NHS Lothian

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

Dr YV Gaidakova
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 16/12/2025

Emergency Discharge Summary

Patient	Shona Halliday 16 Thornybank Grove Dalkeith Midlothian EH22 2EG	**CHI**	**0611751143**
		Date of Birth / Age	06/11/1975 (50 years)
		UHPI	600101156L
		A&E Attendance Number	E6249331
Attendance Date	14/12/2025	**Contact**	Halliday Mgt
Attendance Time	20:19		
Mode of Arrival	Private Transport		
Source of Referral	NHS 24		
Discharge Date	15/12/2025		
Discharge To			

Dear Dr YV Gaidakova

Presentation: Abdo pain : T2 severe pain, c/o Lower abdo pain radiating back, seen GP friday started with antibiotics (trimetoprim) for UTI,pain was worsened ,has urinary urgency/frequency but only managed a dribble for 2 days.Passing small clots of blood when PU, on

CLINICAL NOTES:
Clinical note: ED RIE G.Mullan SHO Locum

PC
Lower abdominal pain, difficulty PU

HPC
50F self presents.
1/52 of increased urinary frequency, reduced urine output and lower abdominal pain.
On immunosuppression for RA.
Went to the GP on friday and given 5 day course of trimethoprim - has completed 3 days today.
Felt an improvement in symptoms yesterday but woke up this morning with worsening symptoms of lower abdominal pain and only managing to pass dribbles or urine.
Reports she was on a christmas night out last night and had around 12 ETOH beverages.
Felt abdominal pain is like a band around her lower abdomen and lower back.
Describes as a dull ache with sharp shooting sensation at times, 7/10 earlier but following analgesia in the department now feels it is a niggle rather than pain. Feels that he abdomen is slightly bloated.
Today Shona noticed some red blood on wiping after passing urine with a few small blood clots - she tells me that it is not abnormal for her to have light pink staining on wiping since she had the mirena coil inserted 2 yrs ago but this appeared darker than normal and the clots were abnormal for her.
Reduced appetite the last few days with some nausea associated with abdominal pain. Denies vomiting.

Opened bowels today for the first time in a few days - reports this as a large, hard stool and was difficult to pass.
Denies fever or flank pain.
Managing to drink good vol of fluids.

PMHX
RA
Urinary incontinence
Depression

Meds
Methotrexate
Hydroxychloroquine
Sulfasalazine
Solifenacin
Venlafaxine

NKDA

SHX
Lives with son
Current smoker 20 cigs/day

o/e
Shona is bright and alert. Mobilises easily from WR To pod C.
NEWS 1 (HR 100 Reg, temp 36.2, bp 125/87, rr 17, 02 100%)
wwp, crt <2SECS. Hs 1+2+0.
Abdo - soft, non distended, tender suprapubic, nil flank pain.

Urine - mod blood, protein and leuc, -ve nitrites.
Bloods - u+e , LFT,T Ca, amylase NAD. CRP 61. WCC 18, Neu 14.

d/w Dr Alawiye ED reg

Reassuring examination and appearance but given lower back discomfort, raised inflammation markers and on immunosupression - escalate abx to co-trimoxazole to cover for Upper urinary tract infection.
Strong worsening advice given - if develops a fever, vomiting, not managing to pass urine, worsening pain despite simple analgesia, feeling more unwell or concerned - to return to ED for escalation to IV abx.
Shona happy with above plan.
MSU sent.

Yours Sincerely,

Gemma Mullan, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no.	E6249331
Previous no.	E126729
UHPI no.	600101156L
CHI no.	0611751143

Patient Information

Surname	Halliday	Date of Birth	06/11/1975
Forenames	Shona	Age / Sex	50 Yrs / F
Address	16 Thornybank Grove		
	Dalkeith, Midlothian		
Postcode	EH22 2EG	Telephone	0131 454 0485
Contact Address	Halliday, Mgt	Telephone	H W
Complaint	Lower abdo/back pain	Allergies	

Attendances in last 12 months: 0 School :

General Practitioner

Address	YV Gaidakova Dalkeith Medical Practice The Health Centre 24-26 St Andrew Street Dalkeith EH22 1AP
Telephone	0131 561 5500

Date and Time of Attendance	14/12/2025 20:19
	Incident Date Time:
Mode of Arrival	14/12/2025 20:20
	Private Transport
Source of Referral	NHS 24

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

600101156L /E6249331 F
HALLIDAY Shona
06-Nov-75

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ	(please tick)	Blood Sugar	mmols	Pain Score		/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given		YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment		POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)			Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight		Height	
AVPU		Special Clinical Instructions								
O2 Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP								
NEWS SCORE										

Triaged By:	Print Name:	Signature:	Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

SoF.

trimethoprim on Fri.

Last Sun.
Sample sent by GP.
abd on fri [illegible] felt sat morn
improved
[illegible]
[illegible] this morn - [illegible]
+ pain getting worse
Band around lower abdo /
[illegible] when PV.
dull sharp shooting [illegible] - fresh blood
hot water bottle
7/10.
Has mirena coil - often gets pinky
on wiping. More red on wiping
clots - small. [illegible] nausea
[illegible]

constipated - large, hard.

PMH
RA - on
- methotrexate
- venlafaxine
- [illegible]
- hydroxychloroquine
- sulfasalazine

Care Providers Name: ______ Signature: ______

NHS24 CONTACT REPORT

PA ID : PA-346543

CHI : 0611751143

Surname : HALLIDAY

Forename : SHONA

Temporary Resident : no

Address : 16 THORNYBANK GROVE DALKEITH MIDLOTHIAN GB EH22 2EG

Phone Number : 07835500314

Special Directions : Front door

Caller : Self

Date/Time Call Received : 14.12.2025 18:58:51

Date/Time Call Completed : 14.12.2025 19:48:03

DOB : 06/11/1975

Gender : Female

Current Location : 16 THORNYBANK GROVE DALKEITH MIDLOTHIAN GB EH22 2EG

Phone Ext. :

GP : Dalkeith Medical Practice,The Health Centre,24-26 St Andrew Street,Dalkeit

CALL SUMMARY

FINAL ENDPOINT:
Accident & Emergency as soon as possible / 1 Hour

REASON FOR CALL / RELEVANT INFORMATION:
LOWER ABDO AND BACK PAIN WORSE TODAY.

OUTCOME:
Pt advised to go to A&E

600101156L /E6249331 F
HALLIDAY Shona
06-Nov-75 CHI: 061 175 1143
77197 YV Gaidakova
16 Thornybank Grove Midlothian
EH22 2EG
[redacted]

Confirmed symptom(s)

- Possible Aortic Aneurysm

Symptom(s) not found

- No current fever
- No chest pain front or back
- Not pale
- Not cold
- Not clammy
- No chance of pregnancy, no pain above the belly button and no recent or ongoing chemotherapy

Risk Factors

- Immunosuppressed
- On immunosuppressant drugs

Risk factor(s) not found

- Patient not resident in a Care Home
- No travel outside Europe in last 21 days or to an affected country
- No other high risk symptoms identified
- No underlying high risk conditions identified

NOTES:

14.12.2025 19:45:53 Jill Mortimer (NHS 24): RETURN CALLER, WAS AT GP ON FRIDAY AND PRESCRIBED ANTIBIOTICS FOR UTI, HAS BEEN IN PAIN ALL DAY IN LOWER BACK AND LOWER ABDO LIKE A BAND AROUND HER, ABDO IS TENDER AND SOFT TO TOUCH, FEELS COOL BUT NOT CLAMMY, HAS URINARY URGENCY AND FREQUENCY BUT ONLY MANAGING DRIBBLES FOR 2 DAYS, NOTICED BLOOD FROM BACK PASSAGE WHEN OPENED BOWELS - BOWEL MOTION WAS VERY DRY AND HARD, ALSO BLOOD IN URINE WITH SMALL CLOTS TODAY, PAIN IS INTENSE AND AT REST 7/10, DULL PAIN AND ABDO SWOLLEN, ON METHOTREXATE, ADVISED A&E ASAP/1 HOUR
14.12.2025 19:42:00 Jill Mortimer (NHS 24) RETURN CALLER, WAS AT GP ON FRIDAY AND PRESCRIBED ANTIBIOTICS FOR UTI, HAS BEEN IN PAIN ALL DAY IN LOWER BACK AND LOWER ABDO LIKE A BAND AROUND HER, ABDO IS TENDER AND SOFT TO TOUCH, FEELS COOL BUT NOT CLAMMY, HAS URINARY URGENCY AND FREQUENCY BUT ONLY MANAGING DRIBBLES, NOTICED BLOOD FROM BACK PASSAGE WHEN OPENED BOWELS WHICH WAS VERY DRY AND HARD, ALSO BLEEDING IN URINE WITH CLOTS, PAIN IS INTENSE AND AT REST 7/10, DULL PAIN AND ABDO SWOLLEN, ADVISED A&E ASAP/1 HOUR

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

600101156L /E6249331 F
HALLIDAY Shona
06-Nov-75 CHI: 061 175 1143
77197 YV Galdakova
16 Thornybank Grove Midlothian
EH22 2EG
[redacted]

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions		Weight kgs Actual / Estimate	Date
	NKDA		14/12/25

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
14/12	2100	PARACETAMOL	1g	PO		2103	GW	
	2100	ORAMORPH	5mg	PO		2103	GW	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)
00:10 15/12/25	Co-trimoxazole	960mg	BD	PO	14	7 days		GW	

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																				
	Date:																			
	Time:																			
A+B Respirations Breaths/min	≥25									3										
	21-24									2										
	18-20																			
	15-17																			
	12-14																			
	9-11									1										
	≤8									3										
A+B SpO₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96																			
	94-95									1										
	92-93									2										
	≤91									3										
SpO₂ 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 SpO₂ 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																			
	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																			
	111-120																			
	101-110									1										
	91-100									2										
	81-90									3										
	71-80																			
	61-70																			
	51-60																			
	≤50																			
C Pulse Beats/min Manual pulse	≥131									3										
	121-130									2										
	111-120																			
	101-110									1										
	91-100																			
	81-90																			
	71-80																			
	61-70																			
	51-60																			
	41-50									1										
	31-40									3										
	≤30																			
D Consciousness Score for new onset of confusion (no score if chronic)	Alert																			
	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°																			
	35.1-36.0°									1										
	≤35.0°									3										
NEWS TOTAL																				
Monitoring frequency																				
Escalation of care Y/N																				
Blood Glucose reading or N/A																				
Pain score (0-10)																				
Initials																				

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

Addressograph

Name:

DOB:

CHI:

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													