RHEUMATOLOGY QUESTIONNAIRE

Your help completing this questionnaire would be appreciated and should save you some time at your forthcoming Rheumatology appointment. This information is confidential. Please complete in the weeks prior to your clinic appointment. If you feel you cannot adequately complete any part, don't worry as it can be discussed with you at your appointment. Please give this sheet to the doctor at the clinic

Name SHONA HALLIDAY D.O.B. 6.11.1975

Address 16 THORNYBANK Tel No. .....

GROVE, DALKEITH G.P. Dr Robertson

EH22 2EG .....

.....

Occupation (if retired, previous occupation) Cook - House Wife

Past Medical/Suroical History

Please list below details of any previous operations or serious illnesses.

Previous Operation/Illness	Date	Where were you treated ?
Tonsils removed	APX 1995	ROYAL
C-Section	AUG 2011	ROYAL
.....	.....	.....
.....	.....	.....

Family History

Does anyone in your family have arthritis ? ~~Yes~~/No

If yes, please give details

Relationship to you	Type of Arthritis
.....	.....
.....	.....

Does anyone in your family have psoriasis ? ~~Yes~~/No

If yes, what is there relationship to you

.....

Current Medication	Dose
iron tablets	3 per day
anti depressants	75mg + 37.5mg daily

Are you allergic to any medication ? ~~Yes~~/No

Details .....

.....

Social History

Do you smoke ? Yes/~~No~~

If no, have you smoked in the past ? Yes/No

What is your average weekly alcohol intake ? 5 units

Thank you for completing this form. Please remember to bring it with you to your appointment.

Date : 8.10.12

NHS Lothian

HYDROXYCHLOROQUINE ADULT CHECKLIST

Patient Name: [illegible]

Patient D.O.B: [illegible]

Patient number: [illegible]

INVESTIGATIONS BEFORE STARTING HYDROXYCHLOROQUINE

1. BLOOD TEST : full blood count / renal & liver function / ESR
2. BASE LINE VISUAL ACUITY & AMSLER TEST
3. WEIGHT

INVESTIGATIONS WHILST TAKING HYDROXYCHLOROQUINE

EYE TEST: VISUAL ACUITY & AMSLER TEST. 6-12 MONTHLY.

- [x] Purpose of drug: Damps down inflammation, thus reduces pain, stiffness and swelling. May reduce the rash in Systemic Lupus Erythematosus. This drug is used in differing doses for the treatment of malaria, so caution needed for internet research.
- [x] Appearance: round enteric coated tablet. Dose: Advised by consultant or GP depending on weight. To be taken with or after food. Depending on response, dose may be reduced accordingly to achieve maintenance dose. Medics to advise. 400 mg daily
- [x] Response to the drug: Does not take effect immediately. Initially 8-12 weeks & up to 6 months to reach optimum effect. If beneficial, and no adverse side effects experienced, may be taken for any length of time.
- [x] Side effects: Uncommon. Occasionally, Skin rashes/ Indigestion / Headaches / Diarrhoea. May settle spontaneously, if not, seek advice from GP. Dose may be temporarily adjusted.
- [x] Research indicates potential risk that the retina may be affected. Blurred vision may occur initially. Beware of driving and using machinery. Seek medical advice if symptoms apparent.
- [x] Explain necessity for above investigations. Ensure all base line tests complete prior to administration of medication.
- [x] Continue other medication as directed by GP. Compatible with non-steroidal anti inflammatory drugs, if blood monitoring maintained.
- [x] Indigestion remedies may prevent the drug from being absorbed. Seek advice first from pharmacist or GP for 'over the counter' preparations
- [x] Immunisations - Compatible. Pneumococcal / flu / swine flu vaccines: recommended
- [x] Alcohol: in moderation.
- [x] Pregnancy: Prior to conceiving seek medical advice. DO NOT Breastfeed.
- [x] Alternative containers are available from your pharmacist if you have difficulty with screw tops.
- [x] Verbal and written information given to patient re: Hydroxychloroquine. And complete drug counselling form & give to patient.
- [x] Contact number of Nurse Specialist help line given to patient.

DATE: 11/2/14

SIGNATURE: D. Halliday

NHS Lothian

METHOTREXATE ADULT CHECKLIST

Patient Name Sheena Mowbray

Patient D.O.B 6/11/75

Patient number

INVESTIGATIONS BEFORE STARTING METHOTREXATE

1. BLOOD TEST : full blood count (Including differential white cell count), renal & liver function / ESR
2. CHEST XRAY : Result will be confirmed by consultant or registrar & sent to GP prior to prescribing.

INVESTIGATIONS NEEDED WHILST TAKING METHOTREXATE

1. BLOOD TESTS : As above. Fortnightly until stable for 6weeks, then monthly.

FOR YOUR NEXT FOLLOW UP APPOINTMENT, IF POSSIBLE PLEASE BRING A RECENT TEST RESULT FROM YOUR GP FOR THE FOLLOWING URINE TEST / BLOOD PRESSURE / BMI THANK YOU

- [x] Purpose of drug: Has an effect on the immune system, slowing the progression of the disease. Thus dampens down inflammation, reduces pain, stiffness and swelling. This drug is used in differing doses for the treatment of cancer, so caution needed for internet research.
- [x] Dose: to be prescribed by Consultant. To be taken ONCE WEEKLY with food. The dose may gradually increase until prescribed maintenance dose achieved. Issue and explain drug therapy chart.
- [x] A 10mg strength tablet is available and sometimes used for other conditions. Methotrexate should only be prescribed & dispensed as 2.5mg strength. As the two strengths are very similar in appearance, and may lead to drug errors. Please always check that your dose is correct before taking it each week.
- [x] Response to the drug: Does not take effect immediately. From 6-8 weeks to 6 months to reach optimum effect. May be taken for any length of time, if proves beneficial, and no adverse side effects experienced.
- [x] Folic Acid 5mgs will be prescribed to help counteract side effects. Taken, 24hrs after Methotrexate.
- [x] Side effects: Nausea, mouth ulcers, skin rash, diarrhoea, hair loss, possible. May settle spontaneously, if not, seek advice from GP. Dose may be temporarily adjusted. Rarely causes inflammation of the lungs, causing dry cough, breathlessness, or flu like symptoms. If occurs, **STOP** immediately and seek medical advice. There is an increased risk of developing lymphoma (blood cancer) when taking low dose methotrexate. The development of this condition is also associated with rheumatoid arthritis itself.
- [x] May affect the blood count, potential for problems with healing, and risk of infection. Monitor general health and seek advice accordingly from Gp.It is necessary to **STOP** taking methotrexate if antibiotics prescribed, infection identified, or surgery required. Inform medics & dentist prior to invasive treatments.
- [x] Explain necessity for above investigations. Ensure all base line tests complete.
- [x] Continue other medication as directed by GP. Compatible with non-steroidal anti inflammatory drugs, blood monitoring to be maintained. Seek advice from pharmacist for 'over the counter' preparations.
- [x] Report contact with chicken pox / shingles to GP. Antiviral treatment may be prescribed.
- [x] Pneumococcal / flu vaccines: RECOMMENDED. LIVE vaccines – INCOMPATABLE.
- [x] Alcohol – NO SPIRITS, 5-6 glasses of wine or 2-3 pints of lager per week, due to potential effect on liver.
- [x] AVOID Pregnancy; contraception needed for males & females during treatment and for at least 3months after treatment discontinued. DO NOT Breastfeed.
- [x] There are alternative containers available from your pharmacist if you have difficulty with screw tops.
- [x] Verbal and written information given to patient re: Methotrexate. Drug counselling check list completed, & issued to patient.
- [x] Contact number of Nurse Specialist help line given to patient.

DATE: 17/2/11

SIGNATURE: J. Halliday

CHECKLIST FOR PATIENTS STARTING ON SULPHASALAZINE

Purpose of giving drug: damps down inflammation in arthritis. ☐

Appearance and dose:
Each tablet is 500mg. Largish tablet. Start with small dose to minimise side-effects - headache/nausea. Explain enteric-coating. ☐

Reduce dose and hold for 1 week if headache/nausea , then restart.
Aim for 4 tablet per day (2x2) once established unless told otherwise. ☐

May colour urine orange, normal and harmless. ☐

Continue other medication as directed by GP. ☐

Time scale for starting to feel benefit: may take 4-8 weeks. ☐

Side effects: Nausea and headaches are the commonest side-effects and can be overcome by adjustment of the dose. Occasionally skin rash, mouth ulcers, diarrhoea and dizziness. Rarely adverse effects on the lung or liver may occur. A reduction in the blood count can occur but uncommon. Ensure patient reads information sheet. Report any other possible side-effects to GP. ☐

Any other side effects on blood or liver picked up on routine blood sample taken by GP, monthly for the first three months then once every three months. GP will check and record blood results. ☐

Drug interaction: Double check for asprin or sulphonamide allergy/sensitivity. Do not take over-the-counter preparations, discuss this first with your GP, nurse or pharmacist. ☐

In men the sperm count may fall temporarily during treatment. If you are planning a family or become pregnant while receiving Sulphasalazine, you should discuss this with your GP or Rheumatologist as soon as possible. ☐

Alcohol can be taken in moderation when receiving Sulphasalazine. ☐

GP gives prescription to patient who gets tablets from chemist. If difficulty with screw-tops ask chemist for non-childproof container. ☐

Give information sheet and blood sheet to patient and explain what they are. Blood results recorded on sheet by GP. Patient to retain card and bring it with them when they come back to the clinic. ☐

How long can you be on Sulphasalazine? As long as helping and no adverse side effects. ☐

Verbal and written information given to patient commencing on Sulphasalazine. ☐

Contact number of nurse specialist given to patient. ☐

[redacted]

O.P. CLINICAL NOTES

(Medical)

NUMBER

NAME

DATE	
8/10/11	RHEUMATOLOGY — DR GRAY
E. BRIAN STU. NURSE	BP: 104/48 P: 80
	WEIGHT: 70 HEIGHT: 165
	BMI: 25 SOL:
BC	R/H/ded
	For years. 4-5yrs
	Rt arm, pulled arm.
11/7/12	Left grip wrists, hands, knees, hip.
ANA 1/80 speckled	big toe, Hands, swollen
	EMS1 5min's. aching.
CCP 334	Ibuprofen helps. TDS. 400mg
	Iron Tablet.
ESR 25	Viral flare.
Hb 102	Symptoms: morning, no-appetite
neuts	→ nausea, vomiting, diarrhoea.
plt 352	→ sweats, night.
	→ no skin rash,
	→ no skin tightness
	→ no hair loss.
	→ ulcers, mouth
	→ no Raynauds.
	→
	Meds.
	Fullers. mum, Dyke, 20cpd. 20yrs
	Lounge worked.
	2 child x 1 each 11 year-late
	14 - each plus

LHB 360

9/f

. no symptoms

. no OA

Norm.

Imp Pathways RA

Ph

3.2. K. Dr McKay

UK 77 kg

Ht 165 cm

B/P 116 P95
68

S/W CREST

Organ bar

eradn, Symptoms

Referred

Steroid & anaesthetic

600101156L F 06/11/1975
Halliday, Shona
16 Thornybank grove,
Dalkeith,
Midlothian,
EH22 1AP

CHI 0611751143 [redacted]
77197 S Ahmed

HEALTH ASSESSMENT QUESTIONNAIRE (HAQ)

Date: 3/2/14 Patient name:

Please tick the response which best describes your usual abilities **over the past week**

	Without ANY difficulty[0]	With SOME difficulty[1]	With MUCH difficulty[2]	UNABLE to do[3]	CATEGORY SCORE
1. DRESSING and GROOMING (D)					
Are you able to:					
a. Dress yourself, including tying shoelaces and doing buttons?	☑	☐	☐	☐	☐
b. Shampoo your hair?	☑	☐	☐	☐	
2. ARISING (A)					
Are you able to:					
a. Stand up from an armless straight chair?	☑	☐	☐	☐	☐
b. Get in and out of bed?	☑	☐	☐	☐	
3. EATING (E)					
Are you able to:					
a. Cut your meat?	☑	☐	☐	☐	☐
b. Lift a full cup or glass to your mouth?	☑	☐	☐	☐	
c. Open a new carton of milk (or soap powder)?	☑	☐	☐	☐	
4. WALKING (W)					
Are you able to:					
a. Walk outdoors on flat ground?	☑	☐	☐	☐	☐
b. Climb up five steps?	☑	☐	☐	☐	

PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

Cane (W)	☐	Walking frame (W)	☐
Built-up or special utensils (E)	☐	Crutches (W)	☐
Wheelchair (W)	☐	Special or built-up chair (A)	☐

Devices used for dressing (button hooks, zipper pull, long-handled shoe horn) ☐

Other (specify): _____

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:

Dressing and grooming	☐	Eating	☐
Arising	☐	Walking	☐

Please tick the response which best describes your usual abilities over the past week

	Without ANY difficulty[0]	With SOME difficulty[1]	With MUCH difficulty[2]	UNABLE to do[3]	CATEGORY SCORE
5. HYGIENE (H)					
Are you able to:					
a. Wash and dry your body?	☑	☐	☐	☐	
b. Take a bath?	☑	☐	☐	☐	
c. Get on and off the toilet?	☑	☐	☐	☐	
6. REACH (R)					
Are you able to:					
a. Reach and get down a 5 lb object (e.g. a bag of potatoes) from just above your head?	☑	☐	☐	☐	
b. Bend down to pick up clothing off the floor?	☑	☐	☐	☐	
7. GRIP (G)					
Are you able to:					
a. Open car doors?	☑	☐	☐	☐	
b. Open jars which have been previously opened?	☑	☐	☐	☐	
c. Turn taps on and off?	☑	☐	☐	☐	
8. ACTIVITIES (A)					
Are you able to:					
a. Run errands and shop?	☑	☐	☐	☐	
b. Get in and out of a car?	☑	☐	☐	☐	
c. Do chores such as vacuuming, housework or light gardening?	☑	☐	☐	☐	

PLEASE TICK ANY **AIDS OR DEVICES** THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:

Raised toilet seat (H)	☐	Bath seat (H)	☐
Bath rail (H)	☐	Long-handled appliances for reach (R)	☐
Long-handled appliances in bathroom (R)	☐	Jar opener (for jars previously opened) (G)	☐

Other (specify) _____

PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED **HELP FROM ANOTHER PERSON**:

Hygiene	☐	Gripping and opening things	☐
Reach	☐	Errands and housework	☐

[redacted]

O.P. CLINICAL NOTES

(Medical)

[redacted]

NUMBER 600101156L F 06/11/1975

NAME **Halliday, Shona**
16 Thornybank grove,
Dalkeith,
Midlothian,
EH22 1AP

CHI 0611751143

77197 D Robertson

DATE	SHEET No.
17 Feb 2014	E10887 Scottish Early Rheumatoid Arthritis (SERA) inception and biobank. Rec no: 2010/W/RH/01 subject number 1131 Patient attended WTCRF to participate in the above study. Patient deemed eligible to participate by Dr McKay informed consent obtained by myself and questions answered. DAS 44 performed 0 - tender; 1 swollen Blood and urine samples obtained Data collection sheet completed. GP letter sent out. Consent and PIS filed in notes 6 month appointment arranged for 18 Aug 2014 — R.R. JONES RESEARCH NURSE

LHB 360

DATE

O.P. CLINICAL NOTES

0783550031 4 (Medical) 0485

0131 454 0485 cervical

NUMBER

NAME Shona Halliday

DATE	SHEET No.
17/2/14	Good response from ① first injection Consulted Mrs Halliday re. MRI + ortho (2nd opn - 1Sy only) Willing to consider steroid injection — Steroid also — No steroids Review 6-8/52 case MJC
7	
8/4/14	Wt 76. Kgs — SCurrie CSW-OPD. BP 131/76. HR. 96. — Urine pt Hr — Neck 2ary decky ↓ Sy - severe (MK Conlin) — Bilateral Sweers MRI 1Sy mainly / foramen and Sy mainly — 2yrs. Ortho 2nd OP — Undergone. No pain killers Improvement shoulders wrists & foot No loss Sleep not disturbed much No dry cough - slightly due to cold 1/52 No breathlessness Spit yellow/green improving Cold improving U/o To SO OJC IR SIRO = Plan - Pred Sympt Sy decky in 1/52 for S/S. MRI Hy Ortho 2nd OP Trying to stop smoking

LOT 103

Shona Gammack

DATE	
22/5/14	wt: 78kg BP 131/69 P 82 M MWalker MTA Nsg / folic acid Oltca 2000mg nD predSg daily duration 1/52 bms hand 3hs No analysis - encouraged to take paracetol x 2 nD hands wrists knees shoulders hips Ⓐknee MSK aching chronic exacerbated/pain o/o TO SO OSA IV SBS 75 = 3.07 plan Pmsa from 15-20mg / take circ Tumour on Oltca 2mg nD physio - advice re balance posture knee back pain pacing chiropractic - hips some Urgency ittle in both legs post op/cyclo settled within 2 days IM Depo 120mg 1/52 Mgl
3/7/14	S/Mara Gammack wt - 74Kgs B.P - 127/77 Pulse - 91 Mmasn

O.P. CLINICAL NOTES

(Medical)

NUMBER 600101156L F 06/11/1975

NAME **Halliday, Shona**
16 Thornybank grove,
Dalkeith,
Midlothian,
EH22 1AP

CHI 0611751143

77197 D.Robertson

DATE	SHEET No.
3/7/14	c/o back and hip pain on a daily basis although episodic pain free Nausea, anti-emetic issue - but subsided previously MTX 20mg weekly folic acid - OMEZ 20mg BD - possible back to work Prednisolone x 4 daily when child leaves S stay not discharged HBsAg reduced @ 1/4 AN - Hx of C sections although becoming stasis
	O/E TU SO CSM/4 SHS 10 = 1.99
	Plan Review MTX 20mg / folic acid OMEZ 20mg BD Physio appt in hand Bloods monthly monthly Review 5 wks 2/52

LHB 360

DATE	
11/9/14	Rheumatology BP 110/71 P 94 wt 73-3Kg. SOH: two NAD Paterson SIN Rash shin generally legs Right/back of thighs 7-4/52 never a rash spreading abt 3-4 days ago OTC not helpful. cool pad helpful Sx th within hour. MTX 20mg weekly / folic acid Sulfa 200mg BD Shortness legs 1mg hosiery daily ① foot Peripheral Neuropathy 3-4/52 restless legs o/o weekly MTX's T S OSR/4 JHS 25 Plan Single amp bisoprolol 10mg Amitriptyline 10mg — discussed retrologen cream MTX 20mg weekly Sulfa 200mg BD IM Depo 120mg Review DCC in Feb by Pt's own exit

O.P. CLINICAL NOTES

(Medical)

NUMBER 0611751143

NAME Shona Halliday

~~6001011561~~ 6001011561

DATE	SHEET No.
11 SEP 2014	SERA study, CRF E10887, R+D no: 2010/W/RH/01, subject no: 1131. Attended WTCRF today for 6 month visit of above study. Happy to continue in study. All questionnaires completed. Con-meds noted. TJC-2, SJC-0. Study blood and urine samples obtained, also bloods obtained for local MTX monitoring. Arrangements made for next study visit. E. WHITECROSS Research Nurse WT-CRF
28 JAN 15	Sera Study CRF E10887 R+D no: 2010/W/RH/01 Subject no 1131 Participant telephoned WTCRF today + Reports feeling well Medications working well + Now all follow up clinic appointments to be at a different hospital location. Therefore participant cancelled Appt on the 5 Feb 2015 At WTCRF + Wishes to withdraw from Study. Handed Message over to WTCRF Project Assistant. J Cunningham J CUNNINGHAM Research Nurse. WTCRF

LOT 103

DATE

EH22 1AP
CHI 0611751143
77197 D Robertson
Clinitek Status

Serial Number:
54292

Patient:

Multistix® 10 SG
Test date 03-02-2014
Time 4:31PM
Operator
Test number 1994
Color Not Entered
Clarity
Not Entered

GLU Negative
BIL Negative
KET Negative
SG 1.010
*BLO 2+ *
pH 5.5
PRO Negative
UBG 3.2 umol/L
NIT Negative
LEU Negative

Siemens
Clinitek Status®

Serial Number:
54292

Patient:
SHONA HALLIDAY
Multistix® 10 SG
Test date 08-10-2012
Time 2:52PM
Operator
Test number 4087
Color Not Entered
Clarity
Not Entered

GLU Negative
BIL Negative
KET Negative
SG 1.010
*BLO 1+ *
pH 6.5
PRO Negative
UBG 3.2 umol/L
NIT Negative
LEU Negative

Midlothian,
EH22 1AP
CHI 0611751143
77197 S Ahmed

Serial Number:
54292

Patient:

Multistix® 10 SG
Test date 22-05-2014
Time 10:42AM
Operator
Test number 3445
Color Not Entered
Clarity
Not Entered

GLU Negative
BIL Negative
KET Negative
SG 1.010
*BLO 2+
pH 6.0
PRO Negative
UBG 3.2 umol/L
NIT Negative
LEU Negative

Dalkeith,
Midlothian,
EH22 1AP
CHI 0611751143
77197 S Ahmed

Serial Number:
38880

Patient:

Multistix® 10 SG
Test date 21-01-2015
Time 1:06PM
Operator
Test number 7762
Color Not Entered
Clarity
Not Entered

GLU Negative
BIL Negative
KET Negative
SG >=1.030
BLO Negative
pH 7.0
*PRO Trace *
UBG 3.2 umol/L
NIT Negative
LEU Negative

[redacted]

O.P. CLINICAL NOTES

(Medical)

[redacted]

NUMBER 600101156L F 06/11/1975

NAME **Halliday, Shona**
16 Thornybank grove,
Dalkeith,
Midlothian,
EH22 1AP

CHI 0611751143

77197 D Robertson

DATE

SHEET No.

21/1/15. BP 120/73. P 107. SJN KM

WT - 77Kgs.

- Arthritis Feb 2014

- MTX 20mg
fol.

- HCQ 200 2
↳ ↓ ↑

- Intermittent episodes ↓
gums

- hip boe ↓

PGS 6
ESR 14
SJC 0
TJC 0

1:42

BT only

→ ? Ex to EDA ✓

Dr Lambert

LHB 360

DATE

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward:	Consultant: Dr McKay
Weight:	Height:
If re-written, date:	
DISCHARGE PRESCRIPTION	
Date completed:	Completed by:
Name of Patient: Sloan Halliday	6001011561
CHI Number:	
D.O.B.	061175
(Attach printed label here)	

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 ☐			
		Medicine / Agent	Description of reaction		

- 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
11/9/14		Dyomelone	120g	IM		11.30	

Name: .... D.O.B.: .... CHI No: ....

REGULAR THERAPY

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

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

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															

Name: .... D.O.B.: .... CHI No: ....

REGULAR THERAPY

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

Name: .... D.O.B.: .... CHI No: ....

PRESCRIPTION		Patient's Own Medicine					AS REQUIRED THERAPY								
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												
ose + frequency + max	Route	Quantity	Dose												
			Initials												
ndication + 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												

Name: .... D.O.B.: .... CHI No: ....

PRESCRIPTION		Patient's Own Medicine						AS REQUIRED THERAPY							
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												
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												

REGULAR THERAPY

Name: .... D.O.B.: .... CHI No: ....

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															

TURN OVER →

Bone mineral density (BMD) measurements

NHS Lothian Osteoporosis Service

Study date: 12 September 2014

Surname: Hallday Forename: Shona Date of Birth: 06/11/1975

Hospital: WGH Consultant: DR NEIL DOUGLAS MCKAY CHI No: 0611751143 Age: 38

DIAGNOSIS

	BMD g/cm^2	T-Score	WHO Diagnosis	% of age matched population with lower BMD	% Change since
Spine (L1,L2,L3,L4)	0.991	-0.5	Normal	38	
L Fem Neck	0.722	-1.1	Osteopenia	18	
L Total Hip	0.82	-1	Osteopenia	18	

For the sites measured the WHO category is: OSTEOPENIA

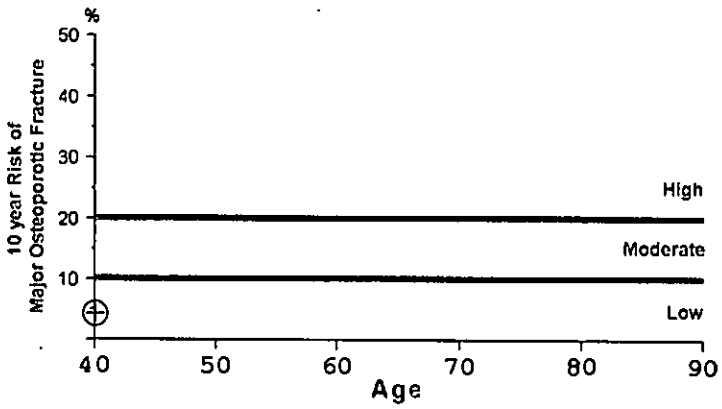
10 Year Fracture Risk

Hip Fracture Risk	0.7%
Major Osteoporotic Fracture Risk (spine, forearm, hip or shoulder)	4.3%

Ht(cm): 165 Wt(kg): 73

Evaluation of risk based on femoral neck BMD,age and clinical risk factors using the WHO Fracture Risk Assessment Tool (FRAX)

10 year fracture risks calculated and plotted using minimum possible age for FRAX tool (40 years)



TREATMENT SUGGESTIONS Relevant factors: low dietary Ca
Current daily dietary calcium = 580mg (recommended daily intake is 1000mg)
Due to low calcium intake the patient should be advised to increase dietary calcium.

Lifestyle advice only is recommended.

Lifestyle advice: perform weight bearing exercise, avoid smoking and excessive alcohol intake, follow a healthy diet with adequate calcium and vitamin D. Patient information and advice is available from the National Osteoporosis Society (Helpline 0845 450 0230)

Treatment suggestions are generated using a computer program.

20/10/14

Report checked by: C. Sidey (Clinical Technologist)

Department of Medical Physics, Western General Hospital, Edinburgh EH4 2XU, Tel: 0131 537 2155, Fax: 0131 537 1026

LOTHIAN UNIVERSITY HOSPITALS DIVISION

Western General Hospital, EH4 2XU. Tel: 0131 537 1909 **Biochemistry Department**

PATIENT: HALLIDAY, SHONA **UPI:** 600101156L **CHI:** 0611751143

DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Dr Neil D McKay

SOURCE: WGH 1st Floor, Outpatient Dept **SENDER:** mckay..

CLINICAL DETAILS: Speciality : Rheumatology

RA.....

Date Collected		17/07/2013	17/07/2013	26/11/2013	03/02/2014	03/02/2014
Time Collected		10:35	10:35	09:35	15:52	15:52
Date Received		17/07/2013	17/07/2013	26/11/2013	03/02/2014	03/02/2014
Time Received		17:07	17:07	14:07	17:29	17:51
Specimen Number		HB942660D	HB942663Z	HB984187Q	QB202261J	QB202250V
Urea	2.5-6.6 mmol/L	3.5		3.1	3.5	
Creatinine	60-120 umol/L	**54 L**		62	**58 L**	
eGFR (/1.73m2)	ml/min	>60		>60	>60	
Sodium	135-145 mmol/L	142		138	140	
Potassium	3.6-5 mmol/L	4.1		4.3	3.8	
Glucose	mmol/L		4.7			5.8
Spec type Rand/Fast	Limits		Rand(<11)			Rand(<11)
Bilirubin	3-21 umol/L	3			4	
ALT	10-50 U/L	14			16	
Alk.Phos	40-125 U/L	89			93	
GGT	5-35 U/L	15				
Albumin	30-45 g/L				39	
Calcium	2.1-2.6 mmol/L				2.40	
Adjustd Calcium	2.1-2.6 mmol/L				2.42	
Cholesterol	mmol/L				6.1	
Triglyceride	0.8-2.1 mmol/L				3.7 H	
HDL Chol.	1.1-1.7 mmol/L				1.1	
LDL Chol.	mmol/l				3.3	
Chol:HDLC Ratio					5.5	
Urate	0.12-0.36 mmol/L			0.26	0.27	
Ferritin	15-200 ug/L	34				
C-Reactive Prot	mg/L				<1	
TSH	0.2-4.5 mU/L	2.9				
Free T4	9-21 pmol/L	12				
Anti-tTG IgA (DS2)					To follow	

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 04/02/2014
TIME PRINTED: 11:30

Specimen type is serum, plasma or blood unless otherwise stated

Department of Laboratory Medicine

Haematology, WGH

PATIENT: HALLIDAY SHONA **UPI:** 600101156L **CHI:**

DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Dr Neil D McKay

SOURCE: WGH 1st Floor, Outpatient Dept **SENDER:** mckay..

CLINICAL SPECIALTY: Rheumatology

Date Collected		17/07/13	26/11/13	26/11/13	03/02/14	03/02/14
Time Collected		10:35	09:35	09:35	15:52	15:52
Date Received		17/07/13	26/11/13	26/11/13	03/02/14	03/02/14
Time Received		17:07	12:58	13:36	17:31	17:35
Specimen Number		HB942660	HR287965	HR292031	QB202267	QB202266
Haemoglobin	115-160 g/L			129		124
Red cell count	3.8-5.8 10^12/L			4.04		4.06
Haematocrit	0.37-0.47 Ratio			0.372		0.380
Mean cell volume	78-98 fl			92		94
White cell count	4-11 10^9/L			8.8		8.3
Neutrophil Count	2-7.5 10^9/L			5.76		4.84
Lymphocyte Count	1.5-4 10^9/L			2.43		2.88
Monocyte Count	0.2-0.8 10^9/L			0.50		0.47
Eosinophil Count	0.04-0.4 10^9/L			0.09		0.11
Basophil Count	0.01-0.1 10^9/L			0.03		0.04
Platelet count	150-350 10^9/L			243		289
ESR	3-15 mm/hr		19		18	
Ferritin	15-200 ug/L	34				

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood unless otherwise stated.

DATE PRINTED: 4Feb14
TIME PRINTED: 12:30

LOTHIAN UNIVERSITY HOSPITALS DIVISION

Western General Hospital, EH4 2XU. Tel: 0131 537 1909 Biochemistry Department

PATIENT: HALLIDAY, SHONA **UPI:** 600101156L **CHI:** 0611751143

DOB: 06/11/1975 **SEX:** F **CONSULTANT/GP:** Dr Neil D McKay

SOURCE: WGH 1st Floor, Outpatient Dept **SENDER:** mckay..

CLINICAL DETAILS: Speciality : Rheumatology

RA.....

Date Collected		08/10/2012	17/07/2013	17/07/2013	26/11/2013	03/02/2014
Time Collected		15:11	10:35	10:35	09:35	15:52
Date Received		08/10/2012	17/07/2013	17/07/2013	26/11/2013	03/02/2014
Time Received		17:20	17:07	17:07	14:07	17:29
Specimen Number		QB312929R	HB942660D	HB942663Z	HB984187Q	QB202261J
Urea	2.5-6.6 mmol/L	2.9	3.5		3.1	3.5
Creatinine	60-120 umol/L	51 L	54 L		62	58 L
eGFR (/1.73m2)	ml/min	>60	>60		>60	>60
Sodium	135-145 mmol/L	139	142		138	140
Potassium	3.6-5 mmol/L	4.1	4.1		4.3	3.8
Glucose	mmol/L			4.7		
Spec type Rand/Fast	Limits			Rand(<11)		
Bilirubin	3-21 umol/L	6	3			4
ALT	10-50 U/L	13	14			16
Alk.Phos	40-125 U/L	87	89			93
GGT	5-35 U/L		15			
Albumin	30-45 g/L	42				39
Calcium	2.1-2.6 mmol/L	2.39				2.40
Adjustd Calcium	2.1-2.6 mmol/L	2.35				2.42
Cholesterol	mmol/L					6.1
Triglyceride	0.8-2.1 mmol/L					3.7 H
HDL Chol.	1.1-1.7 mmol/L					1.1
LDL Chol.	mmol/l					3.3
Chol:HDLC Ratio						5.5
CK	30-135 U/L	89				
Urate	0.12-0.36 mmol/L				0.26	0.27
Ferritin	15-200 ug/L		34			
Total Protein	60-80 g/L	74				
IgG	6-15 g/L	8.29				
IgA	0.8-4.5 g/L	1.65				
IgM	0.35-2.9 g/L	1.56				
Prot E'phoresis		COMMENT				
C-Reactive Prot	mg/L					<1
TSH	0.2-4.5 mU/L	5.4 H	2.9			
Free T4	9-21 pmol/L	12	12			
Anti-tTG IgA (DS2)	0.1-5.0 U/mL	0.5				0.24

11/2

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 08/02/2014
TIME PRINTED: 11:30

Specimen type is serum, plasma or blood unless otherwise stated

6/11/12 Letter dr G2

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE EDINBURGH & S.E. SCOTLAND BLOOD TRANSFUSION CENTRE
Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh EH16 4SA
Clinical Immunology 0131-242 7525 / 9 Lothian Network x 27525 / 9

NHS National Services Scotland

IMMUNOLOGY SERVICES **CLINICAL IMMUNOLOGY REPORT**

SURNAME	HALLIDAY	**D.O.B.**	06/11/1975	**LAB REG. No.**	HI876420P
				Specimen:	Blood
FORENAME/S	SHONA			**DATE SAMPLE TAKEN**	08/10/2012 15:11
HOSPITAL NUMBER	600101156L			**DATE RECEIVED**	09/10/2012 14:05

TEST	RESULT		NORMAL RANGE
Classical Complement Pathway	93.8	%Activity	(47.6 - 130.4)
Please note that this assay has an absolute requirement for serum and so plasma samples are not tested.However, if the Lab has received a pre-aliquoted sample(this will be stated at the foot of this report)it is not possible to determine its coagulation status and therefore the result may be unreliable.			
C3	1.82	g/l	(0.81 - 1.57)
A decrease in C3 can be caused by activation of both the classical and alternative pathways.Thus it can follow from immune complex disease(eg.systemic lupus erythematosus)or acute bacterial infection(eg.post-streptococcal glomerulonephritis).Serial determinations are sensitive monitors of disease activity.Persistant low levels can rarely be due to the presence of C3 nephritic factor.C3 is also an acute-phase protein and therefore levels can be raised in infection, inflammation or injury.This increase can mask increased consumption of C3.			
C4	0.40	g/l	(0.13 - 0.39)
C4 is a protein of the classical complement pathway and is therefore activated in immune complex disease.C4 null alleles are common and affect the baseline levels. It cannot therefore be used as a marker of activity in systemic lupus erythematosis but serial determinations can be used to monitor disease activity.A low C4 together with a low C1 Esterase Inhibitor is strongly suggestive of hereditary angiodema.C4 is often reduced in pre-eclampsia.C4 is also an acute-phase protein and therefore levels can be raised in infection, inflammation or injury.This increase can mask increased consumption of C4.			
Rheumatoid Factor	42.2	IU/ml	(0 - 20)
IgM Rheumatoid factor found in ~80% of patients with active Rheumatoid Arthritis. Can be found in other conditions or the elderly and are not significant unless patient has synovitis.			

MRI normal.

Clinically no synovitis

MRI for 6/11/12

Further details in Laboratory Handbook at http://www.scotblood.co.uk/publications.asp

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REPORT TO BE RETURNED TO:

Dr Mohini K Gray
WGH 1st Floor, Outpatient Dept
Western General Hospital
Crewe Road South

DATE REPORTED
17/10/2012
15:02

CONSULTANT CLINICAL SCIENTIST 0131 242 7535
PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

SIGNATURE:

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE EDINBURGH & S.E. SCOTLAND BLOOD TRANSFUSION CENTRE
Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh EH16 4SA
Clinical Immunology 0131-242 7525 / 9 Lothian Network x 27525 / 9

NHS National Services Scotland

IMMUNOLOGY SERVICES **CLINICAL IMMUNOLOGY REPORT**

SURNAME	HALLIDAY	O.O.B.	06/11/1975	LAB REG. No.	HI876420P
				Specimen:	Blood
FORENAME/S	SHONA			DATE SAMPLE TAKEN	08/10/2012 15:11
HOSPITAL NUMBER	600101156L			DATE RECEIVED	09/10/2012 14:05

TEST	RESULT		NORMAL RANGE
Cyclic Citrullinated Peptide	471.0	u/ml	(0 - 4.8)

Anti-CCP antibodies are more specific than Rheumatoid Factor for diagnosing Rheumatoid Arthritis(RA)and are present in approximately 70% of early stage RA patients .They are good predictors of radiographic joint disease and may be useful in discriminating between erosive osteoarthritis and RA.These antibodies may be present up to 10 years prior to diagnosis and so are highly predictive of the future development of RA in both healthy subjects and patients with undifferentiated arthritis.Anti-CCP are only rarely found in patients with Juvenile Idiopathic Arthritis and are not associated with Lupus Arthropathy but their presence in Sjogren's Syndrome is indicative of future RA.In patients with clinical symptoms of Polymyalgia Rheumatica their presence is strongly suggestive of elderly onset RA.Anti-CCP occur in a subgroup of patients with type 1 autoimmune hepatitis who have a greater occurrence of cirrhosis at presentation and higher incidence of death from hepatic failure.

Anti ds DNA	6.6	IU/ml	(0 - 15)
ENA Screen	Negative		

This sample has been screened for antibodies to Ro,La, Sm,RNP,Scl70 and Jo1 and is negative for all of them.

Test Refusal	Not Tested		

One of the autoantibodies listed below has been requested.These autoantibodies can be present many years after diagnosis and do not respond to treatment. Consequently,frequent repeat testing cannot be justified.A previous request for one of these autoantibodies to be tested in this patient has been made within the last 6 months and has therefore been denied on this occasion.

Anti-Nuclear Antibody(ANA),Extractable Nuclear Antibody (ENA),Thyroid Peroxidase Antibody(TPO),Intrinsic Factor Antibody(IFA),Steroid Cell Antibodies(Ovary,Testes, Adrenal),Gastric Parietal Cell Antibody(GPC),

Further details in Laboratory Handbook at http://www.scotblood.co.uk/publications.asp

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FOLD HERE

REPORT TO BE RETURNED TO:

Dr Mohini K Gray
WGH 1st Floor, Outpatient Dept
Western General Hospital
Crewe Road South

DATE REPORTED
17/10/2012
15:02

CONSULTANT CLINICAL SCIENTIST 0131 242 7535
PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

SIGNATURE:

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE EDINBURGH & S.E. SCOTLAND BLOOD TRANSFUSION CENTRE
Royal Infirmary of Edinburgh, 51 Little Frence Crescent, Edinburgh EH16 4SA
Clinicel Immunology 0131-242 7525 / 9 Lothian Network x 27525 / 9

NHS National Services Scotland

IMMUNOLOGY SERVICES — CLINICAL IMMUNOLOGY REPORT

SURNAME	HALLIDAY	D.O.B.	06/11/1975	LAB REG. No.	HI876420P
				Specimen:	Blood
FORENAME/S	SHONA			DATE SAMPLE TAKEN	08/10/2012 15:11
HOSPITAL NUMBER	600101156L			DATE RECEIVED	09/10/2012 14:05

TEST	RESULT	NORMAL RANGE
Mitochondrial Antibody(AMA),Liver Kidney Microsomal Antibody(LKM1),Glutamic Acid Decarboxylase Antibody (GAD),Insulinoma Antigen 2 Antibody(IA2). If you would like to discuss this further please call Dr Mick Kadlubowski on 0131 242 7535.		
Specimen Comment: - 8332IANA TEST REFUSED		

FOLD HERE

FOLD HERE

Further details in Laboratory Handbook at http://www.scotblood.co.uk/publications.asp

REPORT TO BE RETURNED TO:
Dr Mohini K Gray
WGH 1st Floor, Outpatient Dept
Western General Hospital
Crewe Road South

DATE REPORTED
17/10/2012
15:02

CONSULTANT CLINICAL SCIENTIST 0131 242 7535
PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

SIGNATURE:

600101156L 478 1463 0784210696 File HR

WESTERN GENERAL HOSPITAL
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Halliday	Shona	UHPI:	600101156L

CHI: 0611751143

Order Items:
MRI Hand Lt
MRI Hand Rt
MRI Wrist Lt
MRI Wrist Rt

Clinical details

bilateral hands and wrists pain,inflmmatory histry but no overt synovitus,CCP positve, High ESR ,please look for subclinical synovitis.

MRI Both Hands & Wrists

Coronal T1W and PD fat sat imaging has been obtained from distal forearms to fingertips.

There are normal appearances to distal radius and ulnar, carpus, metacarpals and phalanges with no bony rosions evident. The articulations in wrists and hands appear unremarkable, with no joint effusions. No overt periarticular soft-tissue thickening or oedema / inflammation and no overt synovitis.

Normal musculotendinous appearances bilaterally.

Reported by Dr M L Errington.

MG ⇒ PCR

ADDRESS:	16 Thornybank grove		DOB:	06/11/1975
	Dalkeith		SEX:	Female
	EH22 1AP			

REFERRER:	
ADDRESS:	

Episode Consultant:	Dr MK Gray
Order Patient Location:	WGH 1st Floor, Outpatient Department
Receiving Location:	WGH - MRI

Order Items(s):	Visit No	Date of Exam	Referring Clinician
MRI Hand Lt	13451376	06/11/2012	Dr MK Gray
MRI Hand Rt	13451376	06/11/2012	Dr MK Gray
MRI Wrist Lt	13451376	06/11/2012	Dr MK Gray
MRI Wrist Rt	13451376	06/11/2012	Dr MK Gray

D.O.R:	06/11/2012	Reporting Radiologist:	Dr Martin Errington
D.O.T:	06/11/2012	Overseen by Radiologist:	
D.O.V:	06/11/2012	Verifying Radiologist:	Dr Martin Errington
		Typist/Secretary:	Anna Mitchell
		Radiologist Signature:	

Printed 06/11/2012 16:23:47

WESTERN GENERAL HOSPITAL
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Halliday	Shona	UHPI:	600101156L

CHI: 0611751143

Order Items:
XR Chest
XR Hands
XR Feet

Clinical details

XR Chest,XR Hands,XR Feet
RA pre MTX

Report

Normal heart and mediastinal contours. Lungs clear with normal pulmonary vascularity.
No significant abnormality of either hand. No erosions.
Erosion of the head of the left first metatarsal and also the base of the proximal phalanx of the left great toe.

Reported by Dr Domenyk Brown

ADDRESS:	16 Thornybank grove		DOB:	06/11/1975
	Dalkeith		SEX:	Female
	EH22 1AP			

REFERRER:	
ADDRESS:	

Episode Consultant:	Dr Neil Douglas McKay
Order Patient Location:	WGH 1st Floor, Outpatient Department
Receiving Location:	WGH - Main X-Ray

Order Items(s):	Visit No	Date of Exam	Referring Clinician
XR Chest	17127530	03/02/2014	Dr Neil Douglas McKay
XR Hands	17127530	03/02/2014	Dr Neil Douglas McKay
XR Feet	17127530	03/02/2014	Dr Nei

D.O.R:		Reporting Radiologist:	Dr Domenyk Brown
D.O.T:	03/02/2014	Overseen by Radiologist:	
D.O.V:	03/02/2014	Verifying Radiologist:	Dr Domenyk Brown
		Typist/Secretary:	Dr Domenyk Brown
		Radiologist Signature:	

Printed 03/02/2014 17:16:50

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE EDINBURGH & S.E. SCOTLAND BLOOD TRANSFUSION CENTRE
Royal Infirmary of Edinburgh, 51 Little France Crescant, Edinburgh EH16 4SA
Clinical Immunology 0131-242 7S2S / 9 Lothian Network x 27S2S / 9

NHS National Services Scotland

IMMUNOLOGY SERVICES **CLINICAL IMMUNOLOGY REPORT**

SURNAME	HALLIDAY	**D.O.B.**	06/11/1975	**LAB REG. No.**	HI931256W
				Specimen:	Blood
FORENAME/S	SHONA			**DATE SAMPLE TAKEN**	03/02/2014 15:52
HOSPITAL NUMBER	600101156L			**DATE RECEIVED**	04/02/2014 13:31

TEST	RESULT		NORMAL RANGE
CH50(haemolytic Complement)	Insufficient Sample		
C3	1.74	g/l	(0.81 - 1.57)
A decrease in C3 can be caused by activation of both the classical and alternative pathways.Thus it can follow from immune complex disease(eg.systemic lupus erythematosus)or acute bacterial infection(eg.post-streptococcal glomerulonephritis).Serial determinations are sensitive monitors of disease activity.Persistant low levels can rarely be due to the presence of C3 nephritic factor.C3 is also an acute-phase protein and therefore levels can be raised in infection, inflammation or injury.This increase can mask increased consumption of C3.			
C4	0.35	g/l	(0.13 - 0.39)
C4 is a protein of the classical complement pathway and is therefore activated in immune complex disease.C4 null alleles are common and affect the baseline levels. It cannot therefore be used as a marker of activity in systemic lupus erythematosis but serial determinations can be used to monitor disease activity.A low C4 together with a low C1 Esterase Inhibitor is strongly suggestive of hereditary angiodema.C4 is often reduced in pre-eclampsia.C4 is also an acute-phase protein and therefore levels can be raised in infection, inflammation or injury.This increase can mask increased consumption of C4.			
Rheumatoid Factor	56.9	IU/ml	(0 - 20)
IgM Rheumatoid factor found in ~80% of patients with active Rheumatoid Arthritis. Can be found in other conditions or the elderly and are not significant unless patient has synovitis.			
Cyclic Citrullinated Peptide	335.0	U/ml	(0 - 4.8)
Anti-CCP antibodies are more specific than Rheumatoid Factor for diagnosing Rheumatoid Arthritis(RA)and are present in approximately 70% of early stage RA patients .They are good predictors of radiographic joint disease and may be useful in discriminating between erosive			

Further details in Laboratory Handbook at http://www.scotblood.co.uk/publications.asp

FOLD HERE

FOLD HERE

REPORT TO BE RETURNED TO:

Dr Neil D McKay
WGH 1st Floor, Outpatient Dept
Western General Hospital
Crewe Road South

DATE REPORTED
14/02/2014
17:16

CONSULTANT CLINICAL SCIENTIST 0131 242 7535
PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

SIGNATURE:

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE EDINBURGH & S.E. SCOTLAND BLOOD TRANSFUSION CENTRE
Royal Infirmery of Edinburgh, 51 Little Frence Crescent, Edinburgh EH16 4SA
Clinical Immunology 0131-242 7525 / 9 Lothian Network x 27525 / 9

NHS National Services Scotland

IMMUNOLOGY SERVICES **CLINICAL IMMUNOLOGY REPORT**

SURNAME	HALLIDAY	**D.O.B.**	06/11/1975	**LAB REG. No.**	HI931256W
				Specimen:	Blood
FORENAME/S	SHONA			**DATE SAMPLE TAKEN**	03/02/2014 15:52
HOSPITAL NUMBER	600101156L			**DATE RECEIVED**	04/02/2014 13:31

TEST	RESULT	NORMAL RANGE

osteoarthritis and RA.These antibodies may be present up to 10 years prior to diagnosis and so are highly predictive of the future development of RA in both healthy subjects and patients with undifferentiated arthritis.Anti-CCP are only rarely found in patients with Juvenile Idiopathic Arthritis and are not associated with Lupus Arthropathy but their presence in Sjogren's Syndrome is indicative of future RA.In patients with clinical symptoms of Polymyalgia Rheumatica their presence is strongly suggestive of elderly onset RA.Anti-CCP occur in a subgroup of patients with type 1 autoimmune hepatitis who have a greater occurrence of cirrhosis at presentation and higher incidence of death from hepatic failure.

Anti Nuclear Antibody	**Negative**	
ENA Screen	**Negative**	

This sample has been screened for antibodies to Ro,La, Sm,RNP,Sc170 and Jo1 and is negative for all of them.

Specimen Comment: -
mckay..

FOLD HERE

FOLD HERE

Further details in Laboratory Handbook at http://www.scotblood.co.uk/publications.asp

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17:16

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PLEASE PHONE FOR DISCUSSION OF RESULTS IF NECESSARY

SIGNATURE:

CRF

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
EDINBURGH EH16 4SA

PIN/CHI: 600101156L / 0611751143 **D.O.B:** 06/11/1975
Patient: HALLIDAY, SHONA **Sex:** Female

Tel: 0131 242 6004/6027
0131 242 6029/6048
Internal 26004/26029

Report to: Dr Neil D McKay
mckay..
Address: WGH 1st Floor, Outpatient Dept

RA.....
Sending Laboratory Reference Number:

Date Taken: 03/02/2014
Time Taken: 15:52

Date Received: 04/02/2014
Time Received: 11:27

Date Reported: 11/02/2014

Laboratory Number: MS267269G Specimen: Clotted blood for serology

Hep B surface Ag qualitative 0.25 S/CO
Hepatitis B surface Antigen : NEGATIVE

Anti-HBc Antibody: 0.06
Antibody to Hepatitis B core : NEGATIVE (Index <0.9)

Hepatitis C Antibody Index: 0.08
Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)

HIV Ag/Ab COMBO: 0.18
HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9)

Authorised by: Background Authorisation for Dr J A G Bremner

'For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you'

NHS
Lothian

Western General Hospital,
Crewe Road South,
Edinburgh.
EH4 2XU

Tel 0131 5373387

Patient Consent Form

Study Title: ***Scottish Early Rheumatoid Arthritis (SERA) inception cohort and biobank***

Name of Researcher: Dr Neil McKay

	Please initial each statement	
	Yes, I agree	No, I do not agree
1. I confirm that I have read and understood the information sheet (version 2.1) for the above study and any questions I have asked have been answered to my satisfaction	✓	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason, and without my medical care or legal rights being affected	✓	
3. I understand that sections of my medical notes may be looked at by responsible individuals who are either working on this study or from regulatory authorities where it is related to my taking part in this study. I give permission for these individuals to have access to my medical records	✓	

	Yes, I agree	No, I do not agree
4. I understand that my General Practitioner will be informed that I have agreed to participate in this study	✓	
5. I agree to take part in the above study	✓	
6. I agree that information about my health, including laboratory results, may be extracted from my NHS records now and in the future for health-related research purposes.	✓	
7. I agree that I may be contacted to be asked to attend follow up study visits	✓	
8. I agree that my urine, blood, DNA and joint fluid may be stored in the biobank, and that it may be analysed now or in the future.	✓	
9. I agree that I may be contacted in the future about other research projects, but that I am under no obligation to take part in such projects	✓	

J. Halliday	SHONA HALLIDAY	17/2/14
Signature of Participant	**Print Name**	**Date**
	P/R JONES	17.FEB 2014
Signature of Person taking Consent	**Print Name**	**Date**
	M Khan	19/Feb/14
Signature of Researcher	**Print Name**	**Date**

Copy for case record/CRF/patient (delete as appropriate)

NHS
Lothian

Date 18 Feb 2014

Dear Dr Ahmed

600101156L F 06/11/1975
Halliday, Shona
16 Thornybank grove,
Dalkeith,
Midlothian,
EH22 1AP
CHI 0611751143
77197 S Ahmed

Your patient has agreed to take part in the Scottish Early Rheumatoid Arthritis (SERA) cohort. This is a prospective inception cohort of patients with newly diagnosed RA or undifferentiated polyarthritis. Patients will have blood taken for a biobank at 0, 6 and 12 months and they will be reviewed clinically every 6 months indefinitely. The aim is to construct a detailed clinical database of patient outcomes that can be correlated with biomarkers that may allow the development of individualised protocols of management in the future.

You will be sent regular reports on the patient as part of their routine care but please don't hesitate to contact the department if you have any queries.

Many thanks,

Roz Jones
Research Nurse

pp Dr Neil McKay
Consultant Rheumatologist

Mon 17/2/14 2pm appt 1:30 Sera 333 ff (pt in for dbg & other Sera — letter sent 4/2/14 GP has same — contact details

RHEUMATOLOGY NURSE SPECIALIST REFERRAL

NHS Lothian

☐ URGENT 2 – 4 days ☐ NON URGENT 4 – 14 days ☐ CNS REVIEW 3month

0131 4544085 wrong NO PATIENT TELEPHONE

07835550031 4 too many digits (P10)

600101156L F 06/11/1975

PAT / DET: **Halliday, Shona**
16 Thornybank grove,
Dalkeith,
Midlothian,
EH22 1AP
CHI 0611751143 [redacted] – 4 FEB 2014
77197 S Ahmed

CONSULTANT: [redacted]

DIAGNOSIS: ERA + SERA

ERA & SERA REFERRAL

CXR taken?	YES	NO	SERA PI provided?	YES	NO	DAS28 taken?	YES	NO
Hands/feetXray taken?	YES	NO	MTX/steroid PIL provided?	YES	NO	Patient asked to see GP 10 days hence	YES	NO
Bloods completed?	YES	NO	DEXA ordered?	YES	NO			

SUAL ACUITY		DISEASE EDUCATION	DRUG COUNSELLING	PLEASE PRINT CLEARLY
AMSLER				DRUG: ERA
SCHIRMERS		Issue ARC leaflet/ website information		DOSE: + SERA
SHORT SYNACTHEN			SWITCH to Subcut	
SALIVA TEST				

PRESCRIPTION KARDEX REQUIRED AS APPROPRIATE PLEASE

SAB		GHJ		ELBOW		WRIST		KNEE		ANKLE	
LT	RT	LT	RT	LT	RT	RT	LT	LT	RT	LT	RT

ADDITIONAL INFORMATION: PLEASE PRINT CLEARLY: AVOID all PO steroids (no oral steroids) 17/2/14

DATE: 3/2/14 DOCTORS SIGNATURE: [signature]

ABOVE REQUEST COMPLETED

VISUAL ACUITY	R	L	Disease / Drug Information given.	CNS SIGN: DATE:	17/2/14
AMSLER	R	L			
SCHIRMERS	R	L	Drug counselling Check list to be issued to patient please.	TELEPHONE COUNSELLING	PATIENT SIGN DATE::
SHORT SYNACTHEN					
SALIVA TEST					

JOINT ASPIRATED / INJECTED	AMOUNT RT	AMOUNT LT	CNS SIGN: DATE
	COLOUR RT	COLOUR LT	PATIENT SIGN: DATE:
AS PER PROTOCOL & PRESCRITION			

PLEASE FILE IN MEDICAL RECORDS ON COMPLETION VERSION2FEB11 AMC REV 2/12