

Dr MacKay  
St Triduana's Medical Practice  
54 Moira Park  
Edinburgh  
EH7 6RU

**Date:** 10/09/2018

## Inpatient Discharge Summary

|                   |                                                               |                            |                       |
|-------------------|---------------------------------------------------------------|----------------------------|-----------------------|
| <b>Patient</b>    | Lisa Williamson<br>9/7 Tytler Gardens<br>Edinburgh<br>EH8 8HS | <b>CHI</b>                 | <b>2601901187</b>     |
|                   |                                                               | <b>Date of Birth / Age</b> | 26/01/1990 (28 years) |
|                   |                                                               | <b>UHPI</b>                | 700168111M            |
| <b>Specialty</b>  | General Surgery                                               | <b>Admission Date</b>      | 19/07/2018            |
| <b>Ward</b>       | Ward 106 RIE                                                  |                            |                       |
| <b>Consultant</b> | Mr S Paterson-Brown                                           | <b>Discharge Date</b>      | 21/07/2018            |

Dear Dr MacKay

## Discharge Drugs

| Discharge Medication      | Dose     | Frequency         | Duration   | Additional Info     |
|---------------------------|----------|-------------------|------------|---------------------|
| Co-Codamol Tablets 30/500 | 2 TAB(S) | FOUR times daily  | Short Term | 24 tablets supplied |
| Ibuprofen Tablets         | 400 MG   | THREE times DAILY | 5 Days     | 32 tablets supplied |

## Clinical Summary:

This 28 year old lady was admitted as an emergency with central colicky abdominal pain around the umbilicus and localising to her right iliac fossa with associated vomiting. She denied any change in her bowel habit other associated symptoms or recent foreign travel. There were no urinary symptoms. She has a past medical history of anxiety but no pre-existing medical conditions. She underwent investigation with simple blood tests, a midstream urine and abdominal ultrasound scan. These tests were all normal. Her pain settled quickly and she was able to be discharged home after 24 hours of observation. We have not arranged any further follow up for her. Yours sincerely

MISS RACHEL GUEST ST6 TO MR GRAEME COUPER

## Patient & GP Information

|                         |                                                                    |
|-------------------------|--------------------------------------------------------------------|
| <b>UHPI Number</b>      | 700168111M                                                         |
| <b>CHI Number</b>       | 2601901187                                                         |
| <b>Episode Number</b>   | I0004507539                                                        |
| <b>Surname/Forename</b> | Williamson, Lisa                                                   |
| <b>Date of Birth</b>    | 1/26/90                                                            |
| <b>Sex</b>              | Female                                                             |
| <b>Patient Address.</b> | 9/7 Tytler Gardens<br>Edinburgh EH8 8HS                            |
| <b>Registered GP</b>    | AR MacKay                                                          |
| <b>GP Address.</b>      | St Triduana's Medical Practice,54 Moira Park,Edinburgh,<br>EH7 6RU |

## Report Contents

The report bundle provides information on the following:

\* IP/OP Clinical Notes

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| Surname/Forename | Williamson, Lisa |
| UHPI Number      | 700168111M       |

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## Inpatient/Outpatient Clinical Notes

| Note Details                                                                                      | Clinical Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Clerking<br>Episode/Ref:<br>I0004507539<br>Andrew Blythe<br><br>7/19/18<br>22:45<br>Andrew Blythe | Clinical note: PC: abdo pain,,HPC:- Went to McDonald's yesterday and pain started after that.,- Pain continuous since then. Not getting any better.,- Getting stomach cramps and shooting pains.,- Started umbilical moved to RIF,- Also been feeling nauseous; was sick twice (once yesterday and once today) ,- Took pregnancy test at home - negative,,Bowels opened this morning. Normal. No diarrhoea.,No foreign travel. No odd diet.,,Not passed urine since 4pm.,,PMHx:- Anxiety,- Nil previous surgery,- ██████████,,DHx:- NKDA,- Nil regular,,SHx:- Lives at home with ██████,- Occasional smoker (5 when has drink), drinks 0-5x per week (can be bottle of wine or half a bottle of Captain Morgan's),,Plan:,1. Urine sample needed please,2. Analgesia - has only tried paracetamol today,3. USS needed - booked,4. Patient feels she can't cope at home and needs to stay. Will clerk and admit her to await senior review. , |

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| Note Details                                                                                                       | Clinical Notes                                                                                                                                                                                                                                                                                     |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Mr S Paterson-Brown<br><br>7/20/18<br>09:26<br>Dr Fraser McFadyen | WR GWC ET1,,Pt has pain in epigastric region radiating around to sides.,Nausea and made herself be sick,Opened bowels yesterday.,Periods about every 7 weeks since gave birth to 2 year old,,O/E,Abdo ,,Bloos unremarkable,,Plan:,1. USS,2. Eat and drink after scan,3. Will review following scan |

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| Note Details                                                                                                       | Clinical Notes                                                                                                                                |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Mr S Paterson-Brown<br><br>7/20/18<br>17:51<br>Dr Fraser McFadyen | WR GWC ET1,,Small amount of pelvic fluid visualised on scan.,Managed to eat baked potato today. ,,Plan:,1. Eat and drink,2. Aim home tomorrow |

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| Note Details                                                                                   | Clinical Notes                                                                                                                                                                               |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Nurse<br><br>7/20/18<br>20:07<br>Michael Lind | NURSING - Lisa fasting for USS - IV fluids administered as prescribed. Attended for USS. Tolerating diet and fluids post scan. Analgesia adminisitered as required. Nurse call bell to hand. |

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| Note Details                                                                                  | Clinical Notes                                                                                                                    |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Nurse<br><br>7/21/18<br>05:56<br>Emma Hedley | NURSING: Lisa has had a settled night slept since 23:00, required 1 prn this morning at 05:30.<br>passing urine fine, no concerns |

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| Note Details                                                                                                  | Clinical Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Ward Round<br>Episode/Ref:<br>I0004507539<br>Mr S Paterson-Brown<br><br>7/21/18<br>09:43<br>Dr Hannah Goddard | Date : 21/07/2018, Team : ET1,, DIAGNOSIS / PROCEDURE : Non-specific abdominal pain, DAILY UPDATE : Managed to eat and drink, Pain slightly improved, Ketones and protein in urine, HCG -ve, Bloods normal, MANAGEMENT PLAN : Home today, Worsening advice given,, 30 day re-admission : n, 30 day re-operation : No, NEWS Score : 0, Results reviewed : Yes, IVI fluids : Not indicated, Nutrition reviewed : Oral, VTE risk assessed, reviewed : Yes, Adequate analgesia : Yes, Antibiotics status : Not applicable, Estimated discharge date : 25/07/2018, |

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| Note Details                                                                                                                                  | Clinical Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p>Inpatient Discharge Summary</p> <p>Episode/Ref: I0004507539</p> <p>Mr S Paterson-Brown</p> <p>7/21/18<br/>14:40<br/>Dr Fraser McFadyen</p> | <p>DISCHARGE NOTE TO GP, 1. Non-specific abdo pain,,Dear Doctor,,,Lisa Williamson was admitted to RIE under the care of general surgery with abdominal pain. Bloods were unremarkable.,,USS showed: No abnormality is seen in the liver, gallbladder, normal calibre common duct, either kidney, normal sized spleen nor the visible majority of the pancreas. ,Hepatopetal portal and splenic vein flow noted.,No abnormality of uterus and ovaries detected (dominant follicle was left sided). ,Trace of pouch of Douglas fluid. ,Central abdominal structures are obscured by overlying bowel shadows. ,,She was deemed fit for discharge with analgesia and was advised to return if worsening abdominal pain or becomes more unwell.,,DIAGNOSES,PREScription CHANGES (relative to ECS, please include reason and plan), Medication started: Analgesia, Medication stopped: Nil,FUNCTION AT DISCHARGE (e.g. PEFr, O2 sats),PENDING results and outpatient investigations: No,Med 3 Certificate has been issued for: ____ days/____weeks,ANY ACTION REQUIRED FROM GP (Do not ask GP to chase results): No,FOLLOW UP arranged by hospital: No</p> |

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| <b>Note Details</b>                                                                                       | <b>Clinical Notes</b>                                                                                                                                                                                                                                     |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Nurse<br><br>7/21/18<br>15:22<br>Emma McFarlane<br>(NMR) | Dc hoem as planned. DC script given to patient and copy for GP. patient anxious avbout going home due to home circumstances but will go and stay at her mums for a few days to help her get over her anxiety with this. venflon removed. family collected |

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| <b>Note Details</b>                                                                                                                        | <b>Clinical Notes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p>Inpatient Discharge<br/>Summary<br/>Episode/Ref:<br/>I0004507539<br/>Mr S Paterson-Brown</p> <p>9/5/18<br/>16:26<br/>Karen Ann Bell</p> | <p>Clinical Summary: This 28 year old lady was admitted as an emergency with central colicky abdominal pain around the umbilicus and localising to her right iliac fossa with associated vomiting. She denied any change in her bowel habit other associated symptoms or recent foreign travel. There were no urinary symptoms. She has a past medical history of anxiety but no pre-existing medical conditions. She underwent investigation with simple blood tests, a midstream urine and abdominal ultrasound scan. These tests were all normal. Her pain settled quickly and she was able to be discharged home after 24 hours of observation. We have not arranged any further follow up for her.</p> <p>Yours sincerely,,,,,MISS RACHEL GUEST ST6 TO MR GRAEME COUPER,</p> |

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| Note Details                                                                                     | Clinical Notes                                                                                                                                                            |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Nurse<br><br>7/19/18<br>23:56<br>Rhanna Baldwin | patient handed over to sn in ward 106 base b via phone,obs stable,plan - awaiting snr review - likely for scan in am,urine negative,nil other concerns,,rhanna wills sn 5 |

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| Note Details                                                                                      | Clinical Notes                                                                                                                                                                                                                                                               |
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| Progress Notes<br>Episode/Ref:<br>I0004507539<br>Nurse<br><br>7/20/18<br>03:41<br>Lorna McFarlane | Admitted to ward 106 ,orientated to bay, buzzer and staff,obs stable news 0,no c/o pain or nausea on arrival,independent and self caring,voiding freely, sou taken in surg ass and was nad,can eat and drink- taking fluids o/n,awaits uss tomorrow,,bank sn kalya el-helali |

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| Note Details                                                                                                    | Clinical Notes                                                                                                                                                                                                                                                                                                                             |
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| Specialty Review<br>Episode/Ref:<br>I0004507539<br>Mr S Paterson-Brown<br><br>7/20/18<br>03:43<br>Andrew Blythe | ET1 WR - SpR Prodehl,,Patient sleeping, but easily rousable.,States pain and nausea has settled. Just feeling tired. Reports opened bowels yesterday. Not eating much.,,No previous operations.,,O/E,Abdo soft, no longer painful,No percussion tenderness,,Bloods - normal,,NEWS 0,,Plan:,1. Analgesia,2. USS tomorrow,,A Blythe,FY1 5244 |

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**Date:** 10/06/2019

## Inpatient Discharge Summary

|                   |                                                               |                            |                       |
|-------------------|---------------------------------------------------------------|----------------------------|-----------------------|
| <b>Patient</b>    | Lisa Williamson<br>9/7 Tytler Gardens<br>Edinburgh<br>EH8 8HS | <b>CHI</b>                 | <b>2601901187</b>     |
|                   |                                                               | <b>Date of Birth / Age</b> | 26/01/1990 (29 years) |
|                   |                                                               | <b>UHPI</b>                | 700168111M            |
| <b>Specialty</b>  | Toxicology                                                    | <b>Admission Date</b>      | 30/05/2019            |
| <b>Ward</b>       | AMU Bay 6                                                     |                            |                       |
| <b>Consultant</b> | Dr Euan A Sandilands                                          | <b>Discharge Date</b>      | 07/06/2019            |

Dear Dr MacKay

### NOTIFICATION OF TOXICOLOGY DISCHARGE:

Clinical Note:

Transfer- from REH - informal admission  
Co-codamol OD x 10 at 1700 this afternoon.  
83/kg/kg paracetamol

levels 57 @ 9hrs -- above treatment line  
see REH entry for full details.

Imp: Paracetamol od over treatment line.

This patient was transferred to RIE on 30.05.19 from REH following overdose of paracetamol. Patient treated with NAC and transferred back to REH when all toxicology issues had resolved.

No medications were changed, and no follow up has been planned by the toxicology team.

Yours sincerely,

Toxicology Secretary  
RIE 0131-242-1436.  
(CH)

## Patient & GP Information

|                         |                                                                    |
|-------------------------|--------------------------------------------------------------------|
| <b>UHPI Number</b>      | 700168111M                                                         |
| <b>CHI Number</b>       | 2601901187                                                         |
| <b>Episode Number</b>   | I0004718381                                                        |
| <b>Surname/Forename</b> | Williamson, Lisa                                                   |
| <b>Date of Birth</b>    | 1/26/90                                                            |
| <b>Sex</b>              | Female                                                             |
| <b>Patient Address.</b> | 9/7 Tytler Gardens<br>Edinburgh EH8 8HS                            |
| <b>Registered GP</b>    | AR MacKay                                                          |
| <b>GP Address.</b>      | St Triduana's Medical Practice,54 Moira Park,Edinburgh,<br>EH7 6RU |

## Report Contents

The report bundle provides information on the following:

\* IP/OP Clinical Notes

|                  |                  |
|------------------|------------------|
| Surname/Forename | Williamson, Lisa |
| UHPI Number      | 700168111M       |

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| Episode Number | I0004718381 |
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## Inpatient/Outpatient Clinical Notes

| Note Details                                                                                    | Clinical Notes                                                                                                                                                                                                                                         |
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| Progress Notes<br>Episode/Ref:<br>I0004718381<br>Nurse<br><br>5/30/19<br>12:45<br>Lucy McKinnon | Nursing Admission-„Patient admitted to AMU6 toxicology via ED following intentional OD of co-codamol. „Patient currently on 2nd bag of NAC bloods due at 1430.„Patient stable, OBs 0. Alert and Orientated. „No meds found on patient.„SN L McKinnon , |

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| Note Details                                                                                                     | Clinical Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>Clerking<br/>Episode/Ref:<br/>I0004718381<br/>Dr Joanne Renton</p> <p>5/30/19<br/>14:48<br/>Mairi Thomson</p> | <p>HISTORY:,,Presenting complaint,» Cocodamol Overdose with Alcohol,,History of presenting complaint,In REH - voluntary admission since Monday due to anxiety, panic attacks and low mood,Expressed suicidal thoughts and [REDACTED] and [REDACTED] brought to REH for admission,,Last night whilst out on pass bought Cocodamol OTC and took about 10 tablets at 5pm with 2 beers and Cocktail Pitcher,Denies suicidal intent and took them to sleep for a few hours,Feels the REH are not listening to her and not providing any sleeping medication,,ECG awaited,Bloods - Paracetamol 57,,PAST MEDICAL HISTORY:,,Varicella without complication: (Inactive),Has had low mood off and on for last few years, feels low currently: plans to make appointment with GP for this ASAP,,Currently InPatient REH - voluntary,,HOME SUPPORT:,,Lives with [REDACTED] and [REDACTED] ,,ALLERGIES:,,Nil known,,PHYSICAL EXAMINATION:,,General / ENT ,»Alert and orientated,Colouring pictures,Reluctant to provide details,Anxious and frustrated at care in REH,,Cardiovascular System ,»P79bpm,BP 114/78,,Respiratory System ,RR 16,SpO2 97% air,Chest clear,,Abdomen / Gastrointestinal / Genito-urinary system ,Abdo SNT,Bowel sounds present,,Central nervous system / Locomotor system ,Moving all 4 limbs independently,,Tone»,Power »,Reflexes »,Sensation »,Coordination »,,,Conscious Level (AVPU) » A,Glasgow Coma Scale » 15,,INITIAL MANAGEMENT PLAN:,, - Continue NAC as per protocol,- ECG,- Psych input,- ? Continue Lorazepam as per REH,,M Thomson,Trainee ANP,,</p> |

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| Note Details                                                                          | Clinical Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Ward Round<br>Episode/Ref:<br>I0004718381<br><br>5/30/19<br>16:48<br>Dr Aoife Gatenby | Date : 30/05/2019, Ward Round Lead : Prof Michael P Eddleston,,, Ward Round Note :<br>TOXICOLOGY POST TAKE WARD ROUND,, HISTORY AND PROGRESS FOLLOWING<br>ADMISSION:,, admitted from REH with co-codamol ODat 1800-2000, Paracetamol at 9h = 57 with ALT<br>13, INR 0.9, Started on NAC, 10h bloods show paracetamol 5, ALT 12, INR 1.1, Therefore NAC<br>stopped, Currently awaiting 20h bloods, but since ingestion at 1800-2000 yesterday, can take post-<br>ingestion 24h bloods,, No naloxone given for codeine OD, Eating and drinking,, ALCOHOL Hx:<br>unknown,, CURRENT NEWS: 0, O/E: alert, well, on NAC, ECG: Not done, BLOODS: see<br>abvoe,, IMPRESSION:,, co-codamol OD successfully treated with NAC, currently awaiting bloods >24h<br>after ingestion,- No codeine toxicity,, PLAN: , For bloods at 2000, if fine, Go Med, No need for psych<br>here as inpatient at Royal Ed,, FY1 Gatenby, |

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| Note Details                                                                                    | Clinical Notes                                                                                                                                     |
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| Progress Notes<br>Episode/Ref:<br>I0004718381<br>Nurse<br><br>5/31/19<br>00:23<br>Wendy McQueen | Pt bloods taken are 20.00hrs,Medical staff reviewed pot to transfer top REH,Pt escorted to REH with nursing member of staff and [REDACTED] in taxi |

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| Note Details                                                                                                                               | Clinical Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p>Inpatient Discharge Summary</p> <p>Episode/Ref: I0004718381</p> <p>Dr Euan A Sandilands</p> <p>6/10/19<br/>13:07<br/>Christina Hood</p> | <p>NOTIFICATION OF TOXICOLOGY DISCHARGE:;Clinical Note: ,Transfer- from REH - informal admission,Co-codamol OD x 10 at 1700 this afternoon. ,83/kg/kg paracetamol ,levels 57 @ 9hrs – above treatment line,see REH entry for full details. ,,,Imp: Paracetamol od over treatment line. ,,,This patient was transferred to RIE on 30.05.19 from REH following overdose of paracetamol. Patient treated with NAC and transferred back to REH when all toxicology issues had resolved.,,No medications were changed, and no follow up has been planned by the toxicology team.,,,Yours sincerely, ,,,,Toxicology Secretary ,RIE 0131-242-1436.,(CH),</p> |