MANUAL PATIENT RECORDS

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

Including:

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

SOUTH/VIC MANUAL CASE NOTE.

VISION

COPIES

CONFIDENTIAL

NOT TO BE HANDLED BY PATIENTS OR UNAUTHORISED PERSONS.

303162128
AUL CARROLL

Paul Carroll
dob 13/04/84
3162128.
→ Ms. Meeks Secy
X 6149.
10/10/06.

IMPORTANT NOTICE
CITATION

IN THE HIGH COURT OF JUSTICI

To IAN HOLLAND
MAXILLO FACIAL SURGERY DEPT.
SOUTHERN GENERAL HOSP.
1345 GOVAN ROAD GLASGOW

YOU ARE A WITNESS FOR THE PROSECUTION IN THE CRIMINAL CASE AGAINST

WILLIAM MCLEISH

YOU MUST APPEAR AT THE HIGH COURT OF JUSTICIARY AT

HIGH COURT
JUSTICIARY BUILDINGS
SALTMARKET
GLASGOW

on **31 October 2006** at **09:45 AM and at any postponed dates.**

The trial is due to start on 31 October 2006 . Depending on the progress of the trial, the date of your attendance may change.

If you do not attend, the court may grant a warrant for your arrest.

If you are under 16 years of age you should be accompanied by an adult.

Please see the attached notes on being a witness

If you have any inquiries regarding this citation please phone 0141-420-2120

Served on the 6 day of OCT 20 00
by me, P. Logan Police Officer/Legal Document Officer
Signed

WITNESS ALLOWANCE

EXPENSES

After attendance as a witness, you may apply to the Procurator Fiscal for payment of expenses. Receipts or tickets should be produced wherever possible. Claims are settled by post within a day or two by payable order.

COMPENSATION FOR LOSS OF EARNINGS

Compensation (within a prescribed daily limit) is made for any loss of earnings or other expenses necessarily incurred by such attendance.

SUBSISTENCE

If expense is necessarily incurred on subsistence, an allowance (within prescribed limit) based on the time away from home is payable. If absence overnight is necessary, an allowance (within a prescribed limit) for any expense reasonably incurred on board and lodging for the total period involved may be claimed.

PARTICULARS OF CLAIM

TRAVELLING

by public transport
BUS FARES
RAIL FARES (2nd class only)
AIR FARES (if approved in advance by Procurator Fiscal)
by PRIVATE CAR (..............cc) MOTOR CYCLE (...........cc)
.... miles

NOTE - THERE ARE NO CAR PARKING FACILITIES AT THIS COURT

OTHER TRAVELLING EXPENSES

SUBSISTENCE

Left Home ....a.m./p.m. on ....
Will Return Home ....a.m./p.m. on ....

LOSS OF EARNINGS

If you intend to claim for loss of earnings in respect of your attendance as a witness, please ask your employer to complete this certificate.

.... is employed by me
and will lose wages as a result of attending court.
The rate of pay is ....per hour

....
....
Employer's address Employer's signature

Employer's Stamp

If you will require to pay any person to act as a substitute for you during your attendance as a witness (e.g. at your place of employment, or to look after children, etc.) please state amount to be paid to substitute.

Signature of Substitute _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Address of Substitute _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

I DECLARE to the best of my knowledge and belief the particulars in the foregoing claim are correct. I acknowledge that I have received an advance of

£................. from the Procurator Fiscal

....
SIGNATURE OF CLAIMANT

PLEASE ENSURE YOUR CURRENT ADDRESS IS SHOWN OVERLEAF

OFFICIAL USE ONLY			
	£	p	REMARKS
TOTAL			
LESS Advanced by Procurator Fiscal			
AMOUNT DUE			

CASHIER...(Date).......................

Southern General Hospital NHS Trust

THE ORIGINAL CASENOTE HAS GONE TO: Proc. Fiscal, Glasgow

ON: 20.7.06

LYNDA/JUNE
MEDICAL RECORDS, LEGAL DEPT (EXT 61433)

NHS GREATER GLASGOW

SURNAME (Block Letters)	FIRST NAME	UNIT No.
CARROLL	PAUL	3162128

ADDRESS	RELIGION	SEX	DATE OF BIRTH
17 STIRLING PLACE LENNOXTOWN GLASGOW G66 7DX.		M	13/4/54

PHONE No.

CHANGE OF ADDRESS

PHONE No.

CHANGE OF ADDRESS

PHONE No.

NEXT OF KIN (Name and Address)

NAME AND ADDRESS OF OWN DOCTOR
DR HENDERSON
LENNOXTOWN CLINIC
103 MAIN STREET
LENNOXTOWN
G66 7DA.

NAME AND ADDRESS OF OWN DOCTOR

UNITCASE RECORDS (Delete)

DISABILITY YES ☐ NO ☐

CHI NUMBER

ETHNIC ORIGIN

14277

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
25/5/06	WARD 62	NOOR			26/5/06
22/06/06	MAX FAX	✓			

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION
SOUTHERN GENERAL HOSPITAL

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

REGIONAL MAXILLOFACIAL UNIT
CONSULTANT: MR G A WOOD

Direct Line: *(0141) 232 7540*
Fax No: *(0141) 232 7508*
Email: *Sheila.Owens@sgh.scot.nhs.uk*

Ref: GAW/SO/SG 3162128

Clinic: 22nd June, 2006
Dictated: 22nd June, 2006
Typed: 23rd June, 2006

Dr. Henderson
Lennoxtown Celinic
103, Main Street
Lennoxtown
G66 7DA

Dear Dr. Henderson,

RE: PAUL CARROLL - D.O.B. 13.04.84 UNIT NO. 3162128
17, STIRLING PLACE, LENNOXTOWN, GLASGOW. G66 7DX

The above patient failed to attend today for review appointment. We will assume that all is well and have not arranged a further follow up appointment.

Should you have any future concerns about this patient please do not hesitate to re-refer.

Kind regards.

Yours sincerely,

MR. GRAHAM A. WOOD, MBChB BDS FDS FRCS (Edin)
CONSULTANT & HONORARY SENIOR LECTURER
ORAL & MAXILLOFACIAL SURGEON

S.G.H./3Y

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION
SOUTHERN GENERAL HOSPITAL

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR D MEEK BSc MD FRCS [Trauma & Orth]

Secretary: 0141 201 1469

DM/

05/06/06
CHI:1304846393

DR JAMES HENDERSON, JR
LENNOXTOWN CLINIC
LENNOXTOWN
G66 7DA

Dear Dr Hendersoon

PAUL CARROLL DOB: 13/04/84 (SG03162128)
17 STIRLING PL, LENNOXTOWN, GLASGOW, G66 7DX

I reviewed this patient in the clinic today ten days following an injury to his left hand that resulted in multiple lacerations which were washed out and closed in theatre and his wounds look well healed today. He had an 80% division of the extensor tendon of the index finger which was repaired. Sutures were removed today and I have proceeded to discharge him from my care today.

Thank you and kind regards.

Yours sincerely

B Ogunwale
Specialist Registrar

Run: 12/06/06-16:49 by MCARTHUR,MOIRA

S.G.H./3Y

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION
SOUTHERN GENERAL HOSPITAL

3Y

DOCTOR'S LETTER SHEET

UNIT NUMBER

REGIONAL MAXILLOFACIAL UNIT
WARD 62

Secretary *(0141) 232 7602*
Fax No. *(0141) 232 7508*

Ref: JC/JF

Dictated: 27/05/06
Typed: 16/06/06

Dr Henderson
Lennoxtown Clinic
103 Main Street
Lennoxtown
G66 7DX

Dear Dr Henderson

PAUL CARROLL DOB 13/4/84 UNIT NO. 3162128 CHI 1304846393
17 STIRLING PLACE, LENNOXTOWN G66 7DX

DISCHARGE SUMMARY

Consultant:	Mr I Holland
Date of admission:	25/05/06
Date of operation:	25/05/06
Date of discharge:	26/05/06
Procedure:	ORIF fractured left mandible with screws and plates. Suturing of facial lacerations. The patient was also seen during the operation by the orthopaedics who repaired extensor tendon left arm, sutured palm of left hand and sutured right scapula wound from back stab injury.
Course in hospital:	Uneventful.
Drugs on Discharge:	Co-codomol and Chlorhexidine mouthwash.
Follow up:	To be seen on the Outpatient Clinic on Tuesday 6th June and to be reviewed by orthopaedic in ten days time at the Fracture Return Clinic.

Kind regards

Yours sincerely

Jill Chisholm
SHO in Oral & Maxillofacial Surgery

S.G.H./3Y

REGIONAL MAXILLOFACIAL UNIT

Reception: *0141-201-1980*
FAX: *0141-232-7508*
Direct Line: *0141-201-2524*
Email: *kathleen.dougan@sgh.scot.nhs.uk*

Ref: *RC/KED/3162128*

Typed: *7th June 2006*

Mr Roger Currie's Trauma Clinic: 6th June 2006

Dr J Henderson
Lennoxtown Surgery
103 Main Street
Lennoxtown G66 7DA

Dear Dr Henderson

Paul CARROLL – dob: 13/04/1984
17 Stirling Place, Lennoxtown, Glasgow G66 7DX

I had the opportunity to review your patient Mr Carroll at the Maxillofacial Trauma Clinic today. He presents some two weeks following open reduction and internal fixation of the left mandible.

Everything has settled well, his occlusion is stable and the nerve dysfunction on the mental nerve is recovering.

His facial lacerations are settling well and I have advised him to massage these.

I have arranged for review with my Consultant colleague, Mr Holland, on 22nd June 2006. I am sure Mr Holland will keep you informed of further progress.

Kind regards.

Yours sincerely

Roger Currie
Consultant Oral Maxillofacial Surgeon

INSTITUTE OF NEUROLOGICAL SCIENCES - Clinical Neuroradiology
Name - CARROLL, PAUL DOB - 13/04/1984
Wd/Dept - SG62 MR I HOLLAND
CRIS No: 723980 E-2541750 Hosp No:
Pat Type: A

ORTHOPANTOMOGRAPHY

VERIFIED Report by: Dr. C SANTOSH 31/05/2006
Typed by: GILLIAN MCMASTER 31/05/2006

ORTHOPANTOMOGRAPHY :

This examination has been formally assessed and reported by the referring practitioner. Please see case notes for the formal repor

11/7/06

Exams: ORTHOPANTOMOGRAPHY
CRIS No: 723980
Exam Date: 25/05/2006 at 09:30

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

7

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

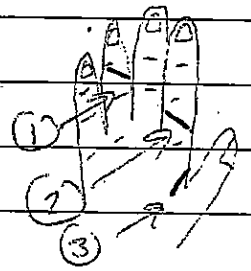
CLINICAL NOTES

DATE	
26/5/06	Post op OPT + PA mural to be done on review appt as machine broken! Pt home on analgesics + Clarithromycin. Alan Paterson Max Fax SHO

PAUL CARROLL.

CLINICAL NOTES

DATE	
25/3/6	ORTHO — Teale. (On call Consultant Mr Patil) Surgeon — Benoit Anaesthetic — GA. Procedure 1 — Exploration + washout of wounds left hand. 2 — Extensor tendon repair left index finger. 3 — Washout + suture of wound right shoulder. Tourniquet at 250 mm Hg 1+2 — 3x wounds (L) hand. — all washed out w (N) saline (1) ring finger — 2 cm incisional wound dorsum of ring finger, extending onto ulnar aspect. — wound extended prox + dist — Tendons intact — No NV damage. — edge of ulnar aspect joint capsule incised — repaired w 3-0 ethylon stitch (2) Index finger — 2.5 cm incisional wound over prox phalanx — incision down to base. — wound extended prox + dist — 80% division of extensor hood — repaired with continuous 3-0 ethylon (3) 1st web space 2 cm incisional wound. — extended volar + dorsal — No important structures damaged All wounds closed with interrupted 4-0 ethylon. dressed w. jelonet + blue swabs, wool + POP volar slab. — 20ml 0.5% chirocaine block of Rad, Ulnar + M 3 — 4-5 cm flapped laceration (lateral bo back of (R) shoulder.



ATE | CLINICAL NOTES (Continued)

- some deep muscle damage
- weeping wound, but no sign of frank infection
  - washed out w (N) saline
  - closed loosely (as impression of early infection) w 3x interrupted 2-0 ethilon

Post op
- Analgesia
- Elevation of (L) hand (pillows)
- Home when able from Max-flex P.O.V
- Ortho - follow up 10 days time at fracture return clinic
- please call clinic to arrange F/U before discharge.

BENNETT

NHS

DISCHARGE CHECKLIST

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

Ward. 62

Date of discharge: / /

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		SM	
Relative / Carer informed	✓		SM	
Others informed: Res. / Nursing Home				
Transport arranged				
Ambulance - 1 man / 2 man am / pm				
Hospital car				
Own transport	✓		SM	
Other - Please specify:				
Discharge medication				
Discharge prescription completed	✓		SM	
Compliance aids requested				
Medication received	✓		SM	
Medication explained to patient	✓		SM	
Own medication returned to patient				
Dressings / Continence aids (7 days supply)				
Other discharge items				
Keys				
Patients clothing available				
Valuables				
Intravenous canula removed	✓		SM	
Part 2 Discharge Letter - Required				
Completed				
OP clinic appointment				
Arranged	✓		SM	Asks Hres — 6/6/6.
To follow				
Not known				
Informed of discharge				
Physiotherapist				
Occupational Therapist				
Dietitian				
Speech and Language Therapist				
Clinical Nurse Specialist				
Liaison / District Nurse				
Social Work - Other agencies / Home help				

Additional Information / Leaflets / Factsheets

Nurse's signature [signature] Designation [illegible] Date [illegible]

1c

Nursing Profile

Please print clearly in block capitals.

Date 25/5/06 Ward 62

Consultant/ Mr Holland

Named Nurse M. Holmes

Name Paul Carroll

Preferred name

Address 17 Stirling Place
Lennoxtown G66 7DX

Telephone 01360310582

D.O.B. 13/4/84 Age 22 years

Religion

Date and type of admission

Admission date 25/5/06

Admission time (am/pm)

Emergency ☐

Planned Transfer GRI ☑

Next of kin

Next of kin Angela Carroll

Address S/A

Telephone S/A

Relationship Mother

G.P.

G.P. Dr. Henderson

Address Lennoxtown Clinic
103 Main Street G66 7DA

Telephone 01360310357

Past medical history

Nil of note

Current drug therapy

Nil

Baseline records

Height ____ m Urinalysis ____

Weight ____ kg ____

B.P. 162 / 92

Temp 36.4 °C Allergies ____

Pulse 115 None known

B.M. ____ ____

Sats 96% O/A ____

Diagnosis

Facial lacerations - multiple Stabbing.
mandible

Operation

25-5-06 ORIF # (L) mandible with screws + plates. Repair of Extensor tendon (L) arm and suture of palm (L) hand. Suturing of (R) scapular wound. Arm back stab wound.

Has the patient had any of the following:

Angina, heart trouble, chest pain?	YES ☐	NO ☑
Fits or convulsions (except febrile)?	YES ☐	NO ☑
Diabetes?	YES ☐	NO ☑
Stroke?	YES ☐	NO ☑
Heartburn related to reflux? (If for antacid - complete proforma and pres. chart)	YES ☐	NO ☑
Any problems with previous anaesthetics?	YES ☐	NO ☑
Any bleeding problems or anaemia?	YES ☐	NO ☑
Any serious illnesses?	YES ☐	NO ☑
Hearing aid L R	YES ☐	NO ☑
Dentures	YES ☐	NO ☑
Glasses	YES ☐	NO ☑
Any other prosthesis	YES ☐	NO ☑

Specify:

Safety and comfort	Breathing and circulation	Maintaining body temperature
Orientated to ward + buzzer system	Hypertensive + tachycardic on admission	Apyrexial on admission
Personal hygiene	**Elimination**	**Sleep**
Independent	No problems	No problems
Skin condition	**Eating and drinking**	**Mobility**
~~Pressure Injuries~~ Multiple facial lacerations Deep wound to (R) Shoulder	Fasting on admission	Fully mobile

Speech Therapy

Head and Neck Nurse

Physiotherapy

Dietitian/Nutrition Support Team

Waterlow Score

Other relevant information

Social: Overhead lines man

Lives with: Mother

Type of house:

Smoker: Yes ☑ No ☐ Amount: 20 per day

Alcohol: Yes ☑ No ☐ Amount: weekends.

Other substances: Yes ☐ No ☑

(Specify):

Valuables

Yes ☐ No ☑

Stored ☐

Returned ☐

Date 25/5/06

Support Services

(Specify):

Medication

Yes ☐ No ☑

Stored ☐

Returned ☐

Date 25/5/06

Admitted by: M. Holmes

Information gained from: Transfer-notes

Recordings

Date	Time	Temp	Pulse	BP	BM	Signature
(Day 1)						
(Day 2)						
(Day 3)						

Nursing Intervention

Date	Time	Evaluation and progress	Signature
25/5/06	08.00	Admitted to ward 62 via GRI.	
		with facial lacerations and #	
		mandible. For theatre this morning.	
		Fasted from 12 MN. Had cup of black	
		tea at 6am.	M. Holmes
	D/S	Returned from theatre, had 10mg	
		Morphine, diclofenac 75mg and Paracetamol 1g	
		in theatre. Vital signs stable on	
		return and uncomplaining of pain	
		Tolerating sips of water. IVI maintained	
	17.30	Patient left ward against staffs	
		advice for a cigarette. On return	
		to ward vomited x 1, quickly	
		settled on return to bed.	
26/5/06	N/S	Settled evening. Meds + IVA/Bs as	
		per kardex. Tolerating oral fluids	
		Vital Sign Stable Apyrexial.	
		Dressings remain intact ® shoulder	
		& left arm.	[illegible]
	D/S	Seen by Mr Holland and pt for	
		discharge home today.	
		Script ✓	
		o/p appointment made for Tues 6/6/6 ✓	
		To return to # clinic on Monday 5/6/6	
		for review of #® arm – appointment made ✓	

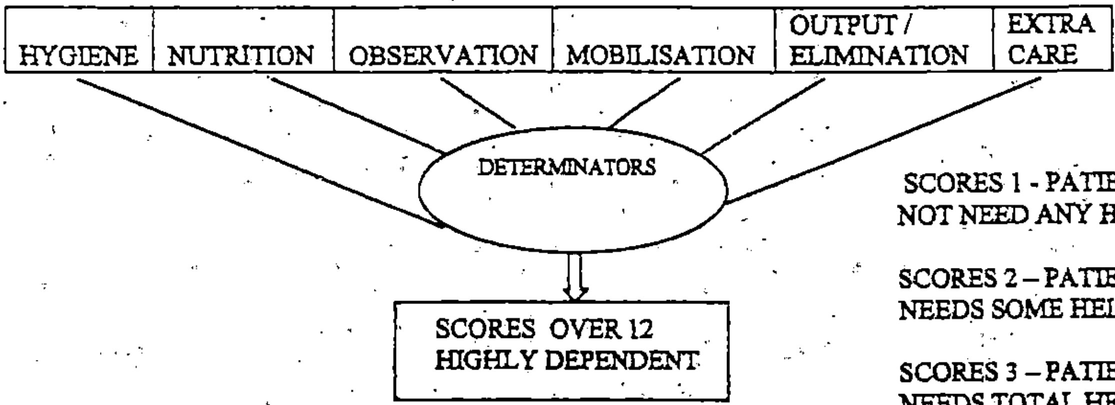
Nursing Intervention

Date	Time	Evaluation and progress	Signature
26/5/06		discharged home ✓	[illegible]

SG03162128
PAUL CARROLL

ied Zebra Dependency Scoring

PATIENTS NAME: ——————— UNIT NO ———————



SCORES 1 - PATIENT NOT NEED ANY HELP.

SCORES 2 – PATIENT NEEDS SOME HELP

SCORES 3 – PATIENT NEEDS TOTAL HELP

. MODIFIED FROM THE ZEBRA PATIENT CLASSIFICATION SYSTEM

ATE	TIME	HYGIENE	NUTRITION	OBS	MOBILISATION	OUTPUT	EXTRA CARE	SCORE	INITIAL
5/5	08.00	1	2	1	1	1	1	7	MH

REGIONAL SERVICES DIVISION
INSTITUTE OF NEUROLOGICAL SCIENCES

Nursing Intervention

Paul Carroll DATE OF ADMISSION: 25/5/06 WARD: 62

1. MAINTAINING A SAFE ENVIRONMENT	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Orientated to ward + buzzer system	MH			To ensure safety + comfort

2. COMMUNICATING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Explain all procedures	MH			To ensure understanding + gain consent.

3. BREATHING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Monitor O_2 sats 4-6°				To maintain airway
Admin. O_2 therapy as prescribed post-op.	MH			

4. EATING & DRINKING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Fasting on admission for theatre.	MH			To prevent aspiration

5. ELIMINATING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Observe for P/u post-op.	MH			To observe for post-op urinary retention.

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

PATIENT MOVING AND HANDLING RISK ASSESSMENT

NHS Greater Glasgow

Patient's Name: Paul Carroll	If patient is totally independent, tick here and go to date box ✓
Named Nurse: M. Holmes	

BODY BUILD

Obese		Tall	✓
Above average		Medium	
Average	✓	Short	
Below Average		Weight:	

RISK OF FALLS — High | | Low | ✓

Problems with comprehension, behaviour, co-operation (specify)

Handling constraints,e.g. disability, weakness, pain, skin lesions infusions (specify)

INTO BATH OR SHOWER

HANDLING AID		WHICH BATH	
Hoist (Specify)		Parker	
Shower chair		Variable height	
		Standard	
		Any	

ASSISTANCE		SUPERVISION		INDEPENDENT	

Staff required:

TRANSFERS (including to/from: bed, wheelchair, commode, toilet)

HOIST		MANUAL SUPPORT
Which hoist?		Staff required:
Sling type?		Specify support given
Sling size?		

ASSISTANCE		SUPERVISION		INDEPENDENT	

Additional information

TOILETING

HOIST		MANUAL SUPPORT
Which hoist?		Staff required:
Sling type?		Specify support given
Sling size?		

ASSISTANCE		SUPERVISION		INDEPENDENT	

Additional information

WALKING

NO WALKING		ASSISTANCE	
Staff required:			
Walking Aid			

SUPERVISION		INDEPENDENT	

Distance walked / additional information

MOVE UP/DOWN BED

HOIST		MANUAL SUPPORT	
Which hoist?		Sliding aid	
Sling type?		Rope ladder	
Sling size?		Hand blocks	
		Monkey poles	

ASSISTANCE		SUPERVISION		INDEPENDENT	

Additional information (include details of any therapy beds used)

Staff required:

SIT UP OVER SIDE OF BED

Rope ladder		Sliding aid		ASSISTANCE		SUPERVISION		INDEPENDENT	

MOVE ON/OFF BED PAN

Hoist		Roll Patient		Patient bridges		Monkey pole		Not used	

TRANSFER TO/FROM TROLLEY (or bed etc)

Sliding aid (rigid)		Sliding aid (fabric)		Transfer aid (specify)	Staff required (specify)		INDEPENDENT	

Date assessed: 25/5/06 Assessors signature: M. Holmes

Date reviewed									
Assessors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

SGH 485

3G03162128
?AUL CARROLL
17 STIRLING PL
LENNOXTOWN
3LASGOW 13/04/1984
366 7DX CHI

South Glasgow University Hospitals Division

Pressure Ulcer Risk Assessment Record

NHS Greater Glasgow

Modified Waterlow Risk Assessment

Initials	JMH															
Date	25/5															
Date:	Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Body weight for height:																
Average 0 Above average 1																
Obese 2 Below 3		0														
Continence:																
Completely / Catheterised 0 Occasionally incontinent 1																
Catheterised / Incontinent of faeces 2 Doubly incontinent 3		0														
Skin type - Visual risk areas:																
Healthy 0		0														
Tissue paper/Dry 1																
Oedematous/Clammy (temp. raised) 1																
Discoloured 2																
Broken spot 3																
Mobility:																
Fully 0 Restless/Fidgety 1																
Apathetic 2 Restricted 3		0														
Inert/Traction 4 Chairbound 5																
Sex/Age:																
Male/Female 1/2 14-49 1																
50-64 2 65-74 3		2														
75-80 4 80+ 5																
Appetite:																
Average 0 Poor 1																
N.G. tubes/fluids only 2 NBM / Anorexic 3		0														
Special risks - Tissue malunitrition:																
e.g. Terminal cachexia 8																
Cardiac failure 5																
Peripheral vascular disease 5																
Anaemia 2																
Smoking 1		1														
Neurological deficit:																
e.g. Diabetes, MS, CVA, Motor-sensory paraplegia 4-6																
Major surgery /trauma:																
Orthopaedic; Below waist; Spinal 5																
On table > 2 hours 5																
Medication:																
Cytotoxics; Highdose steroids; Anti-inflamatory 4																
TOTAL SCORE:		3														

Score as follows: <10 = Low risk; 10-14 = At risk; 15-19 = High risk; 20+ = Very high risk.

Refer to Pressure Ulcer Prevention Guidelines (GGHB) for action.

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW
G66 7DX CHI
13/04/1984

WARD

DATE OF ADMISSION

BED RAILS RISK ASSESSMENT

PATIENTS NAME

UNIT NO/DOB

Aim: An assessment of the risk of falling and the patients' s ability to maintain their own safety from admission to discharge. Frequency of assessment based on professional judgement . The assessment will be discussed with the patient and reviewed every 24hours.

All patients should have a documented assessment made within 24hours of admission made which includes maintaining a safe environment.

INDICATIONS FOR USE

1. History of falls from bed / Unable to obtain patient history.
2. Fluctuating conscious level
3. Sensory loss
4. Lack of awareness of ability
5. Patients request

INDICATIONS FOR NON – USE

1. Climbing over bed rails
2. Independent / No recent history of falls.
3. Awareness of limitations
4. Distress when bed rails in situ
5. Increased risk of entrapment

DATE	TIME	BED RAILS REQUIRED YES	NO	RATIONALE	SIGNATURE
25/5	08.00		✓	2	M. Holmes

South
Universit
Division

SG03162128
PAUL CARROLL

RESP / PULSE / BP CHART

NHS
Greater
Glasgow

Name: | Age: 22 | Unit No:

DATE: 25/5 | 26/5
DAY
TIME 0-24: 0 A 30 | 13 30 | 13 45 | 13 50 | 14 00 | 14 10 | 14 20 | 14 35 | 21 30 | 06 30
PAIN: 0 | 0
SEDATION: 1 | 1
NAUSEA: 0 | 0

TEMPERATURE
BLOOD PRESSURE
PULSE
CVP/RESPNS

41 40 39 38 37 36 35
170 160 150 140 130 120 110 100 90 80 70
70 60 50 40 30 20 10 0

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

Post surgery
Post op

INCIDENTS DRUGS ETC
96% on O/A
100% on O2
100% on O2
100% on O2
99% on AIR
99% AIR
97% AIR

PAIN SCORE:
S= Sleeping
0= No pain
1= Mild pain
2= Moderate pain
3= Severe pain

SEDATION SCORE:
S= Sleep normal.
0= None. Patient alert
1= Mildly sedated, awakes to verbal stimuli.
2= Moderately drowsy, awakes to verbal stimuli
3= Severe, Somnolent, difficult to awake to verbal stimuli

NAUSEA SCORE:
0= None
1= Mild, No treatment required
2= Nausea and vomiting, helped by treatment
3= Nausea, persistant despite treatment

SGH 8A

SGH215
0006215

INSTITUTE OF NEUROLOGICAL SERVICES
Fluid Prescription Chart

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW
G66 7DX CHI

13/04/1984

NASO-GASTRO FLUIDS

WATER	MILK	FEED	ADDITIVE	RINSE	TIMIMG	24 HOUR TOTAL

N. SALINE FOR I.V. DRUGS

ALLOW FOR THIS WHEN PRESCRIBING I.V. FLUIDS	VOLUME	HOW OFTEN	24 HOUR TOTAL

INTRAVENOUS FLUID PRESCRIPTION

FLUID & ADDITIVE	VOLUME DOSE	STARTING TIME	RATE DROPS/MIN	SIGNATURE	GIVEN/CAN
none prescribed post op K Clark					

TOTAL I.V. FLUIDS

TOTAL 24 HOUR FLUIDS

NAME

DATE

SGH213
0006213

INSTITUTE OF NEUROLOGICAL SCIEN

Fluid Balance Intake

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

NAME WARD

UNIT NO. DATE

NASAL TUBE	INTRAVENOUS	RUNNING TOTAL	TIME	URINE	GASTRIC	OTHER	TOTAL
in theatre	HARTMANNS 1000 HARTMANNS 1000	2000	12 00				
	HARTMANNS 500	2500	13 00				
			14 00				
			15 00				
	4 HOUR TOTAL			CUMULATIVE 4 HOUR TOTAL			
			16 00				
			17 00				
			18 00				
			19 00				
	8 HOUR TOTAL			CUMULATIVE 8 HOUR TOTAL			
			20 00				
			21 00				
			22 00				
			23 00				
	12 HOUR TOTAL			CUMULATIVE 12 HOUR TOTAL			
			24 00				
			01 00				
			02 00				
			03 00				
	16 HOUR TOTAL			CUMULATIVE 16 HOUR TOTAL			
			04 00				
			05 00				
			06 00				
			07 00				
	20 HOUR TOTAL			CUMULATIVE 20 HOUR TOTAL			
			08 00				
			09 00				
			10 00				
			11 00				
	GRAND TOTAL			GRAND TOTAL			

South Glasgow University Hospitals Division
Southern General Hospital, Glasgow G51 4TF. Tel. 0141 201 1100

Part I Discharge Letter and Medicine Prescription Form - Confidential Ref No: 062857

NHS Greater Glasgow

Dear Doctor .....
Surgery .....

Fix ID label to all 4 copies

Patient: PAUL CARROLL
Address: .....
.....
.....
DOB: 13 / 4 / 84 Unit no: SG0316212B
Weight ..... CHI no: .....

Ward: 62 Tel: .....
Consultant: MURLAND
Specialty OMFS
Named Nurse: .....
Admission date: ..... / ..... / .....
Mode of admission .....
Source of admission .....
Discharge date: ..... / ..... / .....

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☐ To follow ☒
Clinic name .....
Date ..... / ..... / .....
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....

SGH - DIMI - DISCHARGE - 2725

Reason for admission, treatment, diagnosis, investigations, operations, complications:

ORIF # ⓒ PARASYMPHYSIS.

Other information

MEDICINE	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	New Drug	New Dose	Number of days supply	Dispensing Details (Pharmacy only)
CO-AMOXICLAV	PO	2 x 375/500		✓		✓		✓		✓						7/7	60 ✓ SCH
CHLORHEXIDINE	MW	10mL		✓		✓		✓		✓						7/7	~ REMAIN IND.

Medicines discontinued	Reason (if known) e.g. side effects

Clinical Pharmacy check: ✓CP
All known drug sensitivity / adverse reactions:

Dispensed by: IL Date: 26 / 5 / 06
Checked by: CP

WARD USE ONLY
Med. rec. on ward by: .....
Issued by: ..... Date: ..... / ..... / .....
Signature of recipient: .....

Doctor's name: ANGELA PILEY Signature: [signature] Date 26 / 5 / 06
Doctor's grade: SHO Pager number: 6666

Number of prescription sheets at discharge: .....

White copy - GP Pink copy - Case Notes Blue copy - Pharmacy White copy - Patient If you have any problems after discharge, please contact the Ward or your GP

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

ght:

ght:

face area:

e of writing discharge prescription: / /

Date of Admission: 25/5/06

Consultant Name: MR NOLLAND

Ward: 62

Date and time this form prepared: 25/5/06 Time: 0900

Sheet No: 1

2nd Prescription in use: Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☑ Low ☐

Assessed by: J CUSHNAN Date: 25/5/06

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
25/5/06	TEDS	/	/	/	J Cushnan	[illegible]	0900
25/5/06	ONDANSETRON	4mg	IV		J Cushnan		
25/5/06	REVAXIS (DOSE, TETANUS)	1A	IM	11.30	J Cushnan	[illegible]	11.30
25/5/06	MORPHINE up to 10mg in 4		IV		J Cushnan		

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 25 26

MONTH → 5 5

A DRUG: Metronidazole

DOSE: 500mg | ROUTE: IV | DATE: 25/5/02 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 2 DOSES only.

FOR DOCTORS USE ONLY

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

B DRUG: Cefuroxime

DOSE: 750mg | ROUTE: IV | DATE: 25/5/02 | STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 2 DOSES only

FOR DOCTORS USE ONLY

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

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE / MONTH

J DRUG: CO-CODAMOL 30/500

DOSE: 2T. | ROUTE: PO | DATE: 23/1/06 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: max 8T/24h

FOR DOCTORS USE ONLY

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

23/1 2pm | 3 | 0600 | 9am 9pm | MH | BS

K DRUG: DICLOFENAC

DOSE: 50mg | ROUTE: PO | DATE: 23/1/06 | STOPPED DATE: | STOPPED INITIALS:

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

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

8am | 6pm | BS

L DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

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

M DRUG:

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

SIGNATURE OF DOCTOR:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

MM DRUG: MORPHINE | STOPPED DATE: | INITIALS:
DOSE: 10 mg | ROUTE: SC | INDICATION: Pain
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: as per protocol | DATE: 20/5/06
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	
TIME	
DOSE	
GIVEN BY	

NN DRUG: CYCLIZINE | STOPPED DATE: | INITIALS:
DOSE: 50mg | ROUTE: IV/PO | INDICATION: N&V
SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 6-8h | DATE: 20/5/06
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	20/5
TIME	0314
DOSE	50
GIVEN BY	GM

PP DRUG | STOPPED DATE: | INITIALS:
DOSE | ROUTE | INDICATION
SIGNATURE OF DOCTOR | MAX.FREQUENCY | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	
TIME	
DOSE	
GIVEN BY	

RR DRUG | STOPPED DATE: | INITIALS:
DOSE | ROUTE | INDICATION
SIGNATURE OF DOCTOR | MAX.FREQUENCY | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	
TIME	
DOSE	
GIVEN BY	

29/06

Ian

A Peter Murphy phoned from the Police (he is a civilian) He has been asked by Det. Constable Gordon McDonald TEL 532-4416 to arrange an appt with yourself re. statement from you

Regarding "attempted murder"

Patient: Paul Carroll
dob 13/04/84
Unit No. 3162128.

are you available on 12th or 13th July.
Can you advise 532-4416.

Papers + GRI notes attached
4/.

Peter Murphy. Rec'd — St. Jordan McDonald

Statement 532 - 14/4/16

Paul Carroll dob: 13/04/84
17 Sterling Place
Lenaxtown
3162128.

24/05/08.

62524

12th 13th July.

* Ian,
You have this Statement coming up this week.

0900
Wed

4/4.

10/07/06.

Stephen Connelly
420-2126
(even by phone)

Re:- Paul Carroll
3162128
dob: 13/04/84

C/NOTES WITH LEGAL OFFICE @ 19/06

* Can Pc. Connelly have 10 mins, few questions to clarify treatment & prognosis.

O/=

return to file

NHS GREATER GLASGOW

SURNAME (Block Letters)	FIRST NAME	UNIT No.
CARROLL	PAUL	3162128

ADDRESS	RELIGION	SEX	DATE OF BIRTH
17 STIRLING PLACE LENNOXTOWN GLASGOW G66 7DX.		M	13/4/54

PHONE No.

CHANGE OF ADDRESS

PHONE No.

CHANGE OF ADDRESS

PHONE No.

NEXT OF KIN (Name and Address)

NAME AND ADDRESS OF OWN DOCTOR
DR HENDERSON
LENNOXTOWN CLINIC
103 MAIN STREET
LENNOXTOWN
G66 7DA.

NAME AND ADDRESS OF OWN DOCTOR

UNITCASE RECORDS (Delete)

DISABILITY YES ☐ NO ☐

CHI NUMBER

ETHNIC ORIGIN

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

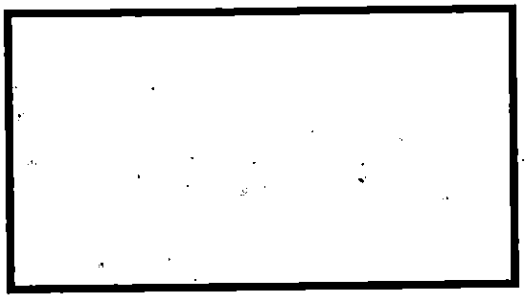
DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
25/5/06	WARD 62	WOOD			26/5/06
22/06/06	MAX FAX	✓			

USE RED INK FOR NOTIFICATION OF DE[illegible] ALL OTHER[illegible]

14277

SOUTHERN GENERAL HOSPITAL

MAXILLOFACIAL



DATE

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

7

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

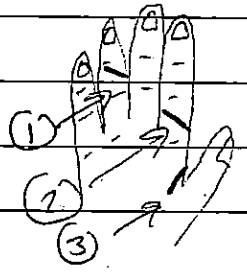
CLINICAL NOTES

DATE	
26/5/06	Post op OPT + PA mandl to be done on review appt as machine broken! Pt home on analgesics + Alendronate. Mary Cox SHO

PAUL CARROLL.

CLINICAL NOTES

DATE	
25/5/6	ORTHO — Theatre. (On call consultant Mr Patil) Surgeon — Bennett Anaesthetic — GA. Procedure 1 — Exploration + Washout of wounds left hand. 2 — Extensor tendon repair left index finger. 3 — Washout + Suture of wound right shoulder. Tourniquet at 250 mm Hg 1+2 — 3x wounds (L) hand. — all washed out w (N) saline (1) ring finger — 2 cm incisional wound dorsum of ring finger, extending onto ulnar aspect. — wound extended prox + dist — Tendons intact — No NV damage. — edge of ulnar aspect joint capsule incised — repaired w 3-0 ethilon stitch (2) Index finger — 2.5 cm incisional wound over prox phalanx. — incision down to bone. — wound extended prox + dist — 80% division of extensor hood — repaired with continuous 3-0 ethilon. (3) 1st web space 2 cm incisional wound — extended volar + dorsal — No important structures damaged All wounds closed with interupted 4-0 ethilon. dressed w. jelonet + blue swabs, wool + POP volar slab. — 20ml 0.5% chirocaine block of Rad, Ulnar + Med nerves 3 — 4-5 cm flapped excision (lateral base back of (R) shoulder.



DATE | CLINICAL NOTES (Continued)

- some deep muscle damage.
- weeping wound, but no sign of frank infection
- Washed out w (N) saline
- Closed loosely (as impression of early infection) w 3x interrupted 2-0 ethylon

Post op
- Analgesia
- Elevation of (L) hand (pillows)
- Home when able from Max-fax P.O.V
- Ortho - follow up 10 days time at fracture return clinic
- please call clinic to arrange F/U before discharge.

BENNETT

NURSING NOTES

NHS

DISCHARGE CHECKLIST

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

Ward. 62

Date of discharge: / /

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		SM	
Relative / Carer informed	✓		SM	
Others informed: Res. / Nursing Home				
Transport arranged				
Ambulance - 1 man / 2 man am / pm				
Hospital car				
Own transport	✓		SM	
Other - Please specify:				
Discharge medication				
Discharge prescription completed	✓		SM	
Compliance aids requested				
Medication received	✓		SM	
Medication explained to patient	✓		SM	
Own medication returned to patient				
Dressings / Continence aids (7 days supply)				
Other discharge items				
Keys				
Patient's clothing available				
Valuables				
Intravenous canula removed	✓		SM	
Part 2 Discharge Letter - Required				
Completed				
OP clinic appointment				
Arranged	✓		SM	2 wks time — 6/6/6.
To follow				
Not known				
Informed of discharge				
Physiotherapist				
Occupational Therapist				
Dietitian				
Speech and Language Therapist				
Clinical Nurse Specialist				
Liaison / District Nurse				
Social Work - Other agencies / Home help				

Additional Information / Leaflets / Factsheets

Nurse's signature SMack Designation S/N. Date 26/5/06

SGH 498
0005252

Nursing Profile

1C

Please print clearly in block capitals.

Date 25/5/06 Ward 62

Consultant/ Mr Holland

Named Nurse M. Holmes

Name Paul Carroll

Preferred name

Address 17 Stirling Place
Lennoxtown G66 7DX

Telephone 01360310582

D.O.B. 13/4/84 Age 22 years

Religion

Date and type of admission

Admission date 25/5/06

Admission time _____ am/pm

Emergency ☐

Planned Transfer GRI ☑

Next of kin

Next of kin Angela Carroll

Address S/A

Telephone S/A

Relationship Mother

G.P.

G.P. Dr. Henderson

Address Lennoxtown Clinic
103 Main Street G66 7DA

Telephone 01360310357

Past medical history

Nil of note

Current drug therapy

Nil

Baseline records

Height _____ m

Weight _____ kg

B.P. 162 / 92

Temp 36.4 °C

Pulse 115

B.M. _____

Sats 96% O/A

Urinalysis _____

Allergies None known

Diagnosis

Facial lacerations - multiple Stabbing.
mandible

Operation

25-5-06 ORIF # (L) mandible with screws + plates. Repair of extensor tendon (L) arm and suture of palm (L) hand. Suturing of (R) scapula wound. 4cm back stab wound.

Has the patient had any of the following:

Angina, heart trouble, chest pain?	YES ☐	NO ☑
Fits or convulsions (except febrile)?	YES ☐	NO ☑
Diabetes?	YES ☐	NO ☑
Stroke?	YES ☐	NO ☑
Heartburn related to reflux? (If for antacid - complete proforma and pres. chart)	YES ☐	NO ☑
Any problems with previous anaesthetics?	YES ☐	NO ☑
Any bleeding problems or anaemia?	YES ☐	NO ☑
Any serious illnesses?	YES ☐	NO ☑
Hearing aid L R	YES ☐	NO ☑
Dentures	YES ☐	NO ☑
Glasses	YES ☐	NO ☑
Any other prosthesis	YES ☐	NO ☑

Specify:

Safety and comfort	Breathing and circulation	Maintaining body temperature
Orientated to ward + buzzer system	Hypertensive + tachycardic on admission	Apyrexial on admission
Personal hygiene	**Elimination**	**Sleep**
Independent	No problems	No problems
Skin condition	**Eating and drinking**	**Mobility**
[redacted] Multiple facial lacerations Deep wound to (R) Shoulder	Fasting on admission	Fully mobile

Speech Therapy

Head and Neck Nurse

Physiotherapy

Dietitian/Nutrition Support Team

Waterlow Score

Other relevant information

Social: Overhead lines man

Lives with: Mother

Type of house:

Smoker: Yes ☑ No ☐ Amount: 20 per day

Alcohol: Yes ☑ No ☐ Amount: Weekends.

Other substances: Yes ☐ No ☑

(Specify):

Valuables

Yes ☐ No ☑

Stored ☐

Returned ☐

Date 25/5/06

Support Services

(Specify):

Medication

Yes ☐ No ☑

Stored ☐

Returned ☐

Date 25/5/06

Admitted by: M. Holmes

Information gained from: Transfer-notes

Recordings

Date	Time	Temp	Pulse	BP	BM	Signature
(Day 1)						
(Day 2)						
(Day 3)						

Nursing Intervention

Date	Time	Evaluation and progress	Signature
25/5/06	08.00	Admitted to ward 62 via GR1.	
		with facial lacerations and #	
		mandible. For theatre this morning.	
		Fasted from 12 MN. Had cup of black	
		tea at 6am.	M. Holmes
	D/S	Returned from theatre, had 10mg	
		Morphine, diclofenac 75mg and paracetamol 1g	
		in theatre. Vital signs stable on	
		return and uncomplaining of pain	
		Tolerating sips of water. IVI maintained	
	17.30	Patient left ward against staffs	
		advice for a cigarette. On return	
		to ward vomited x1, quickly	
		settled on return to bed.	
26/5/06	N/S	Settled evening. Meds + IVA/Bs as	
		per kardex. Tolerating oral fluids	
		Vital Sign Stable Apyrexial.	
		Dressings remain intact ® shoulder	
		& left arm.	nurse.
	D/S	Seen by Mr Holland and pt for	
		discharge home today.	
		Script ✓	
		o/p appointment made for Tues 6/6/6 ✓	
		To return to # clinic on Monday 5/6/6	
		for review of #® arm - appointment made ✓	

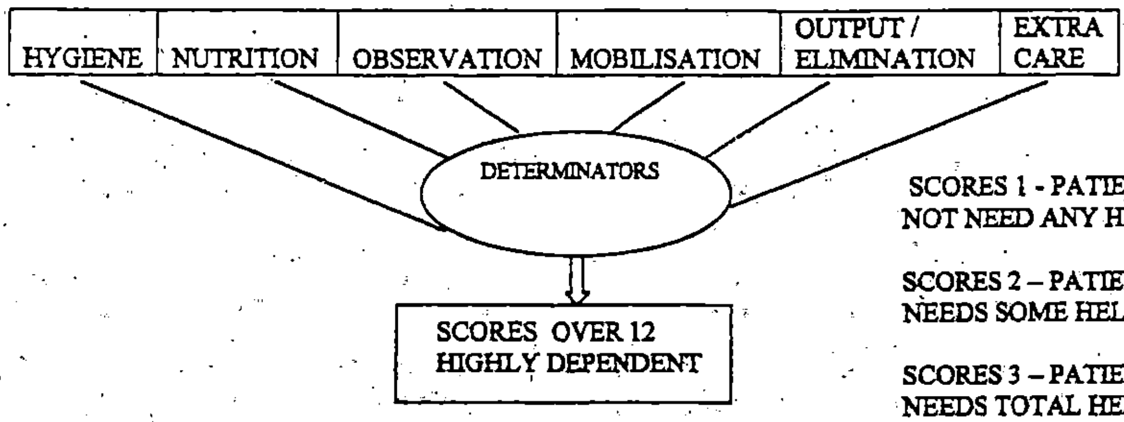
Nursing Intervention

Date	Time	Evaluation and progress	Signature
26/5/06		discharged home ✓	[signature]

SG03162128
PAUL CARROLL

ied Zebra Dependency Scoring

PATIENTS NAME: ________________ UNIT NO ____________



SCORES 1 - PATIENT NOT NEED ANY HELP.

SCORES 2 – PATIENT NEEDS SOME HELP

SCORES 3 – PATIENT NEEDS TOTAL HELP

. MODIFIED FROM THE ZEBRA PATIENT CLASSIFICATION SYSTEM

ATE	TIME	HYGIENE	NUTRITION	OBS	MOBILISATION	OUTPUT	EXTRA CARE	SCORE	INITIAL
25/5	08.00	1	2	1	1	1	1	7	MH

REGIONAL SERVICES DIVISION
INSTITUTE OF NEUROLOGICAL SCIENCES

Nursing Intervention

Paul Carroll DATE OF ADMISSION: 25/5/06 WARD: 62

1. MAINTAINING A SAFE ENVIRONMENT	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Orientated to ward + buzzer system	MH			To ensure safety + comfort

2. COMMUNICATING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Explain all procedures	MH			To ensure understanding + gain consent.

3. BREATHING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Monitor O_2 sats 4-6°				To maintain airway
Admin. O_2 therapy as prescribed				
Post-op.	MH			

. EATING & DRINKING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Fasting on admission for theatre.	MH			To prevent aspiration

. ELIMINATING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Observe for P/U post-op.	MH			To observe for post-op urinary retention.

6. PERSONAL, CLEANSING & DRESSING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Independent	MH			

7. NEUROLOGICAL STATUS / VITAL SIGNS	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Monitor / record				
BP + TPR 4-6°	MH			To detect + prevent complications.

8. MOBILISING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
Fully Mobile				
3 rest post-op	MH			To ensure rest + safety.

9. SLEEPING	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
No problems	MH			

10. PAIN	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
A min. analgesia				To ensure comfort.
s prescribed +				
ddition effect.	MH			

11. WOUND CARE	Signature	Date Evaluated	Date Disc.	RATIONALE FOR CARE
several facial +				
odily lacerations.	MH			

SOUTH GLASGOW UNIVERSITY HOSPITALS DIVISION

PATIENT MOVING AND HANDLING RISK ASSESSMENT

NHS Greater Glasgow

Patient's Name: Paul Carroll	If patient is totally independent, tick here and go to date box ✓
Named Nurse: M. Holmes	

BODY BUILD

Obese		Tall	✓
Above average		Medium	
Average	✓	Short	
Below Average		Weight:	

RISK OF FALLS High | | Low | ✓

Problems with comprehension, behaviour, co-operation (specify)

Handling constraints e.g. disability, weakness, pain, skin lesions infusions (specify)

INTO BATH OR SHOWER

HANDLING AID		WHICH BATH	
Hoist (Specify)		Parker	
Shower chair		Variable height	
		Standard	
		Any	

ASSISTANCE | SUPERVISION | INDEPENDENT

Staff required:

TRANSFERS (including to/from: bed, wheelchair, commode, toilet)

HOIST		MANUAL SUPPORT
Which hoist?		Staff required:
Sling type?		Specify support given
Sling size?		

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information

TOILETING

HOIST		MANUAL SUPPORT
Which hoist?		Staff required:
Sling type?		Specify support given
Sling size?		

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information

WALKING

NO WALKING		ASSISTANCE	
Staff required:			
Walking Aid			

SUPERVISION | INDEPENDENT

Distance walked / additional information

MOVE UP/DOWN BED

HOIST		MANUAL SUPPORT	
Which hoist?		Sliding aid	
Sling type?		Rope ladder	
Sling size?		Hand blocks	
		Monkey poles	

ASSISTANCE | SUPERVISION | INDEPENDENT

Additional information (include details of any therapy beds used)

Staff required:

SIT UP OVER SIDE OF BED

Rope ladder | Sliding aid | ASSISTANCE | SUPERVISION | INDEPENDENT

MOVE ON/OFF BED PAN

Hoist | Roll Patient | Patient bridges | Monkey pole | Not used

TRANSFER TO/FROM TROLLEY (or bed etc)

Sliding aid (rigid) | Sliding aid (fabric) | Transfer aid (specify) | Staff required (specify) | INDEPENDENT

Date assessed: 25/5/06 Assessors signature: M. Holmes

Date reviewed									
Assessors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

INTO BATH OR SHOWER

HANDLING AID		WHICH BATH	
Hoist (Specify)		Parker	
Shower chair		Variable height	
		Standard	
		Any	

ASSISTANCE		SUPERVISION		INDEPENDENT	
Staff required:					

TRANSFERS (including to/from: bed, wheelchair, commode, toilet)

HOIST		MANUAL SUPPORT
Which hoist?		Staff required:
Sling type?		Specify support given
Sling size?		

ASSISTANCE		SUPERVISION		INDEPENDENT	
Additional information					

TOILETING

HOIST		MANUAL SUPPORT
Which hoist?		Staff required:
Sling type?		Specify support given
Sling size?		

ASSISTANCE		SUPERVISION		INDEPENDENT	
Additional information					

WALKING

WALKING		ASSISTANCE		SUPERVISION		INDEPENDENT	
Staff required:				Distance walked / additional information			
Walking Aid							

MOVE UP/DOWN BED

HOIST		MANUAL SUPPORT		ASSISTANCE		SUPERVISION		INDEPENDENT	
Which hoist?		Sliding aid		Additional information (include details of any therapy beds used)					
Sling type?		Rope ladder		Staff required:					
Sling size?		Hand blocks							
		Monkey poles							

SIT UP OVER SIDE OF BED

Rope ladder		Sliding aid		ASSISTANCE		SUPERVISION		INDEPENDENT	

MOVE ON/OFF BED PAN

Hoist		Roll Patient		Patient bridges		Monkey pole		Not used	

TRANSFER TO/FROM TROLLEY (or bed etc)

Sliding aid (rigid)		Sliding aid (fabric)		Transfer aid (specify)	Staff required (specify)		INDEPENDENT	

assessed:	Assessors signature:

Date reviewed									
Assessors signature									

THERAPEUTIC HANDLING INSTRUCTIONS

Date	Instruction	Therapist's Name

G03162128
AUL CARROLL
7 STIRLING PL
ENNOXTOWN
LASGOW 13/04/1984
66 7DX CHI

South Glasgow University Hospitals Division

Pressure Ulcer Risk Assessment Record

NHS Greater Glasgow

Modified Waterlow Risk Assessment

	Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Date:	Initials	MH														
	Date	25/5														
Body weight for height:																
Average _____ 0 Above average _____ 1																
Obese _____ 2 Below _____ 3		0														
Continence:																
Completely / Catheterised 0 Occasionally incontinent ___1																
Catheterised / Incontinent of faeces _____ 2 Doubly incontinent _____ 3		0														
Skin type - Visual risk areas:																
Healthy 0		0														
Tissue paper/Dry 1																
Oedematous/Clammy (temp. raised) 1																
Discoloured 2																
Broken spot 3																
Mobility:																
Fully _____ 0 Restless/Fidgety _____ 1																
Apathetic _____ 2 Restricted _____ 3		0														
Inert/Traction _____ 4 Chairbound _____ 5																
Sex/Age:																
Male/Female _____ 1/2 14-49 _____ 1																
50-64 _____ 2 65-74 _____ 3		2														
75-80 _____ 4 80+ _____ 5																
Appetite:																
Average _____ 0 Poor _____ 1																
N.G. tubes/fluids only 2 NBM / Anorexic _____ 3		0														
Special risks - Tissue malunitrition:																
e.g. Terminal cachexia 8																
Cardiac failure 5																
Peripheral vascular disease 5																
Anaemia 2																
Smoking 1		1														
Neurological deficit:																
e.g. Diabetes, MS, CVA, Motor-sensory paraplegia _ 4-6																
Major surgery /trauma:																
Orthopaedic; Below waist; Spinal _____ 5																
On table > 2 hours _____ 5																
Medication:																
Cytotoxics; Highdose steroids; Anti-inflamatory _ 4																
TOTAL SCORE:		3														

Score as follows: <10 = Low risk; 10-14 = At risk; 15-19 = High risk; 20+ = Very high risk.

Refer to Pressure Ulcer Prevention Guidelines (GGHB) for action.

Action Plan

Date	Preventative action to be taken (e.g. turning time; position; support surface/cushion; other)	Signature

Further action

	Date	Signature
Referred to dietitian		
Referred to TVNS		
'Wound and Pressure Area Care Assessment Chart' commenced		

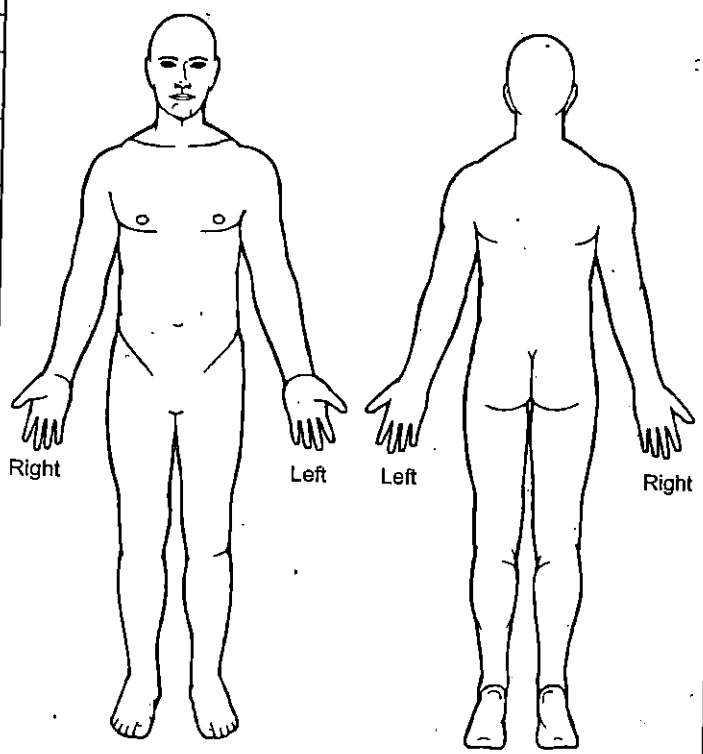
GRADE OF ULCER (Torrance)

GRADE	*DEFINITION*
1.	Blanching hyperaemia.
2.	Non-blanching hyperaemia.
3.	Ulceration progresses through to dermis.
4.	Lesion extends through to subcutaneous fat.
5.	Infective necrosis / necrotic tissue.

RECORDING THE GRADE OF ULCER

On admission, **number site of ulcer** on the diagram opposite and **enter the ulcer number and the grade** in the action plan.

Assessment should be carried out on all patients within 2 - 4 hours of admission and repeated 24 - 48 hours afterwards. Repeat assessment as condition changes or at weekly intervals.



SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW
G66 7DX CHI

13/04/1984

WARD

ATE OF ADMISSION

BED RAILS RISK ASSESSMENT

PATIENTS NAME

UNIT NO/DOB

m: An assessment of the risk of falling and the patients' s ability to maintain their own safety from admission to scharge. Frequency of assessment based on professional judgement . The assessment will be discussed with the patient d reviewed every 24hours.

l patients should have a documented assessment made within 24hours of admission made which includes maintaining afe environment.

INDICATIONS FOR USE

1. History of falls from bed / Unable to obtain patient history.
2. Fluctuating conscious level
3. Sensory loss
4. Lack of awareness of ability
5. Clients request

INDICATIONS FOR NON – USE

1. Climbing over bed rails
2. Independent / No recent history of falls.
3. Awareness of limitations
4. Distress when bed rails in situ.
5. Increased risk of entrapment.

TE	TIME	BED RAILS REQUIRED YES	NO	RATIONALE	SIGNATURE
25/5	08.00		✓	2	M. Holmes

South
Universit
Division

SG03162128
PAUL CARROLL

RESP / PULSE / BP CHART

NHS
Greater
Glasgow

Name: | Age: 22 | Unit No:

DATE: 25/5 | 26/5
DAY: 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9
TIME 0-24: A 30 | 13 30 | 13 45 | 13 50 | 14 00 | 14 10 | 14 20 | 14 35 | 21 30 | 06 30
PAIN: 0 | 0 | 1 | 0
SEDATION: 1 | 1 | 1 | 0
NAUSEA: 0 | 0 | 0 | 0

TEMPERATURE
BLOOD PRESSURE
PULSE
CVP/RESPNS

41 40 39 38 37 36 35 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0

Post-Surgery

Ward

16 15 17 14 15

INCIDENTS DRUGS ETC

96% O/A
100% on O2
100% on O2
100% on AIR
99% on AIR
99% AIR
97% AIR

NAUSEA SCORE:
0= None
1= Mild, No treatment required
2= Nausea and vomiting, helped by treatment
3= Nausea, persistant despite treatment

SEDATION SCORE:
S= Sleep normal
0= None. Patient alert
1= Mildly sedated, awakes to verbal stimuli.
2= Moderately drowsy, awakes to verbal stimuli
3= Severe. Somnolent, difficult to awake to verbal stimuli

PAIN SCORE:
S= Sleeping
0= No pain
1= Mild pain
2= Moderate pain
3= Severe pain

SGH215
0006215

INSTITUTE OF NEUROLOGICAL SERVICES
Fluid Prescription Chart

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW
G66 7DX CHI 13/04/1984

NASO-GASTRO FLUIDS

WATER	MILK	FEED	ADDITIVE	RINSE	TIMIMG	24 HOUR TOTAL

N. SALINE FOR I.V. DRUGS

ALLOW FOR THIS WHEN PRESCRIBING I.V. FLUIDS	VOLUME	HOW OFTEN	24 HOUR TOTAL

INTRAVENOUS FLUID PRESCRIPTION

FLUID & ADDITIVE	VOLUME DOSE	STARTING TIME	RATE DROPS/MIN	SIGNATURE	GIVEN/CAN
none prescribed part of N Clark					

TOTAL I.V. FLUIDS	TOTAL 24 HOUR FLUIDS

INSTITUTE OF NEUROLOGICAL SERVICES
Fluid Prescription Chart

Southern General Hospital

NASO-GASTRO FLUIDS

WATER	MILK	FEED	ADDITIVE	RINSE	TIMIMG	24 HOUR TOTAL

N. SALINE FOR I.V. DRUGS

ALLOW FOR THIS WHEN PRESCRIBING I.V. FLUIDS	VOLUME	HOW OFTEN	24 HOUR TOTAL

INTRAVENOUS FLUID PRESCRIPTION

FLUID & ADDITIVE	VOLUME DOSE	STARTING TIME	RATE DROPS/MIN	SIGNATURE	GIVEN/CAN

TOTAL I.V. FLUIDS

TOTAL 24 HOUR FLUIDS

NAME

DATE

SGH213
0006213

INSTITUTE OF NEUROLOGICAL SCIEN

Fluid Balance Intake

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

NAME **WARD**

UNIT NO. **DATE**

NASAL TUBE	INTRAVENOUS	RUNNING TOTAL	TIME	URINE	GASTRIC	OTHER	TOTAL
in theatre	HARTMANNS 1000 HARTMANNS 1000	2000	12 00				
	HARTMANNS 500	2500	13 00				
			14 00				
			15 00				
	4 HOUR TOTAL			CUMULATIVE 4 HOUR TOTAL			
			16 00				
			17 00				
			18 00				
			19 00				
	8 HOUR TOTAL			CUMULATIVE 8 HOUR TOTAL			
			20 00				
			21 00				
			22 00				
			23 00				
	12 HOUR TOTAL			CUMULATIVE 12 HOUR TOTAL			
			24 00				
			01 00				
			02 00				
			03 00				
	16 HOUR TOTAL			CUMULATIVE 16 HOUR TOTAL			
			04 00				
			05 00				
			06 00				
			07 00				
	20 HOUR TOTAL			CUMULATIVE 20 HOUR TOTAL			
			08 00				
			09 00				
			10 00				
			11 00				
	GRAND TOTAL			GRAND TOTAL			

INSTITUTE OF NEUROLOGICAL SCIENCES

Fluid Balance Intake

Southern General Hospital

NAME WARD

UNIT NO. DATE

NASAL TUBE	INTRAVENOUS	RUNNING TOTAL	TIME	URINE	GASTRIC	OTHER	TOTAL
			12 00				
			13 00				
			14 00				
			15 00				
	4 HOUR TOTAL			CUMULATIVE 4 HOUR TOTAL			
			16 00				
			17 00				
			18 00				
			19 00				
	8 HOUR TOTAL			CUMULATIVE 8 HOUR TOTAL			
			20 00				
			21 00				
			22 00				
			23 00				
	12 HOUR TOTAL			CUMULATIVE 12 HOUR TOTAL			
			24 00				
			01 00				
			02 00				
			03 00				
	16 HOUR TOTAL			CUMULATIVE 16 HOUR TOTAL			
			04 00				
			05 00				
			06 00				
			07 00				
	20 HOUR TOTAL			CUMULATIVE 20 HOUR TOTAL			
			08 00				
			09 00				
			10 00				
			11 00				
	GRAND TOTAL			GRAND TOTAL			

South Glasgow University Hospitals Division
Southern General Hospital, Glasgow G51 4TF. Tel. 0141 201 1100

Part I Discharge Letter and Medicine Prescription Form - Confidential. Ref No: 062857

NHS Greater Glasgow

VMI • DISCHARGE • 2725 SGH

Dear Doctor .....
Surgery .....

Fix ID label to all 4 copies

Patient: Pilu Chakrab
Address: .....
.....
.....
DOB: 13 / 4 / 84 Unit no: SG03162128
Weight ..... CHI no: .....

Ward: 62 Tel: .....
Consultant: MURLAND
Specialty OMFS
Named Nurse: .....
Admission date: ..... / ..... / .....
Mode of admission .....
Source of admission .....
Discharge date: ..... / ..... / .....

Follow-up arrangements
Clinic appointment made:
Yes ☐ No ☐ To follow ☑
Clinic name .....
Date ..... / ..... / .....
Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify: .....

Reason for admission, treatment, diagnosis, investigations, operations, complications:

ORIF # (C) PARASYMPHYSIS.

Other information

MEDICINE	Dosage form	Dose	Times for administration: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other times	Recommended duration of treatment after discharge	New Drug	New Dose	Number of days supply	Dispensing Details (Pharmacy only)
CO-AMOXICLAV	PO	2 x 375/500		✓		✓		✓		✓						7/7	60 ✓ Scott.
CHLORHEXIDINE	MW	10mL		✓		✓		✓		✓						7/7	— Keep — NO.

Medicines discontinued | Reason (if known) e.g. side effects

Clinical Pharmacy check: Keep
All known drug sensitivity / adverse reactions:

Dispensed by: ..... Date: 26 / 5 / 06
Checked by: .....

WARD USE ONLY
Med. rec. on ward by: .....
Issued by: ..... Date: ..... / ..... / .....
Signature of recipient:

Doctor s name: ANSON PIGOTT Signature: ..... Date 26 / 5 / 06
Doctor s grade: SHO Pager number: 6665

Number of prescription sheets at discharge: 1

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

If you have any problems after discharge, please contact the Ward or your G.P.

PRESCRIPTION FORM

Hospital Name: .....

PATIENT DETAILS

SG03162128
PAUL CARROLL
17 STIRLING PL
LENNOXTOWN
GLASGOW 13/04/1984
G66 7DX CHI

ght:

ght:

lace area:

e of writing discharge prescription: / /

Date of Admission: 25/5/06

Consultant Name: MR NOLLAND

Ward: 62

Date and time this form prepared: 25/5/06 Time: 0900

Sheet No: 1

2nd Prescription in use: Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☑ Low ☐

Assessed by: J. CUSHNAN Date: 25/5/06

OTHER CHARTS IN USE

Insulin	☐	TPN:	☐
PCA and other infusions	☐	Enteral Nutrition:	☐
Anticoagulants: Heparin	☐	Oxygen Therapy:	☐
Oral	☐	Other:	
Topical:	☐		

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
25/5/06	TEDS	/	/	/	J Cushnan	[illegible]	0900
25/5/06	ONDANSETRON	4mg	IV				
25/5/06	REVAXIS (POLIO, TETANUS)	1A	IM	11:30			11:30
25/5/06	MORPHINE up to 10mg in 24		IV				

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE → 25 26
MONTH → 5 5

A DRUG: Metronidazole
DOSE: 500mg | ROUTE: IV | DATE: 25/5/05 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 2 DOSES only.
FOR DOCTORS USE ONLY

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

B DRUG: Cefuroxime.
DOSE: 750mg | ROUTE: IV | DATE: 25/5/05 | STOPPED DATE:
SIGNATURE OF DOCTOR: | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 2 DOSES only
FOR DOCTORS USE ONLY

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

C DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

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

D DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
SIGNATURE OF DOCTOR | STOPPED INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
FOR DOCTORS USE ONLY

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

	DATE →	27/4	29
	MONTH →		5

J DRUG: CO-CODAMOL 30/500

DOSE: 2T. | ROUTE: Po | DATE: 25/5/06

STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: max 8T/24L

Time		
Other time		0400
0700-0900 ✓	r	0900
1200-1400 ✓	N	Gm
1600-1800 ✓	MH	
2200-2400 ✓	B	
Other time		

← FOR DOCTORS USE ONLY →

K DRUG: DICLOFENAC

DOSE: 50mg | ROUTE: Po | DATE: 25/5/06

STOPPED DATE:

SIGNATURE OF DOCTOR: [signature] | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time		
Other time		
0700-0900 ✓		8m
1200-1400 ✓		Gm
1600-1800		
2200-2400 ✓	B	
Other time		

← FOR DOCTORS USE ONLY →

L DRUG:

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

M DRUG:

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

← FOR DOCTORS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

N DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

P DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

R DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

S DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

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

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

T	DRUG				Other time
DOSE	ROUTE	DATE	STOPPED	DATE:	0700-0900
					1200-1400
SIGNATURE OF DOCTOR			STOPPED	INITIALS:	1600-1800
					2200-2400
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Other time

← FOR DOCTORS USE ONLY →

V	DRUG				Other time
DOSE	ROUTE	DATE	STOPPED	DATE:	0700-0900
					1200-1400
SIGNATURE OF DOCTOR			STOPPED	INITIALS:	1600-1800
					2200-2400
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Other time

← FOR DOCTORS USE ONLY →

W	DRUG				Other time
DOSE	ROUTE	DATE	STOPPED	DATE:	0700-0900
					1200-1400
SIGNATURE OF DOCTOR			STOPPED	INITIALS:	1600-1800
					2200-2400
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Other time

← FOR DOCTORS USE ONLY →

X	DRUG				Other time
DOSE	ROUTE	DATE	STOPPED	DATE:	0700-0900
					1200-1400
SIGNATURE OF DOCTOR			STOPPED	INITIALS:	1600-1800
					2200-2400
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Other time

← FOR DOCTORS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE
MONTH

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

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

HH DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

JJ DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

KK DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

LL DRUG

DOSE | ROUTE | DATE

SIGNATURE OF DOCTOR

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

Nurse/Midwife Administration by Proto[illegible] - Authorised Nurses/Midwives C[illegible]ly

(Maximum number of [illegible]s as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

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

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**
   Units: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

   Intravenous = **IV** Oral = **O**
   Subcutaneous = **SC** Per rectum = **PR**
   Inhalations = **INH** Topical = **TOP**
   Sublingual = **SL** Nasogastric = **NG**
   Intramuscular = **IM** Vaginal = **PV**
   Intradermal = **ID**

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

Ver 7, 07/2005

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

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

Date: 16th June 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: PAUL CAROLL **D.O.B: 13.04.1984**

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

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

MANUAL PATIENT RECORDS

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

Including:

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

SOUTH/VIC MANUAL CASE NOTE.