLETZ			19/05/2004	19/05/2004
Cerv.smear: severe dyskaryosis				27/01/2004	27/01/2004
Thyroidectomy NOS				26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Colecalciferol Capsules 800 units	56 capsule	ONE TO BE TAKEN DAILY		29/10/2024		10/03/2025
Folic Acid Tablets 5 mg	56 tablet	ONE TO BE TAKEN DAILY FOR 4 MONTHS THEN STOP		29/10/2024		08/01/2025
Levothyroxine Sodium Tablets 50 micrograms	56 TABLET	ONE TO BE TAKEN EACH DAY		13/06/2024		10/03/2025
Lansoprazole Capsules (Gastro-Resistant) 30 mg	112 CAPSULE	ONE TO BE TAKEN TWICE A DAY		13/06/2024		08/01/2025
Ensure Shake Oral powder sachets 57 gram sachet	56 sachet	ONE TWICE A DAY- ISSUE STRAWBERRY AND VANILLA FLAVOURS		13/06/2024		10/03/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mebeverine Hydrochloride Tablets 135 mg	168 TABLET	ONE TO BE TAKEN THREE TIMES A DAY 20 MINS BEFORE MEALS		10/03/2025		10/03/2025
Mupirocin Cream 2 %	15 gram	TO BE USED TWICE A DAY FOR 10 DAYS AS DIRECTED BY HOSPITAL		12/12/2024		12/12/2024

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date

Adverse reaction to Penicillins	Certain Moderate Allergy to Phenoxymethylpenicillin 250mg Tabs	05/06/2009	05/06/2009

Additional information

Patient Weight in Kilograms:68

Patient Blood Pressure (Systolic):127

Patient Blood Pressure (Diastolic):61

Smoking history (Screening):Cigarette smoker, 15 Cigarettes/day Date Recorded:11-Jun-2024

Smoking history (Encounters):Cigarette smoker, 15 Cigarettes/day Date Recorded:11-Jun-2024

Alcohol history (Screening):Alcohol consumption, 0 units/week Date Recorded:11-Jun-2024

Alcohol history (Encounters):Alcohol consumption, 0 units/week Date Recorded:11-Jun-2024

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	11/03/2025
Date submitted	11/03/2025
UCPN	101035848412K

PATIENT DETAILS

CHI number:	2108671080
Name:	Mrs Lynda Cuthill
Date of birth:	21/08/1967
Sex:	Female

Contact Details

17 Badger Way
Edinburgh
EH17 8XD

Voice (Mobile) : 07754 588518
E-mail : lyndacuthill@gmail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr Mahvish Elahi (GMC: 7639384)
Practice:	Gracemount Medical Group (71472)
Phone:	Voice : 0131 664 2377

Practice address

24 Gracemount Drive
Edinburgh
EH16 6RN

CLINICAL INFORMATION

Reason for Referral: Update re appt for proptosis

Main Referral Text:

Dear Doctor

I would like to follow up on a clinic appointment/surgery date for this lady who was seen in your clinic in July 24 and you suggested a decompression surgery for proptosis, she has not yet received a letter from the department and has is wondering if she would receive one soon.

Thank you
Mahvish Elahi
Locum GP

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Notes summary on computer		Docman records checked and updated, 1xVol paper medical records, held from 1967	09/07/2024	09/07/2024
Patient MRE received from FPC		1 x volume paper medical records received	02/07/2024	02/07/2024
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Hypothyroidism NOS		and Hypocalcaeminc	01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Graves' disease		- Thyrotoxicosis	14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Attempted suicide		- Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986

[redacted] 02/08/1984 02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Excision of skin cyst	of left epidermoid in level 1b			10/12/2024	10/12/2024
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Lateral tarsorrhaphy (Right)		Right		09/05/2019	09/05/2019
Blepharoplasty (Bilateral)	Upper lid skin	Bilateral		09/05/2019	09/05/2019
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Clinical warnings

Allergies

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Additional information

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Alcohol history (Screening):Alcohol consumption, 0 units/week Date Recorded:11-Jun-2024
Alcohol history (Encounters):Alcohol consumption, 0 units/week Date Recorded:11-Jun-2024

Case Notes

NHS Lothian

PAEP/SJH OPHTHALMOLOGY SURGICAL WAITING LIST BOOKING FORM

Name:
620101347R F 21/08/1967
Dal Cuthill, Lynda
17 Badger Way,
Adc Edinburgh,
EH17 8XD

Tele CHI 2108671080 [redacted]
70215 CM Morton
Mobile.....

POOL ☐ **Consultant** –Please state Initials RCA

1st EYE ☐ **2nd EYE** ☐ **Refraction Required** ☐

Biometry Required ☐

Assessment: **Telephone** ☐ **Nurse Led** ☐

Clinic(specify) ☐ _____

Provisional Diagnosis Lateral orbital decompression - bilateral

Proposed Procedure: R EYE ☐ L EYE ☐ PHACO & IOL ☐ OTHER SURGERY ☐

Special Lens (if required) ordered: ☐ **Surgery Details:**

Anaesthetic: LA ☐ GA ☑ Awake Sedation ☐ Cataract Category: CC1 / CC2 / CC3

Theatre Time: 4 hrs _____ mins (include Anaesthetic time)

Priority: Suspected/Confirmed Cancer ☐ Urgent (<4 wks) ☐
Soon (4-12 wks) ☐ Routine (>12 wks) ☑

Facility: Day Case ☐ Inpatient ☐ O/N Stay ☑ E4 Minor OPS ☐

Suitable for Theatre 3: Yes ☐ No ☐ SJH

Can accept short notice: Yes ☐ No ☐

Listed by: RCA **Date:** 22-7-24

Additional Information – Nurse to complete

Is Patient Mobile? ☐ YES ☐NO **Hoist Required?** ☐YES ☐NO

Is patient on Warfarin or other anticoagulant? ☐ YES ☐NO

Is Patient a Diabetic? ☐ YES ☐NO

Pacemaker/CIED? ☐ YES ☐NO

MRSA Screen Required? ☐ YES ☐NO **Latex Allergy?** ☐ YES ☐NO
Please refer to LUHT MRSA screening protocol.

Hospital Transport: ☐ YES ☐NO

Dates Unsuitable:

DATE OF ASSESSMENT/NLA:
Assessment Completed by (please sign)

Staff Nurse Signature: **PRINT NAME:**

Waiting List Office use only

Date of Assessment/NLA:	Letter/Tel:
Date of Surgery:	Letter/Tel:
Revised Date of Surgery:	Letter/Tel:
TTG:	

Office use: Imager(s) [ ] NP / OP

WLO

NHS Lothian

Ophthalmic Photography Request Form

- For **FFA/ICG**, please use the **Angiography Request** form.
- For **External Photography**, please use **Clinical Photography/Video Request** form.

Surname	620101347R F 21/08/1967 Cuthill, Lynda 17 Badger Way, Edinburgh, EH17 8XD	Date:	22-7-24
First Nar		Dept/Clinic:	EG
CHI Nur		Requesting Clinican:	R Allan
D.O.B:	CHI 2108671080 70215 CM Morton	Consultant:	R Allan

OCT Protocols:	R	L
Macular / Diabetic protocol	☐	☐
Glaucoma protocol	☐	☐
Neurology protocol	☐	☐ ✓
Paediatric protocol	☐	☐
OCT Angiography (OCTA)	☐	☐

Colour Imaging:	R	L
OPTOS Colour (RG)	☐	☐
OPTOS Autofluorescence (AF)	☐	☐
Heidelberg Multicolour (MC)	☐	☐
KOWA Disc	☐	☐
KOWA Stereo Disc (must be dilated)	☐	☐
KOWA Posterior Pole / Macula	☐	☐

Additional Imaging:

Posterior pole (Segmented)	☐	☐
Retinal Nerve Fibre Layer (RNFL)	☐	☐
Autofluorescence (AF) only	☐	☐
Widefield OCT (55°)	☐	☐
Anterior Segment OCT: (Angles /Sclera /Cornea - *please specify*)	☐	☐
Slit- lamp photography (*indicate on below diagram*)	☐	☐

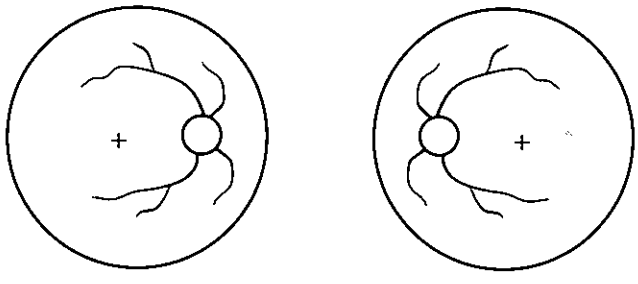
(Indicate area of specific interest on diagram below)

Patient can go home ☑

Office Use Only :

Photo appointment
Date: 6/9/24.
Time: 11:45

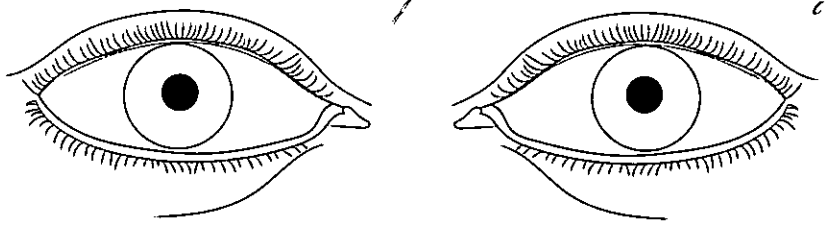
Please indicate specific area of interest:



Comments:

.....
.....
.....
.....
.....

Please indicate specific area of interest:



Comments:

Thyroid eye disease protocol - external photos for MRM please for proptosis - please contact [illegible] a clinic.

Fluorescein drops ☐

Clinical Photography / Video Consent Form

NHS Lothian

Patient Details | **Referral Details**

Surname: CUTHILL	Date: 06·09·24
Forename: LYNDA	Ward / Dept: E4
CHI No: 2108671080	Consultant: PEDEN
D.O.B.: 21·08·67 M / F	New Pt.○ Old Pt.○ In-Pt.○ Out-Pt.○

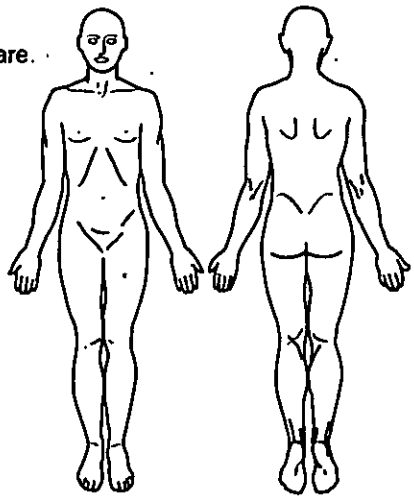
Consent to treatment (Level A)

The patient consents to the recording being made as part of their clinical care.

I have explained the purpose of the recording, how it will be used, and how it will be stored.

Healthcare Professional signature: [signature]

○ Please tick if the patient does not have the capacity to consent, and an **Adults with Incapacity (AWI)** form has been completed.



○ Millimetre scale (in close-up view)
○ Dermatoscopic image (LB / SJH only)
○ Video

Diagnosis / clinical details (please provide clear information)

T·E·D / Proptosis.

Interpreter signature / print name:..... or Telephone ID number:.....

Consent for secondary use of personal data

Only complete this section if recordings are required for secondary use. Your choice of consent will not affect your treatment in any way, and you can withdraw consent for secondary use at any time by writing to Health Records (Legal Services) Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh, EH16 4SA.

I am: ✓ the patient ○ person with parental responsibility	Agree	Disagree
Consent for Teaching (Level B) I consent to the recordings being used to teach medical, dental, nursing and other healthcare staff and students.	✓	○
Consent for Publication (Level C) I am happy to be contacted to discuss consent if my recording is requested for publication.	✓	○
Patient to Patient (Level D) I consent to my images / recordings being shown to other patients as an example of pre / post clinical procedures.	✓	○

Patient signature: X [signature] Date: 06·09·24

For Department Use Only

Photographer:	Camera / Smart Card No:	Job Reference:	Comments:
Amy		24-12027	
Image Date: 6·9·24	No. of Images:	Completion Date:	

○ Lauriston ✓ PAEP ○ RHCYP ○ RIE ○ SJH ○ WGH ○ Other

MPS v2.0 (Clinical) Approved: Aug 2024 / Review Aug 2027

WHO Surgical Safety Checklist

(v8 adapted for Ophthalmic Surgery NHS Lothian)

ACUTE CARE

NHS Lothian

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 J Beckley

Last Nam
First Nam
Date of B
CHI Num

*DATE 09.05.19
*THEATRE 3W
*SITE PAEP

*CONSULTANT Dr Wright
*PROCEDURE Bilateral upper lid blepharoplasty + tarsorrhaphy

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

Member verbally confirms with the team:

	Yes	No
Has pre-op checklist been completed?	✓	

If no, please check surgical site/side marked, known allergies, complete case notes and blood results available

Does the patient have a:	Yes	N/A	No
Difficult airway/aspiration risk?			✓

Patient temperature on arrival (°C) _____

	Yes	N/A	No
PVC bundle completed		✓	

Patient BM if diabetic _____ (mmol/L) N/A ✓

	Yes	No
Patient on Warfarin		✓
INR VALUE		
Patient on beta blockade?		
If yes, Beta blockade given?		
Will self medicate later		

If not given, state reason:

Name: [illegible]
Signature:

PROBLEMS IDENTIFIED (with form or changes to procedure as a result of using checklist)

TIME OUT (To be read out loud)
Before start of surgical intervention

Member verbally confirms with the team:

	Yes	No
Team members introduce themselves by name and role	✓	

	Yes	No
Correct patient?	✓	
Correct procedure/consent?	✓	
Correct site/side marked?	✓	

	Yes	No
Does the patient have a known allergy?	✓	penicillin

	Yes	N/A	No
IF cataract surgery: is correct lens available?			

for G.A.s only

	Yes	N/A	No
Has DVT prophylaxis been undertaken?			
Compression Stockings/TEDS			
Calf compression			
Heparin / Deltaparin			

	Yes	N/A	No
Patient warming device?		✓	

	Yes	No
Extra/Specific Equipment required		✓

Any anticipated difficulties expected by?		
Surgeon		✓
Anaesthetist		✓
Theatre practitioner		✓

Name: [illegible]
Signature:

SIGN OUT (To be read out loud)
Before patient leaves operating room

Member verbally confirms with the team:

	Yes	N/A
Scrub practitioner to state: swabs, needles, instruments correct	✓	

	Yes	N/A	No
Have specimens been labelled correctly (including patient name)?		✓	
Regular DVT prophylaxis prescribed?		✓	
Antibiotics given	✓		

Name: [illegible]
Signature:

RECOVERY AREA (To be read with ward staff)

Member verbally confirms with the team:

	Yes	No
Has the operation/procedure summary been completed?		

Have post-operative instructions been documented by:	Yes	No
Surgeon		
Anaesthetist		
Theatre practitioner		

	Yes	N/A	No
Venflon in situ and dated			

Patient temperature on arrival (°C) _____

SEWS score _____ N/A

Patient BM if diabetic _____ (mmol/L) N/A

Name:
Signature:

EXTRA OCCULAR

A000900
19 05 05 EYE003
Edinburgh Royal Infirmary

2019/05/05	2020/05/04	
Wt 12 Kg		STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose

PAEP Theatre

EXTRA OCCULAR

EYE003

Edinburgh Royal Infirmary
Sterile Services
0131 5361000

This Pack has been manufactured in accordance with article
12 of council directive 93/42/EEC concerning medical devices

R trak

Pack Name
Lothian - Occuplasty / Lothian

Cat No
RMT4400-REVC

Lot No
W4598337

Date
2019 - 03 / Expiry: 2022 - 03

Rhoslan, Wales
Tel: +44 (0) 1443 471300
Fax: +44 (0) 1443 471301
www.rhoslan.com

Consent Form

Medical or Dental Investigation, Treatment or Operation

620101347R F 21/08/1967

Name: Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
DOB Midlothian,
EH16 4FH
CHI 2108671080

Unit No./... 70215 J Beckley

NHS Lothian

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

Bilat upper lid skin bleph + (R) Cat. tattoo

Relevant written information outlining risks given to patient (tick box) **Yes** ☐ **No** ☐

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature ..... Date 8/4/19
Name and Status of Practitioner .....

Reconfirmation of Consent on the day of admission:

Signature ..... Date .....
Name and Status of Practitioner .....

Medical Students

	Tick relevant box	YES	NO
I agree to allow students to be present in theatre:			
I agree to be examined by a medical student whilst under general anaesthesia:			

To the patient (or Parent or Guardian if appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation; then sign the form.**

I am the patient / parent / guardian (delete as necessary)
I agree - to what is proposed which has been explained to me by the practitioner above
I understand - that anaesthesia (general/regional/local) or sedation will be needed
- the procedure may not be done by the practitioner who has treated me so far
- any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
.....
.....
.....

Signature ..... Name .....
Date 8/4/19

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition and proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

Tick relevant box	YES	NO
For my medical records for the purpose of diagnosis and treatment		
For the purpose of teaching and education		
For the purpose of publication		
To be shown to other patients as an example		

PRINCESS ALEXANDRA EYE PAVILION
MINOR OPS CARE PLAN DOCUMENTATION

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 J Beekley

DATE: 9.5.19
TIME: 8.30
CONSULTANT: M. Wright.
DAY CASE NURSE: K. Wilkie

NEXT of KIN / Immediate Contact
Name Kevin Cuthill
Address
Phone no 0131 661 0115
Relationship Husband

Attending for: Bilateral upper lid skin blepharoplasty + Right lateral tarsorrhaphy
Plans for discharge: husband picking up

General Health	Y / N	comments
High Blood Pressure	N	
Diabetes	N	
Heart disease	N	
Chest or breathing problems	N	
Major illness or surgery	N	under active thyroid
Allergies	Y	Penicillin

MEDICATIONS LIST
thyroxine 50 g.

ADMISSION OBSERVATIONS: BP:
[use SEWS for GA] P:
O_2 % SATS
BM
INR

POSTOP if reqd:

Valuables locked away : y / n Returned : y / n

General assessment on arrival:

Good

KN
Sign & time 8:30 am

NHS
Lothian

PRINCESS ALEXANDRA EYE PAVILION
THEATRE PATIENT CARE PLAN

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 J Beckley
Addressograph label:

Pre-operative Assessment: pre-operative visit performed: Y / N sign and date:.....

CARE PLAN	
Identified problems	Planned Nursing Care

PRE-OPERATIVE CHECKLIST:					
	Ward Nurse		Theatre Nurse		Comments
	Y	N	Y	N	
Correct patient?	✓		✓		
Correct proceedure?	✓		✓		
ID Bracelets [2] in situ with CHI?	✓		✓		
Consent form signed?	✓		✓		
Operation site + side marked?	✓		✓		
Prescribed premedication given?	✓		✓		
Routine drug therapy taken?	✓		✓		
Make-up removed as required?	✓		✓		
Jewellery [including body piercings] & hairclips removed, rings taped?	✓		✓		
Items accompanying patient to Theatre? Eg: wig, hearing aids, prosthesis, dentures etc	✓		✓		Top Dentures
Dressed for Theatre?		✓		N/a	
Does the patient have any Allergies?	✓		✓		Name and reaction: Penicillin
Has the patient passed urine?		✓		N/K	
Urinalysis results recorded?					
Last food? Date: time:					
Last drink? Date: time:			✓	N/a	
Documents accompanying patient [tick]: healthcare record ; ICP ; XRAYS ; DRUG CHART ; Blood results ; x match ; ecg					

	Signature	Print name	Date
Ward Nurse	KNisbet	KNisbet	9.5.19
Theatre Nurse			9.5.19

NHS Lothian

Immediate Outpatient Letter

Serial number 391142

IN CONFIDENCE

Hospital : PAH Department : OPD Consultant : J Mckee

Name and address of General Practitioner

Mr/Mrs/Miss Unit No

Surname: 620101347R F 21/08/1967 th:

First Nam Cuthill, Lynda

Address: Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

Weight (w CHI 2108671080

Your patient attended the clinic on: _____

Recommendations/comments:

Recall for Disc

Follow-up advice: To attend hospital for further review in _____

To attend GP surgery Y / N

Follow-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times					Additional Instructions (including length of treatment course)	Quantity to be provided *	LIF **	Dispensed/ Issued by:	Checked by:
1. Vis stress PRN											
2.											
3.											
4.											
5.											
6.											

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : _____ (sign) Date : 15/12

DM (print)

Contact for advice : _____ Tel/bleep no. : _____

WHITE COPY - TO PHARMACY *PINK COPY - G.P.* *BLUE COPY - CASENOTES*

RIE 334

TUH 3.35

5363129.

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavillion Ophthalmology L Acute Eye Referral - Urgent
Urgency of referral	Urgent
Date of referral	06/08/2012
Date submitted	06/08/2012
UCPN	1010040045028

PATIENT DETAILS

CHI number:	2108671080
Name:	MS LYNDA CUTHILL
Date of birth:	21/08/1967
Sex:	Female

Contact Details

1-4 CASTLEBRAE WYND
EDINBURGH
EH16 4FH

Voice (Home) : 6610115

REFERRING PRACTITIONER DETAILS

Name:	Dr. Carl Bickler (GMC: 2549932)
Practice:	CRAIGMILLAR MEDICAL GROUP (70215)
Phone:	Voice : 0131 536 9500

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: thyoid eye disease

Main Referral Text: has known thyroid eye disease. reports increasing agonising periorbital pain with phyotophobia.

seen optician -all well
o/e mild proptosis. quiet eyes. from. good v=coverage
has tried lubricants but reports severe pain

Investigations

Description	Result	Date
Date of appointment at Acute Referral Clinic (ARC) :	2012-08-07	
Time of appointment at Acute Referral Clinic (ARC) :	3.35	
Other (urgent only) :	true	
Length of History :	1 week to 4 weeks	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Simple goitre			14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		03/07/2012

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Tramadol 50mg capsules	capsule	1 THREE TIMES A DAY WHEN REQUIRED		03/08/2012		03/08/2012
Carbomer '980' 0.2% eye drops	gram	APPLY 5 TIMES DAILY AND PRN		25/07/2012		25/07/2012
Chloramphenicol 0.5% eye drops	ml	ONE DROP EVERY TWO HOURS FOR [more]		25/07/2012		25/07/2012

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.			05/06/2009

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:30-Apr-2012
Alcohol history (Encounters):Teetotaller Date recorded:15-Nov-1994
Patient Weight in Kilograms:92
Patient Height in Metres:1.57

NHS Lothian

Serial number .....639154.....

Immediate Outpatient Letter

IN CONFIDENCE

Hospital :	Department: :	Consultant: : Fleck

Name and address of general practitioner	Mr/Mrs/Miss : 620101347R F 21/08/1967 Surname : Cuthill, Lynda First name : Flat 4,1 Castlebrae Wynd, Address : Edinburgh, Midlothian, EH16 4FH CHI 2108671080 Weight (where applicable) :

Your patient attended the clinic on : _____

Recommendations/comments :

Thyroid eye disease - medical

Follow-up advice : To attend hospital for further review in _____

To attend GP surgery Y/N

Follow-up required Y/N

Medication : The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use :

Medicine and Form	Dose	Administration times					Additional Instructions (including length of treatment course)	Quantity to be provided *	LIF **	Dispensed/ Issued by:	Checked by:
1. Visclairs	BD	✓	✓	✓	✓	✓	+ PRN	1 x 1m			
2.											
3.											
4.											
5.											
6.											

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include on explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : _____ (sign) Date : 26/10/15

H Russell (print)

Contact for advice : _____ Tel/bleep no. : _____

WHITE COPY - TO PHARMACY *PINK COPY - G.P.* *BLUE COPY - CASENOTES*

RIE 334

NHS Lothian

Serial number ..618067....

Immediate Outpatient Letter

IN CONFIDENCE

Hospital :	Department: :	Consultant: :

Name and address of general practitioner	Mr/Mrs/Miss 620101347R F 21/08/1967 Surname : Cuthill, Lynda First name : Flat 4,1 Castlebrae Wynd, Address : Edinburgh, Midlothian, EH16 4FH CHI 2108671080 Weight (where applicable) :

Your patient attended the clinic on : _____

Recommendations/comments :

(L ep ~~[illegible]~~ (cv—esl abscess
(cv sctl—)

Follow-up advice : To attend hospital for further review in 1/7

To attend GP surgery Y/N

Follow-up required Y/N

Medication : The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use :

Medicine and Form	Dose	Administration times	Additional instructions (including length of treatment course)	Quantity to be provided *	LIF **	Dispensed/ Issued by:	Checked by:
1. Gentamycin		24 hourly					
2. IV							
3. OC Chloramphenicol 1%		1 drop					
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.
** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : _____ (sign) Date : 12/08/10

PH Kennedy (print)

Contact for advice : _____ Tel/bleep no. : _____

WHITE COPY - TO PHARMACY *PINK COPY - G.P.* *BLUE COPY - CASENOTES*

RIE 334

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr McKee
Consultant Ophthalmologist
Princess Alexandra Eye Pavilion
Chalmers Street
Edinburgh

Date First Created 17/04/2023
Date Authorised
Date/Time Printed 17/05/2023 15:08
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	SM/NEURO	**Attendance Date:**	17/04/2023
Specialty:	Ophthalmology		
Consultant:	Dr Stephen A Madill		

Ophthalmology

Dear Dr McKee,

Dictated: 17th April 2023

DIAGNOSIS:
1. Graves disease
2. Subtotal thyroidectomy 1995
3. Endonasal orbital decompression 29th August 2018
4. Nil evidence for active thyroid eye disease today, but patient referred back due to concern with eyelid position (did not have time to wait for TRABs to be sent).

VISUAL ACUITY:
Right eye 6/5, left eye 6/6, 6/6+1 with pinhole.

PLAN:
1. Request opinion of thyroid clinic with possible referral on to oculoplastic team.

COMMENT:
This patient was last seen in the thyroid clinic in January 2019 with the above history and then DNA'd a couple of subsequent appointments, then being referred back to my clinic as a new patient.

She was principally concerned regarding the appearance of her eyes and the possibility of a worsening right proptosis. Certainly exophthalmometry confirms 20mm globe position

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

in both sides using the Keeler which seems very similar to previous measurements in the thyroid eye disease clinic. I could find no additional signs of active thyroid eye disease with white conjunctivae even over the recti muscle insertions, normal intraocular pressures, no periorbital soft tissue swelling and excellent optic nerve function with normal colour visions and no disc swelling or choroidal folds on fundoscopy. Extra ocular movements are also full with only a small well controlled exophoria to demonstrate.

We therefore discussed with Ms Cuthill that we can find no evidence of active thyroid eye disease today, although she is concerned regarding her lid positions and I note that she previously had blepharoplastics under Dr Wright.

Unfortunately, she needed to get to work so could not wait to have her TRABs taken today. I would therefore welcome an opinion as to whether she needs reviewed in the thyroid eye disease clinic or if she could be referred directly on to oculoplastics to see if they have anything to offer for her eyelid positioning.

→ FOLLOW UP TO ROB PERRY

→ ROB I THINK MORE APPROPRIATE FOR PLASTICS

JUSTIN

→ Oculoplastic new pt (RLP or JK)

→ Routine please

Thank you very much indeed for your help.

Yours sincerely

Sent unsigned for expediency

S MADILL
Consultant Ophthalmologist

cc Dr Morton
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Ms Cuthill
17 Badger Way
Edinburgh
EH17 8XD

SM/CB

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Steve Madill
Consultant - Ophthalmology
PAEP

Date First Created 21/09/2023
Date Authorised
Date/Time Printed 21/09/2023 11:27
Our Ref 620101347R
CHI 2108671080

Ophthalmology

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	SM/NEURO	**Attendance Date:**	17/04/2023
Specialty:	Ophthalmology		
Consultant:	Dr Stephen A Madill		

Outpatient Clinic Letter

Dear Dr Steve Madill,

LETTER DICTATED 20.09.2023

Thanks for writing to me about Ms Cuthill. I forwarded the letter from April to Dr Peden in Oculoplastics, hence Ms Cuthill is on the waiting list to see him, which I think is the most appropriate outcome.

Yours sincerely,

DR JUSTIN McKEE
Consultant Medical Ophthalmologist

Cc;
Craigmillar Medical Group
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Cc;
Ms Lynda Cuthill
17 Badger Way

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Edinburgh
EH17 8XD

JM/LG

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr McKee
Consultant Ophthalmologist
Princess Alexandra Eye Pavilion
Chalmers Street
Edinburgh

Date First Created 17/04/2023
Date Authorised
Date/Time Printed 15/09/2023 11:59
Our Ref 620101347R
CHI 2108671080

Ophthalmology

Outpatient Clinic Letter

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	SM/NEURO	**Attendance Date:**	17/04/2023
Specialty:	Ophthalmology		
Consultant:	Dr Stephen A Madill		

Dear Dr McKee,

Re printed and given to Dr McKee secretary as per Dr S. Madill 12/09. Pt currently on WL for Oculoplastic Clinc.

Y This has already been scanned
letter dictated 12/9/23

Dictated: 17th April 2023

DIAGNOSIS:
1. Graves disease
2. Subtotal thyroidectomy 1995
3. Endonasal orbital decompression 29th August 2018
4. Nil evidence for active thyroid eye disease today, but patient referred back due to concern with eyelid position (did not have time to wait for TRABs to be sent).

VISUAL ACUITY:
Right eye 6/5, left eye 6/6, 6/6+1 with pinhole.

PLAN:
1. Request opinion of thyroid clinic with possible referral on to oculoplastic team.

COMMENT:
This patient was last seen in the thyroid clinic in January 2019 with the above history and then DNA'd a couple of subsequent appointments, then being referred back to my clinic as a new patient.

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

She was principally concerned regarding the appearance of her eyes and the possibility of a worsening right proptosis. Certainly exophthalmometry confirms 20mm globe position in both sides using the Keeler which seems very similar to previous measurements in the thyroid eye disease clinic. I could find no additional signs of active thyroid eye disease with white conjunctivae even over the recti muscle insertions, normal intraocular pressures, no periorbital soft tissue swelling and excellent optic nerve function with normal colour visions and no disc swelling or choroidal folds on fundoscopy. Extra ocular movements are also full with only a small well controlled exophoria to demonstrate.

We therefore discussed with Ms Cuthill that we can find no evidence of active thyroid eye disease today, although she is concerned regarding her lid positions and I note that she previously had blepharoplasties under Dr Wright.

Unfortunately, she needed to get to work so could not wait to have her TRABs taken today. I would therefore welcome an opinion as to whether she needs reviewed in the thyroid eye disease clinic or if she could be referred directly on to oculoplastics to see if they have anything to offer for her eyelid positioning.

Thank you very much indeed for your help.

Yours sincerely

Sent unsigned for expediency

S MADILL
Consultant Ophthalmologist

cc Dr Morton
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Ms Cuthill
17 Badger Way
Edinburgh
EH17 8XD

NHS Confidential: Personal data about a patient

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr McKee
Consultant Ophthalmologist
Princess Alexandra Eye Pavilion
Chalmers Street
Edinburgh

Date First Created 17/04/2023
Date Authorised
Date/Time Printed 17/05/2023 15:08
Our Ref 620101347R
CHI 2108671080

Ophthalmology

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	SM/NEURO	**Attendance Date:**	17/04/2023
Specialty:	Ophthalmology		
Consultant:	Dr Stephen A Madill		

Dear Dr McKee,

Dictated: 17th April 2023

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NHS Confidential: Personal data about a patient

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 620101347R **Patient Name:** Ms Lynda Cuthill

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Yours sincerely

Sent unsigned for expediency

S MADILL
Consultant Ophthalmologist

cc Dr Morton
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

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SM/CB

University Hospitals Division

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NHS Lothian

Department of Ophthalmology

Dr McKee
Consultant Ophthalmologist
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Chalmers Street
Edinburgh

Date First Created 17/04/2023
Date Authorised
Date/Time Printed 17/05/2023 15:08
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill 17 Badger Way Edinburgh EH17 8XD	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	SM/NEURO	**Attendance Date:**	17/04/2023
Specialty:	Ophthalmology		
Consultant:	Dr Stephen A Madill		

Ophthalmology

Outpatient Clinic Letter

Dear Dr McKee,

Dictated: 17th April 2023

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Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

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Yours sincerely

Sent unsigned for expediency

S MADILL
Consultant Ophthalmologist

cc Dr Morton
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Ms Cuthill
17 Badger Way
Edinburgh
EH17 8XD

SM/CB

PAEP/SJH Ophthalmology Surgical Waiting List Booking Form

Name:

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080 [redacted]
70215 J Beckley

AA BWF BD HD JS SM AOM HB
MW KM PC JK MM PA PK
NLT AT MD AG AAA CS TRM POOL

1st EYE ☐ 2ND EYE ☐ post op refraction ☐

Repeat Biometry required: ☐
Assessment: Telephone ☐ Nurse Led ☐
Clinic(specify) ☐

Provisional Diagnosis: Bi cat upper lid skin laxity + R lateral Ptosis

Proposed procedure: R EYE ☐ L EYE ☐ PHACO & IOL ☐ and/or

OTHER SURGERY:☐

Special Lens (if required)ordered: ☐ **Surgery details:** CC1/CC2/CC3

Anaesthetic: LA / GA / Awake Sedation

Urgency: Urgent ☐ (time frame.....) Routine ☑ (max 12WK)

Facility: Day Case / In Patient / O/N Stay / E4 minor ops/ Rm5

Suitable for Theatre 3: Yes ☐ No ☐ **Estimated Theatre Time:**_____

Can accept short notice: Y / N

Listed by: MW **Date:** 8/4/19

Additional information – Nurse to complete

Is Patient Mobile ☐ YES ☐ NO **Hoist Required:** ☐ YES ☐ NO

Is Patient on Warfarin or Other anticoagulant ☐ YES ☐ NO

Is Patient a Diabetic ☐ YES ☐ NO

MRSA Screen required ☐ YES ☐ NO **Latex Allergy:** ☐ YES ☐ NO

☐ **NO** *Please refer ta LUHT MRSA screening protocol*

Hospital Transport: ☐ YES ☐ NO **GP summary enc** ☐ YES ☐ NO

Dates Unsuitable:

DATE OF ASSESSMENT/NLA:
Assessment completed by (please sign)

Staff Nurse Signature: **PRINT NAME:**

Waiting List Office use only

Date of Assessment/NLA:	Letter/tel:
Date of Surgery: 9/5 @ 8 am	Letter/tel: 12/4/19
Revised date of surgery:	Letter/tel:
TTG: 1/7/19	

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
ROYAL INFIRMARY OF EDINBURGH

PRINCESS ALEXANDRA EYE PAVILION

RIE 88

NAME 620101347R F 21/08/1967 ADDRESS Cuthill, Lynda Flat 4,1 Castlebrae Wynd, Edinburgh, Midlothian, EH16 4FH CHI 2108671080 70215 J Reckley POST CODE TEL No 661 0115	UNIT No. DATE OF BIRTH 210867 AGE MAIDEN SURNAME MARITAL STATUS / SEX F / RELIGION OCCUPATION/INDUSTRY
CHANGE OF ADDRESS POST CODE TEL No.	IF HOUSEWIFE — HUSBAND'S OCCUPATION IF CHILD — FATHER'S OCCUPATION IF RETIRED — LAST OCCUPATION PRECEDED BY R
FAMILY DOCTOR Dr Beckley Craigmillar MC Craigmillar EH16 4DT TEL No. 536 9500	NAME AND ADDRESS OF NEXT OF KIN RELATIONSHIP TO PATIENT TEL. No.
CHANGE OF FAMILY DOCTOR TEL No.	HAZARDS CONSULTANT Dr Fleck

DATE OF ATTENDANCE	DIAGNOSIS / VISUAL ACUITY R/L	SEEN BY	CODING
26.10.10			

CJD	HIGH RISK	LOW RISK	DATE
SIGNATURE			

ADMISSIONS

DATE OF ADMISSION	DATE OF DISCHARGE	DIAGNOSIS AND/OR OPERATION	CODING

OVERSEAS VISITORS — STAGE 1 QUESTIONNAIRE

Q1. HAVE YOU (YOUR HUSBAND/WIFE/MOTHER/FATHER) BEEN LIVING IN THE U.K. FOR 12 MONTHS? yes ☐ no ☐

Q2. ARE YOU (YOUR HUSBAND/WIFE/MOTHER/FATHER) GOING TO LIVE IN THE U.K. PERMANENTLY? yes ☐ no ☐

NOT LIABLE DATE			
LIABLE			
FOR STAGE 2			
DATE OF INTERVIEW			

NHS Lothian –
University Hospitals Division

PRINCESS ALEXANDRA EYE PAVILION
Chalmers Street
Edinburgh, EH3 9HA
Telephone: 0131 536 1628

Dr L Hughes
Specialist Trainee Registrar

Email:
www.show.scot.nhs.uk/luht

NHS Lothian

Ms Lynda Cuthill
17 Badger Way
Edinburgh
EH17 8XD

Date 05 October 2022
Date dictated 04 October 2022
Our Ref LH/kms/620101347R
CHI 2108671080

Enquiries to
Tel: 0131 536 1628 Option 4

Dear Ms Cuthill,

It was unfortunate you were not able to attend your appointment to be seen in the Thyroid Eye clinic. I also see that you did not attend an appointment offered for 13th September 2022. Unfortunately, with the 2 non-attendances, we are unable to offer another appointment without re-referral from your GP or Optician. Should you be having ongoing concerns, please do seek this re-referral and we would happily see you.

Many thanks.

Yours sincerely,

Dr L Hughes
Specialist Trainee Registrar

Cc:
Dr Morton
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology LI Basic Sign Referral
Urgency of referral	Urgent
Date of referral	29/07/2022
Date submitted	29/07/2022
UCPN	101026942525F

PATIENT DETAILS		**Contact Details**	
CHI number:	2108671080	17 BADGER WAY EDINBURGH EH17 8XD	Voice (Home) : 661 0115 Voice (Mobile) : 07754588518
Name:	MS LYNDA CUTHILL		
Date of birth:	21/08/1967		
Sex:	Female		

REFERRING PRACTITIONER DETAILS		**Practice address**
Name:	Dr. Catriona Morton (GMC: 3180923)	Craigmillar Medical Centre 106 Niddrie Mains Road Edinburgh EH16 4DT
Practice:	Craigmillar Medical Group (70215)	
Phone:	Voice : 0131 322 2111	

CLINICAL INFORMATION

Reason for Referral: Worsening thyroid eye disease

Main Referral Text: This 54 year old woman was previously under Mr Wright's care for her thyroid eye disease: she had lid surgery in May 2019 and I have attached details of that. She came to see me with further symptoms. She now has a proptosis on the right, and says this is new, and affecting her vision. She has seen her optometrist recently for an eye check and tells me there are no other problems. She had a normal TSH in June.I would be grateful for your urgent help in her management.With many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Duodenitis			24/06/2022	24/06/2022
Oesophagitis			24/06/2022.	24/06/2022
Hiatus hernia			24/06/2022	24/06/2022
Gallbladder calculus		to have MRCP next week	06/11/2021	06/11/2021
Lives alone			05/11/2021	05/11/2021
Did not attend breast screening clinic	New event	Appointment Reminder issued	20/11/2020	20/11/2020.
Cervical smear defaulter	New event		18/01/2020	18/01/2020
No response to bowel cancer screening programme invitation	New event		19/11/2019	19/11/2019
Graves' disease			29/09/2018	29/09/2018
No response to bowel cancer screening programme invitation	New event		19/11/2017	19/11/2017
Cervical smear defaulter	New event		19/12/2016	19/12/2016
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996

Spontaneous vaginal delivery		16/05/1993	16/05/1993
Thyrotoxicosis	Graves Disease	14/05/1992	14/05/1992
Simple goitre		14/05/1992	14/05/1992
Spontaneous vaginal delivery		13/10/1989	13/10/1989
Alcohol abuse - unspecified		24/04/1989	24/04/1989
Suicide+5II - NOS	Overdose	01/11/1988	01/11/1988
[redacted]		01/05/1986	01/05/1986
		02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Laparoscopic cholecystectomy			21/12/2021	21/12/2021
ERCP sphincterotomy sphincter of Oddi and calculus removal			09/12/2021	09/12/2021
Blepharoplasty	bilateral upper lid skin blepharoplasties		09/05/2019	09/05/2019
Tarsorrhaphy	small right lateral tarsorrhaphy under local anaesthetic as day case		09/05/2019	09/05/2019
Eye operations	BILATERAL ENDONASAL ORBITAL DECOMPRESSION		03/09/2018	03/09/2018
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE TWICE A DAY		22/07/2022		22/07/2022
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		25/07/2022
Fluoxetine 20mg capsules	capsule	1 IN THE MORNING		12/04/2022		25/07/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	ONE AT NIGHT		25/07/2022		25/07/2022
Metoclopramide 10mg tablets	tablet	1 TABLET THREE TIMES A DAY		22/07/2022		22/07/2022
Omeprazole 20mg gastro-resistant capsules	capsule	AS DIRECTED FROM ENDOSCOPY **[more]		24/06/2022		24/06/2022
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING		08/04/2009		06/06/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

861472021-11-0519:24:00811252013-10-0908:29:00761302010-06-2429.61.57732022-07-2537.31.57922010-03-3123.11.5757.151994-11-15

Additional information

Patient Weight in Kilograms:73
Patient Height in Metres:1.57
Patient BMI:29.6
Patient Blood Pressure (Systolic):147
Patient Blood Pressure (Diastolic):86
Smoking history (Screening):Cigarette smoker Date Recorded:06-Jun-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:06-Jun-2022
Alcohol history (Screening):Teetotaller Date Recorded:15-Nov-1994
Alcohol history (Encounters):Teetotaller Date Recorded:15-Nov-1994

University Hospitals Division

Princess Alexandra Eye Pavilion
Ward E4 (Outpatient Department)
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created 10/05/2019
Date Authorised
Date/Time Printed 10/05/2019 08:33
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	Thursday AM Minor OP Clinic	**Attendance Date:**	09/05/2019
Specialty:	Ophthalmology		
Consultant:	Dr M Wright		

Ophthalmology

Ophthalmic Clinic Letter

Dear Dr Bickler,

DIAGNOSIS:
1. Burnt out Graves' disease 29.09.18 with residual upper lid dermatochalasis and fractionally wider right eye when compared with the left.
2. Sub-total thyroidectomy 1985 now on thyroxine.
3. Still smokes.

PROCEDURE: Bilateral upper lid skin blepharoplasties and small right lateral tarsorrhaphy under local anaesthetic as a day case.

TREATMENT ON DISCHARGE: Chloramphenicol ointment three times a day to the wound till the tube is done or the wound has healed.

FOLLOW-UP: In order to minimise Linda's travel we have taken the liberty of asking her to arrange with the practice nurse to remove the upper lid silk sutures around one week post operatively, many thanks in anticipation. We will see her back in the oculo-plastic clinic in ten to twelve weeks. She knows however that if everything is okay in the week or so leading up to the appointment I am happy for her to phone up and cancel this by calling 0131 536 1628 (option 2).

Yours sincerely,

Mark Wright
Consultant Oculo-Plastic Surgeon

c.c.
ENT Department,

Cont'd... **Ref:** 620101347R **Patient Name:** Ms Lynda Cuthill

Lauriston Building,
Lauriston Place,
EDINBURGH, EH3 9HA.

c.c.
Dr. Nicola Zammitt,
Consultant Physician,
Princess Alexandra Eye Pavilion,
Chalmers Street,
EDINBURGH, EH3 9HA.

c.c.
Ms Lynda Cuthill,
Flat 4,
1 Castlebrae Wynde,
EDINBURGH, EH16 4FH.

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr. Nicola Zammitt,
Consultant Physician
Princess Alexandra Eye Pavilion
Chalmers Street
EDINBURGH
EH3 9HA.

Date First Created 23/04/2019
Date Authorised
Date/Time Printed 24/04/2019 11:20
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/MWPM	**Attendance Date:**	08/04/2019
Specialty:	Ophthalmology		
Consultant:	Dr M Wright		

Ophthalmology

Outpatient Clinic Letter

Dear Dr. Nicola Zammitt,,

DIAGNOSIS:
1. Burnt out Graves' disease 29.09.18 with residual upper lid dermatochalasis and fractionally wider right eye when compared with the left.
2. Sub-total thyroidectomy 1985 now on thyroxine.
3. Still smokes.

Linda's complaint is of excessive upper eyelid skin right slightly more than the left side and the right eye is slightly wider open than the left. On examination her palpebral aperture is indeed 1mm wider on the right when compared with the left. She has had a nice result from her endonasal decompression and I measured her ptosis measurements around 15 right, 16 left with a separation distance of 100mms. After going through the pros and cons I have placed her on my waiting list for bilateral upper lid skin blepharoplasties and we will take a tiddly bit more on the left side combined with a very small lateral tarsorrhaphy on the right to try and improve the symmetry of the vertical aspect of the palpebral apertures.

With kind regards,

Yours sincerely,

Mark Wright
Consultant Oculo-Plastic Surgeon

c.c.
Dr. Bickler,
Craigmillar Medical Group,
106 Niddire Mains Road,

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 620101347R **Patient Name:** Ms Lynda Cuthill

EDINBURGH, EH16 4DT.

c.c.
ENT Department,
Lauriston Building,
Lauriston Place,
EDINBURGH, EH3 9HA.

c.c.
Ms Lynda Cuthill,
Flat 4,
1 Castlebrae Wynde,
EDINBURGH, EH16 4FH.

THIS PATIENT IS ON THE NON TRIAGED W/L

(NAME) Hi Dr. M. Wright, Could you please have a look at this Ref

(CHI) and advise us. Many Thanks

Cristiano. WLO 29/01/19.

PLEASE RETURN THIS SLIP TO THE WLO WITH OUTCOME SO PATIENT CAN BE APPOINTED/REMOVED. THANKYOU

R Owen 31.1.19

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created	23/01/2019
Date Authorised	24/01/2019
Date/Time Printed	24/01/2019 11:04
Our Ref	620101347R
CHI	2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/JBMTHY	**Attendance Date:**	22/01/2019
Specialty:	Ophthalmology		
Consultant:	Dr Justin B McKee (Thyroid)		

Ophthalmology

Outpatient Clinic Letter

Dear Dr Bickler,

DIAGNOSIS:
Graves' disease
Subtotal thyroidectomy 1995
Inactive thyroid eye disease
Endonasal orbital decompression 29/08/2018

CURRENT MEDICATION:
Levothyroxine 50 mcg once daily

SMOKING STATUS:
Current smoker (10 cigarettes a day)

THYROID FUNCTION TESTS:
22nd January 2019 - TSH 0.11 mU/l FT4 13 pmol/l TT3 1.7 nmol/l

CLINICAL ACTIVITY SCORE:
0/10

VISUAL ACUITY:
Right 6/4 unaided, left 6/9 unaided

INTRAOCULAR PRESSURES:
Right 17 mm Hg, left 13 mm Hg

PROPTOSIS MEASUREMENTS:
Right 20 mm, left 20 mm

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

COMMENT:
This lady was seen in the Joint Thyroid Eye clinic on 22nd January 2019 by Dr McKee in Ophthalmology and Dr Zammitt in Endocrinology.

Her thyroid eye disease has been inactive for some time and she is absolutely delighted with the results of her endonasal decompression at the end of August 2018. She was euthyroid when her bloods were done back then, and I have repeated them today to ensure that her thyroid hormone levels are stable. She remains on the same dose of Levothyroxine. Although her TSH is very slightly below the bottom of the normal reference range, her T4 and T3 are both normal so I would recommend she remain on the same dose of medication. She is keen to be seen by the Oculoplastic Surgeons for consideration of lid surgery, and we have now discharged her from this Joint Thyroid Eye clinic as there are no further active issues that need our joint input.

Yours sincerely

(electronically verified and signed for expediency)

Dr Nicola Zammitt
Consultant Physician

Cc:
Consultant Oculoplastic Surgeon
Oculoplastics Team
PAEP

NZ/kms

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created 23/01/2019
Date Authorised
Date/Time Printed 24/01/2019 10:11
Our Ref 620101347R
CHI 2108671080

Patient: Ms Lynda Cuthill
Flat 4,1 Castlebrae Wynd
Edinburgh
EH16 4FH

UHPI: 620101347R
Date of Birth: 21/08/1967

Attendance Date: 22/01/2019

Clinic Code: OP/JBMTHY
Specialty: Ophthalmology
Consultant: Dr Justin B McKee (Thyroid)

Ophthalmology

Outpatient Clinic Letter

Dear Dr Bickler,

DIAGNOSIS:
Graves' disease
Subtotal thyroidectomy 1995
Inactive thyroid eye disease
Endonasal orbital decompression 29/08/2018

CURRENT MEDICATION:
Levothyroxine 50 mcg once daily

SMOKING STATUS:
Current smoker (10 cigarettes a day)

THYROID FUNCTION TESTS:
22nd January 2019 - TSH 0.11 mU/l FT4 13 pmol/l TT3 1.7 nmol/l

CLINICAL ACTIVITY SCORE:
0/10

VISUAL ACUITY:
Right 6/4 unaided, left 6/9 unaided

INTRAOCULAR PRESSURES:
Right 17 mm Hg, left 13 mm Hg

PROPTOSIS MEASUREMENTS:
Right 20 mm, left 20 mm

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 620101347R **Patient Name:** Ms Lynda Cuthill

COMMENT:
This lady was seen in the Joint Thyroid Eye clinic on 22nd January 2019 by Dr McKee in Ophthalmology and Dr Zammitt in Endocrinology.

Her thyroid eye disease has been inactive for some time and she is absolutely delighted with the results of her endonasal decompression at the end of August 2018. She was euthyroid when her bloods were done back then, and I have repeated them today to ensure that her thyroid hormone levels are stable. She remains on the same dose of Levothyroxine. Although her TSH is very slightly below the bottom of the normal reference range, her T4 and T3 are both normal so I would recommend she remain on the same dose of medication. She is keen to be seen by the Oculoplastic Surgeons for consideration of lid surgery, and we have now discharged her from this Joint Thyroid Eye clinic as there are no further active issues that need our joint input.

Yours sincerely

(electronically verified and signed for expediency)

Dr Nicola Zammitt
Consultant Physician

Cc:
Consultant Oculoplastic Surgeon
Oculoplastics Team
PAEP

NZ/kms

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created	17/09/2018
Date Authorised	
Date/Time Printed	17/09/2018 13:49
Our Ref	620101347R
CHI	2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/JBMTHY	**Attendance Date:**	28/08/2018
Specialty:	Ophthalmology		
Consultant:	Dr Justin B McKee (Thyroid)		

Ophthalmology

Outpatient Clinic Letter

Dear Dr Bickler,

Unfortunately Ms Cuthill did not attend her appointment at the Joint Thyroid Eye clinic on 28th August 2018. We will send another appointment for the next 3 months and hopefully we will catch up with her then. If there are any issues in the meantime please do not hesitate to get in touch.

Yours sincerely

Dr R Davies
Specialist Trainee Registrar

Cc:
Ms L Cuthill
Flat 4
1 Castlebrae Wynd
Edinburgh
EH16 4FH

RD/kms

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created 19/04/2018
Date Authorised
Date/Time Printed 25/04/2018 10:53
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/JBMTHY	**Attendance Date:**	17/04/2018
Specialty:	Ophthalmology		
Consultant:	Dr Justin B McKee (Thyroid)		

Ophthalmology

Outpatient Clinic Letter

Dear Dr Bickler,

DIAGNOSIS:
Graves' disease
Subtotal thyroidectomy 1995
Stable proptosis - keen for consideration of orbital decompression

CURRENT MEDICATION:
Levothyroxine 50 mcg once daily

SMOKING STATUS:
Current smoker (10 cigarettes a day)

THYROID FUNCTION TESTS:
17th April 2018 - TSH 0.44 mU/l fT4 12 pmol/l TRAb 11.1 iu/l

CLINICAL ACTIVITY SCORE:
1/10

VISUAL ACUITY:
Right 6/6 unaided, left 6/6+1 unaided

INTRAOCULAR PRESSURES:
Right 18 mm Hg, left 16 mm Hg

PROPTOSIS MEASUREMENTS:
22 mm both eyes

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 620101347R **Patient Name:** Ms Lynda Cuthill

COMMENT:
After this lady's last appointment in October we had referred her for consideration of orbital decompression. She has been seen by the ENT Team, who has requested a CT of her sinuses. This is due to take place tomorrow and Lynda understands that it will probably be another 12 weeks or so before she has her procedure. I note that she has deviation of her nasal septum to the left, which might require a septoplasty on the table for access if bilateral endonasal orbital decompression is undertaken. I believe that Mr Williams will be in touch with this lady once her CT result is back.

She does continue to smoke 10 cigarettes a day, although this is a reduction from her previous daily consumption of 40 cigarettes a day. She feels that her eyes are still gritty, intermittently painful and sometimes glazed, but that overall the symptoms are very stable compared to the last time she was here. She was reviewed by Dr Ah-See, the Ophthalmology Registrar. She is not keen for topical lubricants. Today there were no signs of active thyroid eye disease and we would therefore be happy for her to proceed with decompression, providing Mr Williams is happy to proceed.

Her thyroid function was checked today and she remains euthyroid on her current dose of levothyroxine.

We have given her a 4 month appointment.

Yours sincerely

(electronically verified and signed for expediency)

Dr Nicola Zammitt
Consultant Physician

Cc:
Mr AT Williams
Consultant ENT Surgeon
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

NZ/kms

OP/JBMTHY 15/08 CIN'S

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	10/07/2017
Date submitted	10/07/2017
UCPN	101014024624V

PATIENT DETAILS		**Contact Details**	
CHI number:	2108671080	1-4 CASTLEBRAE WYND EDINBURGH EH16 4FH	Voice (Home) : 661 0115
Name:	MS LYNDA CUTHILL		
Date of birth:	21/08/1967		
Sex:	Female		

REFERRING PRACTITIONER DETAILS		**Practice address**
Name:	Dr. Carl Bickler (GMC: 2S49932)	Craigmillar Medical Centre 106 Niddrie Mains Road Edinburgh EH16 4DT
Practice:	Craigmillar Medical Group (7021S)	
Phone:	Voice : 0131 322 2111	

CLINICAL INFORMATION

Reason for Referral: thyoroid eye disease

Main Referral Text: lomgh standing thyroid eye disease. feels can no longer cope with pains in eyes and inability to slepp which she reports as beng caused by her eyesher tfts are normal. wediscuss ed the pros and coons of referral and has requested a review

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Cervical smear defaulter	New event		19/12/2016	19/12/2016
Spontaneous abortion			28/11/2006	28/11/2006
Hypothyroidism NOS			01/03/1996	01/03/1996
Spontaneous vaginal delivery			16/05/1993	16/05/1993
Thyrotoxicosis		Graves Disease	14/05/1992	14/05/1992
Simple goitre			14/05/1992	14/05/1992
Spontaneous vaginal delivery			13/10/1989	13/10/1989
Alcohol abuse - unspecified			24/04/1989	24/04/1989
Suicide+SII - NOS		Overdose	01/11/1988	01/11/1988
[redacted]			01/05/1986	01/05/1986
			02/08/1984	02/08/1984

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Thyroidectomy operations			26/06/1995	26/06/1995

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

Drug name	Formulation	Dosage	Frequency	Duration

			Course started	Last Prescribed Date
Levothyroxine sodium 50microgram tablets	tablet	1 TAB IN THE MORNING	08/04/2009	06/06/2017

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
[V]PH - Penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.		05/06/2009	05/06/2009

811252013-10-0908:29:00761302010-06-24831282010-03-3137.31.57922010-03-3123.11.5757.151994-11-15

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:30-Apr-2012

Alcohol history (Encounters):Teetotaller Date recorded:15-Nov-1994

Patient Weight in Kilograms:92

Patient Height in Metres:1.57

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

ENT Team
Lauriston Building
Lauriston Place
Edinburgh

Date First Created 16/02/2018
Date Authorised
Date/Time Printed 16/02/2018 11:35
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/JBMTHY	**Attendance Date:**	17/10/2017
Specialty:	Ophthalmology		
Consultant:	Dr Justin B McKee (Thyroid)		

Ophthalmology

Outpatient Clinic Letter

Dear ENT Team,

Referral letter dictated on 31/1/18

DIAGNOSIS:
Graves' Disease
Subtotal thyroidectomy 1995
Stable proptosis
Keen for consideration for orbital decompression

I wonder if you could kindly arrange to see this lady for consideration of endonasal orbital decompression. Please find attached her last clinic letter from August detailing her previous thyroid eye disease history. She was reviewed again in October and her main complaint is regarding her longstanding and stable proptosis and its related cosmesis. She is very keen to consider decompression, and possibly lid surgery in the future. She also mentions a fairly constant "pain behind her eyes" on a daily basis, however we have had a long discussion with her today and she is aware that decompression surgery is unlikely to help this, however it could be considered given her proptosis. She otherwise has no evidence of active thyroid eye disease.

Many thanks for seeing her.

Yours sincerely

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Dr Rhys Davies
Specialist Trainee

RD/AL

Cc
Dr C B Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Bickler
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created 24/08/2017
Date Authorised
Date/Time Printed 24/08/2017 12:03
Our Ref 620101347R
CHI 2108671080

Ophthalmology

Outpatient Clinic Letter

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/JBMTHY	**Attendance Date:**	15/08/2017
Specialty:	Ophthalmology		
Consultant:	Dr Justin B McKee (Thyroid)		

Dear Dr Bickler,

DIAGNOSIS:

Graves' disease
Subtotal thyroidectomy 1995
Thyroid orbitopathy

VISUAL ACUITY:

Right eye 6/5
Left eye 6/5

INTRAOCULAR PRESSURE:

Right eye 14mmHg
Left eye 15mmHg

CURRENT TREATMENT:

Levothyroxine 50mcg once daily

EXAMINATION:

Smoking status: Current smoker ten cigarettes per day (reduced from forty cigarettes per day)
Thyroid function test: 29/01/17; TSH 0.28, FT4 13, TRABS 4.2 (31/01/10)
Clinical activity score: 3/10
Proptosis measurements: right eye 22mm, left eye 21mm

COMMENT:

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Cont'd... **Ref:** 620101347R **Patient Name:** Ms Lynda Cuthill

Thank you for your referral of this lady back to the joint thyroid eye disease clinic. She was previously seen in 2010 however unfortunately did not attend subsequent follow up. She is referred with ongoing constant pain mainly around the right orbit, which she feels has got worse over the last three months. She also feels her eyes appear slightly more proptosed than normal. She denies any visual symptoms or diplopia, or any foreign body sensation. She continues on the above dose of Levothyroxine and her most recent thyroid function test in January 2017 showed a euthyroid function.

Examination of her eyes showed a slightly more proptosed right eye, however she retains full range of movement and her ocular surface appears healthy. There was no indication of active lid swelling, erythema, conjunctival injection or caruncle inflammation. Her optic nerve function and appearance appear healthy.

Overall her measurements today are consistent with her last measurements in 2010, however given her symptoms we have organised a CT scan to assess the appearance of her extra ocular muscles. She has also had further blood tests today including an updated TRABS, which will help correlate whether she has any active thyroid eye disease. She has again been advised to stop smoking and I understand she is being helped with this via her GP. We will see her again in two months time with the results of her CT scan and keep you updated with her progress.

Yours sincerely

Dr Rhys Davies
Str

University Hospitals Division

Princess Alexandra Eye Pavilion
Outpatient Department
Chalmers Street
Edinburgh
EH3 9HA

NHS Lothian

Department of Ophthalmology

Dr Beckley
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created 15/12/2010
Date Authorised
Date/Time Printed 15/12/2010 09:02
Our Ref 620101347R
CHI 2108671080

Patient:	Ms Lynda Cuthill Flat 4,1 Castlebrae Wynd Edinburgh EH16 4FH	**UHPI:**	620101347R
		Date of Birth:	21/08/1967
Clinic Code:	OP/BWF	**Attendance Date:**	26/10/2010
Specialty:	Ophthalmology		
Consultant:	Dr BW Fleck		

Ophthalmology

Tel: 0131 536 1000
Fax: 0131 536 4090

Outpatient Clinic Letter

Dear Dr Beckley,

DIAGNOSIS:
1. Inactive thyroid eye disease
2. Moderate proptosis, both eyes
3. Previous thyroidectomy for over-active thyroid 17 years ago
4. Recent left infectious keratitis - now resolved

VISUAL ACUITY: 6/6 both eyes

OCULAR MEDICATION: Viscotears qid plus prn to both eyes

COMMENT: Linda was seen today following recent attendance at the eye casualty department with a corneal infection. This has now settled but she is symptomatic of her thyroid eye disease. There is no evidence of active inflammation but she does have a moderate degree of proptosis in both eyes and is very unhappy with her appearance. She is also complaining of moderate to severe pain around her eyes. Of note, she is a smoker and I have given her advice regarding stopping this, as this is the most important risk factor for developing thyroid eye disease. I have also given her some lubricants to use on a regular basis, as she has not been using any recently. I have arranged to see her back in three months, at which time we will discuss possible surgical management of her proptosis.

REVIEW: Follow-up in three months.

Yours sincerely

HEATHER ~~GRAHAM~~ RUSSELL
Specialist Trainee Registrar

University Hospitals Division

Western General Hospital
First Floor
Outpatient Department
Crewe Road South
Edinburgh EH4 2XU

NHS Lothian

Rheumatic Diseases Unit

Dr Beckley
Craigmillar Medical Group
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created 18/06/2010
Date Authorised
Date/Time Printed 18/06/2010 14:13
Our Ref 620101347R
CHI 2108671080

Patient: Ms Lynda Cuthill
Flat 4, 1 Castlebrae Wynd
Edinburgh
EH16 4FH

UHPI: 620101347R
Date of Birth: 21/08/1967

Attendance Date: 09/06/2010

Clinic Code: RRAC/REG
Specialty: Rheumatology
Consultant: Dr E McRorie

BW	CB	DE	WJ
CM	MA	BW	JB

22 JUN 2010

Associate	Reg 1	Reg 2
Retainer	To Coding	Tick

Dear Dr Beckley,

Diagnosis:
Left CMCJ osteoarthritis
Possible Buerger's disease
Hypothyroidism
Possible left carpal tunnel syndrome (awaiting nerve conduction studies)

Past Medical History:
Grave's disease
Partial thyroidectomy (on long-term Thyroxine)

Medication:
Thyroxine 50mcg once a day
Topical Ibuprofen gel - see text

I reviewed Lynda in Dr McRorie's rheumatology clinic today and she tells me that things are very much the same as on discharge. She continues to experience a great deal of pain in the left wrist and the thenar eminence of the left hand. She continues to develop blisters over the digits which I believe are one or two millimetres in size and appear clear. She is unable to burst these herself but when the do burst they do leave a small mark on her skin which then resolves.

She has been revicwed by the hand surgeons at St John's and was diagnosed with probable carpal tunnel syndrome on the left. She is awaiting nerve conduction studies and will then be followed up by them. They did give her a wrist splint but she did not find that this was helpful. On systemic enquiry there is no history of any symptoms of connective tissue disease. She tells me that she has reduced her smoking from 20 a day to 10 a day since the time of discharge.

On examination BP 130/76, weight 91kg, no urine sample provided. She was very tender over the left 1st CMC joint though there were no skin or nail changes.

Rheumatology

Dr N Amft
0131 537 1804
Secretary
0131 537 1803

Dr V B Ohillon
Lead Clinician
0131 537 2409
Secretary
0131 537 1798

Dr M K Gray
0131 537 1802
Secretary
0131 537 3564

Dr C M Lambert
0131 537 1805
Secretary
0131 537 1798

Dr E R McRorie,
0131 537 1793
Secretary
0131 537 1016

Professor S Ralston
0131-537 1088
Secretary
0131 537-1813

Dr A Oaroszewska
0131 537 1802
Secretary
0131 537 1806

Nurse Practitioners
0131 537 3677

Osteoporosis Nurses
Jackie Berg 0131 537 3903
Gina De Lara 0131 537 2583

Ward 15
0131 537 2676

Clinic Appointments
0131 537 1340/46

Fax : 0131 537 1051

Outpatient Clinic Letter

University Hospitals Division

Western General Hospital
First Floor
Outpatient Department
Crewe Road South
Edinburgh EH4 2XU

NHS
Lothian

In terms of outstanding investigations her MPO ANCA is mildly elevated at 2.8 but there are no symptoms of an ANCA positive vasculitis. This is not significant. Her parvovirus IgG was positive and IgM negative suggesting previous parvovirus infection. Lupus sensitive APTT was prolonged at 42 but this normalised on the sensitive APTT mix and lupus enticoagulant screen was normal. Anticardiolipin IgG and IgM were within the normal range. I discussed this lady's results with the haematology registrar on-call and these results are not suggestive of lupus anticoagulant however she does have a prolonged APTT which may represent a possible clotting deficiency. The registrar advised that if Mrs Cuthill had a history of requiring transfusions or prolonged bleeding after childbirth or any problems with bleeding post-operatively (I note that she has had a partial thyroidectomy without any problems) or a family history of bleeding problems then they would advise referral to the haematologists at the Royal Infirmary to do clotting assays. I shall leave this in your hands if you feel that it is appropriate as you may be aware of previous bleeding problems.

This lady does not have any evidence of a vasculitis and her wrist pain is being followed up by the hand surgeons. In view of this we have discharged her from the rheumatology service. I have again advised her of the importance of stopping smoking and she does understand this. In terms of analgesia it may be worth trying topical non-steroidal gel to see if this does improve her symptoms. We shall leave follow up and further management to the hand surgeons.

Yours sincerely,

Dr Nishanthi Thalayasingam
LAT in Rheumatology

cc:/
St John's Notes

(NT/PM)

ARCth4
1.30

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

Clinical Lead Dr. A. Gray
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no. E1777365
E059855
Previous no.
UHPI no. 620101347R
CHI no. 2108671080

PATIENT INFORMATION

Surname Cuthill
Forenames Lynda
Date of Birth 21/08/1967
Age 42 Yrs Sex F

Address Flat 4
1 Castlebrae Wynd
Edinburgh, Midlothian
Postcode EH16 4FH
Telephone 0131 661 0115

Contact Address Cuthill, Kevin
182/5 Peffermill Road
Edinburgh
Midlothian EH16 4AH
Telephone 666 2881 H W

Complaint severe headache/blurred vision
Allergies

Attendances in last 12 months: 0 School:

General Practitioner

Name J Beckley
Address Craigmillar Medical Group
Craigmillar Medical Cen
EH16 4DT
Telephone 0131 536 9500

Date and Time of Attendance 08/08/2010 19:39
Incident Date & Time:
Mode of Arrival Private Transport
Source of Referral NHS 24

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer
36.2	60	16	122/69	6.5	99% on RA			

Nursing Assessment Pt reports headache & pain in (L) eye commencing last night. Pt further reports blurred vision. Pain persisting despite simple analgesia.

Pain Assessment Score
Waterlow Score
Pain Score Review Time
Triage Score
Signature Time Print Name

Clinical Notes

(42) Pain in red L eye

HPC Was sitting down 1/7 ago when sudden pain. Sharp, stabbing 10/10 lasting 2 seconds in L eye. Lost vision for 1–2 seconds.

After the initial intense stab of pain she has had ongoing milder throbbing pain in her L eye

Pain made worse by bright light + closing R eye.

L eye tender

Immediately after initial pain, friend noticed eye looked red.

PMH Possible Buerger's disease
L CMCJ arthroplasty
Hyperthyroidism
2° to Hyperselection (Hypothyroidism)
Graves disease

DH PENICILLIN ALLERGY (rash)
LEVOTHYROXINE 50mcg

SH smokes 10 per day
Teacher.

Diagnosis L eye v. ↓ vision / blurring L eye

Doctor's Name (print) Signature

Nursing Release			
Instruction/Health Education	Y	N	N/A
Medication	Y	N	N/A
Review			
X-rays	Y	N	N/A
Clinic	Y	N	N/A
Notes/X-rays	Y	N	N/A
Walking Aids	Y	N	N/A
Transport			
Self	Y	N	N/A
Other	Y	N	N/A
Amb ret no.....	Y	N	N/A
Primary Care Ref.			
Safe Home	Y	N	N/A
Crisis Care	Y	N	N/A
District Nurse	Y	N	N/A
GP	Y	N	N/A
NoK/carer aware			
Documentation Complete	Y	N	
CSW signature			
RN signature			

Clinical Notes Continued

o/E Proptosis. Bleeding from R nostril (primary surgeon

Appears. Orx

New chest mark.

ins pain

Chest clear

Abdo SNT BS N

Seeing: L eye 6/18 PERRL

Visual fields NAD

EOMs NAD

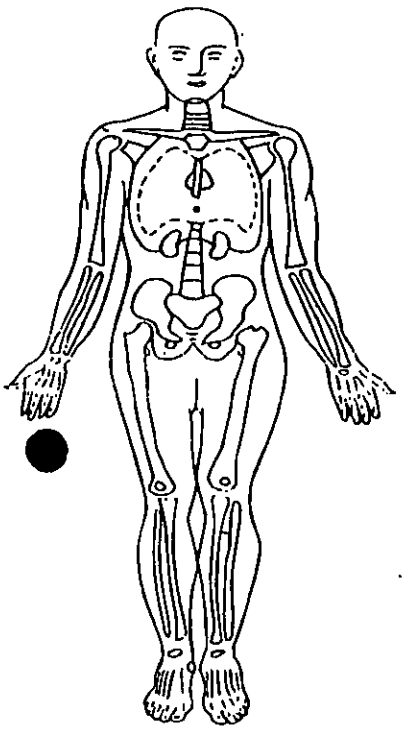
R eye 6/9

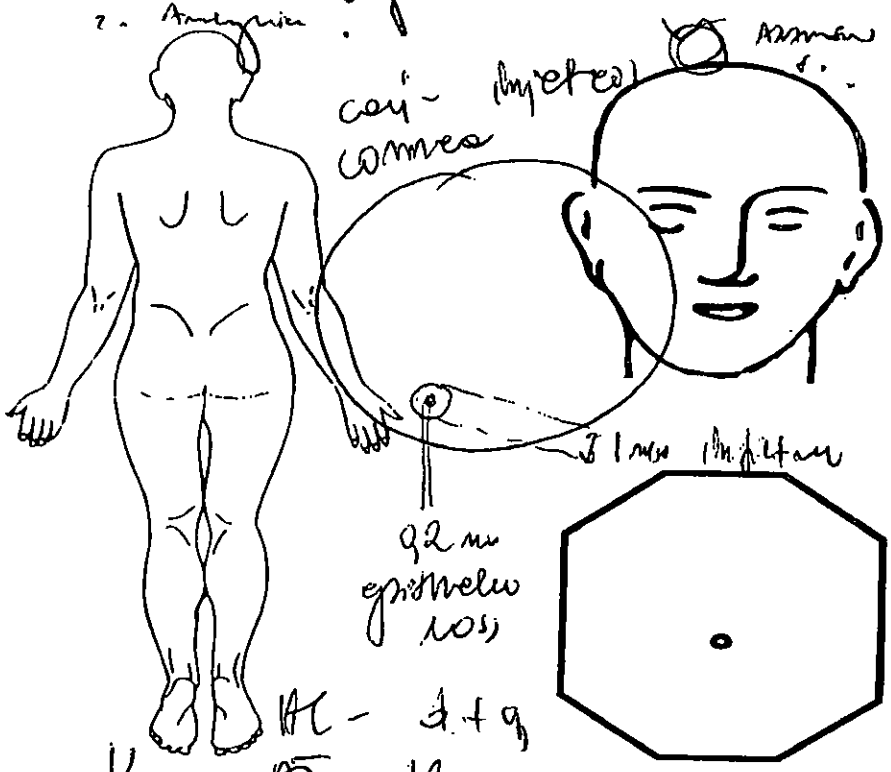
Imp

? infxn / epistaxis / sarcoma

1. ophthalmology r/v

2. Analgesia.

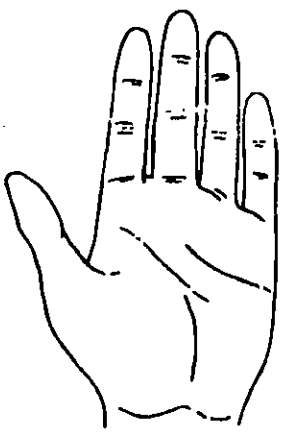


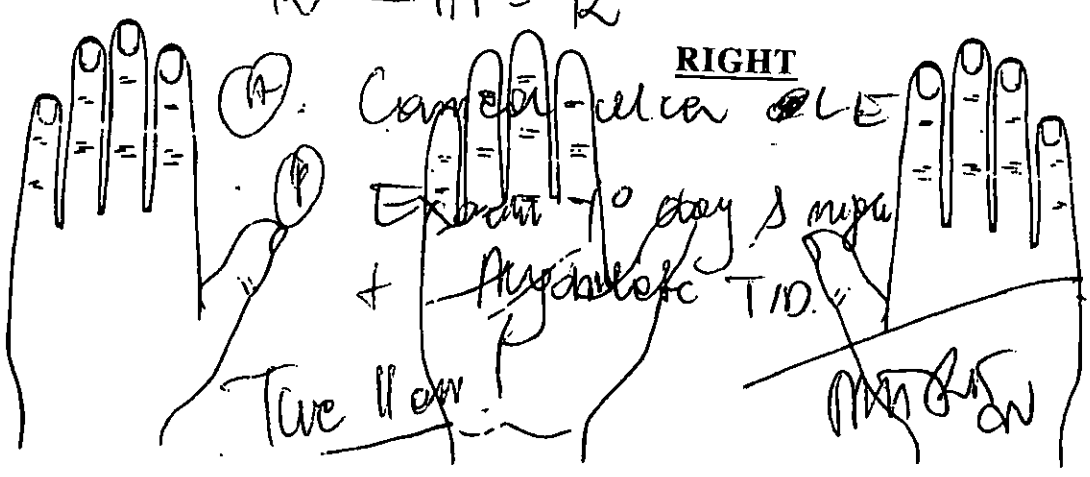


IC - 3.4 g

K — AT - 12

LEFT





RIGHT

A. Carcinoma ulcer @ LE

Excision 10 days supra

+ Augmentec TID.

Tue 11 am

MS CN

10.8.10

TO2

9.40

EYE DEPARTMENT

CONTINUATION SHEET

E.P. 30

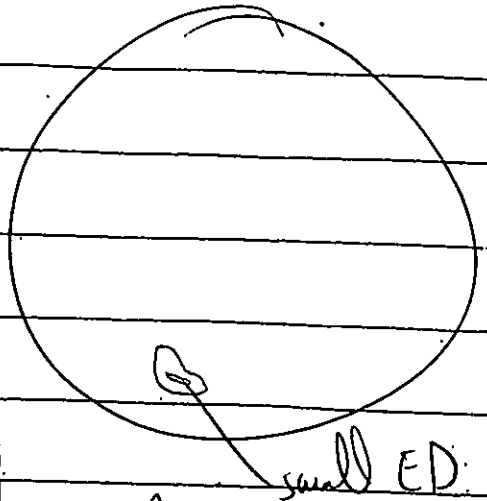
NAME 70215 J Beckley
620101347R F 21/08/1967
Cuthill, Lynda

UNIT No. Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

CHI 2108671080

DATE	RIGHT EYE	LEFT EYE	
10/08/10	(L) EYE PAINFUL, PHOTOPHOBIC		
ARC	Rx - CPL TID		
	EXOCIN HOURLY	(L)	
	MYDRIATE TID		
	6/6 -3 LA	LA 6/24-1 ph= 6/12	
			(1) SW JTaylor
	Thyroid eye disease		
	↑ pain red left eye		
	photophobia		
	seen sunday - 2/7 ago		
	Left corneal ulcer		
	on Exocin + mydriat -		
	still photophobia		
	o/e	mild injection	
			→

ATE	RIGHT EYE	LEFT EYE



A.C cells +

Lup slight ↑ prom.

(P) Exam 1° 1/7
2° 2/7

cyclo TDS

r/v 3/7 (Fri AM)

LKHAN

EYE DEPARTMENT

CONTINUATION SHEET

E.P. 30

620101347R F 21/08/1967
NAME Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
UNIT No. Midlothian,
EH16 4FH
CHI 2108671080
70215 J Beckley

67

DATE	RIGHT EYE	LEFT EYE	
120810 13:55	Review J. (L) Contd	Epithelial defect Bx:- G. Exocin 2Hrly + G. Cyclo 12 hrly	Duke Duke
	6/5 n-a	VA 6/6 ph A/c occasional cells. Corneal defect resolving	
	denies FB/injury/no foreign travel/no cats Has TED - surgery 17 yrs ago, photophobia now on Pilocarpine		
		circ corneal injection pupil dilated	
		A/c occ cell	
		infiltrate hypopyon	
for scrapes/PK		injection epithelium intact	
	add g gentamycin 2Hourly + occhlar tds		

ATE	RIGHT EYE	LEFT EYE	
	Imp: Non heal ~~ulc~~ corneal abscess		
	Rx g exocin 2 hourly		
	g gentimycin 2 hourly		
	g cyclo 1% tds		
	oc chloromycetin tds		
	see ~~Mr Jan~~ Mr PRAKENWOOD		
	BSW AM review:-		
	Pt seeing no improvement		
	Continues to be in pain + VA blurred + headache photophobic. Continues		
	6. Exocin 2hrly		
	6. Gentimycin 2hrly		
	6. cyclopentolate TD		
	oc. chloramphenicol TD.		
	VA		
	6/6 VA	6/12 +3 VA	
		+ PH 6/6	Janis SN Robson
	feels the same still photophobic		
	o/e		

2.30

M3

620101347R F 21/08/1967

NAME Cuthill, Lynda

Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

UNIT No

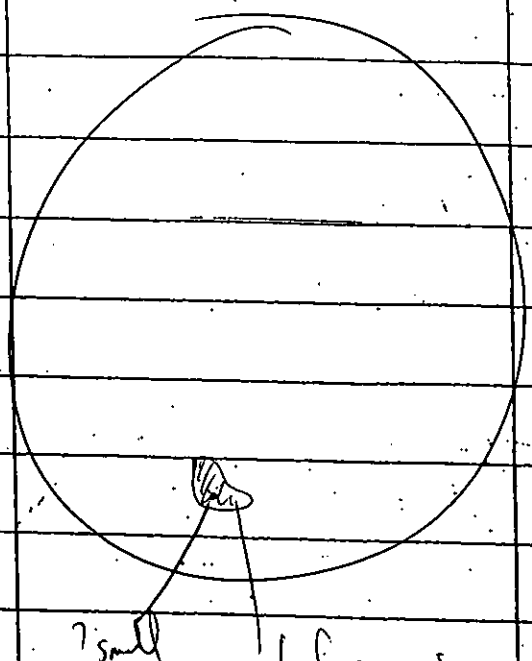
CHI 2108671080

70215 LBeckley

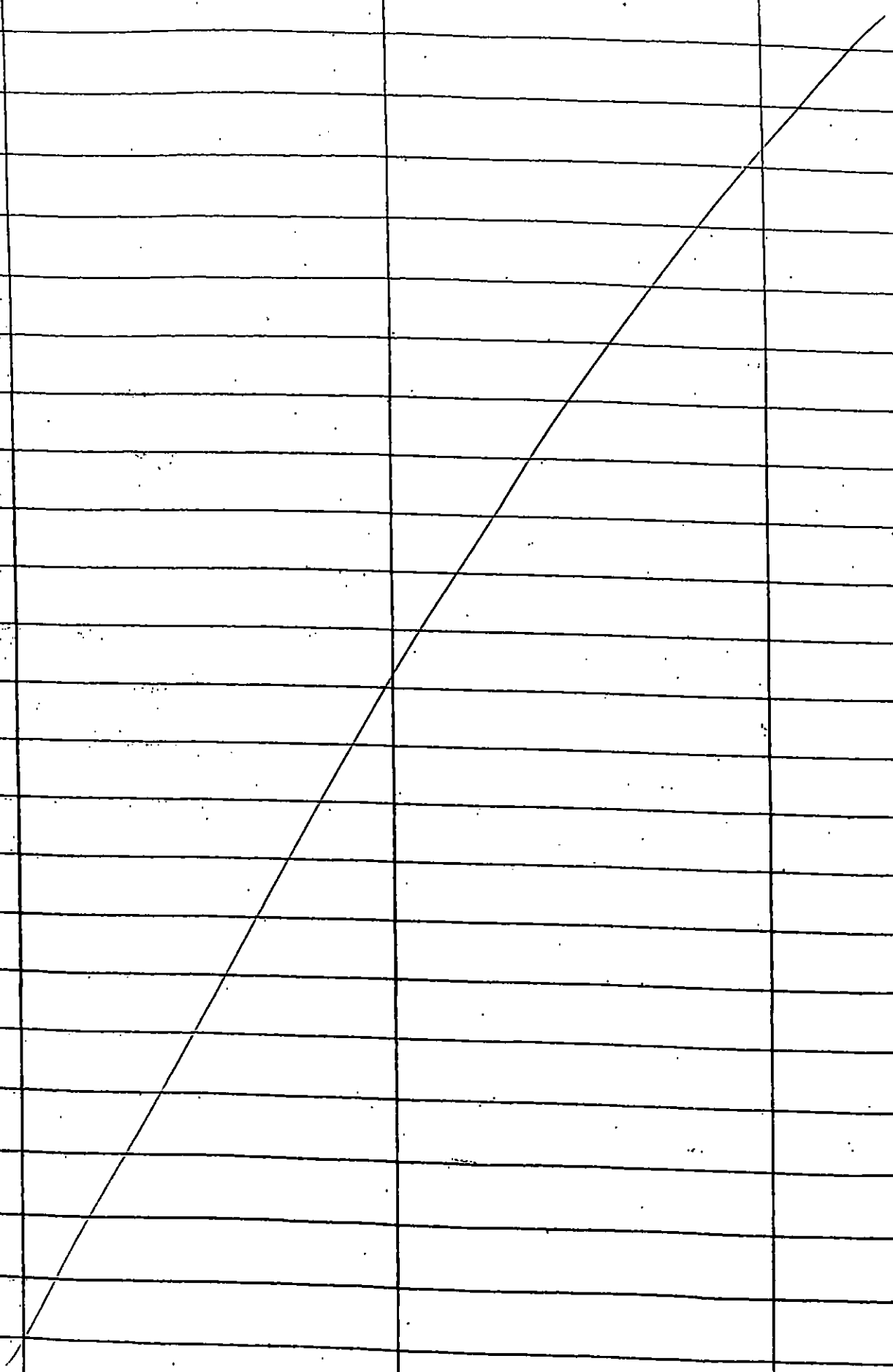
EYE DEPARTMENT

CONTINUATION SHEET

E.P. 30

DATE	RIGHT EYE	LEFT EYE
13/8/10	cont	 ? small abscess lacs improved – still mild overlying SPEs no clear ED
	(P) cont 2° drops cyclo mixes am mydrilate stigs. r/v Monday	LEHAN

ATE	RIGHT EYE	LEFT EYE	
24/8/1	Retina		



Arr TUE4 14'30

NHS LOTHIAN

S.N 051821

Princess Alexandra Eye Pavilion — Acute Referral Clinic

In Confidence

Consultant

White Copy (top) - File | White Copy (middle) - Pharmacy | Pink Copy - G.P.

Surname CUTHILL	M/F	Date 28/8/10	Occupation
First Name LYNDA		Time	Driving YES or NO
DOB 21/8/67	Age	GP	
Address 4/1 Castlebrae Wynd Edinburgh		Address	
Home Tel	Work Tel	GP Tel	

History

1/7 sudden onset Left eye pain watery discharge no dbl eye photophobia ? VAbd.

being Rx for left corneal ulcer - was on cyclo + chloram - drops ran out 3/7 ago - not taken any drops since.

POH - as above
PSH - ?thyroid - had thyroidectomy.

Right Eye	Visual Acuity	Left Eye
6/6		6/12 → 6/6-1 ph-

white

AC D+Q

19|20

scarring from ulcer

2-3mm

pupil - oval c>R - sluggish in dim light no ED.
5-6mm
sluggishly reactive to light
no reverse RAPD

DIAGNOSIS

full EOM full
no squints.

Recommendations/Comments

SVP + clear margins

Medicine	Dose	Administration Times	Additional Instructions	Quantity	LJF*	Dispensed By
Inf chloram		? course				
D/W Dr Wheldon (2nd on)						
- no obvious cause						
- no Rx, r/v next week -			Tues 14:00 ARC			
DOS						

Discharge: GP Optician Clinic | Acute Returns Clinic | Discharge

Signatures: NURSE | DOCTOR: [illegible] | Pager No

Print Name | Print Name

Time Seen | Time Seen

* Tick box if drug is not on the 'Lothian Joint Formulary' and give explanatory note for non-formulary medicines under recommendations/comments

LU 072

EYE DEPARTMENT

CONTINUATION SHEET

E.P. 30

NAME 62/101347R F 21/08/1967
Cuthill, Lynda

UNIT No.
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

CHI 2108671080

DATE	RIGHT EYE	LEFT EYE
31.8.10. 13:05.	Patient continues to have (L) dilated pupil. Relatives noted pupil has ↓ slightly. patient unaware of changes. Experiencing headaches.	
	6/6 ua v.A 6/9+2 cph 6/9-2 ua	
	ophthalmic & lid retractn	
	conc dr dr	
	ac 9 9	
	14 12	
	No RAPD	plasmacytical dilatn - resolved.
	full.	
		healthy
	No Rx. Returned.	
	Keen for referral to Dr Fleck's clinic to discuss T.E.D	

DATE	RIGHT EYE	LEFT EYE
26/10/10	(L) EYE BEEN VERY UNCOMFORTABLE	
	15-50 VA CHANGE.	
	Rx - NIL	
	6/6^{-1} ?A	6/6^{-3} CA

PC scored worse to NAD in ordinary eyes. + recent (L) headaches

Corneal thymid 17 years ago → thymidectomy

no or thymoma

had mild ptosis & Dx but on L&A 17 years - feels eyes are more prominent now

Eyes are tender

No diplopia

nA or any ocular inflammation.

RS

22 111 22

12/13 10hrs 12/13

Neurophthalmos -

12 RA 12

4 MRD 4

2 Internuclear ophthalmoplegia 1-5

EYE DEPARTMENT

CONTINUATION SHEET

E.P. 30

70215 J Beckley

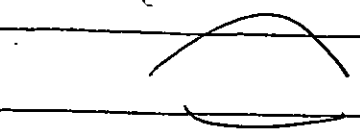
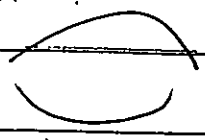
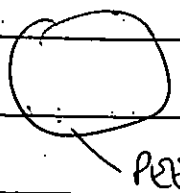
620101347R F 21/08/1967

NAME Cuthill, Lynda

UNIT No. Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH

CHI 2108671080

70215 J Beckley

DATE	RIGHT EYE	LEFT EYE
	CT - X - C R/4	
	N T D	
	-1 +1	+1 -1
		
		
	PEE	PEE Scc
	Cornea	
	dy Ac dy	
	Ar	
	12 .16	
	-0-	
	-M-	
	Imp Incite TED	
	① main problem - orbital discomfort	
	② next - unhappy with appearance	
	Plan Start Vidoflex QID + PRN BE	
	Advise re smoking cessation	
	Rev 3/12	
	will discuss Rx in future tte	

A Russell SpR
RUSSELL

ATE	RIGHT EYE	LEFT EYE	
8/2/11	DNA		

TUE 4

3.35

EYE DEPARTMENT CONTINUATION SHEET EP30		NAME LINDA CUTHILL UNIT NO 210867	
DATE	RIGHT EYE	LEFT EYE	SIGNED
6.8.12	Known Thyroid Eye	Disease - last in	
4.30	clinic 2010. c/o pain	supra orbitally,	
7.8.12	- "Glaze" over eyes	in am, lasts ½	
	midday. ↑ pain over	last 10/7. Feels	
	Upper lids retracting	further.	
	6/5 o/a VA	6/5 o/a	
	VS AT IS		MMELNICHAT Moneliffe
24/8/12	DNA - no further	appt	
	Plus Dr Sharma		
			[signature] CPST 2
17.10.17. 14.50	Bloods done as requested		esw Amplaren.

DATE	RIGHT EYE	LEFT EYE	SIGNED

THYROID / EYE CLINIC --- NEW PATIENT PROFORMA

Date: 15/8/17

/0215 J Beckley

Pc 620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080

Ophthalmologist:
Endacrinologist:

Relevant medical history:
Graves disease - thyroidectomy 1990's.
Last seen 2012 - David.

Thyroid diagnosis:

Graves' 1992 Hashimoto's thyroiditis

euthyroid GO Other

Onset of thyroid symptoms:

Date of diagnosis: 1992

Previous treatments:

a. antithyroid drugs - No / PTU / CMZ / block and replace

b. radioiodine No Yes

c. thyroidectomy No / ~~total~~ / subtotal

Family history:

Occupation:

Allergies: penicillin

Current medication:

Thyroxine 50mcg OD.

Smoking status: 40cpd before. On the case with GP.

Smoker ☑ no cigs/day 10 Ex-smoker ☐ date stopped ☐ Non-smoker ☐

Brief intervention undertaken if pt a smoker ☑ Leaflet ☐

Current Thyroid status:

Hyperthyroid / subclinical hyperthyraid / euthyroid / subclinical hypothyraid / hypothyroid

Gaitre: none palpable but not visible visible

TFTs - date: 29/1/17

TSH	0.28	FT4	13	T3 (specify)		TRABS (31/1/10)	4.2	TPO-ab	

ACTIVE GO? - YES - Mild Moderate Severe Sight threatening
(deteriorating / plateau / improving / unsure)

(NO) - any orbitopathy? → As previous - no significant ↑ measurements despite symptom score.

DYSTHYROID OPTIC NEUROPATHY? - YES / (NO)

SIGNIFICANT CORNEAL EXPOSURE? - YES / (NO)

OTHER OCULAR DIAGNOSES:

GENERAL PLAN & INVESTIGATIONS: Photos: ☐

D/w JM → organise CT orbits 1st to help determine if any active disease. → Also TRAbs will help. Check today.

TREATMENT: EYES

+ Smoking cessation advice ✓ → Is currently ↓ frequency. (40 → 10/day)

(Observation)

Selenium 200 micrograms daily recommended Leaflet ☐

Lubricants

Other topical Rx

Medical: – oral Prednisolone Radiotherapy:

- iv Methylprednisolone Surgery:

- Rituximab D/w Dr Lammiti:

- other

Follow up arrangement

Next ophthalmic appt: Next thyroid appt:

Signatures ot clinicians:

	17/10/17

Revised 2016 – I. Boron

CT to be

THYROID / EYE CLINIC - FOLLOW UP PROFORMA Date: 17/10/17.

Patient label
620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
C.70215 J Beckley

Ophthalmologist: BAUER · Endocrinologist: NN

Changes to medication:

Smoker ☐ cigs per day ☐ Ex-smoker ☐ date stopped ☐ Non smoker ☐

Date of TFTs	15/8/17	TSH	0.24	FT4	13	T3(specify)	1.7	TRABs	7.8	TPO-ab	

THYROID - Endocrinology comments

Bloods

OCULAR – (or other) symptoms since last appointment

MRI - Bilat I.R. + MR body thickening - in keeping ? known TED. Last 2-3 years.

- Ongoing intermittent retro-orbital headache. Feels feels more retracted.

CLINICAL ACTIVITY SCORE /10 (Mourits, Clin Enda 1997)

		YES	NO
Pain	Spontaneous pain an/behind globe last 4/52	✓	
	Pain on eye movement last 4/52		✓
Redness	Redness of eyelid(s)		✓
	Redness of conjunctiva (– 1 quadrant)		✓
Swelling	Swelling of eyelid(s)		✓
	Chemosis		✓
	Swollen caruncle (and/or injection of caruncle/plica)		✓
	Increase in proptosis – 2mm during 1-3 months		✓
Impaired	Decrease eye movements – 5° during 1-3 months		✓
function	Decrease VA - 1 line on Snellen (+pinhole) during 1-3 months.		✓

OPHTHALMOLOGY ASSESSMENT

Visual acuity (corrected)	RIGHT 6/5-2 UA	LEFT 6/5+3 UA
RAPD	No Yes	No Yes
Colour vision - Ishihara	14/15	14/15.
Intro-ocular pressure In 1°gaze	20	20.
Proptosis ICD	22 — 112 — 22	

CSW Palpation Dictaphone

Active lid swelling Upper Lower	(NO) / YES mild / moderate / severe (NO) / YES mild / moderate / severe	(NO) / YES mild / moderate / sever (NO) / YES mild / moderate / severe
Lid Erythema Upper Lower	(No) Yes (No) Yes	(No) Yes (No) Yes
Conjunctival redness	(No) / Equivocal / Yes	(No) / Equivacal / Yes
LIDS: Lateral flare Palpebral aperture: Upper lid retraction: Lower lid retraction:	(No) Slight Yes Bilat inf. lid retraction (1-2mm)	(No) Slight Yes
Bell's phenamenan	(Yes) No	(Yes) No
Lagophthalmos	(No) Yes	(No) Yes
CORNEAL EXPOSURE (SPE= punctate erasions)	(No) Slight Yes	(No) Slight Yes
Motility (complete if na OD assessment	full	full.
SLIT LAMP Chemasis	(No) / Equivocal / Yes	(No) / Equivacal / Yes
Caruncle ar plical inflamm	(No) / Equivocal / Yes	(No) / Equivocal / Yes
FUNDUS Disc Charaidal falds	healthy (No) Yes	health (No) Yes
VISUAL FIELDS VEP? OCT disc (?aedema) Any evidence for DON	NO / YES	NO / YES
Ocular co-morbidity influencing GO assessment	✓	✓

ACTIVE GO? (NO) / YES (if YES – improving / plateau / deteriorating / unsure)
Mild Moderate Severe Sight threatening

DYSTHYROID OPTIC NEUROPATHY? YES / NO

SIGNIFICANT CORNEAL EXPOSURE? YES / NO RESIDUAL ORBITOPATHY:

GENERAL PLAN & TREATMENT: DW JM → pt adamantly wants "something done" about her ocular appearance - says main issue is "pain behind eyes" on daily basis + cosmesis. Explained that options would be 1) Observe - as no evidence of active G.O,

phata ☐
Observation
Selenium 200 micrograms daily recommended Leaflet ☐
Lubricants
Other topical Rx

2) Ref for consideration for O. decompression / lid surgery → although this would not alleviate her headaches, which are unlikely related to active TED.

Medical: - oral Prednisolone
- iv Methylprednisolone
- Rituximab
- other

Radiotherapy:
Surgery:

Follow up arrangements: Next oph. appt. Next thyroid appt.

Pt B v. keen for opinion from oc. plastics team regarding lids/cosmesis.

Signatures of clinicians:

Ref JK/MW.

Revised 2017 - I.Baron

THYROID / EYE CLINIC - FOLLOW UP PROFORMA Date: 17/4/18

F 620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 J Beckley

Ophthalmologist: Endocrinologist: NNR

Changes to medication:
No changes.
thyroxine 50mg/10g

Smoking status:
Smoker ✓ cigs per day 10 Ex-smoker ☐ date stopped ☐ Non smoker ☐

Date of TFTs		TSH		FT4		T3(specify)		TRABs		TPO-ab	

THYROID - Endocrinology comments

Bloods: CT none. Tsh ulsi N12/52 /0- decapreon.

OCULAR – (or other) symptoms since last appointment

N/v of smiles forward. Plan for endoscopic decompression
Pain suffering from gritty, intermittent pain + "glaze" over eyes
Feels things relatively stable.

CLINICAL ACTIVITY SCORE /10 (Mourits, Clin Endo 1997)

		YES	NO
Pain	Spontaneous pain on/behind globe last 4/52	✓	
	Pain on eye movement last 4/52		✓
Redness	Redness of eyelid(s)		✓
	Redness of conjunctiva (– 1 quadrant)		✓
Swelling	Swelling of eyelid(s)		✓
	Chemosis		✓
	Swollen caruncle (and/or injection of caruncle/plica)		✓
	Increase in proptosis – 2mm during 1-3 months		✓
Impaired	Decrease eye movements – 5° during 1-3 months		✓
function	Decrease VA - 1 line on Snellen (+pinhole) during 1-3 months.		✓

OPHTHALMOLOGY ASSESSMENT

Visual acuity (corrected)	RIGHT 6/6 HA N6	LEFT reduced 6/6+ HA 6/9 PH+ N6
RAPD	(No) Yes	(No) Yes
Colour vision - Ishihara	15/15	15/15
Intro-ocular pressure in 1°gaze	17 ICARE 22	AT
Proptosis ICD	112	18/16
	22	22

Active lid swelling Upper Lower	NO / YES mild / moderate / severe NO / YES mild / moderate / severe	NO / YES mild / moderate / severe NO / YES mild / moderate / severe
Lid Erythema Upper Lower	No Yes No Yes	No Yes No Yes
Conjunctival redness	No / Equivocal / Yes	No / Equivocal / Yes
LIDS: Lateral flare Palpebral aperture: Upper lid retraction: Lower lid retraction:	No Slight Yes ? Rt. u retraction.	No Slight Yes
Bell's phenomenon	Yes No	Yes No
Lagophthalmos	No Yes	No Yes
CORNEAL EXPOSURE (SPE= punctate erosions)	No Slight Yes v. few SPEs	No Slight Yes
Motility (complete if no OD assessment	Full	restriction
SLIT LAMP Chemosis	No / Equivocal / Yes	No / Equivocal / Yes
Caruncle or plical inflamm	No / Equivocal / Yes	No / Equivocal / Yes
FUNDUS Disc Choroidal folds	0.3 0 No/Yes	0.3 0 No/Yes
VISUAL FIELDS VEP? OCT disc (?oedema) Any evidence for DON	NO / YES	NO / YES
Ocular co-morbidity influencing GO assessment		

ACTIVE GO? NO / YES (If YES – Improving / plateau / deteriorating / unsure)

Mild Moderate Severe Sight threatening

DYSTHYROID OPTIC NEUROPATHY? YES / NO

SIGNIFICANT CORNEAL EXPOSURE? YES / NO RESIDUAL ORBITOPATHY:

GENERAL PLAN & TREATMENT:

photo ☐
Observation
Selenium 200 micrograms daily recommended Leaflet ☐
Lubricants — d/w pt re lubricants but not keen for topical treatments.
Other topical Rx

Medical: - oral Prednisolone
- iv Methylprednisolone
- Rituximab
- other

Radiotherapy:

Surgery: d/w CT surgeon for orbital decomp.

Follow up arrangements: Next oph. appt. 4/12. Next thyroid appt.

Signatures of clinicians:

Revised 2017 – I.Boron

THYROID / EYE CLINIC - FOLLOW UP PROFORMA Date: 22/1/19

620101347R F 21/08/1967
Cuthill, Lynda
Flat 4,1 Castlebrae Wynd,
Edinburgh,
Midlothian,
EH16 4FH
CHI 2108671080
70215 J Beckley

Ophthalmologist: JBM Endocrinalagist: NVL

Changes to medication:
L-T4 50mcg daily

Smoking status:
Smoker ☑ cigs per day 10 cigarett/day Ex-smoker ☐ date stopped ☐ Non smoker ☐

Date of TFTs	22/1/19	TSH		FT4		T3(specify)		TRABs		TPO-ab	

THYROID - Endocrinology comments
Last TFTs 27/8/18 – euthyroid. Rechecked today. On same dose L-T4
29/8/18 = Exophthalmos decompression.

OCULAR – (or other) symptoms since last appointment
v. pleased c surgery

CLINICAL ACTIVITY SCORE /10 (Mourits, Clin Endo 1997)

		YES	NO
Pain	Spontaneous pain on/behind globe last 4/52		✓
	Pain on eye movement last 4/52		✓
Redness	Redness of eyelid(s)		✓
	Redness of conjunctiva (– 1 quadrant)		✓
Swelling	Swelling of eyelid(s)		✓
	Chemosis		✓
	Swollen caruncle (and/or injection of caruncle/plica)		✓
	Increase in proptosis – 2mm during 1-3 months		✓
Impaired	Decrease eye movements – 5° during 1-3 months		✓
function	Decrease VA - 1 line on Snellen (+pinhole) during 1-3 months.		✓

OPHTHALMOLOGY ASSESSMENT

Visual acuity (corrected)	RIGHT 6/4 uA	LEFT 6/9
RAPD	(No) Yes	(No) Yes
Colour vision - Ishihara	14/14	14/14
Intra-ocular pressure in 1°gaze	17	lame 13
Proptosis ICD 11.0	20–	20–

Bloods. none AMClarke.

Active lid swelling . Upper . . . Lower	NO / YES mild / moderate / severe NO / YES mild / moderate / severe	NO / YES mild / moderate / severe NO / YES mild / moderate / severe
Lid Erythema Upper Lower	No Yes No Yes	No Yes No Yes
Conjunctival redness	No / Equivocal / Yes	No / Equivocal / Yes
LIDS: Lateral flare Palpebral aperture: Upper lid retraction: Lower lid retraction:	No Slight Yes 4 13 8	No Slight Yes 8 11 6
Bell's phenomenon	Yes No	Yes No
Lagophthalmos	No Yes	No Yes
CORNEAL EXPOSURE (SPE= punctate erosions)	No Slight Yes	No Slight Yes
Motility (complete if no OD assessment	N-SO	
SLIT LAMP Chemosis	No / Equivocal / Yes	No / Equivocal / Yes
Caruncle or plical inflamm	No / Equivocal / Yes	No / Equivocal / Yes
FUNDUS Disc Choroidal folds	N No/Yes	N No/Yes
VISUAL FIELDS VEP? OCT disc (?oedema) Any evidence for DON	NO / YES	NO / YES
Ocular co-morbidity influencing GO assessment		

ACTIVE GO? NO / YES (if YES – improving / plateau / deteriorating / unsure)

DYSTHYROID OPTIC NEUROPATHY? Mild Moderate Severe Sight threatening
YES / NO

SIGNIFICANT CORNEAL EXPOSURE? YES / NO

RESIDUAL ORBITOPATHY:

GENERAL PLAN & TREATMENT:

photo ☐
Observation
Selenium 200 micrograms daily recommended Leaflet ☐
Lubricants
Other topical Rx

Medical: - oral Prednisolone
- iv Methylprednisolone
- Rituximab
- other

Radiotherapy:

Surgery:

Follow-up arrangements: Next oph. appt. Next thyroid appt.

Signatures of clinicians:

Refer plastics
DIC from clinic
if NZ happy

DC
Ophthalmics
2/20

Eye Department Continuation Sheet

NHS Lothian

Name:	620101347R F 21/08/1967 **Cuthill, Lynda** Flat 4,1 Castlebrae Wynd, Edinburgh, Midlothian,
D.o.B:	EH16 4FH
CHI No:	**CHI** 2108671080  70215 J Beckley

DATE	RIGHT EYE	LEFT EYE	SIGNED
M/4/18 14.15	Bloods taken as requested		IKClelland JN
8.4.19	6/6+2 ua VA PH	6/12-1 ua 6/9	CSW KNisbet
	C/E. Cornea Rm R>L . Lower eye R then (L)		
	CR 12 PM 4 term		
	11	10	
	Conj R>L		
	for Blephar Rm term R>L (R) lat T.	CA	
	Mw Y inferior eye very 3 months review		

DATE	RIGHT EYE	LEFT EYE	SIGNED
9.5.19	Bilat upper lid	[illegible]	RDL
	+ (R) lat T.		
	Droop — lid		
	[illegible] — levator		
	R&L		
	↓		
	[illegible] levator		
	1 o/o [illegible] to [illegible]		
	- or [illegible]		
	~		

Eye Department Continuation Sheet

NHS Lothian

	620101347R F 21/08/1967
Name:	**Cuthill, Lynda**
	17 Badger Way,
	Edinburgh,
D.o.B:	EH17 8XD
CHI No:	**CHI** 2108671080
	70215 CM Morton

DATE	RIGHT EYE	LEFT EYE	SIGNED
	DNA 16/9/22	THEATRE UP + IT	
	DNA 4/10/22		
17/4/23	→ ANTE of ↑ MOTIONS.		
	(R)		
	+ BLUE MARK of DERMATOGRAPH		
	NOW MAY AROUND (R) EYE.		
	6/5 UA	6/6	
	AM.	6/6+1	
	110		
	20	20	
	12/13	13/13.	
	NOW WORKING		

DATE	RIGHT EYE	LEFT EYE	SIGNED

Eye Department Continuation Sheet

NHS Lothian

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

Name:

D.o.B:

CHI No: CHI 2108671080 70215 CM Morton

DATE	RIGHT EYE	LEFT EYE	SIGNED
22/7/24 A 9:10	6/6	6/6	
	Grave's disease -	Subtotal thyroidectomy 1995	
	& CTM -	Orbital decompression Aug 2018	
	Current smoker -	Bilat. LL shrinkage + small	
		Rt lateral tarsorrhaphy & LA by	
	On thyroxine 50µg.	M Wright @ May 2019	
	- Re-referral?	Increasing proptosis on Rt, but saw	
	S. Madill Apr '23 → felt to be equal in		
	exophthalmometry measurements, ? lid asymmetry		
	Pt feels proptosis ↑ IQ but feels it is worse on both sides		
	than pre-morbid state.	No diplopia but Rt dry.	
		10 + 0 mins.	
	18.5	17.5	
		Applied	
Nil	11 MRA 7		
	5 MRP 2		
	15 LF 15	Tends to adopt	
Lateral tarsorrhaphy	14 LMR 24	close up posture	
	11 SC 10	+ discomfort in upgaze.	
		? right IR.	
		No diplopia	

PTO

DATE	RIGHT EYE	LEFT EYE	SIGNED
22.7.24	White eyes		
Ctd	Clear corns		
	No caruncular inflammation		
	~~Nil~~ -		
	No discharge		
	- Cover alone		
	Normal ocular movements - Full ROM		
	- Ruddy fundal reflex		
	- No obvious RAPD		
	Risks discussed		
	inc. need for lid surgery		
	± stents, potentially displaced,		
	rarely loss of VA,		
	probable asymmetry		
	→ LOT ✓		
	CT orbits ✓		
		Mr W	
		CMS	

PAEP OPD Clinic Ticket

RP REG
OCULO
NP

Date:	19/1/26
Appt Time	9.20

Follow Up	
Weeks	
Months	
OCT	

Monday AM	ALA	JS	KM	RP
AM	PH	JM	TINT	CG
PM	PC	JM	RP	PH
PM	ALA	SM	BD	
Tuesday AM	JW	AMA	AK	AK REG
AM	AA			
PM	TKC	JM	PA	PA/REG
PM	SM			
Wednesday AM	KM	TINT/OP TOM	JM	PA
AM	CS	HB	PH	AK
AM	JK	OCG		
PM	JS	JW	PH	PM
PM	HB	MEM	TINT	TINT/OP TOM
Thursday AM		JM	FB	MD
AM	MSM	TM	PK	AA
PM	TM	JM	JZ	TINT
PM	BD	SGC		
Friday AM	SM	AA	FB	OP/OPT
AM	ALA	JZ	LT	ALA REG
PM	Glaucoma Virtual		PH	

ORTHOPTIC	
Adult double slot	
Child double slot	
Child single slot	

Visual Fields	
Sita	
Goldman	

620101347R F 21/08/1967
Cuthill, Lynda
17 Badger Way,
Edinburgh,
EH17 8XD

CHI 2108671080
70215 CM Morton

LOT 811 - v3.0 Review

NHS Lothian

Ophthalmology
Continuation Sheet/Progress Notes

620101347R F 21/08/1967
Name: Cuthill, Lynda or 17 Badger Way, Edinburgh,
DOB: EH17 8XD
Hospital nc CHI 2108671080
70215 CM Morton

Date	Right Eye	Left Eye	Signature
19/1/26 8:52	6/6 UA-VA-UA Forget distance glasses N5	6/9+2 N5	CSW SAMY ELVIUR
		GAS Icare	10
19/1/26	post Blc Catral wall decompression		on 6/1/26
	V&p. commenced (R)	eyelid still lower more prominent	
		10 1	
	14mm	15 mm	Cornea healed three
	lid retracting. wound healing well		wound healing well
		8 Rom full Cornea clear pupils bmlo	
	F +	+	
		NVR	
	Adv. explained appearance due to lid retraction (EO) - might require lid lowering at later date		
	R/v in 2-3/12		

Authorised: Jul 2022
Review: Jul 2025

NHS Lothian

Ophthalmology Continuation Sheet/Progress Notes	Addressograph, or Name: DOB: Hospital no/CHI:

Date	Right Eye	Left Eye	Signature

Authorised:Jul 2022
Review: Jul 2025

Radiology Reports

XR Chest

XR Chest

Clinical details

"Painful swollen hand joints"

Report

The heart is not enlarged. Normal cardiac and mediastinal contours. The lungs appear clear.

Reported by Dr Keanie.

Reporting Radiologist: Dr Julian Keanie

Report Information

Requestor	
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	7105641
Sample Date	24/03/2010 11:55:00

XR Hands,XR Wrist Lt

XR Hands,XR Wrist Lt

Clinical details
painful first CMC and wrist right ? erosions. stiffness in small joints of hands

Report

Some degenerative changes seen at the base of the left thumb. No other significant bone or joint abnormality demonstrated. No evidence of inflammatory arthropathy.

Reported by Dr P MacLean

Reporting Radiologist: Dr Peter MacLean

Report Information

Requestor	
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	7122762
Sample Date	29/03/2010 14:30:00

XR Finger Middle Rt

XR Finger Middle Rt

Clinical details
heavy meatal shutter fell on fingertip bt dist phalanx

Report
Complete transection of the tip of the distal phalanx of the middle finger in a diagonal fashion. Position as shown.

SML/BR

Reporting Radiologist: Dr Siobhan McLaughlin

Report Information

Requestor	
Requesting Location	(RIEAE3) RIE Examination A&E
Report Identifier	10053712
Sample Date	08/06/2011 17:39:00

XR Elbow Rt

XR Elbow Rt

Clinical details
fall and landed onto right elbow. Unable to fully extend. ? fracture
Report
No effusion.
Normal radiocapitellar joint. Normal ulnar trochlear joint.
No fracture visualised.

SMcK/AR

Reporting Radiologist: Dr Scott McKie

Report Information

Requestor	Clark, Dr Donna
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	11400575
Sample Date	24/12/2011 16:13:00

MRI Orbits

MRI Orbits

Clinical details

MRI Orbits
thyroid eye disease - bilateral proptosis, no optic nerve compromise. ?evidence of active thyroid orbitopathy

Report
Bilateral proptosis and thickening of the body of the inferior recti muscles bilaterally (measuring 5.9 mm in maximum thickness on the left side and 5.4 cm on the right), and of the medial recti muscles (measuring 4.25 mm on the left and up to 6 mm on the right in maximum thickness on the coronal plane), in keeping with known thyroid associated orbitopathy. No evidence of a mass lesion or oedema in the intraorbitary fatty tissue. No MR evidence of optic nerve compression. The intracranial appearances are normal. Mild fluid signal opacification of the left mastoid air cells.

Dr Ana Casado
Radiology consultant WGH/RIE/Lauriston
GMC 7056505
ana.casado@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Ana M Casado

Report Information

Requestor	Davies, Dr Rhys
Requesting Location	(PAEPOPD) Eye Pavilion Main Reception
Report Identifier	27640983
Sample Date	11/10/2017 18:10:00

CT Sinuses Image Guidance

CT Sinuses Image Guidance

Clinical details
CT Sinuses Image Guidance
Dysthyroid eye disease Pre endonasal orbital decompression. STRYKER IMAGE GUIDANCE PROTOCOL please

Report
CT sinuses
Comparison made to previous MRI from 11/10/17

Bilateral proptosis with thickening of inferior rectus muscles bilaterally.
Mild mucosal thickening in left maxillary sinus and right sphenoidal sinus. Otherwise unremarkable sinuses and air cells.
Patent ostiomeatal complexes bilaterally.
The nasal septum is mildly deviated to the right.
Normal cribriform plate.
The medial wall of the right orbit is expanded into the adjacent ethmoidal air spaces with a bony defect in the lamina papyracea superiorly. Fat density material prolapses through this defect and the medial rectus muscle is immediately adjacent to this defect.
Otherwise normal bones and soft tissues.

Conclusion
Bilateral proptosis. Deficiency of the medial wall of the right orbit superiorly.

Reported by Dr Michelle Williams (Radiology ST5, GMC 6120574)
Checked by Dr Graham McKillop (Radiology consultant)

Reporting Radiologist: Dr Michelle Williams

Report Information

Requestor	Williams, Mr AT
Requesting Location	(RIEENT) LB Ear, Nose & Throat
Report Identifier	29314756
Sample Date	18/04/2018 15:40:00

XR Facial Bones

XR Facial Bones

Clinical details

XR Facial Bones
Laceration to forehead caused by direct blow to face with ceramic object. BT orbital ridge. ?BI ? radiopaque FB

Report

No fracture or ROFB identified.

Laura Wilson
Advanced Practitioner Radiographer

HCPC RA39512

Reporting Radiologist: Laura Wilson

Report Information

Requestor	Ritchie, Sarah
Requesting Location	(RIEAE5) RIE Minor Injuries Unit A&E
Report Identifier	33069481
Sample Date	12/06/2019 23:22:00

XR Chest

XR Chest

Clinical History
54 y/o woman presents with 3/7 history sudden onset, worsening epig/RUQ pain that woke her from sleep, a/w N&V, unable to keep food down. PMH: Hypothyroidism. WCC 12, CRP 153. ? pneumoperitoneum

6027675 05/11/2021 XR Chest

Normal cardiac and mediastinal contours.
Left basal atelectasis / scarring. Possible infection or infarction.
The lungs are otherwise clear.
No free gas.

—
Dr Fergus Perks GMC 4209425
Consultant Radiologist

Fergus.Perks@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Fergus J Perks

Report Information

Requestor	Kok, Jamie Yixin
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	40380753
Sample Date	05/11/2021 21:04:00

US Abdomen

US Abdomen

Clinical History
Hot clinic request 54 year old female presents with 3/7 history sudden onset RUQ pain, woke her from sleep, pain is constant and worsening, a/w N&V. PMH: Subtotal thyroidectomy. O/E Abdo soft, tender RUQ/epig. ?gallstones ?cholecystitis

06/11/2021 US Abdomen

The liver appears normal in size, shape and echotexture. No features of cirrhosis. No focal lesion identified. Normal directional portal venous flow.

Large calculus within the gallbladder. It is difficult to clearly visualise the gallbladder due to the calculus within. The gallbladder wall appears prominent but there is no clear pericholecystic fluid. No marked intra- or extrahepatic biliary dilatation.

Both kidneys appear normal in size and shape. No hydronephrosis or calculi.
Midline structures obscured due to overlying bowel gas. Normal partially visualised spleen.
No free fluid demonstrated.

Conclusion:
Large calculus within the gallbladder. The gallbladder wall appears prominent but there is no clear pericholecystic fluid.

Reported by Dr M Bracchi
Radiology Registrar

Reporting Radiologist: Matthew Bracchi

Report Information

Requestor	Kok, Jamie Yixin
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	40381030
Sample Date	06/11/2021 10:30:00

MRCP

MRCP

Clinical History
surgical obs HOT clinic slot please 3/7 RUQ pain which awoke her from sleep. Denies similar pain in the past. PMH: subtotal thryoidectomy Bloods: WCC 11.8, CRP 153, bli 10 ALT 93, ALK P 116, GGT 128, AUSS: Large calculus within the gallbladder. The gallbladder wall appears prominent but there is no clear pericholecystic fluid. Please MRCP to investigate if any ductal stones given deranged LFT's thanks

6028063 09/11/2021 MRCP

Reference to previous ultrasound.

Large gallstone within a thickened gallbladder in keeping with acute cholecystitis. Apparent fold of the gallbladder fundus likely representing a Phrygian cap. Slightly high insertion of the cystic duct. Normal posterior sectoral duct insertion into the right hepatic duct.

Extrahepatic biliary tree is mildly dilated with a 10 mm CBD. At least one filling defect within the distal duct and and abrupt cut off just proximal to the ampulla may be due to a second, in keeping with intraductal calculi.

Pancreatic duct is normal in calibre and origin. Tiny hepatic cysts within the right liver. No other focal liver or pancreatic lesions. Unremarkable spleen, adrenal glands and kidneys.

Opinion:
Acute cholecystitis and choledocholithiasis as described.

—
Dr Sarah Eljamel. GMC: 7071031
Consultant Radiologist.

Reporting Radiologist: Dr Sarah Eljamel

Report Information

Requestor	McFarlane, Emma
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	40383568
Sample Date	09/11/2021 12:17:00

XR Chest

XR Chest

Clinical History
54 y/o f epigastric/RUQ pain ?consolidation

6130653 20/12/2021 XR Chest

Comparison to previous dated 05/11/2021.

Normal heart size and mediastinal contours.
Mild left basal atelectasis, otherwise the lungs are clear.
No pleural effusions.
Unremarkable bony thorax.

—
Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

Report Information

Requestor	Winter, Dr Alexandra Kate
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	40802285
Sample Date	20/12/2021 00:41:00

US Abdomen

US Abdomen

Clinical History
ongoing upper abdominal pain post ERCP for CBD stones. ?cholecystitis

6130712 20/12/2021 US Abdomen

I note the patient has had CT earlier this morning. As before, there is dense posterior acoustic shadowing consistent with a large calculus within the gallbladder - this limits further assessment of the gallbladder and adjacent structures. The gallbladder is thickened and the patient is tender to probe pressure in the right upper quadrant, although is generally tender across the abdomen. No pericholecystic fluid. No intra hepatic biliary dilatation. I note the CBD remains dilated at 8 mm on CT. Normal
liver with no focal parenchymal lesions. Normal unidirectional flow in the portal vein. Normal kidneys, no hydronephrosis. Normal sized spleen measuring 10.4 cm. Pancreas and midline structures obscured by bowel gas.

Opinion:
Cholecystitis - please see CT report from earlier this morning which remarks upon the suspected localised perforation at the gallbladder fundus to be reducing in size.

—
Dr Thomas Gordon. GMC: 7266252
Consultant Radiologist (FRCR).

Reporting Radiologist: Dr Thomas J Gordon

Report Information

Requestor	Winter, Dr Alexandra Kate
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	40802706
Sample Date	20/12/2021 02:16:00

CT Abdomen/Pelvis With Contrast

Clinical History
CT with po and iv contrast. Nov 21: acute cholecystitis and CBD stone. ERCP 9/12: severe pain since and 2 stone wgt loss. ??retroperitoneal collection secondary to missed retroperitoneal perf,/ ??acute pancreatitis. Many thanks,

6130780 20/12/2021 CT Abdomen/Pelvis With Contrast

Portal-venous phase. Reference: MRCP 09/11/2021.

Recent ERCP noted.

Small intra-abdominal collection containing fluid and gas. This main volume lies anterior and inferior to the distal duodenum (D3) measuring 33 mm in maximal diameter (key image) although extends to superiorly to the level of the uncinate process / head of the pancreas. Associated thickening of the duodenal wall here there is associated mild mesenteric fat stranding. No other intra-abdominal or pelvic collection. No pneumoperitoneum or free fluid.

Normal pancreas. No pancreatic oedema or peripancreatic stranding suggestive of pancreatitis. Thickening of the gallbladder wall with mild pericholecystic stranding is in keeping with persistent cholecystitis. Changes at the fundus may represent a small contained perforation, reduced in size. Large 2 cm gallstone. The CBD is dilated (8 mm), however, the dilatation has slightly improved compared to the previous MRCP of 09/11/2021. There is impression of persistent distal ductal calculi, otherwise no recent
intervention, see key image.

Simple cysts within the right lobe of the liver. Pneumobilia is in keeping with recent ERCP / sphincterotomy. Otherwise, normal appearances of the liver parenchyma. Normal spleen, adrenal glands and kidneys. Non-inflamed sigmoid diverticula. Otherwise unremarkable appearances of the unprepared small and large bowel. Distended bladder. No adnexal abnormality. Calcified pelvic node (likely longstanding). Small upper abdominal nodes but no size significant abdominal or pelvic nodes.

Calcified atheroma of the aortoiliac vessels. The lung bases are clear. Mild left convex lumbar scoliosis. Mild degenerative change of the spine. No destructive bone abnormality.

Opinion: Small intra-abdominal fluid and gas collection adjacent to D3 with associated mesenteric stranding. No evidence of viscus perforation. Possible persistent ductal calculi. Persistent features of cholecystitis with suspicion of localised perforation at the fundus reducing in size.

—
Dr Afreen Saheb. GMC 7488535
ST3 Radiology Registrar

Verified by Dr Fiona Minns, Consultant Radiologist, RIE

Reporting Radiologist: Dr Afreen Saheb

Report Information

Requestor	Paisley, Miss AM
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	40803640
Sample Date	20/12/2021 07:34:00

Water Soluble Contrast Meal and FT

Water Soluble Contrast Meal and FT

Clinical History
ERCP 2 weeks ago + abdominal pain ever since. CT abdo today with IV contrast (no oral contrast given) showed fluid + gas collection adjacent to D3. Requires gastrograffin contrast study (meal & follow-through) for ?duodenal perforation secondary to ERCP.

6131677 20/12/2021 Water Soluble Contrast Meal and FT
Reference CT from 20/12/21.

Water soluble contrast passes from the stomach into the duodenum and round to the DJ flexure with no evidence of leak of contrast.
Reflux of contrast into the common bile duct noted.

Conclusion:
No evidence of active leak.

—
Dr Tom Foster and Dr Robert Cronshaw,
Radiology Registrars.

Verified by Dr Fiona Minns, Consultant Radiologist.

Reporting Radiologist: Dr Thomas Foster

Report Information

Requestor	Thompson, Dr Helen
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	40806582
Sample Date	20/12/2021 11:11:00

MRCP

MRCP

Clinical History
ERCP 2 weeks ago for biliary duct stones. Ongoing abdominal pain since then. CT abdo on 20/12 showed possible persistent ductal stone. ?Persistent CBD stones

6131697 20/12/2021 MRCP
Reference is made to CT of the same date.
As described on the recent CT there is a moderately distended gallbladder which contains a large gallstone and is markedly thick walled. At the fundus of the gallbladder there is a small localised collection. There is pneumobilia throughout the intra and extrahepatic biliary tree. The volumetric sequences are degraded and it is difficult in the context of pneumobilia to be certain, but no definite ductal calculi are identified.

There is marked thickening of the third part of the duodenum where there is a small contained fluid collection noted on the inferior most axial image, best seen on the recent CT. Increased signal intensity seen within the head of the pancreas in the region of the ampulla may reflect focal fat or mild secondary inflammatory change, this is better appreciated on the MRI.

No focal liver lesions. Normal spleen. Normal kidneys and adrenal glands. Normal calibre abdominal aorta. No size significant upper abdominal nodes. Small sliding hiatus hernia. The included lung bases are clear.

Opinion:
Contained gallbladder perforation as seen on the recent CT.
The volumetric sequences are degraded and in the context of pneumobilia it is difficult to be certain however there are no definite ductal calculi.

—
Dr Fiona Minns. GMC: 6098025
Consultant Radiologist.

Reporting Radiologist: Dr Fiona Minns

Report Information

Requestor	Thompson, Dr Helen
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	40806655
Sample Date	20/12/2021 11:14:00

XR Chest

XR Chest

Clinical History
"Very significant weight loss. Ex-smoker. No chest signs when last examined. " / Chest

7144741 21/02/2023 XR Chest

Normal heart and mediastinal contour. Lungs and pleural spaces clear.

—
Dr Judith Anderson. GMC: 4197351
Consultant Radiologist.

Reporting Radiologist: Dr Judith Anderson

Report Information

Requestor	MORTON, CATRIONA
Requesting Location	Craigmillar Medical Group
Report Identifier	44564443
Sample Date	21/02/2023 11:55:00

CT Chest/Abdo/Pelvis/ With Contrast

CT Chest/Abdo/Pelvis/ With Contrast

Clinical History
"This 55 year old woman has ongoing weight loss, with no obvious cause. She also has some upper abdominal pain and does vomit at times at night. However all her bloods are unremarkable (including LFTs, amylase and a coeliac screen) and she has already had an upper GI scope for these symptoms which showed some reflux oesophagitis / hiatus hernia and some duodenitis thought to be due to an element of bile reflux. She continues on high dose PPI and I have given her an anti-emetic too. She does smoke but a
chest X-ray is normal. On examination there are signs of weight loss. She has some upper abdominal tenderness (widespread and not localised) but no obvious masses. PR examination is normal.In view of this I would be very grateful for an urgent CT chest-abdo-pelvis please.With many thanks for your help. " / Weight loss. Upper abdominal pain

7252570 05/04/2023 CT Chest/Abdo/Pelvis/ With Contrast

Chest:
No enlarged thoracic nodes or suspicious pulmonary lesions.
No breast mass, calcified coronary plaque or obvious hiatus hernia (endoscopy noted).

Abdomen:
Since December 2021, interval cholecystectomy with prominent pneumobilia but no obvious ductal dilatation.
Simple cyst liver but in addition, 13mm low attenuation segment IV subcapsular region of abnormality.
Prior CT and MRI had shown likely abscess, adjacent to GB fundus, at this site and this is presumably residual from this.
Otherwise, solid upper abdominal organs normal.

Moderate diverticular disease, most prominent convoluted sigmoid loop but no other significant pathology large bowel.
Moderate aortoiliac calcified plaque.
No suspicious bony lesions.
No enlarged abdominal nodes, ascites or bulk peritoneal disease.

Summary:
No malignancy or other obvious explanation for worrying presentation.

Dr Graham McKillop. GMC: 2820299
Consultant Radiologist.

Reporting Radiologist: Dr Graham McKillop

Report Information

Requestor MORTON, CATRIONA

Requesting Location	Craigmillar Medical Group
Report Identifier	44858648
Sample Date	05/04/2023 09:20:00

MRCP

MRCP

Clinical History
? retained stones ? panc pathology. 55 F, wt loss ~(4 stone), previous cholecystectomy and ERCP 2021. Epigastric pain and vomiting and weight loss. CTCAP negative, ?? retained stones atypical presentation.

7418207 20/06/2023 MRCP

Reference is made to the recent CT 05/04/2023 and previous MRCP 20/12/2023.

Unfortunately some sequences are significantly degraded by motion, limiting diagnostic certainty. Cholecystectomy is noted. There is no intrahepatic duct dilatation although the intrahepatic ducts are not well seen. Similarly, the common duct is not dilated measuring 6 mm maximally, comparable with previous and with no clear obstruction identified. Comparable appearances noted on the recent CT. There is normal calibre and insertion of the pancreatic duct.

As seen on recent CT, there is cystic sub capsular focus in segment V of the liver, this measures 22 x 15mm, see key image. It is unchanged in size although of more fluid signal than on the recent CT. It is well circumscribed with no clear surrounding inflammatory change. The included, unprepared bowel is unremarkable.

Normal spleen, kidneys, pancreas and adrenal glands. Normal calibre abdominal aorta. No size significant upper abdominal nodes, free fluid or collections.

The included lung bases are clear. Normal signal returned from the marrow.

Opinion:
Unfortunately some sequences are degraded. There is no gross biliary dilatation however and no good evidence of ductal calculi (the intra hepatic ducts are not well seen).
Persistent small cystic subcapsular fluid collection in segment V of the liver. This appears more cystic on the MRI but there is no surrounding inflammatory change. See the key images.

_____

Dr Fiona Minns. GMC: 6098025
Consultant Radiologist.

Reporting Radiologist: Dr Fiona Minns

Report Information

Requestor	Grant, Rebecca
Requesting Location	(RIEOPD4F) RIE OPD4 Front Desk Outpatient Department
Report Identifier	45563877
Sample Date	20/06/2023 17:50:00

US Kidneys

US Kidneys

Clinical History
smoker Visible haematuria Flexi cysto nad. US to look at upper tracts

8283912 14/06/2024 US Kidneys

Right kidney = 113 mm. Left kidney = 105 mm

Both kidneys appear normal in size, shape and echopattern.
No hydronephrosis or renal calculi.

—
Carol Ross. HCPC RA28255.
Sonographer.

Reporting Radiologist: Carol Ross

Report Information

Requestor	Sebro, Kirby
Requesting Location	(WGHOLGAF) WGH Lower Ground Floor (OP), Anne Ferguson Building
Report Identifier	48763618
Sample Date	14/06/2024 11:00:00

CT Head

CT Head

Clinical History
1 month of persistent headache, parasthesia, and frequent TLOCs. Previous ophthalmic surgery ? SOL ?neurological cause

9656570 11/11/2025 CT Head

Noncontrast CT head. No previous for comparison.

Ventriculosulcal system is patent and symmetrical with no hydrocephalus.
Normal grey-white matter differentiation throughout.
No acute haemorrhage, infarct, extra-axial collection, midline shift or intracranial space occupying lesion.
Unremarkable skull vault, skull base with normally aerated mastoid air cells.

Well-circumscribed 21 x 13 mm soft tissue density within the right ethmoid air cells causes bony remodelling of the lateral wall which indents into the right medial rectus muscle.
Findings in keeping with an ethmoid mucocele.

—
Dr Sarah Ellison. GMC: 7071031
Consultant Radiologist.

Reporting Radiologist: Dr Sarah Ellison

Report Information

Requestor	Dodd, Patrick
Requesting Location	(RIECAA1) AMU Bay 1
Report Identifier	53779507
Sample Date	11/11/2025 01:20:00

CT Sinuses

CT Sinuses

Clinical History
58 year old with 6 month hx of headaches, paraesthesia, RHS proptosis and TLOC had finding of ethmoid mucocele on CT head. Requires CT paranasal sinuses please for better imaging of lesion for ?pre operative planning Many thanks

9659947 12/11/2025 CT Sinuses

CT sinuses image guidance / non contrast.
Comparison with CT head 11/11/25 and CT sinuses 18/04/2018.

Note previous history of thyroid eye disease and endonasal orbital decompression on 31/08/2018.

Findings:
Soft tissue attenuation mass measuring 21 x 13 x 13 mm (AP x TR x CC). This appears to arise from the superior right ethmoid air cells, extending laterally into the right intraconal space with thinning and remodelling of the overlying lateral ethmoid walls. This is near the site of a previously seen ethmoid wall defect. There is also some bony thinning of the right cribriform plate lateral lamella. Appearances are most in keeping with ethmoid sinus origin lesion such as mucocele.

There is indentation and lateral displacement of the right lateral rectus muscle as a result. Both inferior rectus muscles are thickened - this was previously characterised on MRI of 2017 and thought related to thyroid eye disease.

Both eyes are proptosed (23mm right, 22mm left), also in keeping with known history of thyroid disease and some increased mass effect from the adjacent presumed mucocele. Proptosis was also present on CT of 2018.

No other sinus masses. The remaining paranasal sinuses are clear. There is evidence of previous surgery including inferior/medial orbital wall decompression and resection of the medial maxillary walls in keeping with prior antrostomies.

No gross abnormality of the included brain. Well aerated mastoid air cells.

Absent upper dentition. Lucency surrounding the left posterior most molar suggestive of dental disease. No other destructive bone lesion.

Conclusion:
1. Right ethmoid sinus mass measuring up to 21mm, most likely representing a mucocele.
2. Associated mass effect with lateral displacement of the right medial rectus muscle.
3. Bilateral proptosis and inferior rectus hypertrophy are longstanding and in keeping with history of thyroid eye disease.

While this mass could represent a mucocele, MRI Sinuses with contrast is advised for further characterisation. This would also be helpful given patients history of thyroid eye disease and previous surgery.

Dr Sanju Vijayan. GMC 7582472
Consultant Radiologist, DCN

Reporting Radiologist: Dr Sanju Vijayan

Report Information

Requestor	Warwick, Andrew James
Requesting Location	(SJH19A) Ward 19A SJH
Report Identifier	53790703
Sample Date	12/11/2025 12:30:00

Lab Reports

Blood

Description	Value	Range	Unit	Normalcy	Notes
TSH	**7.76**	**0.15 - 3.5**	**mU/L**	**A**	(TSH)
Free T4	**6**	**8 - 27**	**pmol/L**	**A**	(Free T4)

Test Comments

(TSH)	Failed Reference Ranges
(Free T4)	Failed Alert Ranges

Report Information

Requestor	Jamieson, Dr Walter S
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB867271M
Sample Date	27/01/2004 00:00:00

Unspecified

Description	Value	Range	Unit	Normalcy	Notes
TSH	**5.61**	**0.15 - 3.5**	**mU/L**	**A**	(BTSH)
Free T4	**5**	**8 - 27**	**pmol/L**	**A**	(BFT4)

Test Comments

(BTSH)	Failed Reference Ranges
(BFT4)	Failed Alert Ranges

Report Information

Requestor	Wood, Dr Brian R
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB428562Q
Sample Date	06/10/2004 12:15:00

Report

Report	Negative ThinPrep, repeat at follow-up.	(RPT)

Test Comments

(RPT)	Date of Previous Smear : 27/01/2004
(RPT)	Reason for Smear : Early Recall
(RPT)	Patient Condition : No Contraception
(RPT)	Appearance of Cervix : Normal
(RPT)	Patient Symptoms : None
(RPT)	Medical Codes :__Vaginal-cervical cytologic material - No evidence of malignancy - Transformation Zone Cells Present

Sample Comments

Suffix Liquid based cytology

Report Information

Requestor	Farquharson, Dr DIM
Requesting Location	(RIECOLP) RIE Colposcopy Clinic
Report Identifier	UC010469V/05
Sample Date	21/02/2005 11:52:00

Thyroid function test

Description	Value	Range	Unit	Normalcy	Notes
Free T4	**7**	**8 - 27**	**pmol/L**	**A**	
TSH	**4.04**	**0.15 - 3.5**	**mU/L**	**R**	

Requestor Comments

On thyroxine

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB542851G
Sample Date	15/03/2005 17:52:00

Serum Calcium

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.09	2.1 - 2.6	mmol/L	R	

Requestor Comments
Abdominal pain

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Plasma)	4.4		mmol/L		
Spec type Rand/Fast	Rand(<11)				
B1					
B2					

Requestor Comments
Abdominal pain

Liver function test

Description	Value	Range	Unit	Normalcy	Notes
ALT	26	10 - 50	U/L		
Albumin	42	35 - 50	g/L		
Alk.Phos	88	40 - 125	U/L		
Bilirubin	9	3 - 16	umol/L		

Requestor Comments
Abdominal pain

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
TCO2	27	22 - 30	mmol/L		
Creatinine	69	60 - 120	umol/L		
Potassium	3.6	3.6 - 5	mmol/L		
Sodium	143	135 - 145	mmol/L		
Urea	4.1	2.5 - 6.6	mmol/L		

Requestor Comments
Abdominal pain

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	66	0 - 100	U/L		

Requestor Comments
Abdominal pain

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	263	0 - 10	mg/L	T	

Requestor Comments
Abdominal pain

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Basophil Count	0.08	0.01 - 0.10	10^9/L		
Eosinophil Count	0.08	0.04 - 0.40	10^9/L		
Haemoglobin	133	115 - 165	g/L		
Haematocrit	0.389	0.37 - 0.47	L/L		
Lymphocyte Count	1.86	1.5 - 4.0	10^9/L		
Mean cell Hb.	33.0	27.0 - 32.0	pg	R	
Mean cell Hb conc.	34.3	31.0 - 36.0	g/dL		
Mean cell volume	96.3	78.0 - 98.0	fL		
Monocyte Count	0.65	0.2 - 0.8	10^9/L		
Neutrophil Count	12.57	2.0 - 7.5	10^9/L	R	
Platelet count	323	150 - 350	10^9/L		
Red cell count	4.03	3.8 - 5.8	10^12/L		
White cell count	15.2	4.0 - 11.0	10^9/L	R	

Requestor Comments
Abdominal pain

Report Information

Requestor Potter, Mr Mark A

Requesting Location	(WGHARAU) WGH MAU Base 1
Report Identifier	QC011569Y
Sample Date	12/04/2005 19:38:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	66	60 - 120	umol/L		
Potassium	4.1	3.6 - 5	mmol/L		
Sodium	140	135 - 145	mmol/L		
Urea	3.4	2.5 - 6.6	mmol/L		

Requestor Comments

No clinical details on request form

Liver function test

Description	Value	Range	Unit	Normalcy	Notes
ALT	24	10 - 50	U/L		
Alk.Phos	61	40 - 125	U/L		
Bilirubin	7	3 - 16	umol/L		

Requestor Comments

No clinical details on request form

WGH(Haem) Routine Lab LTG

Description	Value	Range	Unit	Normalcy	Notes
White cell count	7.4	4.0 - 11.0	10^9/L		
Red cell count	3.85	3.8 - 5.8	10^12/L		
Haemoglobin	127	115 - 165	g/L		
Haematocrit	0.370	0.37 - 0.47	L/L		
Mean cell volume	96.0	78.0 - 98.0	fL		
Mean cell Hb.	**33.0**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.3	31.0 - 36.0	g/dL		
Platelet count	324	150 - 350	10^9/L		
Neutrophil Count	4.93	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.60	1.5 - 4.0	10^9/L		
Monocyte Count	0.65	0.2 - 0.8	10^9/L		
Eosinophil Count	0.19	0.04 - 0.40	10^9/L		
Basophil Count	0.08	0.01 - 0.10	10^9/L		
ESR	**47**	**3 - 15**	**mm/hr**	**R**	

Requestor Comments

No clinical details on request form

Report Information

Requestor	Potter, Mr Mark A
Requesting Location	(WGH22) WGH - Ward 22
Report Identifier	QC066206Y
Sample Date	13/04/2005 12:27:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Basophil Count	**0.15**	**0.01 - 0.10**	**10^9/L**	**R**	
Eosinophil Count	0.14	0.04 - 0.40	10^9/L		
Haemoglobin	126	115 - 165	g/L		
Haematocrit	**0.367**	**0.37 - 0.47**	**L/L**	**R**	
Lymphocyte Count	**1.46**	**1.5 - 4.0**	**10^9/L**	**R**	
Mean cell Hb.	**32.8**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.4	31.0 - 36.0	g/dL		
Mean cell volume	95.3	78.0 - 98.0	fL		
Monocyte Count	0.45	0.2 - 0.8	10^9/L		
Neutrophil Count	3.54	2.0 - 7.5	10^9/L		
Platelet count	**378**	**150 - 350**	**10^9/L**	**R**	
Red cell count	3.85	3.8 - 5.8	10^12/L		
White cell count	5.8	4.0 - 11.0	10^9/L		

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	62	60 - 120	umol/L		
Potassium	4.2	3.6 - 5.0	mmol/L		
Sodium	142	135 - 145	mmol/L		
Urea	**2.3**	**2.5 - 6.6**	**mmol/L**	**R**	

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**32**	**0 - 10**	**mg/L**	**R**	

Report Information

Requestor Potter, Mr Mark A
Requesting Location (WGH22) WGH - Ward 22
Report Identifier QC067300A
Sample Date 15/04/2005 10:15:00

Arterial blood gas analysis

Description	Value	Range	Unit	Normalcy	Notes
pCO2	5.0	4.5 - 6	kPa		
pO2	**10.9**	**12 - 15**	**kPa**	**R**	
Actual Bicarb.	24.2	21 - 29	mmol/L		
H+	38	37 - 45	nmol/L		
Base Excess	0.0	-3 - 3	mmol/L		
Std. Bicarbonate	24.3	21 - 29	mmol/L		

Report Information

Requestor	Potter, Mr Mark A
Requesting Location	(WGH23) WGH - Ward 23
Report Identifier	QC012067N
Sample Date	15/04/2005 11:40:00

Thyroid function test

Description	Value	Range	Unit	Normalcy	Notes
TSH	**7.30**	**0.15 - 3.5**	**mU/L**	**R**	
Free T4	**7**	**8 - 27**	**pmol/L**	**A**	

Requestor Comments

On thyroxine

Report Information

Requestor	Thyroid, Practitioner -
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB451372L
Sample Date	24/08/2006 10:00:00

Thyroid function test

Description	Value	Range	Unit	Normalcy	Notes
TSH	**7.69**	**0.2 - 4.5**	**mU/L**	**R**	(BATSH)
Free T4	**6**	**9 - 24**	**pmol/L**	**A**	

Test Comments

(BATSH) Please note change in method and ref range for all TFTs

Requestor Comments

Pregnant

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.7	2.5 - 6.6	mmol/L		
Creatinine	82	60 - 120	umol/L		
eGFR (/1.73m2)	72		ml/min		
Sodium	139	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5.0	mmol/L		
TCO2	**20**	**22 - 30**	**mmol/L**	**R**	

Requestor Comments

Pregnant

Report Information

Requestor (LOCUM)
Requesting Location (GSCRA1) Craigmillar GP Practice
Report Identifier HB507459V
Sample Date 08/11/2006 10:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/l		
Red cell count	4.39	3.8 - 5.8	x10^12/l		
Haematocrit	0.417		ratio		
Mean cell volume	95	78 - 98	fl		
Mean cell Hb.	31.9	27.0 - 32.0	pg		
Mean cell Hb conc.	33.6	31.0 - 35.0	g/dl		
White cell count	9.3	4.0 - 11.0	x10^9/l		
Neutrophil Count	6.20	2 - 7.5	x10^9/l		
Lymphocyte Count	2.17	1.5 - 4.0	x10^9/l		
Monocyte Count	0.62	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.24	0.04 - 0.4	x10^9/l		
Basophil Count	0.02	0.01 - 0.1	x10^9/l		
Platelet count	344	150 - 350	x10^9/l		

Requestor Comments

Pregnant

Report Information

Requestor	(LOCUM)
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR601215P
Sample Date	08/11/2006 10:00:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.6	2.5 - 6.6	mmol/L		
Creatinine	77	60 - 120	umol/L		
eGFR (/1.73m2)	77		ml/min		
Sodium	138	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5.0	mmol/L		
TCO2	24	22 - 30	mmol/L		

Requestor Comments

Per vaginal bleed

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**11**	**0 - 10**	**mg/L**	**R**	

Requestor Comments

Per vaginal bleed

Report Information

Requestor	Farquharson, Dr DIM
Requesting Location	(RIE210) Ward 210 RIE
Report Identifier	HB104738B
Sample Date	18/11/2006 14:15:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/l		
Red cell count	4.40	3.8 - 5.8	x10^12/l		
Haematocrit	0.419	0.370 - 0.470	ratio		
Mean cell volume	95	78 - 98	fl		
Mean cell Hb.	31.8	27.0 - 32.0	pg		
Mean cell Hb conc.	33.4	31.0 - 35.0	g/dl		
White cell count	10.7	4.0 - 11.0	x10^9/l		
Neutrophil Count	**7.94**	**2.0 - 7.5**	**x10^9/l**	**R**	
Lymphocyte Count	1.74	1.5 - 4.0	x10^9/l		
Monocyte Count	0.69	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.20	0.04 - 0.4	x10^9/l		
Basophil Count	0.09	0.01 - 0.1	x10^9/l		
Platelet count	337	150 - 350	x10^9/l		

Requestor Comments

Per vaginal bleed

Report Information

Requestor	Farquharson, Dr DIM
Requesting Location	(RIE210) Ward 210 RIE
Report Identifier	HR103122E
Sample Date	18/11/2006 14:15:00

Micro, culture & sensitivities

Set Comments

Micro Culture & Sensitivities
Microscopy
No Pus cells seen
No Yeasts seen
No Clue cells seen
No Trichomonas vaginalis seen
Culture
No Yeasts isolated
No pathogenic bacteria isolated

Report Information

Requestor	Farquharson, Dr DIM
Requesting Location	(RIE210) Ward 210 RIE
Report Identifier	ML097703L
Sample Date	19/11/2006 00:18:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	7.4	0.2 - 4.5	mU/L	R	
Free T4	6	9 - 21	pmol/L	A	

Report Information

Requestor	Allison, Dr Mandy E
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB800247E
Sample Date	30/03/2009 12:46:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	**0.12**	**0.2 - 4.5**	**mU/L**	**A**	
Free T4	13	9 - 21	pmol/L		

Requestor Comments

On thyroxine

Report Information

Requestor	Thyroid, Practitioner -
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB854590Y
Sample Date	02/06/2009 10:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	1.4	0.2 - 4.5	mU/L		
Free T4	11	9 - 21	pmol/L		

Requestor Comments

On thyroxine

Report Information

Requestor	Ewart, Dr David W
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB926956E
Sample Date	24/08/2009 10:00:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.4		mmol/L		
Glucose spec.	Random sample (<11 mmol/L)				

Requestor Comments

On thyroxine

Report Information

Requestor	Ewart, Dr David W
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB926957H
Sample Date	24/08/2009 10:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/l		
Red cell count	4.53	3.8 - 5.8	x10^12/l		
Haematocrit	0.418	0.370 - 0.470	ratio		
Mean cell volume	92	78 - 98	fl		
Mean cell Hb.	30.9	27.0 - 32.0	pg		
Mean cell Hb conc.	33.5	31.0 - 35.0	g/dl		
White cell count	10.3	4.0 - 11.0	x10^9/l		
Neutrophil Count	6.61	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.83	1.5 - 4.0	x10^9/l		
Monocyte Count	0.57	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.23	0.04 - 0.4	x10^9/l		
Basophil Count	0.03	0.01 - 0.1	x10^9/l		
Platelet count	350	150 - 350	x10^9/l		

Requestor Comments
On thyroxine

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	12	3 - 15	mm/hr		

Requestor Comments
On thyroxine

Report Information

Requestor	Ewart, Dr David W
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR958901P
Sample Date	24/08/2009 10:00:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.2		mmol/L		
Glucose spec.	Random sample (<11 mmol/L)				

Report Information

Requestor	Wood, Dr Brian R
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB576576L
Sample Date	14/01/2010 11:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.8	0.2 - 4.5	mU/L		
Free T4	13	9 - 21	pmol/L		

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 16	umol/L		
ALT	14	10 - 50	U/L		
Alk.Phos	71	40 - 125	U/L		
GGT	17	5 - 35	U/L		
Albumin	43	35 - 50	g/L		

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.2	2.5 - 6.6	mmol/L		
Creatinine	68	60 - 120	umol/L		
eGFR (/1.73m2)	>60				
Sodium	140	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5.0	mmol/L		

Report Information

Requestor Wood, Dr Brian R
Requesting Location (GSCRA1) Craigmillar GP Practice
Report Identifier HB576575D
Sample Date 14/01/2010 11:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/l		
Red cell count	4.43	3.8 - 5.8	x10^12/l		
Haematocrit	0.410	0.370 - 0.470	ratio		
Mean cell volume	93	78 - 98	fl		
Mean cell Hb.	31.6	27.0 - 32.0	pg		
Mean cell Hb conc.	34.1	31.0 - 35.0	g/dl		
White cell count	9.2	4.0 - 11.0	x10^9/l		
Neutrophil Count	5.27	2.0 - 7.5	x10^9/l		
Lymphocyte Count	3.18	1.5 - 4.0	x10^9/l		
Monocyte Count	0.52	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.24	0.04 - 0.4	x10^9/l		
Basophil Count	0.03	0.01 - 0.1	x10^9/l		
Platelet count	344	150 - 350	x10^9/l		

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	14	3 - 15	mm/hr		

Report Information

Requestor	Wood, Dr Brian R
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR510856F
Sample Date	14/01/2010 11:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
Total T3	1.4	0.9 - 2.4	nmol/L		
TRAB	**4.2**	**0 - 1.6**	**iu/L**	**R**	(BTRABR)

Test Comments

(BTRABR) Positive TRABS (NB. Please note new Roche ref. range)

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB586886V
Sample Date	26/01/2010 11:00:00

Anti-nuclear factor

Anti Nuclear Antibody	Negative

CCP

Description	Value	Range	Unit	Normalcy	Notes
Cyclic Citrullinated Peptide	2.1	0 - 3.0	u/ml		

ANCA screen

ANCA by Immunofluorescence	Negative	
ANCA SCREEN BY EIA	Negative	(ITANCA)

Test Comments

(ITANCA) This sample has been screened for PR3-ANCA and MPO-ANCA
(ITANCA) and is negative for both.

Complement 3rd component C3

Description	Value	Range	Unit	Normalcy	Notes
C3	1.21	0.73 - 1.4	g/l		(IC3)

Test Comments

(IC3) A decrease in C3 can be caused by activation of both
(IC3) the classical and alternative pathways.Thus it can
(IC3) follow from immune complex disease(eg.systemic lupus
(IC3) erythematosus)or acute bacterial infection(eg.post-
(IC3) streptococcal glomerulonephritis).Serial determinations
(IC3) are sensitive monitors of disease activity.Persistant
(IC3) low levels can rarely be due to the presence of C3
(IC3) nephritic factor.C3 is also an acute-phase protein and
(IC3) therefore levels can be raised in infection,
(IC3) inflammation or injury.This increase can mask increased
(IC3) consumption of C3.

Complement 4th component C4

Description	Value	Range	Unit	Normalcy	Notes
C4	0.21	0.12 - 0.3	g/l		(IC4)

Test Comments

(IC4) C4 is a protein of the classical complement pathway and
(IC4) is therefore activated in immune complex disease.C4
(IC4) null alleles are common and affect the baseline levels.
(IC4) It cannot therefore be used as a marker of activity in
(IC4) systemic lupus erythematosis but serial determinations
(IC4) can be used to monitor disease activity.A low C4
(IC4) together with a low C1 Esterase Inhibitor is strongly
(IC4) suggestive of hereditary angiodema.C4 is often reduced
(IC4) in pre-eclampsia.C4 is also an acute-phase protein and
(IC4) therefore levels can be raised in infection,
(IC4) inflammation or injury.This increase can mask increased
(IC4) consumption of C4.

ENA antibody level

ENA Screen	Negative	(IENA)

Test Comments

(IENA) This sample has been screened for antibodies to Ro,La,
(IENA) Sm,RNP,Scl70 and Jo1 and is negative for all of them.

Report Information

Requestor Bickler, Dr Carl B
Requesting Location (GSCRA1) Craigmillar GP Practice
Report Identifier HI779340S
Sample Date 23/03/2010 11:00:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 16	umol/L		
ALT	16	10 - 50	U/L		
Alk.Phos	64	40 - 125	U/L		
GGT	15	5 - 35	U/L		
Albumin	42	35 - 50	g/L		

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.7	2.5 - 6.6	mmol/L		
Creatinine	**58**	**60 - 120**	**umol/L**	**R**	
eGFR (/1.73m2)	>60				
Sodium	139	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5.0	mmol/L		

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	3	0 - 5	mg/L		

Report Information

Requestor Bickler, Dr Carl B
Requesting Location (GSCRA1) Craigmillar GP Practice
Report Identifier HB640623P
Sample Date 23/03/2010 11:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	145	115 - 165	g/l		
Red cell count	4.61	3.8 - 5.8	x10^12/l		
Haematocrit	0.433	0.370 - 0.470	ratio		
Mean cell volume	94	78 - 98	fl		
Mean cell Hb.	31.5	27.0 - 32.0	pg		
Mean cell Hb conc.	33.5	31.0 - 35.0	g/dl		
White cell count	7.9	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.44	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.50	1.5 - 4.0	x10^9/l		
Monocyte Count	0.66	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.22	0.04 - 0.4	x10^9/l		
Basophil Count	0.05	0.01 - 0.1	x10^9/l		
Platelet count	318	150 - 350	x10^9/l		

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	11	3 - 15	mm/hr		

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR536429S
Sample Date	23/03/2010 11:00:00

Myeloperoxidase antibody lvl

Description	Value	Range	Unit	Normalcy	Notes
MPO-ANCA by EIA	**2.80**	**0 - 2.0**	**U/ml**	**R**	(IMPO)

Test Comments

(IMPO) Borderline range 2.01-5.0 U/ml

Proteinase 3 antibody level

Description	Value	Range	Unit	Normalcy	Notes
PR3-ANCA by EIA	1.60	0 - 2.5	U/ml		

ANCA screen

ANCA SCREEN BY EIA	Negative	(ITANCA)

Test Comments

(ITANCA) This sample has been screened for PR3-ANCA and MPO-ANCA
(ITANCA) and is negative for both.

Report Information

Requestor Lambert, Dr CM
Requesting Location (WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier HI779532B
Sample Date 24/03/2010 11:55:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments

Boyle,8290

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	MB283847M
Sample Date	24/03/2010 11:55:00

Urine Protein Electrophoresis	
Bence-Jones Protein	Negative

Sample Comments
Boyle,8290

Urine volume	
Urine Volume	Aliquot

Sample Comments
Boyle,8290

Biochemical test	
Urine Duration	Aliquot

Sample Comments
Boyle,8290

Urine total protein				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
U.Total Protein	0.03		g/L	

Sample Comments
Boyle,8290

Urine creatinine				
Description	**Value**	**Range**	**Unit**	**Normalcy Notes**
U. Creatinine	3.66		mmol/L	

Sample Comments
Boyle,8290

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	QC129497K
Sample Date	24/03/2010 11:55:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.9	2.5 - 6.6	mmol/L		
Creatinine	60	60 - 120	umol/L		
eGFR (/1.73m2)	>60				
Sodium	143	135 - 145	mmol/L		
Potassium	4.7	3.6 - 5	mmol/L		

Sample Comments
Boyle,8290

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 16	umol/L		
ALT	23	10 - 50	U/L		
Alk.Phos	74	40 - 125	U/L		

Sample Comments
Boyle,8290

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	<3	0 - 10	mg/L		M

Sample Comments
Boyle,8290

Serum Protein EPH / IGs

Description	Value	Range	Unit	Normalcy	Notes
IgA	3.18	0.8 - 4.5	g/L		
IgG	12.70	6 - 15	g/L		
IgM	0.64	0.35 - 2.9	g/L		
Prot. E'phoresis	See below				(BPEPH)

Test Comments

(BPEPH)	Protein electrophoresis report
(BPEPH)	Paraproteins not detected

Sample Comments
Boyle,8290

Serum total protein

Description	Value	Range	Unit	Normalcy	Notes
Total Protein	77	60 - 80	g/L		

Sample Comments
Boyle,8290

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	QC129478R
Sample Date	24/03/2010 11:55:00

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	9	3 - 15	mm/hr		

Sample Comments

Boyle,8290

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	QC129480W
Sample Date	24/03/2010 11:55:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	146	115 - 165	g/L		
Red cell count	4.37	3.8 - 5.8	10^12/L		
Haematocrit	0.417	0.37 - 0.47	L/L		
Mean cell volume	95.4	78.0 - 98.0	fL		
Mean cell Hb.	**33.3**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.9	31.0 - 36.0	g/dL		
White cell count	8.6	4.0 - 11.0	10^9/L		
Neutrophil Count	5.42	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.19	1.5 - 4.0	10^9/L		
Monocyte Count	0.68	0.2 - 0.8	10^9/L		
Eosinophil Count	0.24	0.04 - 0.40	10^9/L		
Basophil Count	0.07	0.01 - 0.10	10^9/L		
Platelet count	324	150 - 350	10^9/L		

Sample Comments

Boyle,8290

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	QC129491Y
Sample Date	24/03/2010 11:55:00

CCP

Description	Value	Range	Unit	Normalcy	Notes
Cyclic Citrullinated Peptide	2.5	0 - 3.0	u/ml		

Sample Comments
8325...

IgG anticardiolipins level

Description	Value	Range	Unit	Normalcy	Notes
Anti Cardiolipin (IgG)	7.0	0 - 10	GPL-U/ml		(ICLG)

Test Comments

(ICLG) The absence of IgG anti-cardiolipin antibodies does not
(ICLG) exclude antiphospholipid syndrome.If there is a
(ICLG) clinical suspicion of this disorder,please send 3
(ICLG) citrated tubes to Haematology RIE,requesting lupus
(ICLG) anticoagulant.

Sample Comments
8325...

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	HI779672E
Sample Date	24/03/2010 15:29:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments

8325...

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	MB283848J
Sample Date	24/03/2010 15:29:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
INR (Warfarin)	**1.0**	**2.0 - 4.5**	**ratio**	**R**	

Sample Comments

8325...

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC129684N
Sample Date	24/03/2010 15:29:00

Serum Protein EPH / IGs		
Cryoglobulin	See below	(BCRYO)

Test Comments

(BCRYO) Cryoglobulins and cryofibrinogen not detected

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC095823R
Sample Date	24/03/2010 16:10:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
INR (Warfarin)	**1.0**	**2.0 - 4.5**	**ratio**	**R**	

Report Information

Requestor	Lambert, Dr CM
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC020391J
Sample Date	24/03/2010 18:17:00

Sysmex tests LTG

Epithelial cells :	Moderate numbers	(MUEC)

Test Comments

(MUEC)
(MUEC) No Bacteriuria detected by Flow Cytometry
(MUEC)

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	MU369159Q
Sample Date	25/03/2010 08:50:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Report Information

Requestor	Given, Cons Not
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	MB283924F
Sample Date	25/03/2010 14:43:00

Sysmex tests LTG

Epithelial cells :	Few	(MUEC)

Test Comments

(MUEC)
(MUEC) No Bacteriuria detected by Flow Cytometry
(MUEC)

Sample Comments

ward fy2

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	MU369574Y
Sample Date	25/03/2010 15:51:00

Blood culture

Set Comments

Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments

8325...

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	MB284031A
Sample Date	26/03/2010 09:04:00

Coagulation tests	
Lupus screen - Send away	Sample sent

Sample Comments
8325...

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11.3	10.5 - 13.5	secs		
PT ratio	1.0	0.8 - 1.2	ratio		
APTT	**38.3**	**26 - 36**	**secs**	**R**	
APTT (ratio)	**1.3**	**0.8 - 1.2**	**ratio**	**R**	
Fibrinogen (Clauss)	3.5	1.5 - 4.5	g/L		
APTT (50:50 mix)	1.1				

Sample Comments
8325...

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC096163H
Sample Date	26/03/2010 09:04:00

Hepatitis B core antibody lev

Description	Value	Range	Unit	Normalcy	Notes
Anti-HBc Antibody:	0.08	0.00 - 0.89			(ZARBC2)

Test Comments

(ZARBC2) Antibody to Hepatitis B core : NEGATIVE (Index <0.9)
(ZARBC2) ---------- ---------- ---------- ---------- ----------

Sample Comments

8325...

Hep B surface Antigen

Description	Value	Range	Unit	Normalcy	Notes
Hep B surface Ag qualitative	0.43	0.00 - 0.89	S/CO		(ZARBSQ)

Test Comments

(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE
(ZARBSQ) ---------- ---------- ---------- ---------- ----------

Sample Comments

8325...

Hepatitis A IgM level

Description	Value	Range	Unit	Normalcy	Notes
Anti-HAV IgM Antibody:	0.34	0.00 - 0.79			(ZARHAM)

Test Comments

(ZARHAM) Hepatitis A IgM Antibody : NEGATIVE (Index <0.8)
(ZARHAM) ---------- ---------- ---------- ---------- ----------

Sample Comments

8325...

Hepatitis C antibody test

Description	Value	Range	Unit	Normalcy	Notes
Hepatitis C Antibody Index:	0.07	0.00 - 0.89			(ZARHCB)

Test Comments

(ZARHCB) Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)
(ZARHCB) ---------- ---------- ---------- ---------- ----------

Sample Comments

8325...

Parvovirus B19 IgG level

Description	Value	Range	Unit	Normalcy	Notes
Parvo B19 IgG Antibody Index:	3.71				(ZB19GI)

Test Comments

(ZB19GI) Parvovirus B19 IgG Antibody: POSITIVE (Index >1.1)
(ZB19GI) Evidence of past infection
(ZB19GI) -------- --------- ---------- ---------- ---------

Sample Comments

8325...

Parvovirus B19 IgM level

Description	Value	Range	Unit	Normalcy	Notes
Parvo B19 IgM Antibody Index:	0.04				(ZB19MI)

Test Comments

(ZB19MI) Parvovirus B19 IgM Antibody: NEGATIVE (Index <0.9)
(ZB19MI) ---------- ---------- ---------- ---------- ----------

Sample Comments

8325...

Report Information

Requestor McRorie, Dr ER
Requesting Location (WGH15) WGH - Ward 15
Report Identifier MS852616R
Sample Date 29/03/2010 08:45:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	**<2**	**3 - 16**	**umol/L**	**R**	
ALT	23	10 - 50	U/L		
Alk.Phos	64	40 - 125	U/L		

Sample Comments
8325...

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.4	2.5 - 6.6	mmol/L		
Creatinine	64	60 - 120	umol/L		
eGFR (/1.73m2)	>60				
Sodium	140	135 - 145	mmol/L		
Potassium	4.8	3.6 - 5	mmol/L		

Sample Comments
8325...

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	7	0 - 10	mg/L		

Sample Comments
8325...

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	2.6	0.2 - 4.5	mU/l		
Free T4	12	9 - 21	pmol/L		

Sample Comments
8325...

Serum lipids

Description	Value	Range	Unit	Normalcy	Notes
Cholesterol	**5.2**		**mmol/L**	**A**	
Triglyceride	1.43	0.8 - 2.1	mmol/L		

Sample Comments
8325...

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC132778N
Sample Date	29/03/2010 08:45:00

Erythrocyte sedimentation rate

Description	Value	Range	Unit	Normalcy	Notes
ESR	14	3 - 15	mm/hr		

Sample Comments

8325...

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC132796X
Sample Date	29/03/2010 08:45:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	139	115 - 165	g/L		
Red cell count	4.18	3.8 - 5.8	10^12/L		
Haematocrit	0.390	0.37 - 0.47	L/L		
Mean cell volume	93.4	78.0 - 98.0	fL		
Mean cell Hb.	**33.3**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	35.7	31.0 - 36.0	g/dL		
White cell count	8.1	4.0 - 11.0	10^9/L		
Neutrophil Count	4.50	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.64	1.5 - 4.0	10^9/L		
Monocyte Count	0.60	0.2 - 0.8	10^9/L		
Eosinophil Count	0.30	0.04 - 0.40	10^9/L		
Basophil Count	0.03	0.01 - 0.10	10^9/L		
Platelet count	295	150 - 350	10^9/L		

Sample Comments

8325...

Report Information

Requestor	McRorie, Dr ER
Requesting Location	(WGH15) WGH - Ward 15
Report Identifier	QC132788G
Sample Date	29/03/2010 08:45:00

Micro, culture & sensitivities

Set Comments

Micro Culture + Sensitivities
  No Yeasts isolated
  No growth

Report Information

Requestor	Known, Cons Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	MG968073D
Sample Date	12/08/2010 16:57:00

Micro, culture & sensitivities

Set Comments

Micro Culture + Sensitivities
Microscopy
  Small numbers of White blood cells seen
  No Organisms seen

Report Information

Requestor	Known, Cons Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	MG968080M
Sample Date	12/08/2010 17:02:00

Micro, culture & sensitivities

Set Comments

```
Micro Culture + Sensitivities
  Large numbers of Staphylococcus aureus isolated
   Sensitive : Clarithromycin,Flucloxacillin.
```

Requestor Comments

Cellulitis

Report Information

Requestor	(LOCUM)
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	MG981762V
Sample Date	27/10/2010 17:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	3.7	0.2 - 4.5	mU/L		
Free T4	11	9 - 21	pmol/L		

Requestor Comments

Not taking thyroxine

Report Information

Requestor	Thyroid, Practitioner -
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB836650J
Sample Date	15/11/2010 11:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	**10.4**	**0.2 - 4.5**	**mU/L**	**A**	
Free T4	**8**	**9 - 21**	**pmol/L**	**A**	

Requestor Comments

On thyroxine

Report Information

Requestor	Allison, Dr Mandy E
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB775907M
Sample Date	30/04/2012 18:00:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	13	10 - 50	U/L		
Alk.Phos	68	40 - 125	U/L		
GGT	15	5 - 35	U/L		

Requestor Comments

? Perimenopause

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	1.1	0.2 - 4.5	mU/L		

Requestor Comments

? Perimenopause

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.0	2.5 - 6.6	mmol/L		
Creatinine	65	60 - 120	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.4	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

? Perimenopause

Endocrine studies

Description	Value	Range	Unit	Normalcy	Notes
LH	**29.6**	**2.0 - 9.0**	**U/L**	**R**	(BLH)
FSH	**12.2**	**3.0 - 10.0**	**U/L**	**R**	
Oestradiol	**648**	**75 - 140**	**pmol/L**	**R**	

Set Comments

Results consistent with sampling near mid-cycle.
Does not exclude perimenopause

Test Comments

(BLH) Ref range for LH/FSH/E2 refer to early follicular phase

Requestor Comments

? Perimenopause

Report Information

Requestor Bickler, Dr Carl B
Requesting Location (GSCRA1) Craigmillar GP Practice
Report Identifier HB726607W
Sample Date 09/09/2013 08:40:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	146	115 - 160	g/l		
Red cell count	4.54	3.8 - 5.8	x10^12/l		
Haematocrit	0.418	0.37 - 0.47	ratio		
Mean cell volume	92	78 - 98	fl		
Mean cell Hb.	**32.2**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.9	31.0 - 36.0	g/dl		
White cell count	7.4	4.0 - 11.0	x10^9/l		
Neutrophil Count	4.25	2.0 - 7.5	x10^9/l		
Lymphocyte Count	2.10	1.5 - 4.0	x10^9/l		
Monocyte Count	0.63	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.34	0.04 - 0.4	x10^9/l		
Basophil Count	0.04	0.01 - 0.1	x10^9/l		
Platelet count	343	150 - 400	x10^9/l		

Requestor Comments

? Perimenopause

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR930115G
Sample Date	09/09/2013 08:40:00

Endocrine studies

Description	Value	Range	Unit	Normalcy	Notes
LH	6.8	2.0 - 9.0	U/L		(BLH)
FSH	**11.7**	**3.0 - 10.0**	**U/L**	**R**	
Oestradiol	**145**	**75 - 140**	**pmol/L**	**R**	

Set Comments

Does not exclude perimenopause

Test Comments

(BLH) Ref range for LH/FSH/E2 refer to early follicular phase

Requestor Comments

None given

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB469154T
Sample Date	25/09/2013 09:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.28	0.2 - 4.5	mU/L		
Free T4	13	9 - 21	pmol/L		

Requestor Comments

Query Hyperthyroid
previous thryrotoxicosis. ? recurrance.

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB931764Q
Sample Date	29/01/2016 10:13:00

Culture and Sensitivities

Set Comments

Culture and Sensitivities
  No significant growth

Requestor Comments

HIDRA? + CELLULITIS

Report Information

Requestor	(Registrar), Dr Anthony J Simon
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	MG373468M
Sample Date	11/02/2016 17:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.35	0.2 - 4.5	mU/L		

Report Information

Requestor	Bickler, Dr Carl B
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB957180E
Sample Date	27/02/2017 09:31:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.24	0.2 - 4.5	mU/L		
Free T4	13	9 - 21	pmol/L		
Total T3	1.7	0.9 - 2.4	nmol/L		
TRAB	**7.8**	**0 - 1.6**	**iu/L**	**R**	(BTRABR)

Test Comments

(BTRABR) Positive TRABS

Sample Comments

zammitt 21480

Requestor Comments

Thyroid eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB235015S
Sample Date	15/08/2017 14:04:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	17	10 - 50	U/L		
Alk.Phos	80	40 - 125	U/L		

Sample Comments
zammitt 21480

Requestor Comments
Graves eye disease

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.4	2.5 - 6.6	mmol/L		
Creatinine	67	50 - 98	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments
zammitt 21480

Requestor Comments
Graves eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB235014L
Sample Date	15/08/2017 15:10:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.7		mmol/L		

Sample Comments

zammitt 21480

Requestor Comments

Graves eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB235013D
Sample Date	15/08/2017 15:10:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	141	115 - 160	g/L		
Red cell count	4.47	3.8 - 5.8	10^12/L		
Haematocrit	0.422	0.37 - 0.47	ratio		
Mean cell volume	94	78 - 98	fL		
Mean Cell Hb	31.5	27.0 - 32.0	pg		
White cell count	10.2	4.0 - 11.0	10^9/L		
Neutrophil Count	6.04	2.0 - 7.5	10^9/L		
Lymphocyte Count	3.23	1.5 - 4.0	10^9/L		
Monocyte Count	0.64	0.2 - 0.8	10^9/L		
Eosinophil Count	0.25	0.04 - 0.4	10^9/L		
Basophil Count	0.02	0.01 - 0.1	10^9/L		
Platelet count	313	150 - 400	10^9/L		
Mean cell Hb conc.	334	310 - 360	g/L		

Sample Comments

zammitt 21480

Requestor Comments

Graves eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HR260291W
Sample Date	15/08/2017 15:10:00

HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	39	20 - 41	mmol/mol		

Sample Comments

zammitt 21480

Requestor Comments

Thyroid eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB272774M
Sample Date	17/10/2017 13:41:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	138	115 - 160	g/L		
Red cell count	4.50	3.8 - 5.8	10^12/L		
Haematocrit	0.412	0.37 - 0.47	ratio		
Mean cell volume	92	78 - 98	fL		
Mean Cell Hb	30.7	27.0 - 32.0	pg		
White cell count	8.4	4.0 - 11.0	10^9/L		
Neutrophil Count	4.91	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.55	1.5 - 4.0	10^9/L		
Monocyte Count	0.55	0.2 - 0.8	10^9/L		
Eosinophil Count	0.31	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	319	150 - 400	10^9/L		
Mean cell Hb conc.	335	310 - 360	g/L		

Sample Comments

zammitt 21480

Requestor Comments

Thyroid eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HR325213Z
Sample Date	17/10/2017 13:41:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.54	0.2 - 4.5	mU/L		
Free T4	11	9 - 21	pmol/L		
Total T3	1.7	0.9 - 2.4	nmol/L		

Sample Comments
zammitt 21480

Requestor Comments
Thyroid eye disease

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	19	10 - 50	U/L		
Alk.Phos	84	40 - 125	U/L		

Sample Comments
zammitt 21480

Requestor Comments
Thyroid eye disease

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.8	2.5 - 6.6	mmol/L		
Creatinine	68	50 - 98	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments
zammitt 21480

Requestor Comments
Thyroid eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB272778R
Sample Date	17/10/2017 13:41:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.44	0.2 - 4.5	mU/L		
Free T4	12	9 - 21	pmol/L		
Total T3	1.4	0.9 - 2.4	nmol/L		
TRAB	**11.1**	**0 - 1.6**	**iu/L**	**R**	(BTRABR)

Test Comments

(BTRABR) Positive TRABS

Sample Comments

zammitt 21480

Requestor Comments

Thyroid eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB376401C
Sample Date	17/04/2018 12:57:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	**0.14**	**0.2 - 4.5**	**mU/L**	**A**	
Free T4	13	9 - 21	pmol/L		

Sample Comments

Gillian 63688

Requestor Comments

Pre Op..

Report Information

Requestor	MacDougall, Dr G M
Requesting Location	(RIEENT) LB Ear, Nose & Throat
Report Identifier	HB255171Y
Sample Date	27/08/2018 14:36:00

St Johns MRSA screen LTG

Set Comments

MRSA Screen
No meticillin resistant Staph. aureus isolated

Report Information

Requestor	Williams, Mr Alun T
Requesting Location	(SJH19A) Ward 19A, St John's Hospital
Report Identifier	JG326148G
Sample Date	29/08/2018 07:51:00

St Johns MRSA screen LTG

Set Comments

MRSA Screen
No meticillin resistant Staph. aureus isolated

Report Information

Requestor	Williams, Mr Alun T
Requesting Location	(SJH19A) Ward 19A, St John's Hospital
Report Identifier	JG326147S
Sample Date	29/08/2018 07:51:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	**0.11**	**0.2 - 4.5**	**mU/L**	**A**	
Free T4	13	9 - 21	pmol/L		
Total T3	1.7	0.9 - 2.4	nmol/L		
TRAB	**9.9**	**0 - 1.6**	**iu/L**	**R**	(BTRABR)

Test Comments

(BTRABR) Positive TRABS

Sample Comments

zammitt 21480

Requestor Comments

Thyroid eye disease

Report Information

Requestor	given, Not
Requesting Location	(PAEEOPD) Eye Outpatients Dept, PAEP
Report Identifier	HB341027L
Sample Date	22/01/2019 13:01:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.26	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.38	2.2 - 2.6	mmol/L		
Albumin	**34**	**36 - 47**	**g/L**	**R**	

Sample Comments
21358..

Requestor Comments
abdo pain

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	10	3 - 21	umol/L		
ALT	**93**	**10 - 50**	**U/L**	**R**	
Alk.Phos	116	40 - 125	U/L		
GGT	**128**	**5 - 35**	**U/L**	**R**	

Sample Comments
21358..

Requestor Comments
abdo pain

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	67	3 - 100	U/L		

Sample Comments
21358..

Requestor Comments
abdo pain

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	5.3	2.5 - 6.6	mmol/L		
Creatinine	72	50 - 98	umol/L		
Sodium	135	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
21358..

Requestor Comments
abdo pain

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**153**	**0 - 5**	**mg/L**	**R**	

Sample Comments
21358..

Requestor Comments
abdo pain

Report Information

Requestor	given, Not
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	HB124081D
Sample Date	05/11/2021 20:05:00

Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	0.8	0.6 - 2.4	mmol/L		

Sample Comments
21358..

Requestor Comments
abdo pain

Report Information

Requestor	given, Not
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	HB124073N
Sample Date	05/11/2021 20:05:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	138	115 - 165	g/L		
Red cell count	4.39	3.8 - 5.8	10^12/L		
Haematocrit	0.405	0.36 - 0.47	ratio		
Mean cell volume	92	78 - 98	fL		
Mean Cell Hb	31.4	27.0 - 32.0	pg		
White cell count	**11.8**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**9.40**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	1.56	1.5 - 4.5	10^9/L		
Monocyte Count	0.77	0.2 - 0.8	10^9/L		
Eosinophil Count	0.05	0.04 - 0.4	10^9/L		
Basophil Count	0.02	0.01 - 0.1	10^9/L		
Platelet count	321	150 - 400	10^9/L		
Mean cell Hb conc.	341	310 - 360	g/L		

Sample Comments
21358..

Requestor Comments
abdo pain

Report Information

Requestor	given, Not
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	HR075885S
Sample Date	05/11/2021 20:05:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	13.0	10.5 - 13.5	sec		
INR (Warfarin)	1.1		ratio		
APTT	35	26 - 36	sec		
APTT Ratio	1.2		ratio		
Fibrinogen (Clauss)	**4.1**	**1.5 - 4.0**	**g/L**	**R**	

Sample Comments

21358..

Requestor Comments

ABD0....

Report Information

Requestor	Beaux, Mr Andrew de
Requesting Location	(RIEAMBOP) Ambulatory Care OP Desk, RIE
Report Identifier	HR077972G
Sample Date	09/11/2021 13:25:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.27	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.38	2.2 - 2.6	mmol/L		
Phosphate	1.24	0.8 - 1.4	mmol/L		
Albumin	**35**	**36 - 47**	**g/L**	**R**	

Sample Comments
21358..

Requestor Comments
ABD0....

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	34	10 - 50	U/L		
Alk.Phos	108	40 - 125	U/L		
GGT	**104**	**5 - 35**	**U/L**	**R**	

Sample Comments
21358..

Requestor Comments
ABD0....

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	67	3 - 100	U/L		

Sample Comments
21358..

Requestor Comments
ABD0....

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.0	2.5 - 6.6	mmol/L		
Creatinine	73	50 - 98	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5	mmol/L		
TCO2	24	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
21358..

Requestor Comments
ABD0....

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**18**	**0 - 5**	**mg/L**	**R**	

Sample Comments
21358..

Requestor Comments
ABD0....

Report Information

Requestor	Beaux, Mr Andrew de
Requesting Location	(RIEAMBOP) Ambulatory Care OP Desk, RIE
Report Identifier	HB126143F
Sample Date	09/11/2021 13:25:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	142	115 - 165	g/L		
Red cell count	4.53	3.8 - 5.8	10^12/L		
Haematocrit	0.414	0.36 - 0.47	ratio		
Mean cell volume	91	78 - 98	fL		
Mean Cell Hb	31.3	27.0 - 32.0	pg		
White cell count	6.6	4.0 - 11.0	10^9/L		
Neutrophil Count	4.37	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.53	1.5 - 4.5	10^9/L		
Monocyte Count	0.46	0.2 - 0.8	10^9/L		
Eosinophil Count	0.16	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	372	150 - 400	10^9/L		
Mean cell Hb conc.	343	310 - 360	g/L		

Sample Comments
21358..

Requestor Comments
ABD0....

Report Information

Requestor	Beaux, Mr Andrew de
Requesting Location	(RIEAMBOP) Ambulatory Care OP Desk, RIE
Report Identifier	HR077971L
Sample Date	09/11/2021 13:25:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 21	umol/L		
ALT	11	10 - 50	U/L		
Alk.Phos	73	40 - 125	U/L		
GGT	25	5 - 35	U/L		

Sample Comments
4043...

Requestor Comments
pre ercp

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.6	2.5 - 6.6	mmol/L		
Creatinine	64	50 - 98	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
4043...

Requestor Comments
pre ercp

Report Information

Requestor	Bow, CNP Sister Samantha L
Requesting Location	(RIEENDBR) RIE, Endoscopy/Bronch. Unit
Report Identifier	HB347289L
Sample Date	02/12/2021 10:59:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11.0	10.5 - 13.5	sec		
INR (Warfarin)	0.9		ratio		
APTT	35	26 - 36	sec		
APTT Ratio	1.2		ratio		
Fibrinogen (Clauss)	3.4	1.5 - 4.0	g/L		

Sample Comments

4043...

Requestor Comments

pre ercp

Report Information

Requestor	Bow, CNP Sister Samantha L
Requesting Location	(RIEENDBR) RIE, Endoscopy/Bronch. Unit
Report Identifier	HR214846T
Sample Date	02/12/2021 10:59:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/L		
Red cell count	4.56	3.8 - 5.8	10^12/L		
Haematocrit	0.408	0.36 - 0.47	ratio		
Mean cell volume	90	78 - 98	fL		
Mean Cell Hb	30.7	27.0 - 32.0	pg		
White cell count	6.0	4.0 - 11.0	10^9/L		
Neutrophil Count	3.84	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.58	1.5 - 4.5	10^9/L		
Monocyte Count	0.42	0.2 - 0.8	10^9/L		
Eosinophil Count	0.15	0.04 - 0.4	10^9/L		
Basophil Count	0.02	0.01 - 0.1	10^9/L		
Platelet count	263	150 - 400	10^9/L		
Mean cell Hb conc.	343	310 - 360	g/L		

Sample Comments

4043...

Requestor Comments

pre ercp

Report Information

Requestor	Bow, CNP Sister Samantha L
Requesting Location	(RIEENDBR) RIE, Endoscopy/Bronch. Unit
Report Identifier	HR214845C
Sample Date	02/12/2021 10:59:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	10.2	9.0 - 12.0	sec		
INR (Warfarin)	0.9		ratio		
APTT	27	21.0 - 28.0	sec		
APTT Ratio	1.0		ratio		
Fibrinogen (Clauss)	**5.6**	**1.5 - 4.0**	**g/L**	**R**	

Sample Comments

x21777.

Requestor Comments

MDC.....

Report Information

Requestor	Beaux, Mr Andrew de
Requesting Location	(RIEMDC) RIE Medical Day Case
Report Identifier	HR095312P
Sample Date	09/12/2021 07:00:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	11	10 - 50	U/L		
Alk.Phos	79	40 - 125	U/L		
GGT	28	5 - 35	U/L		

Sample Comments
x21777.

Requestor Comments
MDC.....

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.0	2.5 - 6.6	mmol/L		
Creatinine	64	50 - 98	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
x21777.

Requestor Comments
MDC.....

Report Information

Requestor	Beaux, Mr Andrew de
Requesting Location	(RIEMDC) RIE Medical Day Case
Report Identifier	HB141873Y
Sample Date	09/12/2021 07:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	138	115 - 165	g/L		
Red cell count	4.35	3.8 - 5.8	10^12/L		
Haematocrit	0.391	0.36 - 0.47	ratio		
Mean cell volume	90	78 - 98	fL		
Mean Cell Hb	31.7	27.0 - 32.0	pg		
White cell count	6.6	4.0 - 11.0	10^9/L		
Neutrophil Count	4.70	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.38**	**1.5 - 4.5**	**10^9/L**	**A**	
Monocyte Count	0.34	0.2 - 0.8	10^9/L		
Eosinophil Count	0.17	0.04 - 0.4	10^9/L		
Basophil Count	0.02	0.01 - 0.1	10^9/L		
Platelet count	266	150 - 400	10^9/L		
Mean cell Hb conc.	353	310 - 360	g/L		

Sample Comments
x21777.

Requestor Comments
MDC.....

Report Information

Requestor	Beaux, Mr Andrew de
Requesting Location	(RIEMDC) RIE Medical Day Case
Report Identifier	HR095311Y
Sample Date	09/12/2021 07:00:00

ERCP report

NHS Lothian
Royal Infirmary of Edinburgh
ERCP REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way** **Edinburgh** **EH17 8XD**
Date of birth:	**21/08/1967**		
NHS No:	**2108671080**		
Case Note No:	**620101347R**		

GP:	**BICKLER, CARL** **Craigmillar Medical Group** **Craigmillar Medical Centre** **106 Niddrie Mains Road** **Edinburgh** **EH16 4DT**	Procedure date:	**9th December 2021 (14:17)**
		Priority:	**Elective**
		Status:	**Day patient/NHS**
		Hospital:	**Royal Infirmary of Edinburgh**
		Ward:	
		Referring Cons:	**MDC** **De Beaux A Mr (General Surgery)**

Report Information

Requestor BEAUX

Requesting Location

Report Identifier UNI52434-2108671080

Sample Date 09/12/2021 14:17:52

Indications
MRCP imaging revealed stone(s) in biliary tree.

Consultant/Endoscopist
Dr Andrew Bathgate
Nurse: Darren Houston

Report
Cannulation via the major papilla to the bile duct was successful. Visualisation: the whole biliary system except the gall bladder, limited by insufficient contrast, but not the pancreatic system. Papillary anatomy: major; no previous surgery. There were no peri-operative complications.

Site a: Common bile duct
One stone.Stone removal: complete extraction using Balloon.
Site b: Major papilla
Major: diverticulum with the ampulla withinSphincterotomy: with no bleeding, incision accepted 12ml balloon.

Instrument
RIE 245 TJF Q290V 2900245

Premedication
Diclofenac (Rectal) 100 mg
Fentanyl (IV) 75 mcg
Midazolam (IV) 3 mg
Xylocaine (Spray) 100 mg

Diagnoses
AMPULLA. Periampullary diverticulum.
BILIARY. Stones in the common bile duct.

Advice/Comments
Ampulla within diverticulum but favourable orientation and cannulation striaghtforward. Stone confirmed, sphincterotomy and stone removal. Check trawl clear.

Follow up
Return to the Referring Consultant.

Dr Andrew Bathgate
Consultant Gastroenterologist

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	128	115 - 165	g/L		
Red cell count	4.17	3.8 - 5.8	10^12/L		
Haematocrit	0.373	0.36 - 0.47	ratio		
Mean cell volume	89	78 - 98	fL		
Mean Cell Hb	30.7	27.0 - 32.0	pg		
White cell count	8.8	4.0 - 11.0	10^9/L		
Neutrophil Count	6.69	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.51	1.5 - 4.5	10^9/L		
Monocyte Count	0.42	0.2 - 0.8	10^9/L		
Eosinophil Count	0.11	0.04 - 0.4	10^9/L		
Basophil Count	0.02	0.01 - 0.1	10^9/L		
Platelet count	**417**	**150 - 400**	**10^9/L**	**R**	
Mean cell Hb conc.	343	310 - 360	g/L		

Sample Comments
21358..

Requestor Comments
abd pain

Report Information

Requestor	given, Not
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	HR101079A
Sample Date	19/12/2021 20:05:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**2.17**	**2.2 - 2.6**	**mmol/L**	**R**	
Adjustd Calcium	2.32	2.2 - 2.6	mmol/L		
Albumin	**32**	**36 - 47**	**g/L**	**R**	

Sample Comments
21358..

Requestor Comments
abd pain

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	<3	3 - 21	umol/L		
GGT	**37**	**5 - 35**	**U/L**	**R**	
ALT	14	10 - 50	U/L		
Albumin	**32**	**36 - 47**	**g/L**	**R**	
Alk.Phos	83	40 - 125	U/L		

Sample Comments
21358..

Requestor Comments
abd pain

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	86	3 - 100	U/L		

Sample Comments
21358..

Requestor Comments
abd pain

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.9	2.5 - 6.6	mmol/L		
Creatinine	67	50 - 98	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
21358..

Requestor Comments
abd pain

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**18**	**0 - 5**	**mg/L**	**R**	

Sample Comments
21358..

Requestor Comments
abd pain

Report Information

Requestor	given, Not
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	HB147582Y
Sample Date	19/12/2021 20:05:00

Respiratory Virus PCR	
Influenza A virus PCR :	Negative
Influenza B virus PCR :	Negative
RSV PCR :	Negative

Sample Comments
21358..

Requestor Comments
abd pain

SARS-CoV-2 secondary assay		
SARS-CoV-2 virus PCR	Negative	(ZWUPC2)

Set Comments
For specific Infection Prevention and Control advice for SARS-CoV-2 ('COVID-19 virus') infection, please refer to the following NHSL intranet web link:

http://intranet.lothian.scot.nhs.uk/COVID-19/PatientManagement/Pages/default.aspx

Test Comments
(ZWUPC2) This test is currently unaccredited to ISO 15189
(ZWUPC2) ---------- ---------- ---------- ---------- ----------

Sample Comments
21358..

Requestor Comments
abd pain

Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	MI202163B
Sample Date	20/12/2021 07:02:00

Serum gentamicin level

Description	Value	Range	Unit	Normalcy	Notes
Gentamicin	1.4		mg/L		(BGEN)

Test Comments

(BGEN) For once daily dosing use the GGC NOMOGRAM
(BGEN) (sample 6-14 hours after dose). Adjust interval as
(BGEN) indicated on the nomogram.
(BGEN) Patients with a creatinine clearance of <21ml/minute
(BGEN) consider using an alternative drug, however, if
(BGEN) gentamicin is used NO further gentamicin can be given
(BGEN) until a trough of <1mg/L is obtained.
(BGEN) Using for synergy with a beta-lactam (i.e. treatment of
(BGEN) streptococcal/enterococcal endocarditis with penicillin
(BGEN) and gentamicin) aim for a trough of < 1 mg/L and a
(BGEN) peak of between 3 and 5 mg/L.
(BGEN) Patients on other regimens refer to local protocols
(BGEN) for levels.

Sample Comments

21358..

Requestor Comments

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Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	HB147870K
Sample Date	20/12/2021 12:25:00

Blood culture

Set Comments
Blood Culture

Blood culture NEGATIVE after 2 days incubation
A further report will follow if growth occurs

Sample Comments
Thompson

Requestor Comments
.....

Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIESOIP) Surgical Obs Inpatients
Report Identifier	MB704492T
Sample Date	20/12/2021 15:59:00

Report

Clinical Summary

Lap chole for cholecystitis. Pus and mucous in gallbladder with one large stone. Posterior wall left in-situ.
Provisional diagnosis: gallbladder empyema.

Specimen

Gallbladder.

Macroscopy

This is an incomplete gallbladder along with a stone. The tissue has a probably clipped cystic duct and measures 72 x 35 mm with maximum wall thickness of 5 mm. It is not possible to further orientate the specimen with regards to serosal surface or fundus or body. Probable mucosal surface is haemorrhagic and focally looks ulcerated. No discrete lesion. Cystic duct margin along with representative sections from the mid and distal portion of the tissue taken in one cassette. Tissue remaining.

Specimen trimmed by: Dr S Pattle.

Microscopy

Histological examination reveals a thickened gallbladder wall containing smooth muscle hypertrophy, Rokitansky-Aschoff sinuses and a chronic active inflammatory cell infiltrate with numerous lymphoid aggregates. The epithelium is acutely inflamed and partially denuded, but where present, it shows reactive features. No dysplasia or malignancy is identified. The appearances are those of acute on chronic cholecystitis.

Gallbladder - Acute on chronic cholecystitis

Test Comments

(RPT)	Pathologists :
(RPT)	Independent Reporting
(RPT)	Dr Raluca F Grigorescu

Sample Comments

Suffix Gall Bladder

Report Information

Requestor	Known, Cons Not
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	UB024903D/21
Sample Date	21/12/2021 16:13:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.3	2.5 - 6.6	mmol/L		
Creatinine	59	50 - 98	umol/L		
Sodium	135	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

21061..

Requestor Comments

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Serum gentamicin level

Description	Value	Range	Unit	Normalcy	Notes
Gentamicin	<0.6		mg/L		(BGEN)

Test Comments

(BGEN) For once daily dosing use the GGC NOMOGRAM
(BGEN) (sample 6-14 hours after dose). Adjust interval as
(BGEN) indicated on the nomogram.
(BGEN) Patients with a creatinine clearance of <21ml/minute
(BGEN) consider using an alternative drug, however, if
(BGEN) gentamicin is used NO further gentamicin can be given
(BGEN) until a trough of <1mg/L is obtained.
(BGEN) Using for synergy with a beta-lactam (i.e. treatment of
(BGEN) streptococcal/enterococcal endocarditis with penicillin
(BGEN) and gentamicin) aim for a trough of < 1 mg/L and a
(BGEN) peak of between 3 and 5 mg/L.
(BGEN) Patients on other regimens refer to local protocols
(BGEN) for levels.

Sample Comments

21061..

Requestor Comments

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Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	HB148652S
Sample Date	21/12/2021 20:37:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	125	115 - 165	g/L		
Red cell count	4.05	3.8 - 5.8	10^12/L		
Haematocrit	0.360	0.36 - 0.47	ratio		
Mean cell volume	89	78 - 98	fL		
Mean Cell Hb	30.9	27.0 - 32.0	pg		
White cell count	**11.1**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**9.51**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	**1.04**	**1.5 - 4.5**	**10^9/L**	**A**	
Monocyte Count	0.55	0.2 - 0.8	10^9/L		
Eosinophil Count		**0.04 - 0.4**	**10^9/L**	**R**	
Basophil Count	0.01	0.01 - 0.1	10^9/L		
Platelet count	389	150 - 400	10^9/L		
Mean cell Hb conc.	347	310 - 360	g/L		

Sample Comments

21061..

Requestor Comments

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Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	HR234159C
Sample Date	21/12/2021 20:37:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**114**	**115 - 165**	**g/L**	**R**	
Red cell count	**3.73**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	**0.332**	**0.36 - 0.47**	**ratio**	**R**	
Mean cell volume	89	78 - 98	fL		
Mean Cell Hb	30.6	27.0 - 32.0	pg		
White cell count	10.4	4.0 - 11.0	10^9/L		
Neutrophil Count	7.24	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.17	1.5 - 4.5	10^9/L		
Monocyte Count	**0.96**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	**0.03**	**0.04 - 0.4**	**10^9/L**	**R**	
Basophil Count	0.01	0.01 - 0.1	10^9/L		
Platelet count	337	150 - 400	10^9/L		
Mean cell Hb conc.	343	310 - 360	g/L		

Sample Comments

21500..

Requestor Comments

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Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	HR231207Y
Sample Date	22/12/2021 03:56:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	<3	3 - 21	umol/L		
ALT	19	10 - 50	U/L		
Alk.Phos	80	40 - 125	U/L		
GGT	**46**	**5 - 35**	**U/L**		**R**

Sample Comments

21500..

Requestor Comments

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Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.6	2.5 - 6.6	mmol/L		
Creatinine	54	50 - 98	umol/L		
Sodium	138	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments

21500..

Requestor Comments

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Report Information

Requestor	Paisley, Dr Anna Mary
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	HB358980Q
Sample Date	22/12/2021 03:56:00

WGH GI Lab LTG

Description	Value	Range	Unit	Normalcy	Notes
Anti-tTG IgA (DS2)	1.6	0.1 - 5.0	U/mL		(QGTTGA)

Test Comments

(QGTTGA) Coeliac testing NOTES:
(QGTTGA) 1. If patient is on gluten free diet, negative serology
(QGTTGA) does NOT exclude coeliac disease. For details of
(QGTTGA) required gluten intake to ensure an adequate 'gluten
(QGTTGA) challenge' see RefHelp.
(QGTTGA) 2. Positive serology(tTG-IgA >5U/ml or tTG-IgG >10U/ml)
(QGTTGA) is associated with Coeliac Disease but is NOT
(QGTTGA) diagnostic on its own and for all adult patients endo-
(QGTTGA) scopic biopsy is required. As such, where serology is
(QGTTGA) positive at any level, please refer to GI and advise
(QGTTGA) NOT to exclude gluten until diagnosis is confirmed or
(QGTTGA) excluded by a Gastroenterologist.
(QGTTGA) 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be
(QGTTGA) false positives and are relatively common.
(QGTTGA) 4. See GI and Paediatric GI pages on RefHelp for
(QGTTGA) further information and advice.

Requestor Comments

Coeliac ?

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	QB102163W
Sample Date	14/06/2022 10:02:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	5.4	3.8 - 7.7	mmol/L		

Requestor Comments

New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB903734S
Sample Date	14/06/2022 10:02:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	147	115 - 165	g/L		
Red cell count	4.59	3.8 - 5.8	10^12/L		
Haematocrit	0.422	0.36 - 0.47	ratio		
Mean cell volume	92	78 - 98	fL		
Mean Cell Hb	32.0	27.0 - 32.0	pg		
White cell count	6.9	4.0 - 11.0	10^9/L		
Neutrophil Count	4.18	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.91	1.5 - 4.5	10^9/L		
Monocyte Count	0.56	0.2 - 0.8	10^9/L		
Eosinophil Count	0.22	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	260	150 - 400	10^9/L		
Mean cell Hb conc.	348	310 - 360	g/L		
Nucleated RBC count			10^9/L		

Requestor Comments

New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR394656E
Sample Date	14/06/2022 10:02:00

ESC Sendaway Tests	
Coeliac screen	Send away test - WGH Biochemistry

Requestor Comments
Suspected Coeliac Patient
New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	11	10 - 50	U/L		
Alk.Phos	79	40 - 125	U/L		
GGT	12	5 - 35	U/L		

Requestor Comments
Suspected Coeliac Patient
New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	71	50 - 98	umol/L		
Sodium	142	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Requestor Comments
Suspected Coeliac Patient
New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**8**	**0 - 5**	**mg/L**	**R**	

Requestor Comments
Suspected Coeliac Patient
New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	1.1	0.23 - 5.6	mU/L		

Requestor Comments
Suspected Coeliac Patient
New onset diarrhoea. Abdo pain. RESULTS TO CM PLEASE> On thyroxine.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB903727E
Sample Date	14/06/2022 10:02:00

Gastroscopy report

NHS Lothian
Royal Infirmary of Edinburgh
GASTROSCOPY REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way** **Edinburgh** **EH17 8XD**
Date of birth:	**21/08/1967**		
NHS No:	**2108671080**		
Case Note No:	**620101347R**		

GP:	**BICKLER, CARL** **Craigmillar Medical Group** **Craigmillar Medical Centre** **106 Niddrie Mains Road** **Edinburgh** **EH16 4DT**	Procedure date:	**24th June 2022 (14:13)**
		Priority:	**Urgent**
		Status:	**Outpatient/NHS**
		Hospital:	**GP-Direct to Test**
		Ward:	**Ward - Not specified**
		Referring Cons:	**GP**

Report Information

Requestor GP

Requesting Location
Report Identifier UNI333369-210867080
Sample Date 24/06/2022 14:13:04

Indications
Sx of Reflux and possible weightloss.
Clinically important comments: Family Hx of Gastric Cancer.

Consultant/Endoscopist
List consultant: Dr Nick Church
Endoscopist No1: Dr Ahsan Siddiqui
Nurses: Georgios Vaitsis
Staff Nurse Laura Milligan

Instrument
RIE 949 GIF HQ290 2062949

Premedication
Fentanyl (IV) 50 mcg
Midazolam (IV) 4 mg
Xylocaine (Spray) 100 mg

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2. Apparent mucosal junction at 31cm from the incisors.
There were no peri-operative complications.

Site a: Lower oesophagus
Discrete erosion with Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).
Site b: Lower oesophagus
Hiatus hernia: paraoesophageal of length 3cm.
Site g: Bulb
Duodenitis: mild and oedematous with no bleeding associated with patchy erythema.

Diagnoses
OESOPHAGUS. Oesophagitis/reflux.
STOMACH. Normal.
DUODENUM. Non-erosive duodenitis.

Advice/Comments
Oesophagitis noticed at 29cms Grade B (LA classification.). Slightly irregular Z line.
Hiatal Hernia 3cms. D37ms, F34cms. Z line (GOJ) 31cms.
Stomach normal, significant bile reflux noticed. Careful look no abnormality seen under NBI
Duodenum - mild nonerosoive duodenitis likely due to bile reflux.
Omeprazole high dose prescribed.
Lynda mentioned about weight loss.
GP kindly to look into this.

Dr Ahsan Siddiqui
Advanced Endoscopy Fellow

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	9	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
Alk.Phos	74	40 - 125	U/L		
GGT	14	5 - 35	U/L		

Requestor Comments
Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	73	3 - 100	U/L		

Requestor Comments
Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	74	50 - 98	umol/L		
Sodium	139	135 - 145	mmol/L		
Potassium	4.9	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Requestor Comments
Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	1	0 - 5	mg/L		

Requestor Comments
Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	3.0	0.23 - 5.6	mU/L		

Requestor Comments
Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB933780M
Sample Date	16/02/2023 13:17:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	4.3	3.8 - 7.7	mmol/L		

Requestor Comments

Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB933763S
Sample Date	16/02/2023 13:17:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	149	115 - 165	g/L		
Red cell count	4.49	3.8 - 5.8	10^12/L		
Haematocrit	0.433	0.36 - 0.47	ratio		
Mean cell volume	96	78 - 98	fL		
Mean Cell Hb	**33.2**	**27.0 - 32.0**	**pg**	**A**	
White cell count	7.8	4.0 - 11.0	10^9/L		
Neutrophil Count	5.63	2.0 - 7.5	10^9/L		
Lymphocyte Count	**1.48**	**1.5 - 4.5**	**10^9/L**	**R**	
Monocyte Count	0.46	0.2 - 0.8	10^9/L		
Eosinophil Count	0.15	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	290	150 - 400	10^9/L		
Mean cell Hb conc.	344	310 - 360	g/L		
Nucleated RBC count			10^9/L		

Requestor Comments

Ongoing abdo pain and weight loss. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR224421K
Sample Date	16/02/2023 13:17:00

WGH GI Lab LTG

Description	Value	Range	Unit	Normalcy	Notes
7-a-cholestenone	6	3 - 22	ng/ml		(QG7ACH)

Test Comments

(QG7ACH) This test is currently unaccredited to ISO 15189

Sample Comments

Grant 23064

Requestor Comments

monitoring

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	QB252389G
Sample Date	05/06/2023 09:32:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**2.16**	**2.2 - 2.6**	**mmol/L**	**R**	
Adjustd Calcium	2.24	2.2 - 2.6	mmol/L		
Phosphate	**1.44**	**0.8 - 1.4**	**mmol/L**	**R**	
Magnesium	0.91	0.7 - 1	mmol/L		
Albumin	**34**	**36 - 47**	**g/L**	**R**	

Sample Comments
Grant 23064

Requestor Comments
monitoring

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
AST	15	10 - 45	U/L		
Alk.Phos	65	40 - 125	U/L		
GGT	11	5 - 35	U/L		

Sample Comments
Grant 23064

Requestor Comments
monitoring

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	73	3 - 100	U/L		

Sample Comments
Grant 23064

Requestor Comments
monitoring

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	5.5	2.5 - 6.6	mmol/L		
Creatinine	65	50 - 98	umol/L		
Sodium	142	135 - 145	mmol/L		
Potassium	4.2	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
Grant 23064

Requestor Comments
monitoring

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	<1.0	0 - 5	mg/L		

Sample Comments
Grant 23064

Requestor Comments
monitoring

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HB295496E
Sample Date	05/06/2023 09:32:00

Coagulation/bleeding test	
Prothrombin Time	Underfilled Sample
INR (Warfarin)	Underfilled Sample
APTT	Underfilled Sample
APTT Ratio	Underfilled Sample
Fibrinogen (Clauss)	Underfilled Sample

Sample Comments
Grant 23064

Requestor Comments
monitoring

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HR323651M
Sample Date	05/06/2023 09:32:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	142	115 - 165	g/L		
Red cell count	4.39	3.8 - 5.8	10^12/L		
Haematocrit	0.417	0.36 - 0.47	ratio		
Mean cell volume	95	78 - 98	fL		
Mean Cell Hb	**32.3**	**27.0 - 32.0**	**pg**	**R**	
White cell count	7.5	4.0 - 11.0	10^9/L		
Neutrophil Count	4.49	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.35	1.5 - 4.5	10^9/L		
Monocyte Count	0.44	0.2 - 0.8	10^9/L		
Eosinophil Count	0.19	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	300	150 - 400	10^9/L		
Mean cell Hb conc.	341	310 - 360	g/L		
Nucleated RBC count			10^9/L		

Sample Comments
Grant 23064

Requestor Comments
monitoring

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HR323640J
Sample Date	05/06/2023 09:32:00

Faecal Calprotectin

Description	Value	Range	Unit	Normalcy	Notes
f-Calprotectin-ALP	<25	0 - 50	ug/g		

Sample Comments
Grant 22052

Requestor Comments
monitoring

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	QB159134T
Sample Date	06/06/2023 14:13:00

Faecal elastase 1 level

Description	Value	Range	Unit	Normalcy	Notes
Faecal Elastase	>500	200 - 1000	ug/g		(QGFEL)

Test Comments

(QGFEL) Reference range >200ug/g faeces

Sample Comments

Grant 22052

Requestor Comments

monitoring

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	QB159135K
Sample Date	06/06/2023 14:13:00

QFIT LTG

Quantitative Faecal IC Test	Lab to Lab default - see comment	(BQFIT)

Test Comments

(BQFIT) Result = NOT DETECTED

Sample Comments

shandro gi cons

Requestor Comments

diarrohea

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HB849667A
Sample Date	07/06/2023 08:38:00

Report

Clinical summary

Dyspepsia. Endoscopy reveals apparent mucosal junction at 37 cm from incisors.
Discrete erosion within C1M4 Barrett's oesophagus. Grade B oesophagitis.
Nonerosive gastritis. Duodenum normal.

Specimen

1. Gastric antral biopsy
2. Oesophageal biopsy at 40 cm
3. Oesophageal biopsy at 38 cm

Macroscopy

1. Four fragments
2. Three fragments
3. Five fragments

Microscopy

1. This biopsy consists of gastric body type mucosa exhibiting the features of a Helicobacter pylori chronic superficial gastritis with only minimal activity. No antral mucosa is included. There is no evidence of dysplasia or malignancy.

2 & 3. Biopsies from both sites include normal squamous mucosa abutting columnar mucosa, occasional foci of intestinal metaplasia are seen at 40 cm. The columnar mucosa shows evidence of active chronic superficial inflammation, numerous Helicobacter pylori organisms identified which is therefore the cause of the inflammation. There is no evidence of dysplasia or malignancy.

Features are those of Barrett's oesophagus with intestinal metaplasia.

This report has been produced using speech recognition software

Test Comments

(RPT) Pathologists :
(RPT) GI Pathology Team
(RPT) Dr PW Fineron

Sample Comments

Suffix Gastric Bx, Oesophageal Bx
Suffix Oesophageal Bx

Report Information

Requestor	Watson, Dr Eleanor Frances
Requesting Location	(SLCTCGI) LEITH CTC GI - Gastro Clinic
Report Identifier	UB056331Y/23
Sample Date	10/08/2023 10:33:00

Gastroscopy report

NHS Lothian
Leith Community Treatment Centre
GASTROSCOPY REPORT

Name:	**Lynda CUTHILL (F)**	Address:	**17 Badger Way** **Edinburgh** **EH17 8XD**
Date of birth:	**21/08/1967**		
NHS No:	**2108671080**		
Case Note No:	**620101347R**		

GP:	**BICKLER, CARL** **Craigmillar Medical Group** **Craigmillar Medical Centre** **106 Niddrie Mains Road** **Edinburgh** **EH16 4DT**	Procedure date:	**10th August 2023 (10:33)**
		Priority:	**Urgent**
		Status:	**Outpatient/NHS**
		Hospital:	**Royal Infirmary of Edinburgh**
		Ward:	
		Referring Cons:	**Ward - Not specified** **Dr Ben Shandro**

Report Information

Requestor Tait, Mairi

Requesting Location
Report Identifier UNI357776-2108671080
Sample Date 10/08/2023 10:33:34

Indications
Dyspepsia.
Clinically important comments: Post cholecystectomy abdo pain. Significant, constant, debilitating symptoms exacerbated by food causing reduction in oral intake and weight loss. Prev scope 2022 - oesophagitis.

Report
The scope was retroflexed in the stomach.
The procedure was completed successfully to D2. Apparent mucosal junction at 37cm from the incisors. There were no peri-operative complications.

Site c: Lower oesophagus
Discrete erosion with Barrett's Epithelium, Prague C1M4. Grade B oesophagitis (at least one mucosal break longer than 5mm confined to the mucosal fold but not continuous between two folds).Hiatus hernia: sliding of length 3cm.
Site d: Right lower oesophagus
Specimens: 4x biopsy at 38cm.
Site e: Right lower oesophagus
Specimens: 4x biopsy at 40cm.
Site h: Antrum
Gastritis: moderate erythematous/exudative with no bleeding and moderate reflux with no bleeding.Specimens: 3x biopsy, Result of urease test proved positive for Helicobacter pylori.

Diagnoses
OESOPHAGUS. Barrett's mucosa, hiatus hernia, oesophagitis/other and oesophagitis/reflux.
STOMACH. Non-erosive gastritis.
DUODENUM. Normal.

Advice/Comments
Well tolerated TNE right nostril (left side tight).
Air insufflation provoked symptoms of abdominal pain (?element of visceral hypersensitivity - patient aware this may be contributing).
HH noted - now has Barrett's oesophagus and associated oesophagitis - discrete erosions noted

Consultant/Endoscopist
Dr Eleanor Watson
Nurses: John Howson
Kay Doherty

Instrument
LTH 033 5G399K126 EG74ON
Disposable forceps

Premedication
Lidocaine5%/Phenylephrine0.5% 1ml nasal spray
Xylocaine (Spray) 60 mg

again as per 2022.
Diaphragmatic pinch at 44cm, folds 41cm, circumferential extent 40cm and maximal 37cm ie. C1M4.
Gastritis - whole body/antrum affected.
Bile reflux apparent but ?HP. Looks like CLO test is already turning positive but await formal result. Please consider HP eradication.
Biopsies taken from stomach and oesophagus - please continue lansoprazole 30mg b.d. and follow up as per Dr Shandro.

Follow up

Awaiting pathology results.

Dr Eleanor Watson
Consultant Gastroenterologist
c.c. Dr Ben Shandro (Gastroenterology)
Cuthill, Lynda

Urine culture RIE

Set Comments

```
Urine culture
  No growth
Urine samples for culture and sensitivity testing
should be sent using red topped boric acid universal
containers filled to the fill line.  The use of boric
acid improves the quality of test results and reduces
the number of false positives.  If the sample is less
than 15ml continue to use a white topped universal.
Samples should be refrigerated if there is an
anticipated delay in transport.
```

Requestor Comments

Haematuria. ?UTI. GIVEN TRIMETH. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	MU383860M
Sample Date	08/04/2024 12:28:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	141	115 - 165	g/L		
Red cell count	4.33	3.8 - 5.8	10^12/L		
Haematocrit	0.405	0.36 - 0.47	ratio		
Mean cell volume	94	78 - 98	fL		
Mean Cell Hb	**32.6**	**27.0 - 32.0**	**pg**	**R**	
White cell count	9.9	4.0 - 11.0	10^9/L		
Neutrophil Count	6.01	2.0 - 7.5	10^9/L		
Lymphocyte Count	3.04	1.5 - 4.5	10^9/L		
Monocyte Count	0.63	0.2 - 0.8	10^9/L		
Eosinophil Count	0.16	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	273	150 - 400	10^9/L		
Mean cell Hb conc.	348	310 - 360	g/L		

Requestor Comments

abdo pain. haematuria. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HR337272T
Sample Date	08/04/2024 12:33:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	5.7	3.8 - 7.7	mmol/L		

Requestor Comments

abdo pain. haematuria. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB934882E
Sample Date	08/04/2024 12:33:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	12	10 - 50	U/L		
Alk.Phos	80	40 - 125	U/L		
GGT	11	5 - 35	U/L		

Requestor Comments
abdo pain. haematuria. RESULTS TO CM PLEASE.

Serum amylase level

Description	Value	Range	Unit	Normalcy	Notes
Amylase	77	3 - 100	U/L		

Requestor Comments
abdo pain. haematuria. RESULTS TO CM PLEASE.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	73	50 - 98	umol/L		
Sodium	143	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Requestor Comments
abdo pain. haematuria. RESULTS TO CM PLEASE.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	2	0 - 5	mg/L		

Requestor Comments
abdo pain. haematuria. RESULTS TO CM PLEASE.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
Free T4	21	9 - 28	pmol/L		
TSH	**0.12**	**0.23 - 5.6**	**mU/L**	**A**	

Requestor Comments
abdo pain. haematuria. RESULTS TO CM PLEASE.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	HB934857J
Sample Date	08/04/2024 12:33:00

Helicobacter Ag	
Helicobacter pylori antigen:	POSITIVE

Requestor Comments

Ongoing dyspepsia. Previous helicobacter.

Report Information

Requestor	Morton, Dr Catriona M
Requesting Location	(GSCRA1) Craigmillar GP Practice
Report Identifier	JS146792S
Sample Date	11/04/2024 17:00:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
Free T4	17	9 - 28	pmol/L		
TSH	**0.14**	**0.23 - 5.6**	**mU/L**	**A**	

Requestor Comments
On Thyroxine
Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**2.19**	**2.2 - 2.6**	**mmol/L**	**R**	
Adjustd Calcium	2.24	2.2 - 2.6	mmol/L		
Albumin	36	36 - 47	g/L		

Requestor Comments
On Thyroxine
Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	11	10 - 50	U/L		
Alk.Phos	76	40 - 125	U/L		
GGT	13	5 - 35	U/L		

Requestor Comments
On Thyroxine
Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	63	50 - 98	umol/L		
Sodium	141	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Requestor Comments
On Thyroxine
Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Report Information

Requestor (GPST3), Dr Jane Bell
Requesting Location (GSHOW57) ANC Gracemount Medical Centre
Report Identifier HB943578Z
Sample Date 19/07/2024 00:00:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	135	115 - 165	g/L		
Red cell count	4.22	3.8 - 5.8	10^12/L		
Haematocrit	0.387	0.36 - 0.47	ratio		
Mean cell volume	92	78 - 98	fL		
Mean Cell Hb	32.0	27.0 - 32.0	pg		
White cell count	8.0	4.0 - 11.0	10^9/L		
Neutrophil Count	4.46	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.68	1.5 - 4.5	10^9/L		
Monocyte Count	0.54	0.2 - 0.8	10^9/L		
Eosinophil Count	0.24	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	313	150 - 400	10^9/L		
Mean cell Hb conc.	349	310 - 360	g/L		

Requestor Comments

Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Report Information

Requestor	(GPST3), Dr Jane Bell
Requesting Location	(GSHOW57) ANC Gracemount Medical Centre
Report Identifier	HR237778W
Sample Date	19/07/2024 00:00:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	10.2	9.0 - 12.0	sec		
INR (Warfarin)	0.9		ratio		
APTT	26	21.0 - 28.0	sec		
APTT Ratio	1.1		ratio		
Fibrinogen (Clauss)	3.2	1.5 - 4.0	g/L		

Requestor Comments

Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Report Information

Requestor	(GPST3), Dr Jane Bell
Requesting Location	(GSHOW57) ANC Gracemount Medical Centre
Report Identifier	HR237750N
Sample Date	19/07/2024 00:00:00

HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	37	20 - 41	mmol/mol		(BHBAIF)

Test Comments

(BHBAIF) HbA1c is NOT increased.

Requestor Comments

HbA1c for diagnosis
Recent 3rd line Abx for H pylori - to check if resolved (last dose 20 June). Infected lump in neck. Bruising, nausea, frank haematuria.

Report Information

Requestor	(GPST3), Dr Jane Bell
Requesting Location	(GSHOW57) ANC Gracemount Medical Centre
Report Identifier	HB943629W
Sample Date	19/07/2024 00:00:00

WGH GI Lab LTG

Description	Value	Range	Unit	Normalcy	Notes
Anti-tTG IgA (DS2)	1.7	0.1 - 5.0	U/mL		(QGTTGA)

Test Comments

(QGTTGA) Coeliac testing NOTES:
(QGTTGA) 1. If patient is on gluten free diet, negative serology
(QGTTGA) does NOT exclude coeliac disease. For details of
(QGTTGA) required gluten intake to ensure an adequate gluten
(QGTTGA) challenge. See Ref Help.
(QGTTGA) 2. Positive serology(tTG-IgA >5U/ml or tTG-IgG >10U/ml)
(QGTTGA) is associated with Coeliac Disease
(QGTTGA) but is NOT diagnostic in isolation.
(QGTTGA) Where serology is positive at any level, please refer
(QGTTGA) to the coeliac service and advise NOT to exclude gluten
(QGTTGA) until diagnosis is confirmed or excluded
(QGTTGA) by a Gastroenterologist.
(QGTTGA) 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be
(QGTTGA) false positives and are relatively common.
(QGTTGA) 4. See GI and Paediatric GI pages on RefHelp for
(QGTTGA) further information and advice.

Sample Comments

shandro email

Requestor Comments

peristent abdo Pain, HP ingfection

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	QB356718C
Sample Date	07/10/2024 11:53:00

VIDAS HIV Ag/Ab DUO

Description	Value	Range	Unit	Normalcy	Notes
HIV Ag/Ab COMBO:	0.20	0.00 - 0.99			(ZARHIC)

Test Comments

(ZARHIC) HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <1.00)
(ZARHIC) ---------- ---------- ---------- ---------- ----------

Sample Comments

shandro email

Requestor Comments

peristent abdo Pain, HP ingfection

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	MS341556E
Sample Date	07/10/2024 11:53:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	148	115 - 165	g/L		
Red cell count	4.59	3.8 - 5.8	10^12/L		
Haematocrit	0.434	0.36 - 0.47	ratio		
Mean cell volume	95	78 - 98	fL		
Mean Cell Hb	**32.2**	**27.0 - 32.0**	**pg**	**R**	
White cell count	7.0	4.0 - 11.0	10^9/L		
Neutrophil Count	4.14	2.0 - 7.5	10^9/L		
Lymphocyte Count	2.06	1.5 - 4.5	10^9/L		
Monocyte Count	0.50	0.2 - 0.8	10^9/L		
Eosinophil Count	0.26	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	290	150 - 400	10^9/L		
Mean cell Hb conc.	341	310 - 360	g/L		

Sample Comments

shandro email

Requestor Comments

peristent abdo Pain, HP ingfection

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HR311242T
Sample Date	07/10/2024 11:53:00

HbA1c level

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	37	20 - 41	mmol/mol		

Sample Comments

shandro email

Requestor Comments

peristent abdo Pain, HP ingfection

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HB259944S
Sample Date	07/10/2024 11:53:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	56	20 - 300	ug/L		
Vitamin B12	431	180 - 2000	ng/L		
Serum Folate	**2.7**	**2.8 - 20**	**ug/L**	**A**	(BAFOL)

Test Comments

(BAFOL) Low serum folate result. For advice, consult GP
(BAFOL) referral guidelines on Ref Help or NHS Lothian intranet
(BAFOL) Haematology pages.

Sample Comments
shandro email

Requestor Comments
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Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	**2.18**	**2.2 - 2.6**	**mmol/L**	**R**	
Adjustd Calcium	2.23	2.2 - 2.6	mmol/L		
Phosphate	1.29	0.8 - 1.4	mmol/L		
Magnesium	0.95	0.7 - 1	mmol/L		
Albumin	36	36 - 47	g/L		

Sample Comments
shandro email

Requestor Comments
peristent abdo Pain, HP ingfection

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	15	10 - 50	U/L		
Alk.Phos	95	40 - 125	U/L		

Sample Comments
shandro email

Requestor Comments
peristent abdo Pain, HP ingfection

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.8	2.5 - 6.6	mmol/L		
Creatinine	63	50 - 98	umol/L		
Sodium	141	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
shandro email

Requestor Comments
peristent abdo Pain, HP ingfection

Endocrine studies

Description	Value	Range	Unit	Normalcy	Notes
25OH VitD imm'assay	**18**	**50 - 139**	**nmol/L**	**R**	(BVITDI)
Cortisol	476		nmol/L		

Test Comments

(BVITDI) Vit D:<25 deficiency, 25-50 may indicate insufficiency,
(BVITDI) >50 adequate.

Sample Comments
shandro email

Requestor Comments
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Report Information

Requestor Shandron, Dr Benjamin Myles
Requesting Location (RIEOPD4) RIE Outpatient Department 4

Report Identifier	HB259938H
Sample Date	07/10/2024 11:53:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	10.2	9.0 - 12.0	sec		
INR (Warfarin)	0.9		ratio		

Sample Comments

shandro email

Requestor Comments

peristent abdo Pain, HP ingfection

Report Information

Requestor	Shandron, Dr Benjamin Myles
Requesting Location	(RIEOPD4) RIE Outpatient Department 4
Report Identifier	HR311238D
Sample Date	07/10/2024 11:53:00

Report

Clinical Summary

Left level 1b epidermoid cyst with tuft of hair.
Provisional diagnosis: ?epidermoid cyst

Specimen

Left neck lump

Macroscopy

An ellipse of skin 12 x 5 mm with a depth of up to 4 mm. Bisected and embedded in one cassette.

Specimen trimmed by: Dr Sophia Lee

Microscopy

Histological examination reveals an intradermal naevus. There are no atypical features. Excision appears complete.

Skin of neck - Intradermal melanocytic naevus

Test Comments

(RPT)	Pathologists :
(RPT)	ENT Pathology Team
(RPT)	Dr Michelle A Basquill
(RPT)	Dr Morna E MacNeill

Sample Comments

Suffix Neck Dissection Radical

Report Information

Requestor	Gomati, Dr Anas
Requesting Location	(RIEENT) LB Ear, Nose & Throat
Report Identifier	UB024940A/24
Sample Date	28/11/2024 10:30:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
Free T4	18	9 - 28	pmol/L		
TSH	**0.02**	**0.23 - 5.6**	**mU/L**	**A**	

Requestor Comments

On Thyroxine

Report Information

Requestor	(Pharmacist), Rachel CHAN
Requesting Location	(GSGRACMG) Gracemount Medical Group
Report Identifier	HB973631A
Sample Date	10/11/2025 00:00:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.7		mmol/L		

Sample Comments
21335..

Requestor Comments
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Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	**0.5**	**0.6 - 2.4**	**mmol/L**	**R**	

Sample Comments
21335..

Requestor Comments
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Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) 8 - GP Interface Service, A&E
Report Identifier	HB176376D
Sample Date	10/11/2025 13:41:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	135	115 - 165	g/L		
Red cell count	4.32	3.8 - 5.8	10^12/L		
Haematocrit	0.384	0.36 - 0.47	ratio		
Mean cell volume	89	78 - 98	fL		
Mean Cell Hb	31.3	27.0 - 32.0	pg		
White cell count	6.8	4.0 - 11.0	10^9/L		
Neutrophil Count	4.25	2.0 - 7.5	10^9/L		
Lymphocyte Count	1.91	1.5 - 4.5	10^9/L		
Monocyte Count	0.41	0.2 - 0.8	10^9/L		
Eosinophil Count	0.14	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	261	150 - 400	10^9/L		
Mean cell Hb conc.	352	310 - 360	g/L		

Sample Comments

21335..

Requestor Comments

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Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) 8 - GP Interface Service, A&E
Report Identifier	HR107095T
Sample Date	10/11/2025 13:41:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11.0	9.0 - 12.0	sec		
INR (Warfarin)	1.0		ratio		
APTT	26	21.0 - 28.0	sec		
APTT Ratio	1.0		ratio		
Fibrinogen (Clauss)	3.0	1.5 - 4.0	g/L		

Sample Comments

21335..

Requestor Comments

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Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) 8 - GP Interface Service, A&E
Report Identifier	HR107094C
Sample Date	10/11/2025 13:41:00

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.26	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.33	2.2 - 2.6	mmol/L		
Albumin	36	36 - 47	g/L		
Alk.Phos	72	40 - 125	U/L		

Sample Comments
Krupej 21988

Requestor Comments
Unwll...

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	16	10 - 50	U/L		
GGT	15	5 - 35	U/L		

Sample Comments
Krupej 21988

Requestor Comments
Unwll...

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.9	2.5 - 6.6	mmol/L		
Creatinine	63	50 - 98	umol/L		
Sodium	141	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
TCO2	**20**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
Krupej 21988

Requestor Comments
Unwll...

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	1	0 - 5	mg/L		

Sample Comments
Krupej 21988

Requestor Comments
Unwll...

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
Free T3	5.8	3.1 - 6.8	pmol/L		
TRAB	**5.5**	**0 - 2.1**	**iu/L**	**R**	(BTRABR)
TSH	**0.01**	**0.23 - 5.6**	**mU/L**	**A**	
Free T4	18	9 - 28	pmol/L		

Test Comments
(BTRABR) Positive TRABS

Sample Comments
Krupej 21988

Requestor Comments
Unwll...

Report Information

Requestor	given, Not
Requesting Location	(RIEAE8) 8 - GP Interface Service, A&E
Report Identifier	HB176374R
Sample Date	10/11/2025 13:58:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	10.9	9.0 - 12.0	sec		
INR (Warfarin)	1.0		ratio		
APTT	27	21.0 - 28.0	sec		
APTT Ratio	1.1		ratio		
Fibrinogen (Clauss)	3.2	1.5 - 4.0	g/L		

Sample Comments

54207..

Requestor Comments

cyst....

Report Information

Requestor	Williams, Mr Alun T
Requesting Location	(SJH19A) Ward 19A SJH
Report Identifier	SH591928Q
Sample Date	11/11/2025 19:59:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	6.2	2.5 - 6.6	mmol/L		
Creatinine	69	50 - 98	umol/L		
Sodium	142	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5	mmol/L		
eGFR (/1.73m2)	>60		ml/min		

Sample Comments
54207..

Requestor Comments
cyst....

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	1	0 - 5	mg/L		

Sample Comments
54207..

Requestor Comments
cyst....

Report Information

Requestor	Williams, Mr Alun T
Requesting Location	(SJH19A) Ward 19A SJH
Report Identifier	SB568420B
Sample Date	11/11/2025 19:59:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	138	115 - 165	g/L		
Red cell count	4.47	3.8 - 5.8	10^12/L		
Haematocrit	0.399	0.36 - 0.47	ratio		
Mean cell volume	89	78 - 98	fL		
Mean Cell Hb	30.9	27.0 - 32.0	pg		
White cell count	7.6	4 - 11	10^9/L		
Neutrophil Count	4.38	2 - 7.5	10^9/L		
Lymphocyte Count	2.53	1.5 - 4.5	10^9/L		
Monocyte Count	0.45	0.2 - 0.8	10^9/L		
Eosinophil Count	0.15	0.04 - 0.4	10^9/L		
Basophil Count	0.04	0.01 - 0.1	10^9/L		
Platelet count	291	150 - 400	10^9/L		
Mean cell Hb conc.	346	310 - 360	g/L		

Sample Comments

54207..

Requestor Comments

cyst....

Report Information

Requestor	Williams, Mr Alun T
Requesting Location	(SJH19A) Ward 19A SJH
Report Identifier	SH591933X
Sample Date	11/11/2025 19:59:00