SAR TEAM
Medical Records
Royal Alexandra Hospital
Corsebar Rd
Paisley
Pa2 9PN

NHS
Greater Glasgow and Clyde

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

Date 27.06.26

Your Ref 100897
Our Ref: LAT/JM/FG 0412703297
Enquiries to: Fiona Gamble
Direct Line: 0141 532 7292
E-mail: Fiona.Gamble@nhs.scot

**Subject Access Request under the General Data Protection Regulation**

**Patient** **Alexander O'Rourke** **DOB** **04/12/1970**

Thank you for your email received on 02.06.26 in which you seek a copy of your client's personal information.

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

**Royal Alexandra Hospital, Inverclyde Royal Hspital & Vale of Leven Hospital Medical Records**

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

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

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

- patient health records, photographs or Radiology images.
- video/telephone recordings, including CCTV images.
- Witness Statements.
- Incident reports
- Complaints files
- Emails

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.
We sometimes need to share the personal information we process with the individual themselves and also with other organizations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation.

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

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

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

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

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

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

Yours sincerely

SAR Team

## ELECTRONIC PATIENT RECORDS

C.D

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

**Including:**

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

Acute Services Division

# Nursing Admission & Assessment

## 1. Admission

NHS Greater Glasgow and Clyde

Name: .....
Addr .....
..... 0412703297 M .....
DoB: O'ROURKE Alexander 04/12/1970 .....
CHI n 100D WHITEFORD AVENUE Dumbarton, Dunbartonshire G82 3JE .....

| | |
|---|---|
| Hospital: RAH | Ward: 20 |
| Date of admission: 24/11/16 | Time: 1030 |
| Admitting Consultant: Renwick | Admitting Nurse: C Bull |
| Expected date of discharge: / / | |

## 1. Patient Details

| | |
|---|---|
| Preferred name: Alec | Next of Kin (NoK): David |
| Age: 46 | Relationship: Nephew |
| Religion: Church of Scotland. | NoK Address: |
| Telephone: 07774071012 | |
| GP: Dr. FR MacLean | NoK Telephone: 07436007510 |
| GP address: Levenside Medical Practice, The Health Centre, Station Road, Dumbarton, G82 1PW | NoK Aware of admission: ☑ Yes ☐ No |
| | Consent for information to be given to relatives: ☑ Yes ☐ No |
| | Nominated family contact: |
| | Telephone - Day: |
| GP telephone: 01389 511844 | Telephone - Evening: |

Is the patient a carer? ☐ Yes ☑ No If 'Yes' refer to Duty Social Worker if required: ☐ Referred ☐ Not required

Does the patient have an appointed Welfare Guardian / Power of Attorney? ☐ Yes ☑ No ☐ N/A

a. If 'Yes' please provide – Name: ..... Relationship: .....

Contact telephone number: .....

b. If 'Yes' does the patient have an 'Adult with Incapacity Section 47' certificate in place? ☐ Yes ☐ No ☐

If 'No' to 'b' please inform medical staff. Name of doctor informed: .....

## 2. Presenting Complaint / Diagnosis

Hernia Repair

Why does the patient think they are in hospital? *Use patients own words:*

## 3. Allergies (including food allergies)

No known allergies: ☑ nil known

## 4. Observations

| Cannard | Waterlow | MUST | Pulse | BP | Resp | $SaO_2$ | Temp |
|---|---|---|---|---|---|---|---|
| 3 | PURA | 0 | 50 | 113/72 | 14 | 97 | 35.3 |
| Urinalysis: | | AMT4 Score | BM | NEWS Score | Weight Estimated / Actual | Height Estimated / Actual | BMI |
| | | — | — | 1 | 87 | 1.8 | 26 |

## 5. Current Medication

Suboxon
Olanazepam
Ventolin.

Medicines reconciled on admission? ☐ Yes ☐ No

## 6. Relevant Past Medical History

laparotomy
Elbow laceration
orchidopexy
Right hand Surgery

## 7. Risk Assessment

MUST

1. Is the patient's BMI:
   - > 20 ..... Score 0
   - 18.5-20 ..... Score 1
   - <18.5 ..... Score 2

   Score .....
2. Has the patient had unplanned weight loss in the past 3-6 months?
   - < 5% ..... Score 0
   - 5-10% ..... Score 1
   - >10% ..... Score 2

   Score .....
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:

   Score = 2

   Not applicable: Score = 0

   Score .....

MUST Score:

If score 1 or more, complete full Nutrition Profile

Na 0412703297 .....
Ac O'ROURKE .....
Alexander M .....
... 100D WHITEFORD AVENUE 04/12/1970 .....
D Dumbarton, Dunbartonshire .....
C G82 3JE .....

## 8. Cognitive Impairment

**For all patients ≥ 65 years, ask the following 4 AMT questions:**

1. How old are you? ..... years
2. What is your date of birth? / /
3. What is this place? .....
4. What year is it? .....

If the patient does not answer all questions correctly then refer to medical staff.

**AMT Score:** ..... out of 4

Name of Doctor informed (if required)

..... Grade .....

## 9. MRSA Screening / CJD / Healthcare outside Scotland

**Will the patient be an inpatient >23 hours?** ☐ Yes ☐ No If 'Yes' complete the following section.

1. Has the patient ever had a previous positive MRSA result? ☐ Yes ☑ No ☐ Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? ☐ Yes ☑ No ☐ Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? ☐ Yes ☑ No ☐ Not known

If **'Yes'** to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

☐ **Nasal** ☐ **Perineum** ☐ **Other - Specify:** ☐ **Patient refused**

CJD: **Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:**

☐ Yes ☑ No If 'Yes' contact Infection Control Team. Infection Control Team contacted: ☐

**Healthcare outside Scotland**

Has the patient been transferred from, or received health care in, a hospital outside of Scotland in the last 12 months:

☐ Yes ☑ No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken ☐ Patient refused ☐

## 10. Lifestyle

Smoking:

Does the patient smoke? ☐ Yes ☑ No

If 'Yes' how many per day:

Does the patient use nicotine replacement therapy? ☐ Yes ☐ No

Does the patient wish referral to Smoking Cessation Service?

☐ Yes ☐ No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? ☑ Yes ☐ No If 'Yes' specify: Cannabis

Alcohol (Men): How often do you have 8 or more drinks on one occasion:

☑ Never ☐ Less than monthly

☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have 6 or more drinks on one occasion:

☐ Never ☐ Less than monthly

☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

## 11. Admission Documentation Completed By

| | |
|---|---|
| Name (Please PRINT): C Bell | Signature: C Bell |
| Designation: SN | Date: 4.11.16 |

Acute Services Division

# Nursing Admission & Assessment

## 2. Assessment

| | |
|---|---|
| Hospital: RAH | Ward: 20 |
| Date of Assessment: 4/11/16 | Time: 1045 |

Name: 0412703297
Addr: O'ROURKE, Alexander, M
100D WHITEFORD AVENUE
DoB: 04/12/1970
Dumbarton, Dunbartonshire
CHI: G82 3JE

### 1. Breathing and Circulation

Breathing:

- ☐ No symptoms or history of respiratory problems
- ☐ Dyspnoeic at rest
- ☐ Dyspnoeic on minimal exertion
- ☐ Dyspnoeic on maximum exertion
- ☐ Productive / non-productive cough evident
- ☐ Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- ☐ No symptoms
- ☐ Known cardiac or circulatory problems

**Problem identified:** ☑ Yes ☒ No If 'Yes' please describe

Asthma

Initial: CS

### 2. Communication

Assessment of ability to communicate:

**What language does the patient speak?:**

English

Interpreter: Required ☐ Not required ☐

If required, provide details and arrangement made:

.....

.....

**Does the patient have:**

a. Speech difficulties? ☐ Yes ☑ No

b. A learning disability e.g. Down's Syndrome?
☐ Yes ☑ No

If 'Yes' please specify:

.....

If 'Yes' contact Liaison Learning Disability Team.
Liaison Learning Disability Team contacted:
☐ Yes ☑ No

c. A learning difficulty e.g. dyslexia, dyspraxia?
☐ Yes ☑ No

If 'Yes' please specify:

.....

### 3. Senses

Senses:

**Eyesight**

- ☑ Normal vision
- ☐ Glasses – ☐ Distance ☐ Reading
- ☐ Prosthesis – ☐ Left ☐ Right
- ☐ Contact lenses
- ☐ Registered blind

**Hearing**

- ☑ Normal
- ☐ Hearing impaired
- ☐ Hearing aid – ☐ Left ☐ Right

### 4. Mental Status

Mental Status:

- ☑ Orientated
- ☐ Confused
- ☐ Distressed
- ☐ Aggressive /Abusive
- ☐ Unconcious

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

Initial: CS

## 5. Hydration and Nutrition

MUST Score: 0 If score is 1 or more, complete a Nutrition Profile.

Nutition Profile completed ☐ Yes ☐ No

If 'Yes' do not complete sections 5a to 5d.

- If score is 0, reassess / screen patient in 7 days.
- Complete sections 5a to 5d.

Date of reassessment: / /

Nai ..... Adc 0412703297 ..... O'ROURKE M ..... Alexander 04/12/1970 Dol 100D WHITEFORD AVENUE ..... Dumbarton, Dunbartonshire CH ..... G82 3JE .....

5a 1. Food likes / dislikes:

Normal Diet

5a 2. Fluid likes / dislikes:

Tea

5c. Help needed with eating and drinking:

☐ Yes ☑ No

If 'Yes' provide details:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):

☐ Yes ☑ No

Yes' specify diet needed:

5d. Texture Modified Diet needed?

☐ Yes ☑ No

If 'Yes' specify texture: A ☐ B ☐ C ☐ D ☐ E ☐

Thickened Fluids required? ☐ Yes ☐ No

If 'Yes' specify stage required: 1 ☐ 2 ☐ 3 ☐

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

| | Initial |
|---|---|
| | SS |

## 6. Elimination

| Continent: | Incontinent: | NHS GGC Stool Chart commenced: |
|---|---|---|
| ☑ Bladder | ☐ Bladder | ☐ Required ☐ Not required |
| ☑ Bowel | ☐ Bowel | |

ng-term urinary catheter in situ? ☐ Yes ☑ No If 'Yes' – Size: ..... fg Make: .....

Date catheter last changed: / /

| Continence assessment commenced: | Containment products in use? Please specify: |
|---|---|
| ☐ Yes ☐ No ☑ Not applicable | |

| | |
|---|---|
| ☑ Bowels regular<br>☐ Constipated<br>☐ Diarrhoea / loose stools | Stoma: ☐ Yes ☐ No<br>If 'Yes' please specify and list appliances used: |

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

| | Initial |
|---|---|
| | SS |

## 7. Personal Hygiene, Oral Health and Skin Assessment

Name 0412703297 .....
Addre O'ROURKE M .....
Alexander 04/12/1970 .....
..... 100D WHITEFORD AVENUE .....
DoB: Dumbarton, Dunbartonshire .....
G82 3JE
CHI n .....

**Personal hygiene:**

☑ Self-caring and independent
☐ Requires assistance

Specify assistance if required:

**Oral health:**

| | | |
|---|---|---|
| Self-caring and independent | ☑ Yes | ☐ No |
| Does the the patient have a sore mouth | ☐ Yes | ☑ No |
| Does the patient have a non healing mouth ulcer | ☐ Yes | ☑ No |

If the patient has a sore mouth or non healing mouth ulcer, refer to dentist (See StaffNet for dentist referral pathway) and implement Oral Care Bundle.

**Oral Hygiene Care Bundle:**
☐ Required ☐ Not required

**Dentures:**
☐ Not worn
☐ Upper set
☐ Lower set
☐ Full set
☐ Dentures with patient on admission

**Skin assessment:**

☑ Skin healthy with no evidence of damage
☐ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy

If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: ☐ Yes ☐ No ☑ Not applicable

Pressure ulcer evident: ☐ Yes ☐ No

If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade: .....

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

Initial

## 8. Mobility

Patient fully mobile / independent? ☑ Yes ☐ No If 'No' complete Moving and Handling Assessment.

☐ Limited mobility

☐ Mobile with aid – Specify:

☐ Prosthesis – Specify:

**Moving and Handling Plan commenced:**
☐ Yes ☐ No

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

Initial

## 9. Maintaining a Safe Environment

**Pain status:**

Does the patient have pain? ☐ Yes ☑ No

If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:

Bed rail assessment completed: ☐ Yes ☑ No

**Bed rails required:**
☐ Required ☐ Not required

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

Initial

## 0. Sleep and Rest

Sleep habits:

☐ Less than 8 hours ☐ Afternoon nap
☐ Morning nap

Sleep difficulties:

☑ None ☐ Disturbed
☐ Early wakening e.g. nocturia, insomnia

Medication required: ☐ Yes ☐ No

Name: 0412703297
Addre: O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
DoB:. Dumbarton, Dunbartonshire
G82 3JE
CHI n .

**Problem identified:** ☐ Yes ☐ No If 'Yes' please describe

Initial

## 1. Social Circumstances

☐ Employed ☑ Unemployed ☐ Retired
☑ Lives alone
☐ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

**Current Care / Support arrangements:**

☐ Social Services ☐ Unpaid carer e.g. family, friends
☐ Private Carers ☐ None

**If support services in place, please provide details:**

**Problem identified:** ☐ Yes ☑ No If 'Yes' please describe

Initial

CB

## 12. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

☐ Yes ☑ No

If 'Yes' please provide brief details:

## 13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

☐ Yes ☑ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

☐ Yes ☑ No

If 'Yes' please provide brief details:

**Ask the patient:**

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

☐ Yes ☑ No ☐ Not at this time

If 'Yes' please specify faith group:

Name:
Addres
DoB:....
CHI num

0412703297 M
O'ROURKE 04/12/1970
Alexander
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire G82 3JE

## 14. Anticipatory Care

(This section is for patients thought to be in the last year of life, where appropriate and relevant)

Appropriate ☐ Not appropriate ☐

Is the **patient** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the **patient's family** aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

| Preferred place of care: | Preferred place of death: |
|---|---|
| Home: ☐ Hospital ☐ Hospice ☐ | Home: ☐ Hospital ☐ Hospice ☐ |
| Current treatment – please identify (e.g. chemotherapy/ radiotherapy): | Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses): |

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

## 15. Admission Assessment Completed By

Name (Please PRINT): C Bull

Signature: C Bull

Designation: Staff Nurse Date: 4.11.16

## Clinical Notes

| Date and Time | Notes | Name, Signature and Designation |
|---|---|---|
| 4.11.16 | A/A for Theatre today under | |
| | GA Ted's 1st S.t.u | SIN C Bull |
| 04/11/16 1855 | Patient came to ward 19 from theatre following hernia repair. Patient required a lot of pain relief in recovery. Catheter insitu, draining well. Two drains in situ; drain 1 - Nil drain 2 - Spot of blood. Patient settled. Dr written up | |

Clinical Notes continue on next page

Nam 0412703297
Addr O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dob: Dumbarton, Dunbartonshire
G82 3JE
CHI n
Affix patient data label

## Clinical Notes (continued)

| Date and Time | Notes | Name, Signature and Designation |
|---|---|---|
| | patient for analgesia if required. | |
| | Had ~~breakthrough~~ KR pain relief at | |
| | tea time meds. NEWS-0 Saturating | |
| | 96% on air. Tolerating fluids. Advised | |
| | in no pain but slightly uncomfortable | KAREN REID (S/N) |
| | Post op note in folder | Karen R |
| 0400 5/11/16 | Patient appears settled | |
| | Minimal assistance with | |
| | care needs Catheter patent | |
| | and draining. No bowel activity | |
| | Observations - normal range. | |
| | Drain - 1 nil | |
| | Drain 2. ∠ 10mls | S/N |
| | Offering no complaints | Karen Harrison |
| | | |
| | | |

## Acute Services Division

**Surgery and Anaesthetics Directorate**

**Department: Pre Op Assessment Unit**

**Specialty: General Surgery**

NHS Greater Glasgow and Clyde

| Hospital Name | Vale of Leven Hospital |
|---|---|

| Patient Details | | GP Details | |
|---|---|---|---|
| Name | O'Rourke, Alexander | Name | MACLEAN, FERGUS |
| Address | FLAT 4/D 100A WHITEFORD AVENUE<br>BELLSMYRE<br>Dumbarton<br>Dunbartonshire<br><br>G82 3JE | Address | The Health Centre<br>Station Road<br>Dumbarton |
| Correspondance Address | | Telephone | |
| Correspondance Postcode | | CRN Number | RAH165288, IRH236247, DYK0412703297, ZC03237720, S |
| Telephone | | Consent | Yes |
| Patient Contact Number | 07774071012 | Sensitivity | Sensitive |
| CHI Number | 0412703297 | Consultant Name | RENWICK |
| Sex | Male | Requires Transport | No |
| Date of Birth | 04/12/1970 | Religion | |

| Next of Kin / Person to Notify | Next of Kin | Person to Notify |
|---|---|---|
| Name | DAVID O'ROURKE | |
| Address | BRIDGE OF WEIR | |
| Landline | | |
| Mobile | 07436007510 | |
| Relationship | NEPHEW | |

**Assessor**

Margaret McAlpine Date Assessed: 23/06/2016

**POA First Line**

Surgery / Procedure: FOR INCISIONAL HERNIA REPAIR AT RAH UNDER MR RENWICK

26/10/16 - VOL PREASSESSEMENT - PROCEDURE IN JUNE AT RAH CANCELLED BY HOSPITAL, NOW HAS DATE FOR 4/11/16 TO SDAU, RAH

NEEDS TO ATTEND CHEMIST FIRST THING FRIDAY AM AND THEN TRAVEL TO RAH FOR SURGERY. WILL CONTACT SECRETARY RE: LATER ADMISSION TO HOSPITAL ; WILL NEED OVERNIGHT STAY HAS HE LIVES ALONE.

BP 121/73 O2 SATS 87% PULSE 66
WGT 87KG HGT 1.8, BMI 26

NO CHANGES TO PREVIOUS ASSESSMENT , EXCEPT PATIENT HAS STOPPED SMOKING CIGS. SEPT 2016 AND USES E-CIG.
FEELS WELL AND LOOKS WELL.

BLOODS DONE 3 WEEKS AGO - NOT REPEATED TODAY - ? NEEDS G+S , WILL ASK FY1
FOR REVIEW BY SURG FY1 TODAY - FBC, U+Es and G+S OBTAINED BY FY1 (POOR VENOUS ACCESS).

I HAVE CONTACTED RAH SECRETARY RE: LATER ADMISSION AND OVERNIGHT STAY - SHE WILL INFORM MR RENWICK AND WARD.
PATIENT HAS APPT WITH GP TODAY - SO HAVE SUGGESED HE GETS PRESCRIPTION FOR SUBOXON FOR SAT AND SUN FOR HIS ADMISSION INCASE HOSPITAL HAVE ANY PROBLEMS GEETING MEDS.
WILL EMAIL DR ALCORN (ANAESTHETIST) AND INFORM HIM OF PATIENT'S ADMISSION

Admission - SDA

TCI Date - 04/11/2016

Fasting information provided

**Availability**

Reason -

Details -

**Examination**

| | | | |
|---|---|---|---|
| Age: 45 | Weight (kg): 89 | Height (m): 1.78 | BMI: 28 |
| BP: 117/66mmHg | Pulse: 58/ min | Rhythm: | SaO2: 98% |

Patient has had an anaesthetic before. There is not a family history of anaesthetic problems.

Patient has had surgery before. LAPARTOMY - OVERSEWING OF BLEEDING LEFT GASTRO-COLIC VESSEL AND DEBRIDEMENT LEFT ELBOW LACERATION (STABBIMG) 2012. BILTAERAL ORCHIDEOPEXY 1983. RIGHT HAND SURGERY 1981.

Patient is currently taking the following medication:

SUBOXON 12MG DAILY - GET DOSE EACH DAILY.FROM CHEMIST
OLANAZEPAM 15MG DAILY AT 10PM
PURPLE INHALER 2 PUFFS TWICE/DAY AS REQ'D - NOT USED OFTEN
VENTOLIN INHALER AS REQ'D - USED RARELY

Patient does not have any allergies

Patient does not suffer from heartburn or indigestion.

Patient does not have any heart conditions

Patient does not have high blood pressure

Patient does not have diabetes..
Patients best level of fitness is - climbs 1 flight of stairs without stopping. Details - KEEN HILLWALKER
Patient has breathing problems. Patient has asthma, bronchitis, COPD or emphysema.
Patient does not have kidney / liver problems
Patient has not been notified that they are at risk of CJD, vCJD.

Patient does not have any Implants / Prothesis
Patient does not require MRSA Screening

The following investigations are required:

| Investigation | Required | Ordered | Investigation Date | Med Staff Informed | Action Required | Re-Test Required |
|---|---|---|---|---|---|---|
| FBC | Yes | No | | No | No | |
| U&Es | Yes | No | | No | No | |
| LFTs | Yes | No | | No | No | |
| COAG | Yes | No | | No | No | |

**Referrals and Type of admission - Recommended Admission pathway**

| | |
|---|---|
| **Type of Admission:** | SDA |
| **Admission Deferred:** | No |

**Further Details:**

MEDICAL HISTORY
1. ASTHMA - ON INHALERS - RARELY USED
2. DRUG DEPENDANCY - SMOKED HEROINE - LAST TAKEN 4 YEARS , SMOKES SMALL AMT OF CANNIBIS EVERY DAY
3. STOPPED DRINKING MONTHS AGO, STOPPED SMOKING SEPT 2016 - USES E-CIG

SURGICAL HISTORY - AS ABOVE

DENTAL - FULL UPPER DENTURES NAD LOWER PARTIAL DENTURES

SOCIAL HISTORY
LIVES ALONE
NOT WORKING - ON LONG TERM SICK
NO DIET REQUIRMENTS/FOOD ALLERGIES

FOR REVIEW BY FY1 TODAY

WILL CONTACT SECRETARY RE: LATER ADMISSION TO HOSPITAL , WILL NEED OVERNIGHT STAY HAS HE LIVES ALONE.

FOR REVIEW BY FY1 TODAY

---

26/10/16 - VOL PREASSESSEMENT - PROCEDURE IN JUNE AT RAH CANCELLED BY HOSPITAL, NOW HAS DATE FOR 4/11/16 TO SDAU, RAH

NEEDS TO ATTEND CHEMIST FIRST THING FRIDAY AM AND THEN TRAVEL TO RAH FOR SURGERY. WILL.

CONTACT SECRETARY RE: LATER ADMISSION TO HOSPITAL , WILL NEED OVERNIGHT STAY HAS HE LIVES ALONE.

BP 121/73 O2 SATS 87% PULSE 66
WGT 87KG HGT 1.8, BMI 26

NO CHANGES TO PREVIOUS ASSESSMENT , EXCEPT PATIENT HAS STOPPED SMOKING CIGS. SEPT 2016 AND USES E-CIG.
FEELS WELL AND LOOKS WELL.

BLOODS DONE 3 WEEKS AGO - NOT REPEATED TODAY - ? NEEDS G+S , WILL ASK FY1 FOR REVIEW BY SURG FY1 TODAY - FBC, U+Es and G+S OBTAINED BY FY1 (POOR VENOUS ACCESS).

I HAVE CONTACTED RAH SECRETARY RE: LATER ADMISSION AND OVERNIGHT STAY - SHE WILL INFORM MR RENWICK AND WARD.
PATIENT HAS APPT WITH GP TODAY - SO HAVE SUGGESED HE GETS PRESCRIPTION FOR SUBOXON FOR SAT AND SUN FOR HIS ADMISSION INCASE HOSPITAL HAVE ANY PROBLEMS GEETING MEDS.
WILL EMAIL DR ALCORN (ANAESTHETIST) AND INFORM HIM OF PATIENT'S ADMISSION

26/10/16 - EMAIL TO DR ALCORN
Alcorn David (NHS GREATER GLASGOW & CLYDE);
...

Dear Dr Alcorn,

Just to let you know, I have seen patient A O'R CHI 0412703297 at VOL Preassessment today, for surgery at RAH next Friday , 4/11/16, under Mr Renwick.
( His surgery was cancelled in June by hospital ? why)

MEDICAL HISTORY
1. ASTHMA - ON INHALERS - RARELY USED
2. DRUG DEPENDANCY - SMOKED HEROINE - LAST TAKEN 4 YEARS , SMOKES SMALL AMT OF CANNIBIS EVERY DAY
3. STOPPED DRINKING MONTHS AGO, STOPPED SMOKING SEPT 2016 - USES E-CIG
He looks well and feels well.
Attends his Chemist every morning for SUBOXON 12MG DAILY.

Plan for admission is same as last time, he will go to Chemist at 9am for meds, arrive at RAH about 0945 by bus, and needs to stay overnight has he lives alone.
I have phoned Mr Renwick secretary today and she will inform Mr Renwick and ward.
I hope this is OK with you?

Mgt

28/10/16 - email reply from Dr Alcorn

Thanks Margaret, that is fine.

Dave

**There is no further information for this patient.**

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - MEDICAL ☐ NURSING ☑

Please tick ✔ appropriate directorate

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 5/11/16 0630 | Patient refusing positional turns. Explained importance. | |
| | Drain 1 ~~<~~ 10mls | |
| | Drain 2 < 20mls | |
| | Dressing - minimal strike through noted | S/N |
| 1320 5/11/16 | Patient assisted with personal care this morning. Eating and drinking well. Up to sit by bedside and mobilising around the ward. Needed clarification on drug suboxon. 2nd on phoned patients pharmacy and confirmed dose of 12mg. All drugs given as per Kardex. Dr. Buter reviewed, patient to have cannula removed ☑, drains to be removed tomorrow. 6/11/16 Patient desaturated this morning to 90%, put on 2L O2 via nasal cannula. Sats now 98%. Patient mobilising well throughout the ward, patient states feeling wheezy. Advised to rest and put O2 back on. Patient left ward with visitor to go the cafe. Patient declined afternoon co-codamol. Patient states isn't in any pain just uncomfortable. Plan; for KR to be weined off O2, drains removed tomorrow and home tomorrow. | KAREN RO (S/N) |
| 1800 05/11/16 | Patient remains settled. ~~Turned~~ KR. Drugs given as per kardex. Patients Saturations remain above 95% on air. Patient has yet to pass urine, advised to drink more fluids and advise nursing | KAREN RO (S/N) |

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 05/11/16 | staff once passed. Drain draining minimal | |
| 1800 | fluids – ① 100mls. ② 80mls. Patient advises | KAREN REID (SN) |
| | still quite uncomfortable but in no pain | Karen RD |
| 05/11/16 | Patient now passed urine ——— | Karen RD KAREN REID (SN) |
| 2250 | Pt has declined any laxatives | |
| | States his bowels have not | |
| | moved since thursday. Also | |
| | Alexander is declining to move | |
| | in bed I advised him | |
| | if his pain is controlled | |
| | it will be easier & he | |
| | should be independant with | |
| | his personal care & mobility | HM Bancroft/S Bancroft |
| 6/11/16 0340 | Settled late after watching | |
| | TV. | HM Bancroft/S Bancroft |
| 1520 06/11/16 | Patient independant with personal care this | |
| | morning. Good diet and fluid intake. Reviewed | |
| | by Mr. Buter Plan; patient to stay another | |
| | night, drains to be removed tomorrow - 07/11/16. | |
| | Drain 1 - 220mls and Drain 2 - 120mls. Patient | |
| | desaturated to 90% this morning. Put 2L $O_2$ | |
| | therapy via nasal canula on. Saturations | |
| | increased to 94%, advised medics, not too concerned | |
| | Patient is isn't short of breath and is managing | |
| | to mobilise ~~[illegible]~~ independantly. Called | |
| | pharmacy on call to order Suboxon 12mg | |
| | for tomorrow, advised to order as normal | |
| | and he will check drug is available for | |
| | delivery tomorrow. Patient advised feels | |
| | wheezy, partner brought up inhalers. Patient | |
| | states is feeling better. Walked to cafe | |
| | with visitors. Settled afternoon. Patient | |
| | advised possibly home tomorrow | Karen RD KAREN REID (SN) |

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - MEDICAL ☐ NURSING ☑

Please tick ✔ appropriate directorate

WOP

0412703297
O'ROURKE
Alexander
M
04/12/1970

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 7/11/16 0350 | Mobilising better early evening Suboxone ordered. For removal drains ? home today will need idls- | HW Ranson 7/11/16 Ranson |
| 7/11/16 1145 | PATIENT INDEPENDENT WITH PERSONAL CARE AND HYGIENE NEEDS. MOBILISING INDEPENDENTLY AROUND WARD. MEDICATIONS GIVEN AS PRESCRIBED. TOLERATING DIET AND FLUIDS WITH NO ILL EFFECTS. DRAINS REMOVED AND WOUND SITE CLEANED AND REDRESSED WITH NORMAL SALINE AND PREMIERE PORE. PATIENT DESPERATE TO LEAVE DESPITE ENCOURAGEMENT TO STAY UNTIL IDL COMPLETED HOWEVER, DID NOT WANT TO WAIT. PART 2 COMPLETED FOR GP AND FOR FOLLOW UP AT SURGERY FOR WOUND REVIEW 9/11/16 - PATIENT STATED HE WOULD SORT APPOINTMENT FOR THIS. DRESSINGS GIVEN WHEN LEAVING IDL TO BE SENT OUT VIA MAIL. WHEN COMPLETED | → CONT |

83949 GGC0072

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 7/11/16 | FOR FOLLOW UP AT VALE | |
| CONT | OF LEVEN HOSPITAL IN 6/52. | |
| | OBSERVATIONS STABLE AS CHARTED. | |
| | PATIENT DID NOT WANT ANY | |
| | DISCHARGE MEDICATIONS AND | |
| | STATED HE COULD GO TO HIS | |
| | PHARMACY IF ANY ANALGESIA | |
| | REQUIRED. | |
| | NO COMPLAINTS OTHERWISE. | |
| | PATIENT DISCHARGED AT 1145. | S BLANE SN |

# NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Name | 0412703297 O'ROURKE Alexander M 04/12/1970 |
| Address | 100D WHITEFORD AVENUE Dumbarton, Dunbartonshire G82 3JE |
| CHI No. | |
| DoB | |

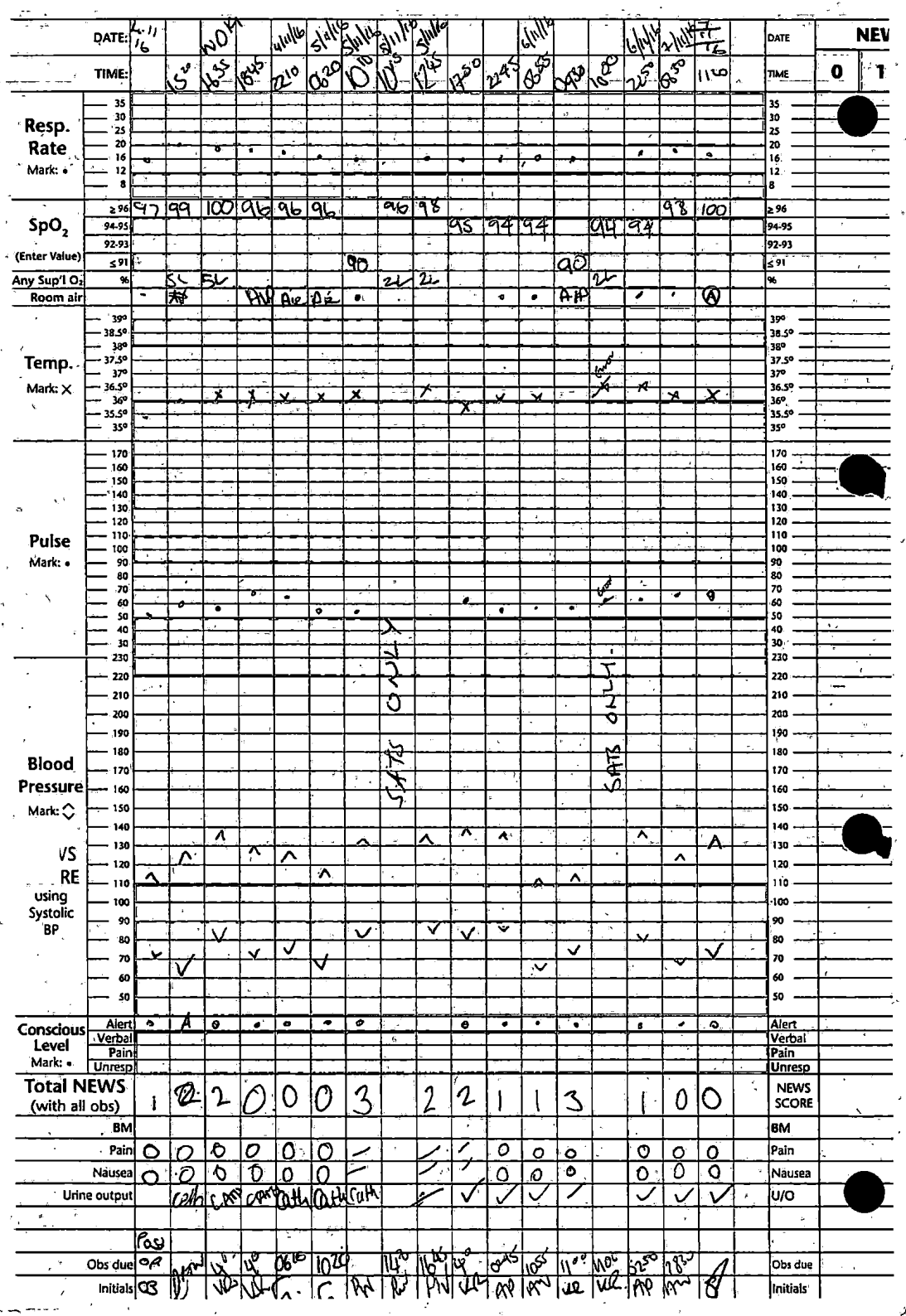
| | Date | Ward |
|---|---|---|
| Admitted | 4.11.16 | 20 |
| Transferred | | |
| Transferred | | |

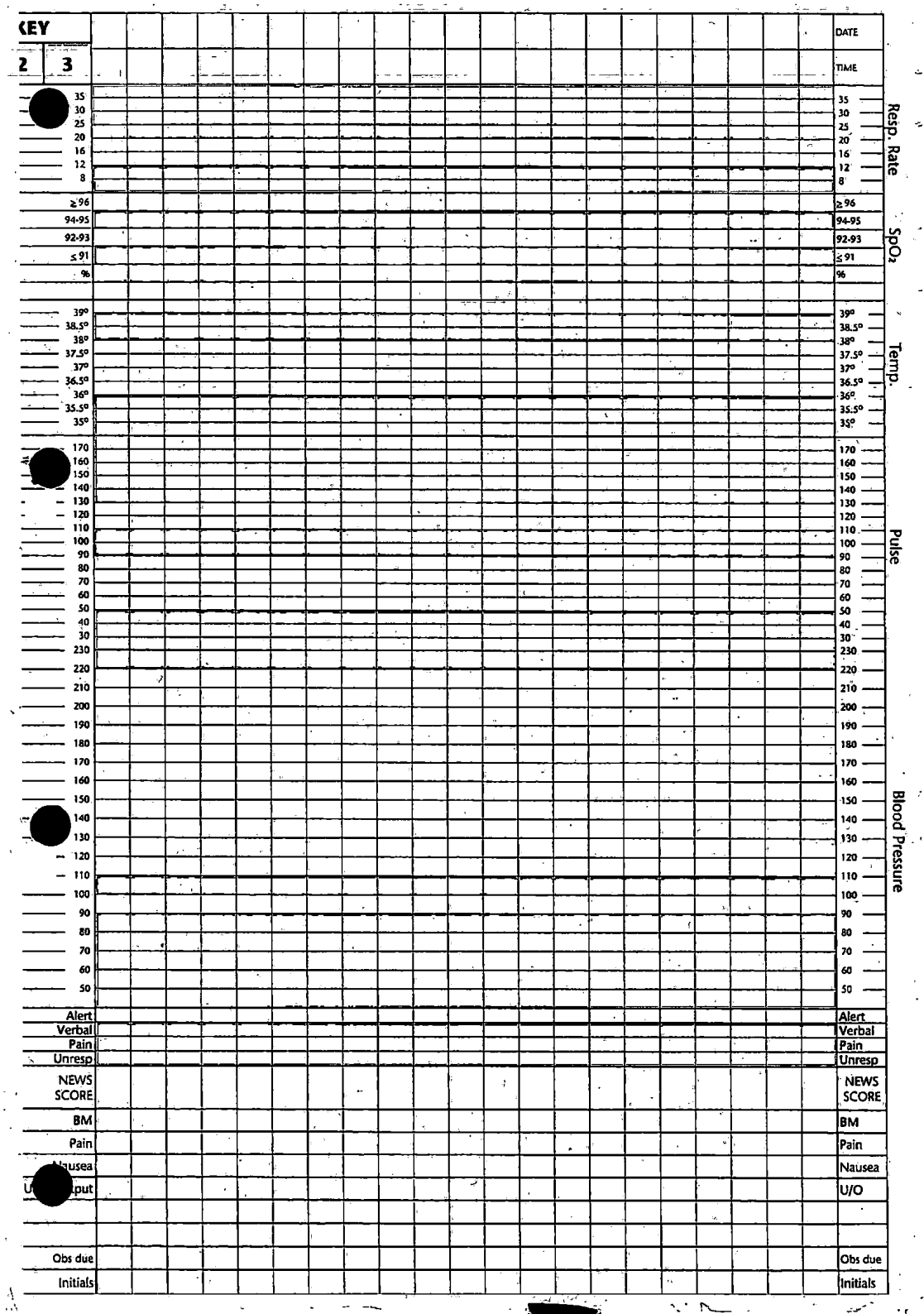
| Physiological Parameter | NEWS – NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | ≤8 | | 9-11 | 12-20 | | 21-24 | ≥25 |
| Oxygen Saturations | ≤91 | 92-93 | 94-95 | ≥96 | | | |
| Any Supplemental Oxygen | | Yes | | No | | | |
| Temperature | ≤35.0° | | 35.1-36.0° | 36.1-38.0° | 38.1-39° | ≥39.1° | |
| Pulse | ≤40 | | 41-50 | 51-90 | 91-110 | 111-130 | ≥131 |
| Systolic BP | ≤90 | 91-100 | 101-110 | 111-219 | | | ≥220 |
| Conscious Level | | | | A | | | V, P or U |

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

**See NEWS Actions Reference Tool for local escalation policy**

| NEWS Score | Frequency of Monitoring | Clinical Response |
|---|---|---|
| **0** | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations. |
| **Aggregate 1- 4** | Minimum 4 hourly | • Inform trained nurse.<br>• Trained Nurse assessment:<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate. |
| **Aggregate 5 or more or 3 in one parameter** | Increased frequency to a minimum of 1 hourly | • Trained Nurse assessment.<br>• Inform medical team caring for the patient.<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients.<br>• Consider level of monitoring required in relation to clinical care. |
| **Aggregate 7 or more** | Continuous monitoring of vital signs | • Trained Nurse to assess immediately.<br>• Inform medical team caring for the patient – this should be at least senior medical staff level.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills.<br>• Consider referral to high dependency or ITU. |


DATE
TIME
Resp. Rate
Mark: •
SpO2
(Enter Value)
Any Sup'l O2
Room air
Temp.
Mark: ×
Pulse
Mark: •
Blood Pressure
Mark: ◇
VS RE using Systolic BP
SATS ONLY
Conscious Level
Alert
Verbal
Pain
Unresp
Mark: •
Total NEWS (with all obs)
NEWS SCORE
BM
Pain
Nausea
Urine output
U/O
Obs due
Initials


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥96
94-95
92-93
≤91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Blood Pressure
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

## Neurological Observations

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMA SCALE | E Eyes open | Spontaneously | 4 | | | | | | | | | | | | | | | | | | | | | | Eyes closed by dwelling = C |
| | | To speech | 3 | | | | | | | | | | | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | V Best Verbal response | Orientated | 5 | | | | | | | | | | | | | | | | | | | | | | Endotracheal tube or tracheostomy = T |
| | | Confused | 4 | | | | | | | | | | | | | | | | | | | | | | |
| | | Inappropriate words | 3 | | | | | | | | | | | | | | | | | | | | | | |
| | | Incomprehensible sounds | 2 | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | |
| | M Best motor response | Obeys | 6 | | | | | | | | | | | | | | | | | | | | | | Usually record the best arm response |
| | | Localises | 5 | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - withdrawal | 4 | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - abnormal | 3 | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension to pain | 2 | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL SCORE | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPILS | R | Size | | | | | | | | | | | | | | | | | | | | | | | + reacts – no reaction c. eyes closed |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | |
| | L | 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 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | |
| | LEGS | Normal power | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | |

## Glasgow Coma Scale

Pupil size (mm)

1
2
3
4
5
6
7
8

## Pain Score

**Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | |

| Nausea and Vomiting |
|---|
| 0 = None |
| 1 = Mild (*Not distressing – no retching/vomiting*) |
| 2 = Moderate (*Troublesome – occasional retching/vomiting*) |
| 3 = Severe (*Distressing – frequent retching/vomiting*) |

## Management Plan and Patient Exclusions

| Date and Time | Notes | Signed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Write or affix label

Na
Ad
0412703297
CHI O'ROURKE M
DO Alexander 04/12/1970
Hos 100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

# Peripheral Vascular Cannula(PVC) Insertion & Maintenance

NHS Greater Glasgow and Clyde

| Modified V.I.P (Visual Infusion Phlebitis) Score | | |
|---|---|---|
| IV site appears healthy | 0 | No phlebitis : Observe cannula |
| One of the following is evident : slight pain or redness near site | 1 | Possible first signs : Observe cannula |
| Two or more of the following are evident: pain,redness,swelling | 2 | Early stage of phlebitis : Remove & resite cannula |
| All of the following are evident: pain,redness,hardening of surrounding tissue | 3 | Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice |
| As above including: palpable venous cord | 4 | |
| As above including :pyrexia | 5 | |

## Insertion – Complete all sections

| PVC inserted ED (Theatre) Ward____ | | Date inserted 4/11/16 | Insertion site Pink | Colour of PVC (Blue) Hand | Inserted by: Name & Designation *(only if inserted in ward)* |
|---|---|---|---|---|---|
| Clinical Indication | IV Fluids/IV Medication ☑ | Urgent access ☐ | Interventional procedures ☐ | Other Please state: | |
| Insertion Criteria (If no: please explain in comments below) | Clean field used Yes ☑ No ☐ Unknown ☐ | Hand hygiene Yes ☑ No ☐ Unknown ☐ | Skin asepsis Yes ☑ No ☐ Unknown ☐ | Dressing affixed Yes ☑ No ☐ Unknown ☐ | Non touch technique (do not re- contaminate cleaned skin) Yes ☑ No ☐ Unknown ☐ |

## Maintenance – To be completed daily

| PVC 1 | Has the PVC been used in the past 24 hours? | Absence of inflammation and or extravasation Record VIP score | The PVC dressing is intact | The PVC has been inserted less than 72 hours | Hand hygiene before & after all procedures | If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments | Initial |
|---|---|---|---|---|---|---|---|
| Day 1 5/11/16 | Yes ☑ No ☐ | V.I.P: 0 | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ | Left in situ ☑ Removed ☐ | [illegible] |
| Day 2 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| Day 3 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ. | | | | | | | |
| Day 4 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| Day 5 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |

Date removed 5/11/16 Reason for PVC removal No longer required Reason PVC in greater than 72 hours____

| Date & time | PVC no. | Comments | Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

MIS 269426

| CHI: | Modified V.I.P (Visual Infusion Phlebitis) Score | | |
|---|---|---|---|
| | IV site appears healthy | 0 | No phlebitis : Observe cannula |
| | One of the following is evident : slight pain or redness near site | 1 | Possible first signs : Observe cannula |
| | Two or more of the following are evident: pain,redness,swelling | 2 | Early stage of phlebitis - Remove & resite cannula |
| | All of the following are evident: pain,redness,hardening of surrounding tissue | 3 | Phlebitis/Thrombophlebitis Remove & resite cannula Seek further advice |
| | As above including: palpable venous cord | 4 | |
| | As above including :pyrexia | 5 | |

**Insertion – Complete all sections**

| PVC inserted<br>ED Theatre Ward_____ | Date inserted | Insertion site | Colour of PVC | Inserted by: Name & Designation *[only if inserted in ward]* |
|---|---|---|---|---|
| **Clinical Indication** | IV Fluids/IV Medication ☐ | Urgent access ☐ | Interventional procedures ☐ | Other Please state: |
| **Insertion Criteria**<br>(If no: please explain in comments below) | Clean field used<br>Yes ☐ No ☐ Unknown ☐ | Hand hygiene<br>Yes ☐ No ☐ Unknown ☐ | Skin asepsis<br>Yes ☐ No ☐ Unknown ☐ | Dressing affixed<br>Yes ☐ No ☐ Unknown ☐ |
| | | | | Non touch technique<br>(do not re- contaminate cleaned skin)<br>Yes ☐ No ☐ Unknown ☐ |

**Maintenance – To be completed daily**

| PVC 2 | Has the PVC been used in the past 24 hours? | Absence of inflammation and or extravasation Record VIP score | The PVC dressing is intact | The PVC has been inserted less than 72 hours | Hand hygiene before & after all procedures | If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments | Initial |
|---|---|---|---|---|---|---|---|
| Day 1 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| Day 2 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| Day 3 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| **After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.** | | | | | | | |
| Day 4 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |
| Day 5 __/__/__ | Yes ☐ No ☐ | V.I.P: | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Left in situ ☐ Removed ☐ | |

| Date & time | PVC no. | Comments | Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

# NHS Greater Glasgow and Clyde
## Active Care Checklist

Date: 07/11/16

Attach Addre
0412703297
O'ROURKE M
Alexander 04/12/1970

Ward: 19

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr (4hr) 6hr

1. Signed A Parker Name A. PARKER Designation STN
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
.....

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

| | | | Times | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1. | Pain: assess and address<br>If in pain inform registered nurse Y / N or N/A | N | N | N | N | | | | | | | | | | | | | | | | | | |
| S | 2. | SKIN INSPECTION<br>Pressure areas checked: Y / N / I (Independent) | I | I | I | I | | | | | | | | | | | | | | | | | | |
| | | Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT) | I | I | I | I | | | | | | | | | | | | | | | | | | |
| K | 3. | KEEP MOVING:<br>Have you moved or walked Y / N / I (independent) | Y | Y | I | I | | | | | | | | | | | | | | | | | | |
| | | Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B | B | B | I | I | | | | | | | | | | | | | | | | | | |
| | | Chair Assist to walk, stand or tilt (W /ST/ T) | W | W | I | I | | | | | | | | | | | | | | | | | | |
| I | 4. | ELIMINATION: Do you need the toilet? I = Independent<br>A = Assistance given IC = patient incontinent of urine or faeces | I | I | I | I | | | | | | | | | | | | | | | | | | |
| N | 5. | FOOD, FLUIDS AND NUTRITION:<br>Is the patient nil by mouth? Y / N (consider mouth care) | N | N | N | N | | | | | | | | | | | | | | | | | | |
| | | Encourage the patient to drink? Y / N / N/A | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| | | Food, snack or supplement taken? Y / N / N/A | N | N | N | Y | | | | | | | | | | | | | | | | | | |
| | 6. | ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| | 7. | INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S | Y | Y | Y | NT | | | | | | | | | | | | | | | | | | |
| | 8. | ESCALATION:<br>Escalate any issues to the Registered Nurse Y / N/A | N/A | N/A | N/A | N/A | | | | | | | | | | | | | | | | | | |
| | | Nurse Initials | [illegible] | [illegible] | AD | SD | | | | | | | | | | | | | | | | | | |

| Attach Addressograph label<br><br>Ward: |
|---|

NHS Greater Glasgow and Clyde

**Specialist Pressure Redistributing equipment ordered and in place:**

| | |
|---|---|
| **Dynamic Mattress:** | Soft foam |
| **Cushion:** | N/A |
| **Orthotic footwear:** | N/A |
| **Moving & handling aids:** | mobile and independent |
| **Other:** | Two drains in situ |

**Active Care variant sheet - Care Number**

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

| Date | Time | Number | Variation | Signed |
|---|---|---|---|---|
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MIS 258902 GCC0098

CEDAR CODE 102083

# NHS Greater Glasgow and Clyde
# Active Care Checklist

Date: 6/10/16

Attach Addressograph label

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Ward: 19

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr (4hr) 6hr

1. Signed ..... Name ..... Designation SN
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

.....

**USE FOLLOWING CODE:**
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

| | | | Times | 01 | 06 | 10 | 14 | 18 | 20 | 22 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1. | Pain: assess and address<br>If in pain inform registered nurse Y / N or N/A | | N | N | N | N | N | N | N | N | | | | | | | | |
| S | 2. | SKIN INSPECTION<br>Pressure areas checked: Y / N / I (Independent) | | I | I | I | I | I | I | I | I | | | | | | | | |
| | | Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT) | | I | I | I | I | I | I | I | I | | | | | | | | |
| K | 3. | KEEP MOVING:<br>Have you moved or walked Y / N / I (independent) | | Y | Y | Y | Y | Y | Y | Y | Y | | | | | | | | |
| | | Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B | | R | L | UP | UP | UP | UP | I | I | | | | | | | | |
| | | Chair Assist to walk, stand or tilt (W /ST/ T) | | N/A | N/A | Chair | Chair | Chair | Chair | I | I | | | | | | | | |
| I | 4. | ELIMINATION: Do you need the toilet? I = Independent<br>A = Assistance given IC = patient incontinent of urine or faeces | | N/A | N/A | I | I | I | I | I | I | | | | | | | | |
| N | 5. | FOOD, FLUIDS AND NUTRITION:<br>Is the patient nil by mouth? Y / N (consider mouth care) | | N | N | N | N | N | N | N | N | | | | | | | | |
| | | Encourage the patient to drink? Y / N / N/A | | S | S | Y | Y | Y | Y | Y | Y | | | | | | | | |
| | | Food, snack or supplement taken? Y / N / N/A | | S | S | NT | Y | NT | Y | Y | N | | | | | | | | |
| | 6. | ENVIRONMENT: Check: Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S | | Y | Y | Y | Y | Y | Y | Y | Y | | | | | | | | |
| | 7. | INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S | | S | S | NT | NT | NT | NT | Y | Y | | | | | | | | |
| | 8. | ESCALATION:<br>Escalate any issues to the Registered Nurse Y / N/A | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | | | | |
| | | | Nurse Initials | | | SD | SD | SD | SD | | | | | | | | | | |

Attach Addressograph label

0412703297
O'ROURKE
Alexander
M
04/12/1970

Ward: 19

NHS
Greater Glasgow and Clyde

**Specialist Pressure Redistributing equipment ordered and in place:**

| | |
|---|---|
| **Dynamic Mattress:** | Softform |
| **Cushion:** | - |
| **Orthotic footwear:** | - |
| **Moving & handling aids:** | Indep |
| **Other:** | - |

**Active Care variant sheet - Care Number**

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

| Date | Time | Number | Variation | Signed |
|---|---|---|---|---|
| | | | | |
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MIS 258902 GCC0098

CEDAR CODE 102083

# NHS Greater Glasgow and Clyde
# Active Care Checklist

Date: 5/11/16

Attach Addres
0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
GB2 3JE

Ward: 19

NHS Greater Glasgow and Clyde

I have evaulated and deemed that the frequency of care delivery over the next work shift, based on the patients' most critical need should be every (please circle) 1hr 2hr 3hr (4hr) 6hr

1. Signed [illegible] Name: [illegible] Designation SN
2. Signed ..... Name: ..... Designation .....
3. Signed ..... Name: ..... Designation .....

Individual patient needs: Red mat required: Y / (N) Bed Rails: Y / (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

.....

**USE FOLLOWING CODE:**

**O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks**

| | | | Times | 0825 | 0830 | 1030 | 1630 | 1940 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | Pain: assess and address<br>If in pain inform registered nurse Y / N or N/A | | N | N | N | N | N | N | | | | | | | | | | | |
| S | 2 | SKIN INSPECTION<br>Pressure areas checked: Y / N or I (Independent) | | N | N | I | I | I | I | | | | | | | | | | | |
| | | Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT) | | — | ✓ | – | N/A | I | I | | | | | | | | | | | |
| K | 3 | KEEP MOVING:<br>Have you moved or walked Y / N or I (Independent) | | – | N | Y | Y | I | I | | | | | | | | | | | |
| | | Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B | | B | B | – | N/A | N/A | N/A | | | | | | | | | | | |
| | | Chiar Assist to walk, stand or tilt (W /ST/ T) | | — | ✓ | N | W | N | N/A | | | | | | | | | | | |
| I | 4 | ELIMINATION: Do you need the toilet? I = Independent<br>A = Assistance given IC = patient incontinent of urine or faeces | | C | ✓ | C | CATH | I | I | | | | | | | | | | | |
| N | 5 | FOOD, FLUIDS AND NUTRITION:<br>Is the patient nil by mouth? Y / N (consider mouth care) | | N | N | N | N | N | N | | | | | | | | | | | |
| | | Encourage the patient to drink? Y / N / N/A | | Y | Y | Y | Y | Y | Y | | | | | | | | | | | |
| | | Food, snack or supplement taken Y / N / N/A | | NT | NT | N | Y | Y | N | | | | | | | | | | | |
| | 6 | ENVIRONMENT: Check: Is the patients' call buzzer to hand? Is the area clutter free, clean and safe? Doe's the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S | | Y | Y | Y | Y | Y | Y | | | | | | | | | | | |
| | 7 | INFORMATION: Ask: Is there anything else I can help you with? Inform patient of the time of return Y/N/O/S | | NT | N T | Y | N/A | Y | Y | | | | | | | | | | | |
| | 8 | ESCALATION: Escalate any issues to the Registered Nurse Y / N/A | | N/A | N/A | N/A | N/A | N/A | N/A | | | | | | | | | | | |
| | | Nurse Initials | | MT ICQ | C | AN | AN | AP | AP | | | | | | | | | | | |

Attach Addressogra

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Ward:

NHS
Greater Glasgow and Clyde

**Specialist Pressure Redistributing equipment ordered and in place:**

| | |
|---|---|
| Dynamic Mattress: | Softform |
| Cushion: | Nil |
| Orthotic footwear: | Nil |
| Moving & Handling aids: | Nil |
| Other: | 2 x wound drain in situ |

**Active Care variant sheet – Care Number**

1. Pain
2. A/B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

| Date | Time | Number | Variation | Signed |
|---|---|---|---|---|
| 5/11/16 | 0000 | 4 | Catheter in situ | |
| 5/11/16 | 0250 | 7 | Patient refused positional change | |
| 5/11/16 | 0620 | 2+3 | Patient refusing positional turn and skin check | |

# NHS Greater Glasgow and Clyde
# Active Care Checklist

Date: 4.11.16

Attach Address Label

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Ward:

NHS Greater Glasgow and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr (4hr) 6r

1. Signed ..... Name ..... Designation .....
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y (N) Bed rails: Y (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:

.....

**USE FOLLOWING CODE:**
**O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks**

| | | Times | 0830 | 1530 NDIA | 1900 | 2200 |
|---|---|---|---|---|---|---|
| | 1. | **Pain: assess and address** If in pain inform registered nurse Y / N or N/A | ✓ | N | N | N |
| S | 2. | **SKIN INSPECTION** Pressure areas checked: Y / N / I (Independent) | / | Y | Y | Y |
| | | Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT) | ✓ | INT | int | INT |
| K | 3. | **KEEP MOVING:** Have you moved or walked Y / N / I (independent) | / | Y | Y | N |
| | | Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B | – | B | B | B |
| | | Chair Assist to walk, stand or tilt (W /ST/ T) | Ba | N/A | N/A | N/A |
| I | 4. | **ELIMINATION:** Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces | / | cath | cath | V |
| N | 5. | **FOOD, FLUIDS AND NUTRITION:** Is the patient nil by mouth? Y / N (consider mouth care) | Y | N | N | N |
| | | Encourage the patient to drink? Y / N / N/A | ✓ | N | Y | Y |
| | | Food, snack or supplement taken? Y / N / N/A | ✓ | N | Y | Y |
| | 6. | **ENVIRONMENT: Check:** Is the patient's call buzzer to hand? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? Y/N/O/S | Y | Y | Y | Y |
| | 7. | **INFORMATION:** Ask: Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S | Y | Y | Y | N |
| | 8. | **ESCALATION:** Escalate any issues to the Registered Nurse Y / N/A | N/A | N/A | N/A | N/A |
| | | **Nurse Initials** | QB | VD | CL | C. |

Attach Addressograph label

Ward: 19

NHS Greater Glasgow and Clyde

**Specialist Pressure Redistributing equipment ordered and in place:**

| | |
|---|---|
| Dynamic Mattress: | Soft form. |
| Cushion: | — |
| Orthotic footwear: | — |
| Moving & handling aids: | Mobile + Independant |
| Other: | — |

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

| Date | Time | Number | Variation | Signed |
|---|---|---|---|---|
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MIS 258902

CEDAR CODE 102083

# Fluid Balance Chart

0412703297 M
O'ROURKE
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Hospital: RAH

Ward: 19

Date: 05/11/16

Reason for Fluid Balance Chart: Post op catheter removal.

Is patient fluid restricted? Yes ☐ No ☐

If yes how many mls in 24 hours? _____

Fluid balance from previous 24hrs +/- _____

Does patient require thickened fluids? Yes ☐ No ☐ Stage _____

Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:

1. Type _____ circle how many daily 1 2 3

2. Type _____ circle how many daily 1 2 3

Signature: _____ Designation: _____

NHS Greater Glasgow and Clyde

**ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT**

| Time | Input | | | | | | | | | Output | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Oral Fluids | | Enteral | | IV / Other | | | | Running Total INPUT | Urine | Gastric / Vomit | Bowel | Type | Type | Type | Running Total OUTPUT | Initials |
| | Type | Volume | Type | Volume | Type | Volume | Type | Volume | | | | | | | | | |
| 00:00 | | | | | | | | | | | | | | | | | |
| 01:00 | | | | | | | | | | | | | | | | | |
| 02:00 | | | | | | | | | | | | | | | | | |
| 03:00 | | | | | | | | | | | | | | | | | |
| 04:00 | | | | | | | | | | | | | | | | | |
| 05:00 | | | | | | | | | | | | | | | | | |
| 06:00 | 300 | | | | | | | | 300 | | | | | | | | |
| 07:00 | | | | | | | | | | 850 | catheter emptied | | | | | 850 | IG |
| 08:00 | | | | | | | | | | | | | | | | | |
| 09:00 | | | | | | | | | | | | | | | | | |
| 10:00 | | | | | | | | | | | | | | | | | |
| 11:00 | | | | | | | | | | | | | | | | | |
| 12:00 | | | | | | | | | | | | | | | | | |
| 13:00 | | | | | | | | | | | | | | | | | |
| 14:00 | | | | | | | | | | | | | | | | | |
| 15:00 | | | | | | | | | | | | | | | | | |
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| 17:00 | | | | | | | | | | | | | | | | | |
| 18:00 | | | | | | | | | | | | | | | | | |
| 19:00 | | | | | | | | | | | | | | | | | |
| 20:00 | | | | | | | | | | | | | | | | | |
| 21:00 | | | | | | | | | | | | | | | | | |
| 22:00 | | | | | | | | | | | | | | | | | |
| 23:00 | | | | | | | | | | | | | | | | | |
| | | | | | | | | *Total Intake | [redacted] | | | | | | *Total Output | [redacted] | |

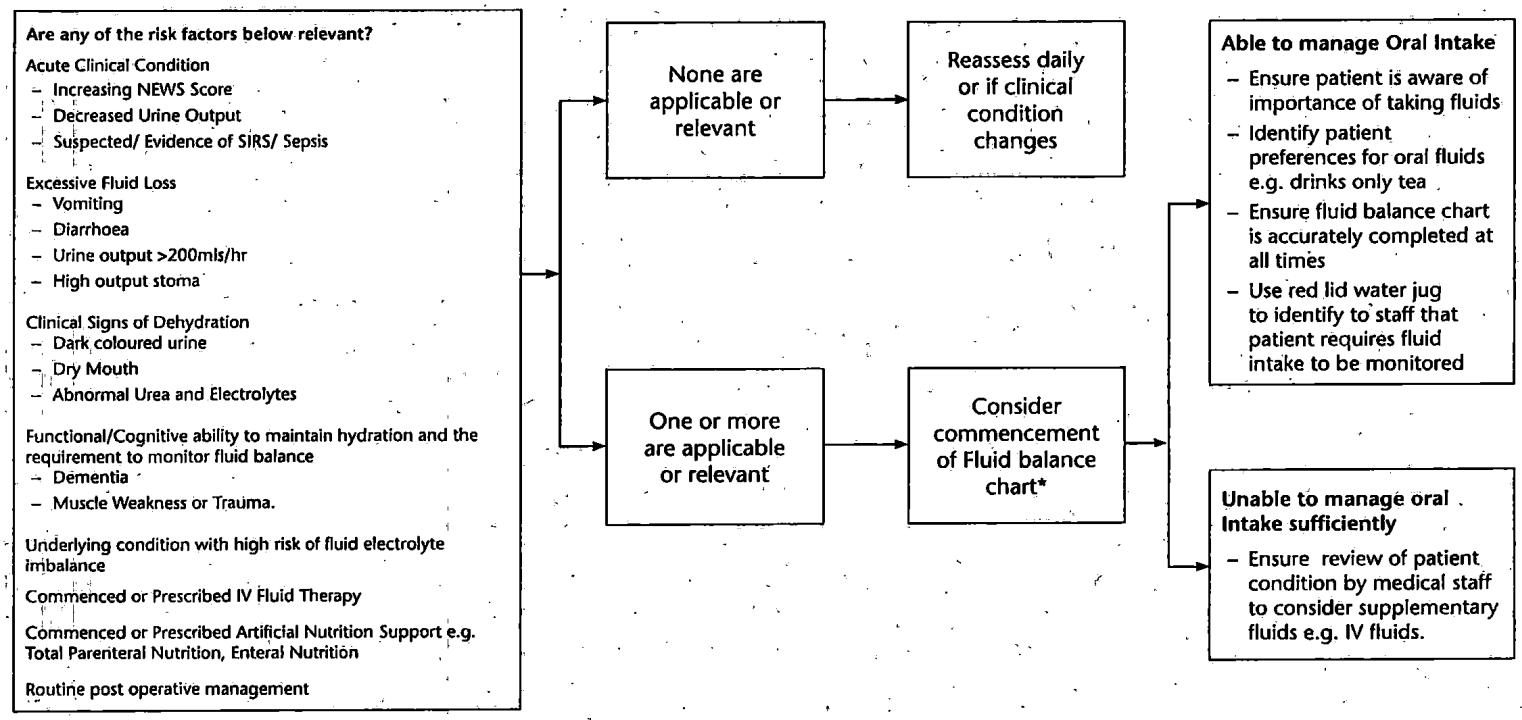
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

220665

## Guide to commencing fluid balance charts

The risk factors below must be considered when deciding if a patient requires their fluid intake & output to be accurately monitored. Please where possible discuss with the patient the need for fluid balance to be monitored and involve them in decisions regarding fluid balance e.g. drinking preferences, encouragement of fluids.




**Medical staff MUST review the patients fluid balance as part of their routine medical review if risk factors present give cause for concern.**

*Palliative care patients may have the above risk factors present however it may not be necessary or appropriate to monitor fluid balance and this should be recorded in the patient's clinical notes

MIS • EDU • 237971-2

# Fluid Balance Chart



0412703297 M
O'ROURKE
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Hospital: RAH
Ward: 19
Date: 4/11/16

Reason for Fluid Balance Chart: Post op Catheter + drain
Is patient fluid restricted? Yes ☐ No ☒
If yes how many mls in 24 hours? _____
Fluid balance from previous 24hrs +/- _____

Does patient require thickened fluids? Yes ☐ No ☒ Stage _____
Is the patient on an oral supplement? Yes ☐ No ☒ If YES please indicate:
1. Type _____ circle how many daily 1 2 3
2. Type _____ circle how many daily 1 2 3
Signature: _____ Designation: _____

**ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT**

| Time | Input | | | | | | | | | Output | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Oral Fluids | | Enteral | | IV / Other | | | | Running Total INPUT | Urine | Gastric / Vomit | Bowel | Type | Type | Type | Running Total OUTPUT | Initials |
| | Type | Volume | Type | Volume | Type | Volume | Type | Volume | | | | | | | | | |
| 00:00 | | | | | | | | | | | | | | | | | |
| 01:00 | | | | | | | | | | | | | | | | | |
| 02:00 | | | | | | | | | | | | | | | | | |
| 03:00 | | | | | | | | | | | | | | | | | |
| 04:00 | | | | | | | | | | | | | | | | | |
| 05:00 | | | | | | | | | | | | | | | | | |
| 06:00 | | | | | | | | | | | | | | | | | |
| 07:00 | | | | | | | | | | | | | | | | | |
| 08:00 | | | | | | | | | | | | | | | | | |
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| 12:00 | | | | | | | | | | | | | | | | | |
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| 16:00 | | | | | | | | | | | | | | | | | |
| 17:00 | | | | | | | | | | | | | | | | | |
| 18:00 | | | | | | | | | | | | | | | | | |
| 19:00 | | | | | | | | | | | | | | | | | |
| 20:00 | Sips | | | | | | | | | 750 | bag emptied | | | | | 750 | KG |
| 21:00 | Sips | | | | | | | | | | | | | | | | |
| 22:00 | Sips | | | | | | | | | | | | | | | | |
| 23:00 | Sips | | | | | | | | | | | | | | | | |
| | | | | | | | | | *Total Intake [redacted] | | | | | | | *Total Output [redacted] | |

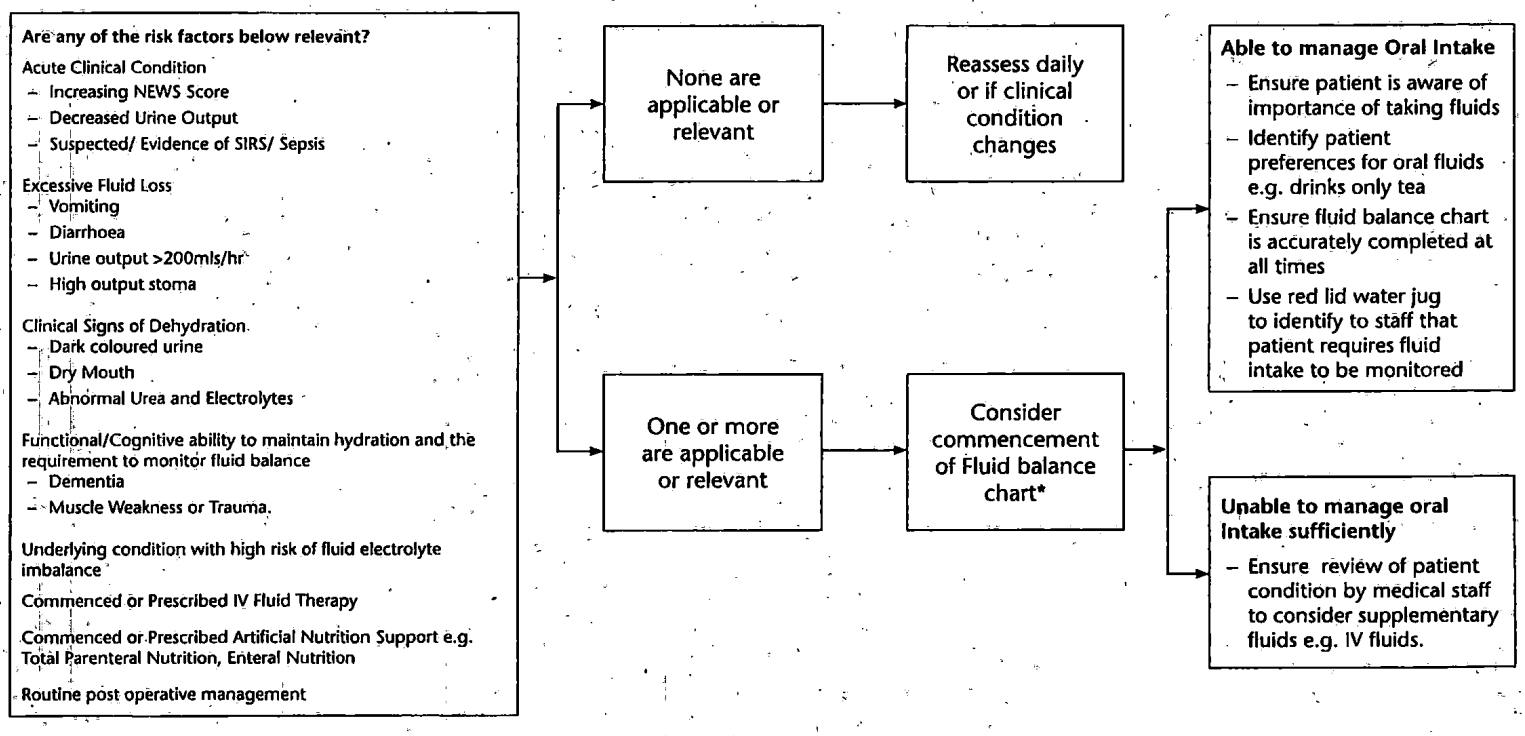
*24 hr Fluid Balance +/-

*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

220665

## Guide to commencing fluid balance charts

The risk factors below must be considered when deciding if a patient requires their fluid intake & output to be accurately monitored. Please where possible discuss with the patient the need for fluid balance to be monitored and involve them in decisions regarding fluid balance e.g. drinking preferences, encouragement of fluids.




**Medical staff MUST review the patients fluid balance as part of their routine medical review if risk factors present give cause for concern.**

*Palliative care patients may have the above risk factors present however it may not be necessary or appropriate to monitor fluid balance and this should be recorded in the patient's clinical notes

MIS • EDU • 237971-2

CHI: 0412703297 04/12/1970 M
O'ROURKE Alexander
TODD WHITEFO, DUMBARTON, G82 3JE
Dr..
Practice: 85066

Adult Urethral Urinary Catheter(UUC)

# Insertion & Maintenance Care Plan

CE PTFE AquaFlate REF P310114
PTFE Latex LOT 16GE27
Short/Medium term (up to 4 weeks use) 2021-06
Standard, 2-way Foley
SIZE Ch. 14 (4.7mm) / 10ml
Teleflex Medical, IDA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland

NHS Greater Glasgow and Clyde

| Insertion – Complete all sections | | | | |
|---|---|---|---|---|
| Date and time inserted: 4/11/16 12:20 | Urethral Urinary Catheter Inserted. Hospital: RAH. ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ | Gauge: 14 | 10mls in balloon | Inserted by (Print name & designation (if known)): Dr Bisset |
| Clinical indication for urethral urinary catheterisation: monitor urine output post op | Long term urethral urinary catheter ☐ (> 28 days) | Short term urethral urinary catheter ☑ (≤ 28 days) | | |
| Patient had urethral urinary catheter inserted in the community/out with NHS GGC: Yes ☐ No ☑ | Date UUC inserted (if known): | | | |

| Insertion Criteria | | Comments |
|---|---|---|
| Alternatives to urethral urinary catheterisation considered | Yes ☐ No ☑ | |
| Hand hygiene is performed immediately before urethral urinary catheter insertion | Yes ☑ No ☐ | |
| Aseptic technique performed at insertion | Yes ☑ No ☐ | |
| Urethral Urinary catheter of smallest gauge used and balloon filled to recommended level | Yes ☑ No ☐ | |
| Urethral meatus cleaned with sterile saline and sterile lubricant used | Yes ☑ No ☐ | |
| Aseptic technique maintained when connecting urethral urinary catheter to closed drainage system | Yes ☑ No ☐ | |

DAILY MAINTENANCE: FOR ALL PATIENTS WITH A URETHRAL URINARY CATHETER:

- Staff must wear gloves and apron and perform hand hygiene before and after urinary catheter procedures
- The drainage bag must be emptied when clinically indicated using a clean disposable container for each patient. Please refer to Insertion and maintenance of adult indwelling urethral urinary catheter SOP.

| Maintenance – To be completed daily (observe for signs and symptoms of infection) | | | | | | |
|---|---|---|---|---|---|---|
| Please regard Day 1 as day of insertion or the day patient is admitted to hospital with Urethral Urinary Catheter. | Ward | Does the patient still require a urethral urinary catheter? | Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions? | Daily meatal hygiene has been carried out? (soap and water) | Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor? | Signature and Print Name |
| Day 1 5/11/16 | 19 | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ | [signature] |
| Day 2 __/__/__ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 3 __/__/__ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |

Date removed: 5/11/16 Time removed: 1145 Reason for Urethral Urinary Catheter removal: NOT REQ'D Removed by: PHYLLIS

CHI Number: _____

Maintenance – To be completed daily (observe for signs and symptoms of infection)

| | Ward | Does the patient still require a urethral urinary catheter? | Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions? | Daily meatal hygiene has been carried out? | Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor? | Signature and Print Name |
|---|---|---|---|---|---|---|
| Day 4 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 5 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 6 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 7 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 8 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 9 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 10 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 11 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 12 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 13 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 14 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 15 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 16 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 17 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 18 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 19 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 20 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 21 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 22 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 23 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 24 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 25 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 26 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 27 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |
| Day 28 ___/___/___ | | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | |

# Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

| | | |
|---|---|---|
| 0412703297<br>O'ROURKE M<br>Alexander 04/12/1970<br>100D WHITEFORD AVENUE<br>Dumbarton, Dunbartonshire<br>G82 3JE | Hospital: RAH<br>Ward: 20 | **Points to consider:**<br>• Use within 6 hrs of admission to care area<br>• Re-assess daily and more frequently if a person's condition changes |

| | |
|---|---|
| 1 Pressure Damage | Does the person have redness and/or existing pressure damage?<br>IF YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf. |

| Date | Location of redness / ulcers | Grade of ulcer | Date | Location of redness / ulcers | Grade of ulcer |
|---|---|---|---|---|---|
| / / | | | / / | | |
| / / | | | / / | | |
| / / | | | / / | | |

| | |
|---|---|
| 2 Mobility | Does the person require assistance to mobilise? |
| 3 Continence | Does the person have continence issues with urine and/or faeces? |
| 4 Nutrition | Does the person appear malnourished and/or unable to eat or drink? |
| 5 Skin | Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities? |
| 6 Judgement | In your clinical judgement, is this person at risk of developing pressure damage?<br>If Yes, please give details: |

**Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Active Care interventions and complete the pressure ulcer interventional plan overleaf.**

**If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.**

| Date | Time | Pressure Damage | Mobility | Continence | Nutrition | Skin Compromised | Clinical Judgement | Active Care Prescribed | Signature |
|---|---|---|---|---|---|---|---|---|---|
| 4/11/16 | 10:45 | N | N | N | N | N | N | 4 hrly | |
| 5/11/16 | 0:00 | N | N | N | N | N | N | 4 hrly | |
| 6/11/16 | 00:00 | N | N | N | N | N | N | 4 hrly | |
| 7/11/16 | 00:05 | N | N | N | N | N | N | 4 hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |
| / / | : | | | | | | | hrly | |

**Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk**

# Prevention of Pressure Ulcer Interv tional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

| | S<br>SKIN INSPECTION | S<br>SURFACE | K<br>KEEP MOVING | I<br>INCONTINENCE / MOISTURE | N<br>NUTRITION | S<br>SELF MANAGEMENT / SHARED CARE | Sign / Comments |
|---|---|---|---|---|---|---|---|
| **Date of initial plan:** 5/1/16 | Check:<br>• Pressure areas 4 hourly.<br>• Skin under medical devices 4 hourly.<br>• Specify medical devices used: | Specify:<br>• Mattress: Sca Sm<br>• Cushion:<br>• Detail additional pressure redistributing equipment: | • Reposition 4 hourly in bed and chair.<br>• Overnight patient / carer has agreed to repositioning 4 hourly<br>• Specify any manual handling equipment used: | • Skin care to be carried out 4 hourly.<br>• Specify products required for increased moisture / continence management: | • Optimise nutrition and hydration.<br>• Refer to MUST | • Discuss and agree plan with patient / family/ carer YES ☑ NO ☐<br>• "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☑ NO ☐ | Date discontinued: |
| **Date Reviewed:** | Check:<br>• Pressure areas ____ hourly.<br>• Skin under medical devices ____ hourly.<br>• Specify medical devices used: | Specify:<br>• Mattress:<br>• Cushion:<br>• Detail additional pressure redistributing equipment: | • Reposition ____ hourly in bed and chair.<br>• Overnight patient / carer has agreed to repositioning ____ hourly<br>• Specify any manual handling equipment used: | • Skin care to be carried out ____ hourly.<br>• Specify products required for increased moisture / continence management: | • Optimise nutrition and hydration.<br>• Refer to MUST | • Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ | Date discontinued: |
| **Date Reviewed:** | Check:<br>• Pressure areas ____ hourly.<br>• Skin under medical devices ____ hourly.<br>• Specify medical devices used: | Specify:<br>• Mattress:<br>• Cushion:<br>• Detail additional pressure redistributing equipment: | • Reposition ____ hourly in bed and chair.<br>• Overnight patient / carer has agreed to repositioning ____ hourly<br>• Specify any manual handling equipment used: | • Skin care to be carried out ____ hourly.<br>• Specify products required for increased moisture / continence management: | • Optimise nutrition and hydration.<br>• Refer to MUST | • Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ | Date discontinued: |

Acute Services Division

Hospital / Department

NHS
Greater Glasgow and Clyde

# Cannard Falls Risk Assessment Pack

0412703297
O'ROURKE
Alexander
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE
M
04/12/1970

Patient name: .....

Ward: .....

CHI number: .....

.....Unit/Hospital number .....

## Contents


1. Cannard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment


**Notes: Risk assessment should be completed within 24 hours of admission to each ward.**

Acute Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

## Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall.
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

## General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive impairment unattended on commodes, in toilets, baths and showers.
- Patients with poor mobility, who are known not to ask for assistance, should not be left unattended on commodes, toilets, baths and showers.
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

## Cannard Falls Risk Assessment

**(Must be completed within 24 hours of admission to each ward)**

| SCORE ALL OPTIONS THAT APPLY IN EACH SECTION | | | | | | Date: 4.11.16 Ward: 20 | Date: 5/11/16 Ward: 19 | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| History of falls in the last 6 months | At home 1 | In ward / unit 2 | ~~None~~ 0 | | | 0 | 0 | | | | | |
| Sex | ~~Male~~ 1 | Female 2 | | | | 1 | 1 | | | | | |
| Age | ~~13-59~~ 0 | 60-70 1 | 71-80 2 | 81+ 1 | | 0 | 0 | | | | | |
| Sensory deficit | Sight* 2 | Hearing* 1 | Balance* 2 | ~~None~~ 0 | | 0 | 0 | | | | | |
| Medication type ** | Medication for mental illness & drug / alcohol withdrawal 1 | Blood pressure / water tablets 1 | Sedatives / Analgesia / Night sedation 1 | None of these 0 | | 0 | 1 | | | | | |
| Medical history | Cardiovascular Disease / Diabetes 1 | Confusion 1 | Fits 1 | Incontinent 1 | Inability to cooperate* 1 | 0 | 0 | | | | | |
| Mobility | Fully mobile 1 | Uses aids 2 | Restricted* 3 | Bed / chairbound / wheelchair 1 | | 1 | 1 | | | | | |
| Gait | Steady 1 | Hesitant in initiating movement* 1 | Poor transfer* 3 | Unsteady 3 | | 1 | 1 | | | | | |
| | | | | TOTAL SCORE | | 2 | 4 | | | | | |
| | | | | ACTION(S) TAKEN Enter action code(s) from Care Plan below | | 1, 2 | see below | | | | | |
| SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves. | | | | NURSE SIGNATURE | | [signature] | [signature] | | | | | |

**Please see back page for glossary of terms relating to the assessment above.**

## Falls Assessment Care Plan

**Please tick all applicable nursing interventions**

| | NURSING INTERVENTIONS | Date: 4.11.16<br>Ward: 20 | Date: 5/11/16<br>Ward: 19 | Date:<br>Ward: | Date:<br>Ward: | Date:<br>Ward: | Date:<br>Ward: | Date:<br>Ward: |
|---|---|---|---|---|---|---|---|---|
| Action code | | | | | | | | |
| 1 | Falls prevention and general safety precautions discussed with patient and family. | | ✓ | | | | | |
| 2 | Move to more observable area of ward to optimise supervision. | | | | | | | |
| 3 | Advise patient they may experience dizziness when they mobilise initially. | | ✓ | | | | | |
| 4 | Requires assistance with mobilisation. | | | | | | | |
| 5 | Observe trip hazard due to invasive lines, drains and catheters. | | | | | | | |
| 6 | Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area. | | | | | | | |
| 7 | If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT. | | | | | | | |
| 8 | Monitor lying and standing / sitting BP and pulse. | | | | | | | |
| 9 | A. Patient requires footwear or podiatry referral. (Date referred: / requested : )<br>B. Request family / carer to provide suitable footwear. | | | | | | | |
| 10 | Commence continence assessment, follow Local Guidelines. | | | | | | | |
| 11 | Refer to Occupational Therapist. | | | | | | | |
| 12 | Select suitable seating (refer to policy). | | | | | | | |
| 13 | Non slip mat on chair /floor following advice from therapists. | | | | | | | |
| 14 | Refer to Physiotherapist. | | | | | | | |
| 15 | Review Transfer techniques. | | | | | | | |
| 16 | Request medication review. | | | | | | | |
| 17 | Bed/chair monitor in use. | | | | | | | |
| 18 | Falls map in use for seven days for patient who has second or subsequent falls. | | | | | | | |
| 19 | Bed rails/bumpers to be used (refer to policy). | | | | | | | |
| 20 | Patient requires low bed / mattress on the floor (refer to policy.) | | | | | | | |
| 21 | Patient requires one to one nursing care. | | | | | | | |
| 22 | Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover). | | | | | | | |
| 23 | Other interventions. Buzzer | | ✓ | | | | | |
| | | | | | | | | |

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment page above.

# Cannard Falls Risk Assessment

## Glossary of terms used in risk assessment

**SIGHT DEFICIT** means patient cannot see well even when wearing glasses or is registered blind.

**HEARING DEFICIT** means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

**BALANCE DEFICIT** means person is unable to stand without the support of another person or a walking frame.

**MEDICINES FOR SOME MENTAL ILLNESSES** include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

**CARDIOVASCULAR SYSTEM MEDICATION** all antihypertensive medication and inotropes including Captopril, atenolol and many others.

**WATER TABLETS (DIURETICS)** are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

**SEDATIVES / ANALGESIA AT NIGHT** include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxcycontin.

**INABILITY TO CO-OPERATE** includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

**RESTRICTED MOBILITY** means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

**HESITANT IN INITIATING MOVEMENT** means difficulty in starting to walk.

**POOR TRANSFER** means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

# Nutrition Profile

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Name: | Date of admission: 06/11/18 |
| Address: 0412703297 O'ROURKE Alexander M 04/12/1970 100D WHITEFORD AVENUE Dumbarton, Dunbartonshire G82 3JE | Time: |
| DoB: | HOSPITAL: RAH |
| CHI number: | Ward: 19 |
| *Affix patient data label* | |

**To be recorded within 24 hours of admission***

Height: 5ft 10 (ins) metres Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 13-8 kg Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☐

If 'Yes' how much?: kg Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☐ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☐

Please state:

Food Allergies: Yes ☐ No ☐ If 'Yes' please state:

| Eating likes and dislikes (including appetite): | Drinking likes and dislikes: | Patient NBM Yes ☐ No ☐ If 'Yes' why?: |
|---|---|---|
| NONE | YES | |

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties, loose teeth), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental**? Yes ☐ No ☐

Please specify all factors:

Is the patient on oral nutritional supplements? Yes ☐ No ☐

If 'Yes' please state:

Is the patient experiencing oropharyngeal swallowing problems (excluding oesophageal issues e.g. GORD, Stricture)? Yes ☐ No ☐

If 'Yes' please complete Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS). If oesophageal problem present please discuss with medical staff.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☐

If 'Yes' please state:

Has this patient received written information about inpatient food (e.g. "Food in Hospitals" leaflet)?

Yes ☐ No ☐ Not applicable (received on previous admission) ☐

Profile completed by: Name (PRINT): SOdonnell Signature: SO Date: 06/11/18

**NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.**

* Quality Improvement Scotland (2003). Food; Fluids and Nutritional Care in Hospitals Edinburgh QIS

**Is your patient on the Liverpool Care Pathway (LCP)?** Yes ☐ No ☐

If 'Yes' please follow LCP advice as screening for malnutrition may not be appropriate.

## Malnutrition Universal Screening Tool ('MUST')

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | 6/11 | | | | | | | | | | | |
| Initials | SO | | | | | | | | | | | |
| Height (see page 1) 5'10" 14st 5lb Weight | 9/6 | | | | | | | | | | | |
| Oedema or ascites present Y/N | N | | | | | | | | | | | |
| BMI (refer to chart on page 4) | 29 | | | | | | | | | | | |
| **'MUST'** | | | | | | | | | | | | |
| **Step 1: BMI Score (refer to chart on page 4)**<br>>20 (>30 = Obese) .....0<br>18.5 - 20 .....1<br><18.5.....2 | 0 | | | | | | | | | | | |
| **Step 2: Weight Loss Score**<br>Unplanned weight loss in past 3-6 months:<br><5% ..... 0<br>5-10% ..... 1<br>>10% ..... 2 | 0 | | | | | | | | | | | |
| **Step 3: Acute Disease Effect Score**<br>If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2<br>Not applicable.....Score 0 | 0 | | | | | | | | | | | |
| **Step 4: Overall Risk of Malnutrition** Total: | 0 | | | | | | | | | | | |

**Step 5: Management Guidelines**

| Score of Overall Risk of Malnutrition | Action Required |
|---|---|
| 0 | **LOW RISK – *Routine Clinical Care***<br>• Repeat screening.<br>Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly |
| 1 | **MEDIUM RISK – *Observe***<br>• Document dietary intake for 3 days on a Food Record Chart.<br>• Encourage oral intake.<br>• Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals.<br>• Repeat screening weekly. |
| 2 or more | **HIGH RISK – *Treat**** <br>• Refer to Dietitian and document food intake for 3 days on a Food Record Chart.<br>• Encourage oral intake.<br>• Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals.<br>• Monitor and review Care Plan weekly.<br>* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death. |

Acute Services Division

# Part 2 Discharge Letter / Transfer Plan

NHS Greater Glasgow and Clyde

- ☐ Glasgow Royal Infirmary 0141 211 4000
- ☐ Stobhill Hospital 0141 201 3000
- ☐ Western Infirmary 0141 211 2000
- ☐ Southern General Hospital 0141 201 1100
- ☐ Victoria Infirmary 0141 201 6000
- ☒ Mansionhouse Unit 0141 201 6101
- ☐ Gartnavel General Hospital 0141 211 3000
- ☐ Blawarthill Hospital 0141 211 9000
- ☐ Drumchapel Hospital 0141 211 6000
- ☐ Lightburn Hospital 0141 211 1500
- ☐ Vale of Leven Hospital 01389 754 121
- ☐ Royal Alexandra Hospital 887 9111
- ☐ Inverclyde Royal Hospital 01475 633777
- ☐ Other:

Name: ALEXANDER O'ROURKE

Address: 1000 WHITEFIELD AVE. DUMBARTON

Discharge Address: AS ABOVE

CHI number: 0412703517

Unit number: _____ D.O.B: 04/12/70

Telephone: 07774071012

Next of kin: DAVID

Relationship: NEPHEW

Address: NOT GIVEN

Telephone: 07[illegible]0

Ward: 19

Telephone: 0141/ 314 / 7019

Admission date: 4/11/16

Final discharge/transfer date: 7/11/16

Named Nurse: C. Paul

Consultant: MR PENWICK

G.P.: DR [illegible]

Address: [illegible]

Telephone: 01[illegible]

**Post Discharge Services Arranged** (e.g. District Nurse, CPN, Day Hospital, Home Care)
State package requested and time of first visit.

| | |
|---|---|
| Service: | Service: |
| Contact number: | Contact number: |
| Service details: | Service details: |

**Additional/Transfer Information** (including equipment/adaptions)

Fold here to insert into case notes

## Management Plan

**FOR ALL PATIENTS**

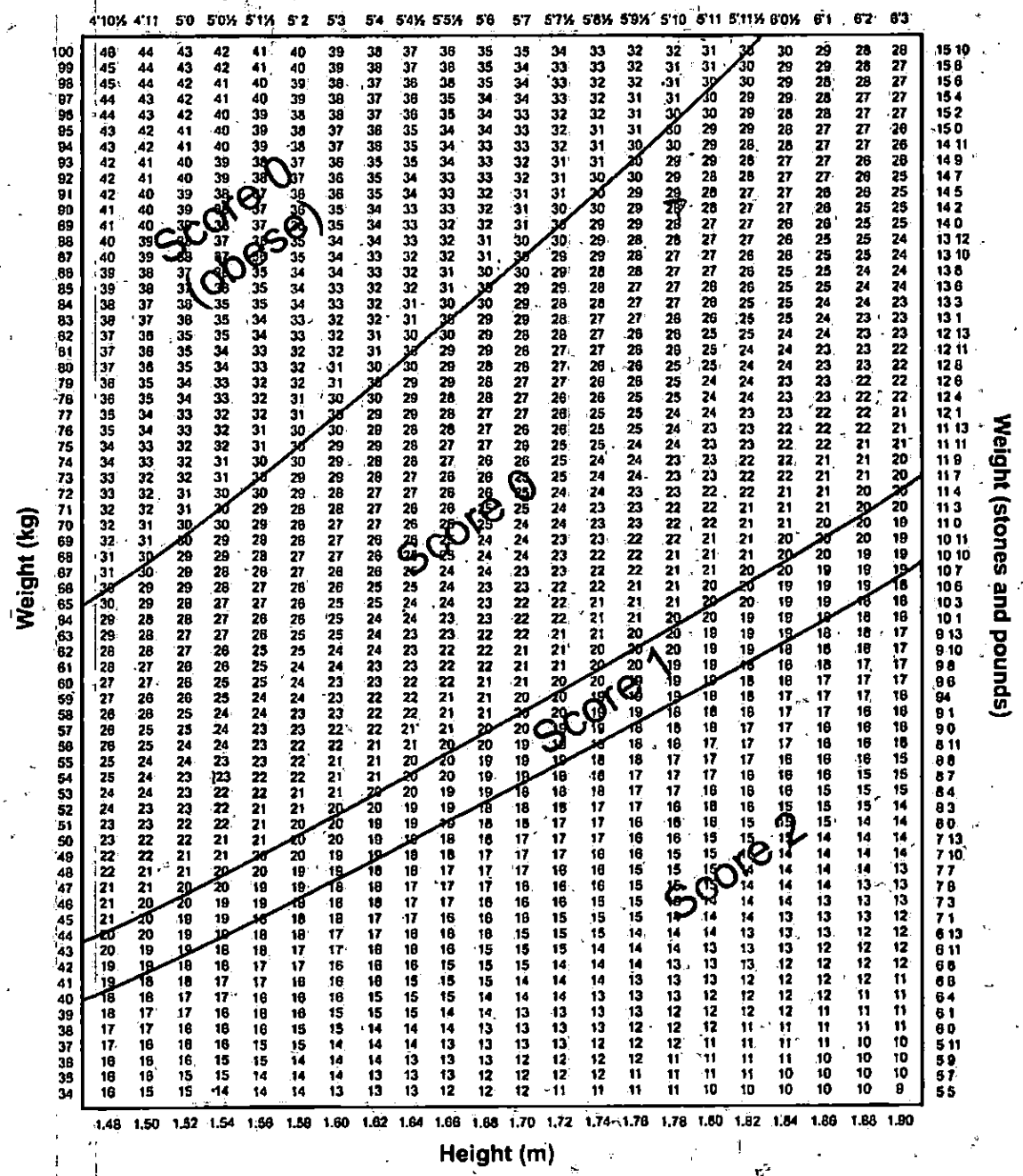
- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).
- REMEMBER TO CONSIDER YOUR PATIENT'S HYDRATION REQUIREMENTS.
- Ensure Discharge Plan includes most recent 'MUST' Score and any necessary follow-up requirements.

| Referral Services | | Referred by | Method of referral | Reason for referral |
|---|---|---|---|---|
| Nutritional Support Team | Date Referred / / | | | |
| Dietitian | Date Referred: / / | | | |
| Speech and Language Therapy | Date Referred: / / | | | |
| Occupational Therapy | Date Referred / / | | | |
| Dental Service | Date Referred / / | | | |

## Multidisciplinary Nutrition Care Plan

| Date | Overall Risk | Action | Action discussed with patient / carer | Review date | Name (PRINT) Signature/ Designation |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

## Step 1 - BMI Score




## Step 2 - Weight Loss Score

| Weight before weight loss (kg) | Score 0 Wt loss <5% | Score 1 Wt loss 5-10% | Score 2 Wt loss >10% |
|---|---|---|---|
| 34 kg | <1.7 kg | 1.7-3.4 kg | >3.4 kg |
| 36 kg | <1.8 kg | 1.8-3.6 kg | >3.6 kg |
| 38 kg | <1.9 kg | 1.9-3.8 kg | >3.8 kg |
| 40 kg | <2 kg | 2-4 kg | >4 kg |
| 42 kg | <2.1 kg | 2.1-4.2 kg | >4.2 kg |
| 44 kg | <2.2 kg | 2.2-4.4 kg | >4.4 kg |
| 46 kg | <2.3 kg | 2.3-4.6 kg | >4.6 kg |
| 48 kg | <2.4 kg | 2.4-4.8 kg | >4.8 kg |
| 50 kg | <2.5 kg | 2.5-5 kg | >5 kg |
| 52 kg | <2.6 kg | 2.6-5.2 kg | >5.2 kg |
| 54 kg | <2.7 kg | 2.7-5.4 kg | >5.4 kg |
| 56 kg | <2.8 kg | 2.8-5.6 kg | >5.6 kg |
| 58 kg | <2.9 kg | 2.9-5.8 kg | >5.8 kg |
| 60 kg | <3 kg | 3-6 kg | >6 kg |
| 62 kg | <3.1 kg | 3.1-6.2 kg | >6.2 kg |
| 64 kg | <3.2 kg | 3.2-6.4 kg | >6.4 kg |
| 66 kg | <3.3 kg | 3.3-6.6 kg | >6.6 kg |
| 68 kg | <3.4 kg | 3.4-6.8 kg | >6.8 kg |
| 70 kg | <3.5 kg | 3.5-7 kg | >7 kg |
| 72 kg | <3.6 kg | 3.6-7.2 kg | >7.2 kg |
| 74 kg | <3.7 kg | 3.7-7.4 kg | >7.4 kg |
| 76 kg | <3.8 kg | 3.8-7.6 kg | >7.6 kg |
| 78 kg | <3.9 kg | 3.9-7.8 kg | >7.8 kg |
| 80 kg | <4 kg | 4-8 kg | >8 kg |
| 82 kg | <4.1 kg | 4.1-8.2 kg | >8.2 kg |
| 84 kg | <4.2 kg | 4.2-8.4 kg | >8.4 kg |
| 86 kg | <4.3 kg | 4.3-8.6 kg | >8.6 kg |
| 88 kg | <4.4 kg | 4.4-8.8 kg | >8.8 kg |
| 90 kg | <4.5 kg | 4.5-9 kg | >9 kg |
| 92 kg | <4.6 kg | 4.6-9.2 kg | >9.2 kg |
| 94 kg | <4.7 kg | 4.7-9.4 kg | >9.4 kg |
| 96 kg | <4.8 kg | 4.8-9.6 kg | >9.6 kg |
| 98 kg | <4.9 kg | 4.9-9.8 kg | >9.8 kg |
| 100 kg | <5 kg | 5-10 kg | >10 kg |
| 102 kg | <5.1 kg | 5.1-10.2 kg | >10.2 kg |
| 104 kg | <5.2 kg | 5.2-10.4 kg | >10.4 kg |
| 106 kg | <5.3 kg | 5.3-10.6 kg | >10.6 kg |
| 108 kg | <5.4 kg | 5.4-10.8 kg | >10.8 kg |
| 110 kg | <5.5 kg | 5.5-11 kg | >11 kg |
| 112 kg | <5.6 kg | 5.6-11.2 kg | >11.2 kg |
| 114 kg | <5.7 kg | 5.7-11.4 kg | >11.4 kg |
| 116 kg | <5.8 kg | 5.8-11.6 kg | >11.6 kg |
| 118 kg | <5.9 kg | 5.9-11.8 kg | >11.8 kg |
| 120 kg | <6 kg | 6-12 kg | >12 kg |
| 122 kg | <6.1 kg | 6.1-12.2 kg | >12.2 kg |
| 124 kg | <6.2 kg | 6.2 kg | >12.4 kg |
| 126 kg | <6.3 kg | 6.3 kg | >12.6 kg |

| Weight before weight loss (st/lb) | Score 0 Wt loss <5% | Score 1 Wt loss 5-10% | Score 2 Wt loss >10% |
|---|---|---|---|
| 5st 4lb | <4lb | 4lb-7lb | >7lb |
| 5st 7lb | <4lb | 4lb-8lb | >8lb |
| 5st 11lb | <4lb | 4lb-8lb | >8lb |
| 6st | <4lb | 4lb-8lb | >8lb |
| 6st 4lb | <4lb | 4lb-9lb | >9lb |
| 6st 7lb | <5lb | 5lb-9lb | >9lb |
| 6st 11lb | <5lb | 5lb-10lb | >10lb |
| 7st | <5lb | 5lb-10lb | >10lb |
| 7st 4lb | <5lb | 5lb-10lb | >10lb |
| 7st 7lb | <5lb | 5lb-11lb | >11lb |
| 7st 11lb | <5lb | 5lb-11lb | >11lb |
| 8st | <6lb | 6lb-11lb | >11lb |
| 8st 4lb | <6lb | 6lb-12lb | >12lb |
| 8st 7lb | <6lb | 6lb-12lb | >12lb |
| 8st 11lb | <6lb | 6lb-12lb | >12lb |
| 9st | <6lb | 6lb-13lb | >13lb |
| 9st 4lb | <7lb | 7lb-13lb | >13lb |
| 9st 7lb | <7lb | 7lb-13lb | >13lb |
| 9st 11lb | <7lb | 7lb-1st | >1st |
| 10st | <7lb | 7lb-1st | >1st |
| 10st 4lb | <7lb | 7lb-1st | >1st |
| 10st 7lb | <7lb | 7lb-1st 1lb | >1st 1lb |
| 10st 11lb | <8lb | 8lb-1st 1lb | >1st 1lb |
| 11st | <8lb | 8lb-1st 1lb | >1st 1lb |
| 11st 4lb | <8lb | 8lb-1st 2lb | >1st 2lb |
| 11st 7lb | <8lb | 8lb-1st 2lb | >1st 2lb |
| 11st 11lb | <8lb | 8lb-1st 3lb | >1st 3lb |
| 12st | <8lb | 8lb-1st 3lb | >1st 3lb |
| 12st 4lb | <9lb | 9lb-1st 3lb | >1st 3lb |
| 12st 7lb | <9lb | 9lb-1st 4lb | >1st 4lb |
| 12st 11lb | <9lb | 9lb-1st 4lb | >1st 4lb |
| 13st | <9lb | 9lb-1st 4lb | >1st 4lb |
| 13st 4lb | <9lb | 9lb-1st 5lb | >1st 5lb |
| 13st 7lb | <9lb | 9lb-1st 5lb | >1st 5lb |
| 13st 11lb | <10lb | 10lb-1st 5lb | >1st 5lb |
| 14st | <10lb | 10lb-1st 6lb | >1st 6lb |
| 14st 4lb | <10lb | 10lb-1st 6lb | >1st 6lb |
| 14st 7lb | <10lb | 10lb-1st 6lb | >1st 6lb |
| 14st 11lb | <10lb | 10lb-1st 7lb | >1st 7lb |
| 15st | <11lb | 11lb-1st 7lb | >1st 7lb |
| 15st 4lb | <11lb | 11lb-1st 7lb | >1st 7lb |
| 15st 7lb | <11lb | 11lb-1st 8lb | >1st 8lb |
| 15st 11lb | <11lb | 11lb-1st 8lb | >1st 8lb |
| 16st | <11lb | 11lb-1st 8lb | >1st 8lb |
| 16st 4lb | <11lb | 11lb-1st 9lb | >1st 9lb |
| 16st 7lb | <12lb | 12lb-1st 9lb | >1st 9lb |
| 16st 11lb | <12lb | 12lb-1st 9lb | >1st 9lb |

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

# Care Plan

NHS
Greater Glasgow and Clyde

| | | | | | |
|---|---|---|---|---|---|
| Care discussed with patient ☐ Yes ☐ No ☐ Unable | | | If unable, give reason: | | |
| Care discussed with family ☐ Yes ☐ No ☐ Unable | | | If unable, give reason: | | |
| **Date commenced & signature** | **1. Breathing and circulation** | **Date discontinued & signature** | **Date commenced & signature** | **Getting to Know Me / What Matters to Me** | **Date discontinued & signature** |
| C3011 | Asthma on inhalers | | | NO ISSUED | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | **5. Hydration and Nutrition** | |
| | | | | fasting for Theatre today | |
| | **2, 3. Communication and senses** | | | | |
| | NO ISSUED | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | **6. Elimination** Independent | |
| | **4. Cognitive status** NO ISSUED | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Patient Label

# Care Plan

NHS Greater Glasgow and Clyde

| Date Commenced and Signature | 7. Personal Hygiene, oral care, skin care and wound care | Date Discontinued and Signature | Date Commenced and Signature | 9. Maintaining a safe environment, Technical Care | Date Discontinued and Signature |
|---|---|---|---|---|---|
| C Burn | NO ISSUES | | | NO ISSUES | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | 10. Sleep and Rest | |
| | | | | NO ISSUES | |
| | | | | | |
| | | | | | |
| | 8. Mobility Independent | | | | |
| | | | | 12. Privacy, dignity and sexuality | |
| | | | | NO ISSUES | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Negotiated care - Please record any planned involvement of patient/family in delivery of care | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Patient Assessment/Comments**

Mobility:
INDEPENDENT

Personal hygiene/Dressing:
INDEPENDENT

Continence: Catheter in situ: Yes ☐ No ☑
Type: Size:
Date of change:

Continence details:
CONTINENT.

Dietary requirements:
NORMAL DIET.

Communication / Swallowing:
NO ISSUES

Mental state:
ALERT + ORIENTATED.

Skin condition/Waterlow Score:
INTACT x3 SURGICAL WOUNDS

Wound care/Stoma care: x3 SURGICAL WOUNDS
x2 DRAIN SITE x1 HERNIA REPAIR.

**Special Instructions for Patient** (e.g. Exercise , Diet, Wounds, Others)

F/U WOUND REVIEW AT GP PRACTICE LEIGH 9/11/16
2. TAKE 10/11/16 - PATIENT MANAGING.

Others/Follow-up arrangements FOLLOW UP AT VALE OF LEVEN HOSPITAL 6/52.

Progress discussed with patient: Yes ☑ No ☐
Progress discussed with relative/carer: Yes ☐ No ☐

This information has been fully discussed with Patient/Carer.
Date and signature of Nurse:
Date and signature of Patient/Carer:

Diagnosis:
HERNIA REPAIR

TOP COPY TO - Patient; OTHER COPIES TO - G.P.; District Nurse; Case Notes.

Acute Services Division

# Discharge Checklist

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Patient's nam 0412703297<br>Unit number: O'ROURKE M<br>Alexander 04/12/1970<br>CHI number: 100D WHITEFORD AVENUE<br>Dumbarton, Dunbartonshire<br>G82 3JE | Ward: 20<br>Discharge destination: Home<br>Estimated Discharge Date (1) / /<br>Estimated Discharge Date (2) / /<br>Final date of discharge : / / |

| Checklist | Yes | N/A | Initials | Comments |
|---|---|---|---|---|
| Patient informed | | | | |
| Relative/carer informed | | | | |
| Others informed: Care Home | | | | |
| **Transport arranged** | | | | |
| Own transport (preferred option) | ✓ | | | |
| Ambulance-1 man/ 2 man am/pm | | | | |
| Other: Flight, Air ambulance etc. | | | | |
| **Discharge medication** | | | | |
| Discharge prescription completed | | | | |
| Compliance aids e.g. Dossette Box (involve pharmacist) | | | | |
| Medication received | | | | |
| Medication explained to patient and/or relative/carer | | | | |
| Own medication returned to patient | | | | |
| Dressings/continence aids (7 day supply, ensure District Nurse referral completed) | | | | |
| **Informed of discharge** | | | | |
| Social work/ Other agencies/Home help | | | | |
| Physiotherapist | | | | |
| Occupational Therapist | | | | |
| Dietician | | | | |
| Speech and Language Therapist | | | | |
| Clinical Nurse specialist e.g. Care Home Liaison | | | | |
| Liaison/ District Nurse/Practice Nurse | | | | |
| **Other discharge items** | | | | |
| Access arrangements (e.g. keys, door entry) | | | | |
| Patients clothing available for day of discharge | | | | |
| Valuables e.g. cashier | | | | |
| Intravenous cannula removed | | | | |
| Equipment ordered (inc. walking aids) in place for discharge | | | | |
| Part 2 Discharge letter - Required | | | | |
| - Completed | | | | |
| **Out patient clinic appointment e.g. Anticoagulation clinic** | | | | |
| Arranged / To follow | | | | |
| If unknown at time of discharge state reason | | | | |
| **Additional information / leaflets / factsheets** | | | | |
| **Time of Discharge:** | | | | |
| **Nurse's signature:** | Designation: | | | Date: / / |

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

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MUA ECG Bloods

Affix Label

Royal Alexandra Hospital

CHI: 0412703297

Total Att: 22

12 Mth Att: 0

Title: MR

O'ROURKE Alexander

DOB 04/12/1970 Age: 54y Sex: Male

14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Next of kin:
Relationship:

GP: SP Queen
0141 531 6475

Attendance Date: 25/01/2025 Arrival Time: 06:31

Registration Time: 06:31 Date of Incident: 25/01/2025

Major Incident Desc:

Reason for Attendance: abdo pain/generally unwell

Affix Label

## Nursing Assessment

Alerts: Not Recorded Allergies: Not Recorded Pain Score:

Triage Category: 3 Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 25/01/2025 06:39 Nurse name: Nurse Irene Brown2

| | | |
|---|---|---|
| Temp | | C |
| HR | | bpm |
| BP | / | mmHg |
| MAP | | mmHg |
| RR | | bpm |
| SpO2 | | % |
| Oxygen | | % |

| | | |
|---|---|---|
| BM | | mmol/L |
| PF | | l/min |
| Expected PF | | l/min |
| Weight | | kg |
| Height | | cm |
| Visual Acuity | | |
| Left | | |
| Right | | |
| Corrected? | | |

| | |
|---|---|
| GCS | |
| Eyes | |
| Motor | |
| Verbal | |
| Total | |

| | | | |
|---|---|---|---|
| Pupils-Right | | Pupils-Left | |
| Size (mm) | | Size (mm) | |
| Reaction | | Reaction | |

Nursing Notes: "feeling gen unwell for 3 days complains of pain when passing urine, no bowel movement 4 days. Given laxatives and amoxicillin by GP yesterday, contacted OOGP lastnight appointment given for 1am patient states he was to tired to attend."

**Child Assessment Questionnaire**

| | YES | NO |
|---|---|---|
| Previous attendance (consider any relevant trauma from previous presentations) | | |
| History variable between accounts | | |
| Examination not compatible with history/presentation | | |
| Delay in presentation | | |
| Fracture/head injury or significant bruising in baby or non-mobile toddler | | |

Discuss with Senior Medical Staff / Nurse on duty any factors identified

**X-Ray and Other Reports to be filed on this side (if the patient is not being admitted):**

# DO NOT WRITE HERE PLEASE

| ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis) | | | | | | |
|---|---|---|---|---|---|---|
| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Time of Administration | Signature | Given By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date

**CLINICAL NOTES**

Seen by (Dr) C MACRAE

Time seen

25/1/25

PC - unwell

HPC - 3/7 hx of feeling unwell - fever, constipation, dysuria
- has been started on amoxicillin by GP
- felt dysuria starting + advised to attend by NHS 24
- has been taking paracetamol
-

PMHx - COPD
- snoring → hypersomnia
- dry mouse

Rx paliperidone
bypramphrey
bromsw
subchronic abnormalities

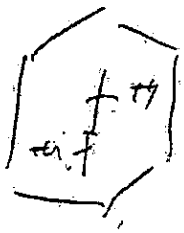
SHx - smokes 20/day
- no alcohol
- uses amphetamines

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OE - looks well
- NAD



HISTORY



- SVT
- onset

tve uric dip
VBG (N)
Bloods WCC 1L - CRP >200 but well.
- LFT biochemistry on (N) c-
~~Lamotrigine~~ nitrofurantoin

| Date | CLINICAL NOTES |
|---|---|
| | |

| Discharge Codes (Please CIRCLE) | | | | | Discharge date | |
|---|---|---|---|---|---|---|
| 1. Admission | 2. Discharge | 3. Refer to GP | 4. Transfer to other (see below) | | | |
| 5. Died | 6. Refer to OP Clinic (see below) | | 7. Irregular Discharge | 8. D.O.A. | Discharge time | |

| Ward number (if admitted): | Transfer to hospital: | Consultant If admitted): |
|---|---|---|
| | | |

| Follow up | Arranged | | | Not arranged | | | To be arranged | |
|---|---|---|---|---|---|---|---|---|
| Clinic referred to | A&E | Hand injury | Fracture | Pop Check | Medical | Surgical | ENT | Others (specify): |

## Discharge Prescription Packs

| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Frequency | Signature | Given By |
|---|---|---|---|---|---|---|
| | NITROFURANTOIN | 50mg | O | 7/7 | | |
| | | | | | | |
| | | | | | | |

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r use sticker

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NHS
Greater Glasgow and Clyde

# Emergency Care Nursing Documentation

flu like symptoms

## Initial Investigations

| | | | | | | |
|---|---|---|---|---|---|---|
| Patient prepared for exam - clothing bagged | | | | | Y | N |
| NEWS Chart | Y | N | X-rays | | Y | N |
| ID band | Y | N | Pain Score | | Y | N |
| Peak Flow | Y | N | Please specify | | | |
| 12-lead ECG | Y | N | Urinalysis | | Y | N |
| IV access | Y | N | NUT fre | | | |
| Blood samples | Y | N | Positive findings | | | |
| Blood Gas | Y | N | B-HCG | | Y | N |

Signature:

## Communication

| | | |
|---|---|---|
| GGC Red Bag with Patient (nursing home resident) | Y | N |
| Language or hearing difficulty | Y | N |
| Interpreter required | Y | N |
| what arrangements have been made? | | |
| Relatives / Carer / Next of Kin present | Y | N |
| name,relationship, location, particular concerns | | |

Signature:

NKDA Roche D

## Risk Assessments and Screening Tools

| | | | | | | |
|---|---|---|---|---|---|---|
| | | SEPSIS | Y | N | GMAWS | Y N |
| | | FAST | Y | N | Adult Support and Protection | Y N |
| Time: | | Swallow Testing | Y | N | Mental Health Triage Assessment | Y N |
| | | Falls Risk (clinical judgement ) | Y | N | Child Protection Concerns | Y N |
| | | 4AT Assessment | Y | N | Frailty Assessment | Y N |
| | | | | | Public Protection (NOC) | Y N |

Signature:

## Pause for Discharge or Transfer

| | | |
|---|---|---|
| GGC Red Bag with Patient (nursing home resident) | Y | N |
| Relatives / Carer with Patient | Y | N |
| Name Band | Y | N |
| Risk Assessment/Screening Tools | Y | N |
| Bed Available | Y | N |
| SBAR complete | Y | N |
| NEWS Chart NEWS completed within 1 hour of transfer/discharge | Y | N |
| Prescriptions and fluid charts signed | Y | N |
| Cannula | Y | N |
| Notes Complete | Y | N |
| Analgesia | Y | N |
| Belongings | Y | N |
| Transport | Y | N |

Signature:

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...se sticker

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Greater Glasgow and Clyde

## Care Rounds Checklist

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need, should be every (please circle) 1hr 2hr 3hr 4hr

Signed _____ Name MERRIE Designation CA

Signed _____ Name _____ Designation _____

Signed _____ Name _____ Designation _____

Use the following Codes:
Y = Yes N = No NA = Not Applicable NT = No Thanks S = Sleeping O = Off the ward I - Independent

| | | | Times | 0740 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | **THINK DELIRIUM** Is the patient more confused/drowsy than normal? If yes inform registered nurse. | | N | | | | | | | | | | |
| | 2 | **PAIN: ASSESS AND ADDRESS** Is the patient distressed or in pain? If yes inform registered nurse. | | N | | | | | | | | | | |
| S | 3 | **SKIN INSPECTION** Pressure areas checked? | | N | | | | | | | | | | |
| | | R = RED D = Discloured PU - Pressure Ulcer INT = Intact M = Moisture | | I | | | | | | | | | | |
| K | 4 | **KEEP MOVING** Has the patient moved or walked? | | Y | | | | | | | | | | |
| | | Bed R =Right side (30°) tilt L =Left side (30°) tilt B =Back<br>Chair W/ST = Assist to walk / stand | | B | | | | | | | | | | |
| | | **ELIMINATION** Does the patient need the toilet? | | N | | | | | | | | | | |
| I | 5 | I = Independent A - Assistance given IC = Incontinent (urine/ faeces) | | I | | | | | | | | | | |
| I | 6 | **FOOD FLUIDS AND NUTRITION** Is the patient nil by mouth? | | N | | | | | | | | | | |
| | | Drink taken? | | N | | | | | | | | | | |
| | | Food, snack, or supplements taken? | | N | | | | | | | | | | |
| | | Has oral hygiene been carried out as per care plan? | | NA | | | | | | | | | | |
| | 7 | **ENVIRONMENT CHECK** Is the patient's call buzzer to hand?<br>Is the area clutter free clean and safe?<br>Does the patient have everything they require in safe reach?<br>Is the bed in the lowest position? | | Y | | | | | | | | | | |
| | 8 | **INFORMATION** Is there anything else I can help you with? Inform the patient of the time of return | | Y | | | | | | | | | | |
| | 9 | **ESCALATION** Is there anything else I can help you with? Inform the patient of the time of return | | Y | | | | | | | | | | |
| | | Care provider | | AP | | | | | | | | | | |
| | | Role | | N | | | | | | | | | | |

Ask the patient if there is anything they specifically want done today:

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CROWN AVENUE
Clydebank, Dunbartonshire
G81 3AI

or use sticker

Hospital:

Ward:

**Points to consider:**

- **Use within 8 hrs of admission to care area**
- **Re-assess daily and more frequently if a person's condition changes**

NHS
Greater Glasgow and Clyde

## PUDRA

| | | |
|---|---|---|
| 1 | **Pressure Damage** | Does the person have redness and/or existing pressure damage?<br>**IF YES, prescribe a minimum of 2 HOURLY Pressure relieving care** to avoid further damage occurring and complete the pressure ulcer interventional plan. |

| Date | Location of redness / ulcers | Grade of ulcer | Date | Location of redness / ulcers | Grade of ulcer |
|---|---|---|---|---|---|
| / / | | | / / | | |
| / / | | | / / | | |
| / / | | | / / | | |

| | | |
|---|---|---|
| 2 | **Mobility** | Does the person require assistance to mobilise or change position (inappropriate for age)? |
| 3 | **Continence** | Does the person have continence issues with urine and/or faeces (inappropriate for age)? |
| 4 | **Nutrition** | Does the person appear malnourished and/or unable to eat or drink/ PYMS score>2? |
| 5 | **Skin** | Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities? |
| 6 | **Judgement** | In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details: |

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Pressure Relieving Care interventions and complete the pressure ulcer interventional plan.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

| Date | Time | Pressure Damage | Mobility | Continence | Nutrition | Skin Compromised | Clinical Judgement | Active Care Prescribed | Signature |
|---|---|---|---|---|---|---|---|---|---|
| / / | : | | | | | | | ____hrly | |
| / / | : | | | | | | | ____hrly | |
| / / | : | | | | | | | ____hrly | |

Complete prevention of pressure ulcer interventional plan below for all patients with redness/pressure damage and for those at risk.

| **S**<br>**Skin Inspection** | **S**<br>**Surface** | **K**<br>**Keep Moving** | **I**<br>**Incontinence/ Moisture** | **N**<br>**Nutrition** | **S**<br>**Self Management/ Shared Care** |
|---|---|---|---|---|---|
| Check:<br>• Pressure areas ____ hourly<br>• Skin under medical devices ____ hourly<br>• Specify medical devices used | Specify:<br>1. Mattress<br>2. Cushion<br>3. Detail additional pressure redistributing equipment | 1. Reposition ____ hourly in bed / chair<br>2. Overnight patient/carer has agreed to repositioning ____hourly<br>3. Specify any manual handling equipment used | 1. Skin Care to be carried out ____ hourly<br>2. Specify products required for increased moisture/ continence management: | 1. Optimise nutrition and hydration<br>2. Refer to MUST | 1. Discuss and agree plan with patient/ family/carer<br>**YES / NO**<br>2. Prevent Pressure Ulcers" leaflet given to patient/family/ carer<br>**YES / NO** |

P

0412703297 M
O'ROURKE
Alexander H 04/12/1970
14C ERSKINE VIEW
CROWN AVENUE
Clydebank, Dunbartonshire
G81 3AW

sticker

NHS
Greater Glasgow and Clyde

## Nursing notes cont.

| Date and Time | | Name/Signature |
|---|---|---|
| | | |
| | | |
| | | |

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Clydebank, Dunbartonshire
G81 3AW

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Greater Glasgow and Clyde

## Ongoing Care

| | 4 Hours | 5 Hours | 6 Hours | 7 Hours | 8 Hours | 9 Hours | 10 Hours | 11 Hours | 12 Hours |
|---|---|---|---|---|---|---|---|---|---|
| Time | | | | | | | | | |
| Nursing notes updated including (NEWS, MEWS,PEWS) | | | | | | | | | |
| FFN (provide details) | | | | | | | | | |
| IVI/IVABs | | | | | | | | | |
| Routine Medications prescribed and administered | | | | | | | | | |
| Falls risk assessment | | | | | | | | | |
| Skin assessed and supported (PURDRA) | | | | | | | | | |
| Analgesia assessment | | | | | | | | | |
| Nurse call system in place | | | | | | | | | |
| SBAR commenced | | | | | | | | | |
| Patient/ relatives updated | | | | | | | | | |
| Elimination needs met (does the patient know where toilet is) | | | | | | | | | |
| If patient not in cubicle space think about patients dignity requirements eg hearing aids, mobility aids, glasses, interpreter | | | | | | | | | |
| STOPPS completed | | | | | | | | | |

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O'ROURKE, CHI M
Alexander 04/12/1970
14C ERSKINE VIEW
CROWN AVENUE
Clydebank, Dunbartonshire
G81 3AI

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Greater Glasgow and Clyde

## Nursing notes

| Date and Time | | Name/Signature |
|---|---|---|
| 20/01/25 0755 | Into room - Prepped for exam Roche IV ✓ Awaits CO review. | A Steele DN |
| 0925 | Pt d/c (H) w/ nitro. Own transport. DM | ~~AA~~ MANAGEMENT |

| | |
|---|---|
| ≥96 | 0 |
| 94-95 | 1 |
| 92-93 | 2 |
| ≤91 | 3 |

| | |
|---|---|
| ≥97 on O2 | 3 |
| 95-96% on O2 | 2 |
| 93-94% on O2 | 1 |
| ≥93 on air | 0 |
| 88-92 | 0 |
| 86-87 | 1 |
| 84-85 | 2 |
| ≤83 | 3 |

| | |
|---|---|
| Air (A) or O2 device* | 0 |
| O2 L/min 2 | 2 |

| | |
|---|---|
| ≥220 | 3 |
| 201–219 | 0 |
| 181–200 | 0 |
| 161–180 | 0 |
| 141-160 | 0 |
| 121-140 | 0 |
| 111-120 | 0 |
| 101–110 | 1 |
| 91–100 | 2 |
| 81–90 | 2 |
| 71–80 | 3 |
| 61–70 | 3 |
| 51–60 | 3 |
| ≤50 | 3 |

| | |
|---|---|
| ≥131 | 3 |
| 121-130 | 2 |
| 111-120 | 2 |
| 101-110 | 1 |
| 91-100 | 1 |
| 81-90 | 0 |
| 71-80 | 0 |
| 61-70 | 0 |
| 51-60 | 0 |
| 41-50 | 1 |
| 31-40 | 3 |
| ≤30 | 3 |

| | |
|---|---|
| A Alert | 0 |
| C New Confusion | 3 |
| V Verbal | 3 |
| P Pressure | 3 |
| U Unresponsive | 3 |

| | |
|---|---|
| ≥39 | 2 |
| 38.1-39.0 | 1 |
| 37.1-38.0 | 0 |
| 36.1-37.0 | 0 |
| 35.1-36.0 | 1 |
| ≤35.0 | 3 |

7:32:23

# Patient Sample Report

Status: **ACCEPTED**
Analyzed: 25/01/2025 07:32:10
Sample Type: **Venous**
Operator ID: DUSICA PAUK0

## Patient

| | |
|---|---|
| ID: | 0412703297 |
| Last Name: | **O'ROURKE** |
| First Name: | **ALEXANDER** |
| Gender/Age: | Male, 54 years |
| Birth Date: | 04/12/1970 |

## Cartridge

| | |
|---|---|
| Lot No.: | 241021A |
| S/N: | 00000000500987477 |
| Exp. Date: | 01/02/2025 |

## Analyzer

| | |
|---|---|
| Model: | GEM® *Premier 5000* |
| Area: | RAHA&E |
| Name: | RAE |
| S/N: | 16090432 |

## Results

| | | | | Crit. Low | Reference Low | Reference High | Crit. High |
|---|---|---|---|---|---|---|---|
| **Measured (37.0°C)** | | | | | | | |
| cH | 41.3 | nmol/L | [ -- | -- | -- | -- ] |
| $pCO_2$ | 5.2 | kPa | [ -- | -- | -- | -- ] |
| $pO_2$ | 6.7 | kPa | [ -- | -- | -- | -- ] |
| $Na^+$ | 136 | mmol/L | [ -- | 133 | 146 | -- ] |
| $K^+$ | 4.1 | mmol/L | [ -- | 3.5 | 5.3 | -- ] |
| $Cl^-$ | 105 | mmol/L | [ -- | 95 | 108 | -- ] |
| $Ca^{++}$ | 1.25 | mmol/L | [ -- | 1.15 | 1.27 | -- ] |
| Glu ↑ | 8.7 | mmol/L | [ -- | 3.5 | 6.0 | -- ] |
| Lac | 0.9 | mmol/L | [ -- | 0.6 | 2.2 | -- ] |
| **CO-Oximetry** | | | | | | | |
| tHb | 148 | g/L | [ -- | -- | -- | -- ] |
| $O_2Hb$ ↓ | 81.6 | % | [ -- | 95.0 | 98.0 | -- ] |
| COHb ↑ | 3.4 | % | [ -- | 0.5 | 1.5 | -- ] |
| MetHb | 0.5 | % | [ -- | 0.5 | 1.5 | -- ] |
| HHb ↑ | 14.5 | % | [ -- | 0.0 | 5.0 | -- ] |
| $sO_2$ ↓ | 84.9 | % | [ -- | 95.0 | 98.0 | -- ] |
| **Derived** | | | | | | | |
| BE(B) | -1.8 | mmol/L | [ -- | -- | -- | -- ] |
| $HCO_3$(c) | 23.1 | mmol/L | [ -- | -- | -- | -- ] |
| Hct(c) | 44 | % | [ -- | -- | -- | -- ] |

↑↓ Outside Reference Range

## Other Information

**Operator Entered**

| | | |
|---|---|---|
| Temp | 37.0 | °C |

| | | | |
|---|---|---|---|
| Admitted | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

| Sp02 Scale 2<br>Target 88-92% |
|---|
| Signature: |
| Print Name: |
| Dr/ANP initials ONLY: |
| Date: |

| Patient on home oxygen Y☐ N☐ |
|---|
| If yes, add details of oxygen therapy |

**ument all actions and interventions**

| NEWS 5-6 or 3 in one parameter | NEWS 7 or more |
|---|---|
| Medium Clinical Risk | High Clinical Risk |
| Min Hourly Observations | Continuous Monitoring |
| Urgent Assessment by Medical Team | Urgent Assessment by Senior Medical Team |
| ACE Response in Medical Notes | ACE Response in Medical Notes |
| Think Sepsis if Suspicion of Infection | Consider 2222 |

d clinical judgement. Any concerns regarding the patient's condition
riately escalated and documented in the nursing notes

| Glasgow Coma Scale | | |

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

14

Affix Label

CHI: 0412703297

## Royal Alexandra Hospital

Total Att: 17

12 Mth Att: 0

Title: MR

**O'ROURKE** **Alexander**

DOB: **04/12/1970** Age: **48y** Sex: **Male**

**4D WHITEFORD PLACE**

**Dumbarton**
**Dunbartonshire**
**G82 3JS**
**07423118444**

Next of kin: **MCKEVER, John**
Relationship: **Friend**
**07851054148**

GP: **FR MacLean**
**01389 811844**

Attendance Date: **26/01/2019** Arrival Time: **21:07**

Registration Time: **21:07** Date of Incident: **26/01/2019**

Major Incident Desc:

Reason for Attendance: **collapsed exam**

Affix Label

**Nursing Assessment**

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **26/01/2019 21:14** Nurse name: **Nurse Angela Diver**

| | | |
|---|---|---|
| Temp | | C |
| HR | | bpm |
| BP | / | mmHg |
| MAP | | mmHg |
| RR | | bpm |
| SpO2 | | % |
| Oxygen | | % |

| | | |
|---|---|---|
| BM | | mmol/L |
| PF | | l/min |
| Expected PF | | l/min |
| Weight | | kg |
| Height | | cm |
| Visual Acuity | | |
| Left | | |
| Right | | |
| Corrected? | | |

| GCS | |
|---|---|
| Eyes | |
| Motor | |
| Verbal | |
| Total | |

| Pupils-Right | | Pupils-Left | |
|---|---|---|---|
| Size (mm) | | Size (mm) | |
| Reaction | | Reaction | |

Nursing Notes: **Fell while going to toilet as was feeling sick. ?LOC. Denies hitting head. Taken street valium on Thursday unknown quantity, grazes to forehead from then, doesn't remember what happened.**

**Child Assessment Questionnaire**

| | YES | NO |
|---|---|---|
| Previous attendance (consider any relevant trauma from previous presentations) | | |
| History variable between accounts | | |
| Examination not compatible with history/presentation | | |
| Delay in presentation | | |
| Fracture/head injury or significant bruising in baby or non-mobile toddler | | |

Discuss with Senior Medical Staff / Nurse on duty any factors identified

**X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)**

DO NOT WRITE HERE PLEASE

| ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis) | | | | | | |
|---|---|---|---|---|---|---|
| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Time of Administration | Signature | Given By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Date | CLINICAL NOTES |
|---|---|
| 26/01/2019 | Seen by (Dr) Ahumareze U.K Time seen 2250hrs |

M 04/12/1970
04127037297
O'ROURKE
Alexander

- Fell today at 1500hrs, had been drinking tea, choked on tea; was running to toilet when he collapsed to the floor. Feels he lost consciousness for a few seconds
- Unable to get self off floor; was assisted by friend off floor.
- No chest pain, No Palpitations, No Dizziness, No Headache.
- No history of Seizures, Incontinence post collapse, NKA Breathlessness
- Cough ⊗; Dysuria ⊗, Frequency ⊗
- 1 episode of loose stool everyday since he got out of prison in December. No Blood noticed in Stool
- Patient states he also had a Fall 2/7 ago; had taken 10 Street valium, then fell; cannot recall what happened, grazed forehead then.
- Today, complaining of pain in both feet since collapse.
- ~~Smokes~~ Smokes 10 roll-ups (Tobacco) daily, Nil alcohol, Used Street Valium 2/7 ago but that was a One-off.
- Lives alone.

OBS NEWS-0

CHEST HS-S1 S2 only
Reduced Breath Sounds at Base

- Normal Foot pumping
- No Dysmorphic features

ABD Obese, Soft
Bowel Sounds present

- Bilateral pedal oedema up to Mid-shin
- No Bruise noted on Ankles or Feet
- Tender over Medial aspect Right Foot
- Tender over Both Malleoli (Left Lower Limb)

Urine for Analysis
- Protein Trace only

① Collapse ? Cause - Pulmonary/Cardiac
② ? Stroke (Ankle & Foot - Left & Right Respectively) Lower Limb

Plan - CXR - Review with Results

| Date | CLINICAL NOTES |
|---|---|
| 27/01/19 | CXR, Ankle (Left), Foot (Right) X-Rays unremarkable<br>ECG — 79bpm, Sinus Rhythm<br>D/w Dr McNamara<br>→ Check L/S BP; if normal, Home — likely viral aetiology<br>→ If further episodes, return or see GP.<br>L/S BP — No postural deficit noted<br>Discharge Home<br>Attenalere U/C |

Discharge Codes (Please CIRCLE)

1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below)
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.

| Discharge date | 27/01/19 |
|---|---|
| Discharge time | |

| Ward number (if admitted): | Transfer to hospital: | Consultant If admitted): |
|---|---|---|

| Follow up | Arranged | Not arranged | To be arranged |
|---|---|---|---|

| Clinic referred to | A&E | Hand injury | Fracture | Pop Check | Medical | Surgical | ENT | Others (specify): |
|---|---|---|---|---|---|---|---|---|

## Discharge Prescription Packs

| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Frequency | Signature | Given By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

# Emergency Department Nursing Documentation

NHS Greater Glasgow and Clyde

Patient [illegible] Label

0412703297 04/12/1971
O'ROURKE
Alexander

Presenting Complaint: Collapse

Date and Time: 26/11/18 2155

Named Nurse(s):

| Patient preparation (Please tick when completed) | Initials: | Communication (Please tick when completed) | Initials: |
|---|---|---|---|
| Prepare patient for examination and provide blankets if required | ☐ | Communication Aids (spectacles / hearing aid) | ☐ |
| Clothing bagged, labelled and stored under trolley | ☐ | Relatives present, who? Family | ☐ |
| Name-band (if required) | ☑ | Relatives / NOK informed | ☐ |
| | | Interpreter required | ☐ |
| | | Telephone interpretation required | ☐ |

| Observations and Investigations (Please tick when completed) | | Initials: |
|---|---|---|
| Vital Signs recorded on NEWS chart and NEWS score recorded. Record Pain, blood sugar and neuro obs on NEWS chart if appropriate. | ☑ | IV cannula (if required) ☐ |
| Peak Flow 1. 2. 3. | ☐ | Blood samples taken ☐ |
| 12 Lead ECG | ☐ | Urinalysis and Specimen if indicated ☐ |
| Cardiac Monitoring | ☐ | *Results:* PRO + |
| X-rays performed | ☐ | HCG specimen if indicated ☐ |
| | | +ve ☐ -ve ☐ Strip Lot no: |
| Other: please add | ☐ | Weight: ☐ |

| Screening Tools (Please circle or tick as appropriate) | | Initials: |
|---|---|---|
| **SEPSIS** risk? SIRS Criteria 2 or more and suspicion of infection | Y (N) | **Preliminary Pressure Ulcer Risk Assessment** Y / N |
| Sepsis 6 protocol initialise and departmental documentation started | Y (N) | The patient can reposition themselves whilst in the department? |
| **AMT 4** (if >65 years) SCORE | N/A | There is **no** reported skin damaged other than presenting trauma? Y / N |
| **At risk of falls?** (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc). *If at risk complete risk assessment* | Y / (N) | The person is fully continent? Y / N |
| | | *If NO to any of the above initiate Waterlow risk assessment (within 4 hrs)* |
| **Mental Health Triage Assessment** | Y (N) | **Waterlow Score** *If >10 commence Active Care* ☐ |
| **Child Protection** considered (in line with policy) | Y (N) | **Active Care** (clinical judgement) (include all trolley patients at risk of pressure ulcers and all trolley patients in department for >4hrs) ☐ |
| **FAST** | Y (N) | *Record on Active Care Chart* |
| **GMAWS** | Y (N) | Pressure damage identified on arrival in ED is documented in clinical notes ☐ |
| **Has Swallow test been carried out?** | Y (N) | Grade 3 or 4 Pressure Ulcers are reported on DATIX ☐ |

| Pause for Transfer (Please tick when completed) | | Tick when completed | N/A | Notes |
|---|---|---|---|---|
| | Relatives informed | ☐ | ☐ | Information on discussion with relatives |
| | Cannula | ☐ | ☐ | |
| | Name band | ☐ | ☐ | |
| | AMT4 | ☐ | ☐ | |
| | NEWS chart<br>NEWS >7 - Name and Page number of senior doctor caring for patient | ☐ | Always | |
| Prescriptions signed | Infusions | ☐ | ☐ | |
| | Drugs | ☐ | ☐ | |
| | Allergies are recorded (e.g. on Kardex) | ☐ | ☐ | |
| | Fluids | ☐ | ☐ | |
| | Two hour plan in place e.g. Fluids, Antibiotics and emergency drugs written up on Kardex | ☐ | ☐ | |
| | GMAWS | ☐ | ☐ | |
| | Belongings (including patient's medications) | ☐ | Always | Please note here if any other tasks required prior to transfer |
| | Bed requested, accepted and ward informed | ☐ | Always | |
| | Notes: medical notes, GP letter, PRF | ☐ | Always | |
| Investigations | CXR reviewed | ☐ | | |
| | ECG reviewed | ☐ | ☐ | Print name |
| | Bloods sent | ☐ | ☐ | |
| | Bloods reviewed | ☐ | ☐ | |
| | Patient on $O_2$: cylinder checked | ☐ | ☐ | |
| | Patients requiring analgesia: sufficient | ☐ | ☐ | |

**Patient Addressograph Label**

| Pause for Discharge (Please tick when completed): | Tick when completed | N/A | Notes |
|---|---|---|---|
| Advice leaflets given | ☐ | ☐ | Information on discussion with relatives |
| Belongings (including patient's medications) | ☐ | Always | |
| New medications explained | ☐ | ☐ | |
| Cannula removed | ☐ | ☐ | |
| Relatives aware of discharge | ☐ | ☐ | Please note here if any other tasks required prior to discharge |
| Social/ Support Services required and contacted | ☐ | ☐ | |
| SAS transport required and ref no | ☐ | ☐ | Print name |
| Other means of transport arranged by nurse | ☐ | ☐ | |

## Nursing Notes and Care Plan

| ate and Time | | Print Name and Signature |
|---|---|---|
| 2130 | Into room | |
| | | |
| | | |
| | | |
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**Patient Addressograph Label**




## Nursing Notes and Care Plan

| Date and Time | | Print Name and Signature |
|---|---|---|
| | | |
| | | |
| | | |

# Emergency Department - Active Care

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every:

(Please circle) ½ hour 1hour 2 hours

Signed ..... Name .....

**Patient Addressograph Label**

**USE FOLLOWING CODE:**

**O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks**

| | | | Time | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1. | **PAIN: Assess and address**<br>If in pain inform registered nurse **Y/ N or N/A** | | | | | | | | |
| S | 2. | **SKIN INSPECTION**<br>Pressure areas checked: **Y / N / I (independent)** | | | | | | | | |
| | | Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT) | | | | | | | | |
| K | 3. | **KEEP MOVING:**<br>Have you moved or walked **Y / N / I (independent)** | | | | | | | | |
| | | **Bed** Right side (30° tilt) – **R** Left Side (30° tilt) – **L** Back– **B** | | | | | | | | |
| | | **Chair** Assist to walk, stand or tilt **(W /ST/ T)** | | | | | | | | |
| I | 4. | **ELIMINATION:** Do you need the toilet?<br>**I** = Independent **A** = Assistance given **IC** = patient incontinent of urine/faeces | | | | | | | | |
| N | 5. | **FOOD, FLUIDS AND NUTRITION:**<br>Is the patient nil by mouth? **Y / N** (consider mouth care) | | | | | | | | |
| | | Encourage the patient to drink? **(if appropriate) Y / N / N/A** | | | | | | | | |
| | | Food, snack or supplement taken? **(if appropriate) Y / N / N/A** | | | | | | | | |
| | 6. | **ENVIRONMENT:** Is the patient able to call for assistance? Is the area clutter free, clean and safe? Does the patient have everything they require in safe reach? Is the bed in lowest position? **Y / N** | | | | | | | | |
| | 7. | **INFORMATION: Ask:** Is there anything else I can help you with?<br>Inform patient of the time of return. **Y / N** | | | | | | | | |
| | 8. | **ESCALATION:**<br>Escalate any issues to the Registered Nurse? **Y / N/A** | | | | | | | | |
| | | | Nurse Initials | | | | | | | |

| USE FOLLOWING CODE | Specialist Pressure Redistributing equipment | Variations | | | |
|---|---|---|---|---|---|
| **V = Variant**<br>**I = Independent**<br>**NT = No thanks** | ☐ Repose Mattress<br>☐ Moving and handling aids<br>☐ Other: | Time | No. | Variation | Signed |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Waterlow Pressure Area Risk Assessment

| Build/Weight | | Skin Type/Visual Risk Areas | | Sex/Age | | Special Risks - Tissue Malnutrition | |
|---|---|---|---|---|---|---|---|
| Average (BMI 20-24.9) | 0 | Healthy | 0 | Male | 1 | Multiple organ failure/ Terminal cachexia | 8 |
| Above Average (BMI 25-29.9) | 1 | Tissue Paper (thin/fragile) | 1 | Female | 2 | | |
| Obese (BMI > 30) | 2 | Dry (appears flaky) | 1 | 14-49 | 1 | Single organ failure | 5 |
| Below Average (BMI < 20) | 3 | Oedematous (puffy) | 1 | 50-64 | 2 | Peripheral Vascular Disease | 5 |
| **Continence** | | Clammy /pyrexia | 1 | 65-74 | 3 | Anaemia = Hb < 8 | 2 |
| Complete/Catheterised | 0 | Discoloured (brusing/mottled) | 2 | 75-80 | 4 | Smoking | 1 |
| Incontinent urine | 1 | | | 81+ | 5 | Neurological Deficit | |
| Incontinent faeces | 2 | Broken (established ulcer) | 3 | **Nutritional Element** | | Diabetes/MS/CVA Motor or sensory paraplegia (Max 6) | 4-6 |
| Doubly Incontinent (urine and faeces) | 3 | **Mobility** | | Unplanned weight loss in past 3-6 months<br>< 5% Score 0<br>5-10% Score 1<br>> 10% Score 2 | | | |
| | | Fully mobile | 0 | | | | |
| **Special Risks – Surgery/Trauma** | | Restless/Fidgety | 1 | | | **Special Risks - Medication** | |
| On table > 6 hours | 8 | Apathetic (sedated/depressed/ reluctant to move) | 2 | | | Cytotoxic, anti-inflammatory, long term/high dose steroids (Max 4) | 4 |
| Orthopaedic / below waist/Spinal (up to 48 hrs post-op) | 5 | | | BMI > 20 Score 0<br>BMI 18.5-20 Score 1<br>BMI < 18.5 Score 2 | | Risk Score<br>10+ = 'At risk'<br>15+ = 'High Risk'<br>20+ = 'Very High Risk' | |
| On table > 2 hours (up to 48 hrs post op) | 5 | Bed bound (unconscious/unable to change position/traction) | 4 | Patient acutely ill or no nutritional intake > 5 days | 2 | | |
| | | Chair Bound | 5 | | | | |

Patient's Initial Waterlow Score = If Score ≥10 Complete the Adapted Waterlow Pressure Area Risk Assessment Chart

# NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address




CHI No.
DoB

| | Date | Ward |
|---|---|---|
| Admitted | | |
| Transferred | | |
| Transferred | | |

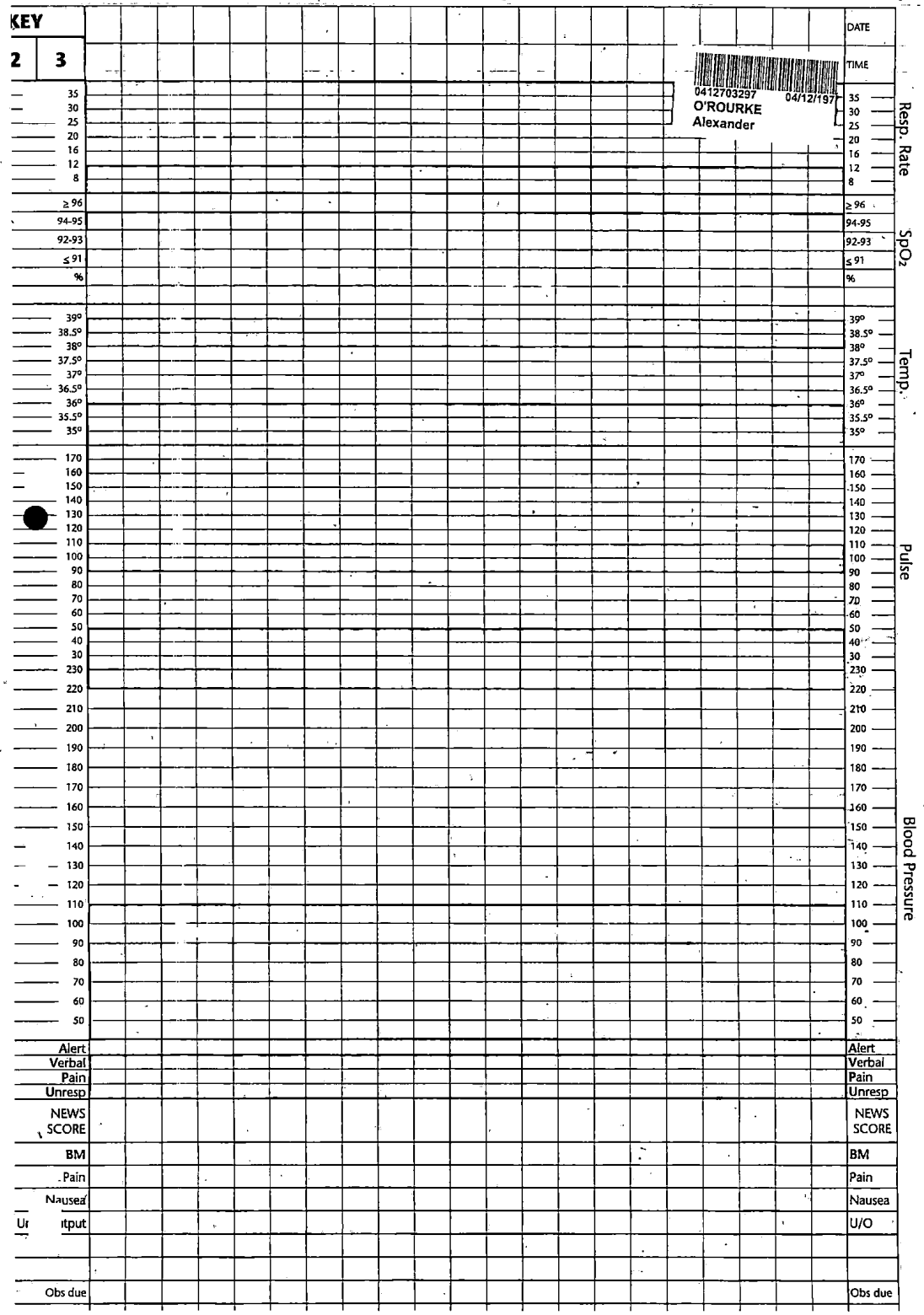
| Physiological Parameter | NEWS – NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | ≤8 | | 9-11 | 12-20 | | 21-24 | ≥25 |
| Oxygen Saturations | ≤91 | 92-93 | 94-95 | ≥96 | | | |
| Any Supplemental Oxygen | | Yes | | No | | | |
| Temperature | ≤35.0° | | 35.1-36.0° | 36.1-38.0° | 38.1-39° | ≥39.1° | |
| Pulse | ≤40 | | 41-50 | 51-90 | 91-110 | 111-130 | ≥131 |
| Systolic BP | ≤90 | 91-100 | 101-110 | 111-219 | | | ≥220 |
| Conscious Level | | | | A | | | V, P or U |

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

**See NEWS Actions Reference Tool for local escalation policy**

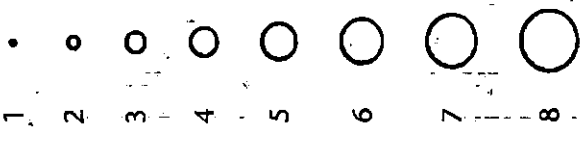
| NEWS Score | Frequency of Monitoring | Clinical Response |
|---|---|---|
| **0** | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations. |
| **Aggregate 1- 4** | Minimum 4 hourly | • Inform trained nurse.<br>• Trained Nurse assessment:<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate. |
| **Aggregate 5 or more or 3 in one parameter** | Increased frequency to a minimum of 1 hourly | • Trained Nurse assessment.<br>• Inform medical team caring for the patient.<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients.<br>• Consider level of monitoring required in relation to clinical care. |
| **Aggregate 7 or more** | Continuous monitoring of vital signs | • Trained Nurse to assess immediately.<br>• Inform medical team caring for the patient – this should be at least senior medical staff level.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills.<br>• Consider referral to high dependency or ITU. |

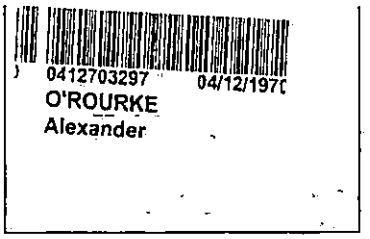
| | | |


KEY
2
3
DATE
TIME
0412703297
04/12/197
O'ROURKE
Alexander
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
35
30
25
20
16
12
8
≥ 96
94-95
92-93
≤ 91
%
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due

Glasgow Coma Scale

Pupil size (mm)




## Neurological Observations

| | | |

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

## Vale of Leven Hospital

CHI: 0412703297

Total Att: **16**

12 Mth Att: **1**

Title: **MR**

**O'ROURKE** **Alexander**

DOB: **04/12/1970** Age: **46y** Sex: **Male**

**100D WHITEFORD AVENUE**

**Dumbarton**
**Dunbartonshire**
**G82 3JE**

Next of kin: **O'ROURKE, David**
Relationship: **Nephew**

GP: **FR MacLean**
**01389 811844**

Attendance Date: **26/04/2017** Arrival Time: **12:14**

Registration Time: **12:14** Date of Incident: **01/02/2017**

Major Incident Desc:

Reason for Attendance: **injury to left elbow**

**Nursing Assessment**

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **26/04/2017 12:56**

Nurse name: **Nurse Christine Buchanan**

| | | |
|---|---|---|
| Temp | 35.0 | C |
| HR | 46 | bpm |
| BP 143 | 190 | mmHg |
| MAP | | mmHg |
| RR | 16 | bpm |
| SpO2 | 99 | % |
| Oxygen | | % |

| | | |
|---|---|---|
| BM | | mmol/L |
| PF | | l/min |
| Expected PF | | l/min |
| Weight | | kg |
| Height | | cm |

| Visual Acuity | |
|---|---|
| Left | |
| Right | |
| Corrected? | |

| GCS | |
|---|---|
| Eyes | |
| Motor | |
| Verbal | |
| **Total** | |

| Pupils Right | | Pupils Left | |
|---|---|---|---|
| Size (mm) | | Size (mm) | |
| Reaction | | Reaction | |

Nursing Notes:

CRP (6)

**Child Assessment Questionnaire**

| | YES | NO |
|---|---|---|
| Previous attendance (consider any relevant trauma from previous presentations) | | |
| History variable between accounts | | |
| Examination not compatible with history/presentation | | |
| Delay in presentation | | |
| Fracture/head injury or significant bruising in baby or non-mobile toddler | | |

Discuss with Senior Medical Staff / Nurse on duty any factors identified

**X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)**




DO NOT WRITE HERE PLEASE

| ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis) | | | | | | |
|---|---|---|---|---|---|---|
| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Time of Administration | Signature | Given By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date C. Berden

0412703297 04/12/1970
O'ROURKE
Alexander

ES

Seen by (Dr) Time seen 1330hrs.

26/4/17

Allergies
Iodine - Topical

DH
Methadone
Lamotrigine
Ventolin
Seroxat
See ECR sheet

PMH
Asthmatic
Recent Hernia operation.
Clean from Heroin 5yrs

(RHD)
unemployed.
Lives Alone.

PC (L) elbow fall 13 weeks ago painful elbow.

HPC patient gives hx falling in his close down ten steps landing to elbow.
c/o ↑ pain and constant discharge daily (light straw colour)

O/E swelling to elbow
Tender olecranon - small dry area - no discharge noted.
No NV deficit Radial pulse cap refill < 2 sec
Motor/sensory nerves intact Radial, Ulnar, Median
Rom hand, wrist, elbow.
No pain to upper arm, forearm, wrist, scaphoid
or hand.
No other concerns
Obs

(1534) Called Hospital page - possible broken clavicle reason.

Requested Medical Review Bradycardia see overleaf
Bloods for FBC U&Es requested.
Await results

Imp ? # ? Osteomyelitis
X-Ray NBI

| Date | CLINICAL NOTES |
|---|---|

0412703297 04/12/1970
O'ROURKE
Alexander

33yo · HR noted ~ 35-40. SR

No symptoms

→ ECG to be added,

Check. XFTs + OP Chest reader

to assess noted bradycardia → if present refer to cardiology

Bloods back

Discussed with trauma liaison [signature]

CRP 6 GP U+E's normal FBC normal

No ESR or Thyroid function back yet

MR Wright and Mrs Crighton advised patient to be seen at next # clinic at Vol. Return sooner if signs of infection.

Fu 24 hour tape asked for by DR M perm kept in for patient to be discharged home from medical review

Discharged c ECG

ischarge Codes (Please CIRCLE)

1. Admission (2. Discharge) 3. Refer to GP 4. Transfer to other (see below)
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.

| Discharge date | 26/4/17 |
|---|---|
| Discharge time | 1720hrs. |

| Ward number (if admitted): | Transfer to hospital: | Consultant If admitted): |
|---|---|---|
| | | |

| Follow up | Arranged | | Not arranged | | | To be arranged | |
|---|---|---|---|---|---|---|---|
| Clinic referred to | A&E | Hand injury | (Fracture) | Pop Check | Medical | Surgical | ENT | Others (specify): |

**Discharge Prescription Packs**

| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Frequency | Signature | Given By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Clinical Data | Key Information Summary

**Last Emergency Care Summary received 21 April 2017**

Allergy

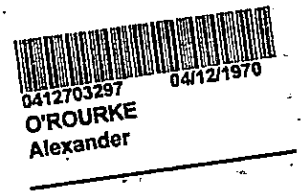
| Description | Date Recorded | Comments |
|---|---|---|

Acute Medication (including those greater than 30 days) Medicines Reconciliation Report

| Originator | Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date |
|---|---|---|---|---|---|---|

Repeat Medication Medicines Reconciliation Report

| Originator | Drug ID | Formulation | Dose | Frequency | Medication Start Date | Prescription Date | Dispensed Date | Cancel Date |
|---|---|---|---|---|---|---|---|---|
| In Practice | Thiamine Hydrochloride | 100 mg Tablets | N/A | ONE TABLET TDS WEEKLY DISPENSE | 09-Feb-2017 | 21-Apr-2017 | | - |
| In Practice | Salbutamol | 100 micrograms/puff Cfc-free Inhaler | N/A | 2 PUFFS TAKE AS REQUIRED | 22-Jun-2015 | 21-Apr-2017 | | |
| In Practice | Olanzapine | 15 mg Tablets | N/A | 1 TAB AT NIGHT WEEKLY DISPENSE | 05-Jun-2014 | 21-Apr-2017 | | |
| In Practice | Beclometasone And Formoterol | 100 micrograms + 6 micrograms/dose Cfc-free Inhaler | N/A | ONE OR TWO DOSES TO BE INHALED TWICE DAILY | 25-Feb-2016 | 03-Apr-2017 | | |
| In Practice | Omeprazole | 20 mg Capsules (Gastro-Resistant) | N/A | ONE TO BE TAKEN EACH DAY | 09-Sep-2015 | 28-Nov-2016 | | |



PWA

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

| Hospital (*circle*) | IRH | RAH | RHSC | GRI | WiG | VI | VIMIU | Stob | VOL | SGH |
|---|---|---|---|---|---|---|---|---|---|---|

CHI: 0412703297

**Royal Alexandra Hospital**

Total Att: **15**

12 Mth Att: **0**

Title: **MR**

**O'ROURKE** **Alexander**

DOB: **04/12/1970** Age: **46y** Sex: **Male**

**100D WHITEFORD AVENUE**

**Dumbarton**
**Dunbartonshire**
**G82 3JE**

Next of kin:
Relationship:

GP: **FR MacLean**
**01389 811844**

Attendance Date: **19/12/2016** Arrival Time: **03:17**

Registration Time: **03:17** Date of Incident: **19/12/2016**

Major Incident Desc:

Reason for Attendance: **biba - self harm**

Affix Label

**Nursing Assessment**

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **19/12/2016 03:23** Nurse name: **Nurse Gillian Mullen**

| | | |
|---|---|---|
| Temp | | C |
| HR | | bpm |
| BP | / | mmHg |
| MAP | | mmHg |
| RR | | bpm |
| SpO2 | | % |
| Oxygen | | % |

| | | |
|---|---|---|
| BM | | mmol/L |
| PF | | l/min |
| Expected PF | | l/min |
| Weight | | kg |
| Height | | cm |

| Visual Acuity | |
|---|---|
| Left | |
| Right | |
| Corrected? | |

| GCS | |
|---|---|
| Eyes | |
| Motor | |
| Verbal | |
| **Total** | |

| Pupils Right | | Pupils Left | |
|---|---|---|---|
| Size (mm) | | Size (mm) | |
| Reaction | | Reaction | |

Nursing Notes: **"DSH this evening with stanley knife. Admits to 10 x beers denies any drug use or suicidal ideation. phones samaritans helpline this evening "**

Agitated in triage Police in attendance

**Child Assessment Questionnaire**

| | YES | NO |
|---|---|---|
| Previous attendance (consider any relevant trauma from previous presentations) | | |
| History variable between accounts | | |
| Examination not compatible with history/presentation | | |
| Delay in presentation | | |
| Fracture/head injury or significant bruising in baby or non-mobile toddler | | |

- Discuss with Senior Medical Staff / Nurse on duty any factors identified

**X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)**

DO NOT WRITE HERE PLEASE

| ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis) | | | | | | |
|---|---|---|---|---|---|---|
| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Time of Administration | Signature | Given By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ALEXANDER O'ROURKE 04/12/1971

| Date | CLINICAL NOTES |
|---|---|
| 19/12/16 | Seen by (Dr) JAMIE HOOKER (IA) Time seen 05:30 |

46 ♂ DSH

Background: known to psychiatry w psychotic illness (CPN Hogh Tunes)
incisional hernia - recent repair
prev. opiate addiction on suboxone

Says feeling more tense ove past ~~few~~ 2 weeks - feels as though he is "going to murder someone". Cut own forearm this evening w stanley knife to release tension as this has made him feel better in the past. No suicidal intent.

Feels problems in close at home worsening mood; neighbour knocking on door. Says might kill this neighbour. Feels is more anxious & "paranoid" - feels ~~her~~ as though people are talking about him (but cannot hear what they are saying) & thinks people are "trying to spike (him)" "with acid". No auditory/visual hallucinations.

Has been drinking today - says 10 bottles budweiser - denies daily alcohol. Recognises alcohol has negative impact on mood.

Denies ongoing suicidal or self-harm intent. Ongoing homicidal ideation but denies plan.

PMH: above

S Meds: omeprazole
suboxone
olanzapine
inhalers.

SH: lives alone
smokes
buge alcohol
denies ~~other~~ drugs; prev. opiate misuse

PTO

| Date | CLINICAL NOTES |
|---|---|

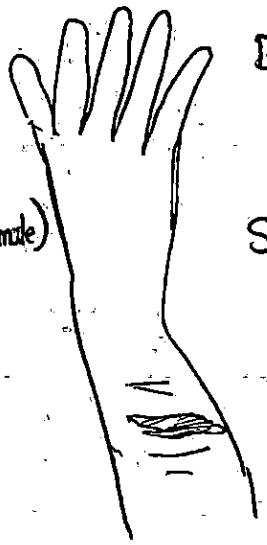
Cont$^{d}$:

O/E / See mental health proforma

(L) forearm →

VOLAR ASPECT

→ not to scale (estimate)



Distally NVI < radial, ulnar, median n. motor & sens"
< radial pulse, CRT < 2s.

Several cuts to volar aspect forearm.
Subcutaneous fat visible.
No ongoing bleeding.
(N) hand movements / wrist movement.

Declined LA to allow full cleaning/exploration - discussed risk of infection, missed neurovascular/tendon injury. Declined sutures - discussed risk of delayed healing/failure, large scar formation, disruption of tattoo, infection. Has capacity.

Wounds closed as - edges as close as possible/best approximation possible with steri-strips. Re-offered closure c sutures; declined.

Washed out c saline prior to closure.

PTO

Discharge Codes (Please CIRCLE)

1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below)
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.

| Discharge date | |
|---|---|
| Discharge time | |

| Ward number (if admitted): | Transfer to hospital: | Consultant If admitted): |
|---|---|---|
| | | |

| Follow up | Arranged | | | Not arranged | | | To be arranged | |
|---|---|---|---|---|---|---|---|---|
| Clinic referred to | A&E | Hand injury | Fracture | Pop Check | Medical | Surgical | ENT | Others (specify): |

**Discharge Prescription Packs**

| Date Given | DRUG (BLOCK CAPITALS) | Dose | Method of Administration | Frequency | Signature | Given By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

NHS GREATER GLASGOW & CLYDE

**CLINICAL NOTES – MEDICAL** ☑
**NURSING** ☐

Please tick ✔ appropriate directorate

ALEXANDER O'ROURKE
0412703297

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| Cont'd | ED NOTES (cont'd). | police had arranged phone consultation whilst in ED. |
| | In light of voiced homicidal ideation, re-discussed w CPN Ann-Marie McColl (duty). Discussed specific threats related to neighbour. CPN McColl in satisfied that current review arrangements - to see own psychiatrist on Tuesday (and plans to attend) are adequate. | |
| | D/w Dr Marson (ED senior); agreed: | |
| | → discharge in light of above. police & CPNs aware of circumstances. | |
| | Discussed w Alexander - nil to suggest would not be legally responsible if harms others - has confirmed he understands this. Discussed plans for future - is considering moving away from Dumbarton, back to Paisley, to help mental health. Encouraged ~~plans for~~ positive planning for future & discussed: | |
| | → see GP practice nurse for wound c/v ED or GP if Sx infection. | |
| | → emergency contacts - NHS24 / CPNs / ED for mental health to avoid consultation / self-harm. no reason to suggest would not be responsible for own actions. | |
| | Hospital taxi arranged for (H). | 746080 LAS |

## Scottish Ambulance Service Patient Report Form

| | | | |
|---|---|---|---|
| Incident Number | CR003419736 on 19/12/2016 at 02:22 | | |
| Callsign | | Incident Type | EMG |
| Crew1 | E101837X | Crew3 | |
| Crew2 | E9888782 | Crew4 | |

### INCIDENT LOG

| | | | |
|---|---|---|---|
| Incident Location | 100D WHITEFORD AVENUE DUMBARTON | Incident Postcode | G82 3JE |
| Call Received | 02:22 - 19/12/2016 | Patient at Hospital | - |
| Call Passed | 02:29 - 19/12/2016 | Patient Handover | - |
| Crew Mobile | 02:29 - 19/12/2016 | Crew Clear | - |
| Crew at Scene | 02:43 - 19/12/2016 | Clear Reason | |
| Crew Left Scene | 02:51 - 19/12/2016 | | |
| Pre-alert Medical Standby | | | |
| Receiving Hospital | ROYAL ALEXANDRA - PAISLEY | | |

### DIAGNOSIS

| | |
|---|---|
| Chief Complaint Code | 25 |
| Despatch Code | 25B01W : Psy/Abnormal behave/Suicidal Serious bleed W |
| Diagnostic Code | 25A01 : 25A01 - Non-Suicidal Alert and Awake |

### PATIENT DETAILS

| | | | |
|---|---|---|---|
| Surname | O'ROURKE | | |
| Forename | ALEXANDER | | |
| Middle Initials | | Sex | Male |
| DoB | 04/12/1970 | Age | 46 years 0 months 15 days |
| Patient Address | | Patient Postcode | |
| Patient Telephone | | Ethnicity | |

### VITAL SIGNS

| Time | Pulse | Rthm | AVPU | RR | SYS | DIA | PEF | BG | Temp | SpO2 | PS | CRT | ECG | Sepsis | GCS | RTS | NEWS | ETCO2 | Lactate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 02:50 | 78 | Reg | Alert | 16 | 136 | 92 | | 5.1 | 36.9 | 97 | | < 2 Secs | Normal sinus rhythm | | 15 | 7.8 | | | |
| 03:07 | 66 | Reg | Alert | 16 | 133 | 96 | | | | 97 | | < 2 Secs | Normal sinus rhythm | | 15 | 7.8 | | | |

### AMPLE

| | |
|---|---|
| Allergy Type | Anaesthetics, |
| Previous Medication | VARIOUS |
| Disability | Mental Health Condition |
| Other Disability | DEPRESSION, QUERY SCHIZOPHRENIA |
| Last Eaten Before Incident | More Than 5 Hours |
| Events Prior To Incident | 999 CALL FOR 46YOM SELF HARMED HIMSELF USING STANLEY KNIFE. LACERATIONS TO RT ARM/WRIST. PT REPORTS TO SELF HARMING FOR SEVERAL YEARS, NOT SUICIDAL. EN ROUTE PT CONTINUED TO CAUSE INJURY TO HIS LEFT HAND WITH HOUSE KEYS. SPOKE TO SAMARITANS TNYT BEFORE SELF HARMING, MISSED CPN APPOINTMENT LAST WEEK. HAS HAD 10 X BUDWEISERS TNYT. DENIES ANY DRUGS. |

### EYES AND PUPILS

| | | | |
|---|---|---|---|
| Left Eye | | Right Eye | |
| Left Pupil Size | Normal | Right Pupil Size | Normal |
| Left Pupil Reaction | Normal | Right Pupil Reaction | Normal |
| Unequal Reaction To Light | | | |

### SEPSIS

| Pulse | RR | SYS | Temp | GCS | BG | Pneumonia | UTI | Other infection | Abdo Pain | Diarrhoea | Abdo distension | Meningitis | Cellulitis | Septic arthritis | Wound infection | Infected indwelling device | No signs of infection |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 78 | 16 | 136 | 36.9 | 15 | 5.1 | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO |
| 66 | 16 | 133 | | 15 | | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO |

### GCS

| Time | Eye Opening | Verbal Response | Motor Response | Total |
|---|---|---|---|---|
| 02:50 | Spontaneous | Orientated | Obeys Commands | 15 |
| 03:07 | Spontaneous | Orientated | Obeys Commands | 15 |

### SAFEGUARDING

| | |
|---|---|
| Situation | Patient Lives Alone |
| Previous History Of Mental Health Problems | History Of Alcohol Or Substance Abuse, History Of Depression, History Of Other Mental Health Problems, History Of Threatening Self Harm |
| Action Taken | Patient Conveyed To Hospital, Police Contacted |
| Details Of Risk Or Concern | |

### PATIENT SUPPORT

| | | | |
|---|---|---|---|
| Next of Kin | DAVID OROURKE | Next of Kin Telephone | |
| Next of Kin Address | | | |
| Accompanied by | NEPHEW. NOT ACCOMPANIED | | |

### REPORT MANAGEMENT

| | | | |
|---|---|---|---|
| Report ID | CR003419736-19122016031045 | | |
| Software Version | 1.0.444 | Report Type | Interim |

# Emergency Department
# Mental Health Triage and Risk Assessment

NHS Greater Glasgow Clyde

0412703297 04/12/1970

Patient Name O'ROURKE Alexander

DoB

## Emergency Department Triage

(to be completed by nurse)

## Triage Observations

(Document physiological measurements)

| GCS | BM | HR | BP | RR | $SaO_2$ | Temp |
|---|---|---|---|---|---|---|
| | | | | | | |

## Accompanied by

(Name, relation and particular concerns)

Police

Or describe the patient's physical appearance/clothing if attending alone as they may leave before assessment

Is the patient a young person in foster care or in a residential care placement? Yes/No

Is the patient a carer for a child or for a dependent adult? Yes/No

Is there a child protection concern or concern for an adult at risk? Yes/No

## Outline of Presentation

(Tick all the categories which apply and provide brief summary)

| | | |
|---|---|---|
| Overdose – will require medical assessment | | PSH Stanley Wade Regs Lytham |
| Self-Injury – will require wound management | ✓ | |
| Other Mental Health Presentation | | |

## Initial Presentation, Appearance and Behaviour

(Respond yes/no to each question in any order which seems appropriate)

| | | | |
|---|---|---|---|
| Is the patient violent, aggressive or threatening? | Yes | | No |
| Is the patient obviously distressed, markedly anxious or highly aroused? | | Yes | No |
| Is the patient quiet and withdrawn? | | Yes | No |
| Do you think the patient is behaving inappropriately to their situation? | | Yes | No |
| Do you think the patient presents an immediate risk to you, to others, or to themselves? | Yes | | No |
| Do you think the patient is likely to abscond prior to assessment? | Yes | | No |
| Do you think the patient's presentation suggests either delusions or hallucinations?* | Yes | | No |
| Do you think the patient's presentation suggests they feel their actions are being controlled? | Yes | | No |
| Are you aware of a history of mental health problems or psychiatric illness? | | Yes | No |
| Are you aware of a history of violence or self harm? | | Yes | No |
| Is the patient currently expressing suicidal thoughts | Yes | | No |

*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (e.g. visual or vocal) the patient thinks are real

## Triage Risk Assessment

(Indicate an initial category of risk by circling one and selecting one of three risks)

**High/Moderate/Low Risk**

**of self-harm/violence/absconding in department**

| Triage Category | | |
|---|---|---|
| | 2 | high risk – supervised *and* in the department<br>moderate risk – supervised *or* in the department<br>low risk – can be asked to wait if necessary |

*Any responses* in the first column **High Risk**

Other patients can be categorized as **Moderate Risk**

If *all responses* are in the third column **Low Risk**

## Immediate Management

(Print to blue information and in patient notes document your supervision)

| | | |
|---|---|---|
| Patient location, supervised by... | PMA Police | |
| Blood sample time? | | Toxbase Information Printed? |

Print Name GBrown

Signature GBrown

Date 19/12/16 Time 0825

©2013 NHS GG&C Mental Health & Acute Interface Group and Clinical Subgroup version 2.0

Ann-Marie McCall
Duty CPN.

# Emergency Department Mental Health Assessment

This side to be completed by medical staff

Outline of current presentation and precipitating factors

See ED card.

Previous mental health problems, self harm, addictions, medication etc

See ED card.

Previous DSH; cut arms & burned hands.

Other relevant information; relationships, finances, employment, housing, physical health, childcare etc

Lives alone.

Issues w housing as per ED card.

| Appearance | Behaviour | Speech |
|---|---|---|
| Well kempt. Appropriately dressed. Jeans, trainers & casual top. | Appropriate eye contact, body language. Good rapport. ~~Anxious~~ | Normal rate, volume & intonation. |
| **Mood** | **Thought** | **Insight** |
| Subjectively anxious. Objectively, euthymic & appropriately reactive. | No delusions, perceptual abnormalities, no abnormality of thought form. | Insight intact. |

## Risk Assessment

Based on clinical assessment, indicate risk category of risk of further episode of self harm in the short term (48 hrs), considering any protective as well as precipitating factors

**High/Moderate/Low**

| Risk Factors: (Y=yes/n=no/u=unknown) | | | |
|---|---|---|---|
| male gender | (y) | n | u |
| age >18 and <65 | (y) | n | u |
| depression | y | n | (u) |
| alcohol or drug use | (y) | n | u |
| separated, widowed, divorced | (y) | n | u |
| suicide plan/concealment | y | (n) | u |
| evidence of psychosis | y | (n) | u |
| ongoing suicial intent | y | (n) | u |
| lack of social support | (y) | n | u |
| chronic physical illness/pain | y | (n) | u |
| family history of suicide | y | n | (u) |
| family concerned about risk | y | n | (u) |
| disengaged/poor compliance | y | (n) | u |
| unemployed or retired | y | n | (u) |
| access to lethal means of harm | y | (n) | u |
| previous violent methods | (y) | n | u |
| history of self harm/overdose | (y) | n | u |
| previous psychiatric treatment | (y) | n | u |
| current psychiatric treatment | (y) | n | u |
| current use of benzodiazepines | y | n | (u) |

## Summary and Plan for Further Assessment

Referral to liaison psychiatry, duty doctor, CRN service, CMHT, GP, addiction service, SW etc

Summary

See ED card

| Service Referred to | Time of Referral |
|---|---|
| Discussed w CPNs by police - CPNs spoke with patient. Re-contacted CPNs to confirm suitable. | |

## Discharge

Indicate the follow-up plan, advice given, and details of others informed or present

| Follow up and advice | Carer informed |
|---|---|
| See ED card | |

| Name and Designation of Consultant or Middle-Grade Involved in Reviewing Patient | See ED card. |
|---|---|

If young people in foster or residential care are assessed, their social work team should be informed, (via standby SW if out-of-hours), *and* correspondence given to carers present.

Print Name Jamie Hooker

Signature

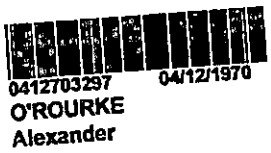
Date & Time

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version 2.0 – February 2013

# NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address




CHI No.
DoB

| | Date | Ward |
|---|---|---|
| Admitted | | |
| Transferred | | |
| Transferred | | |

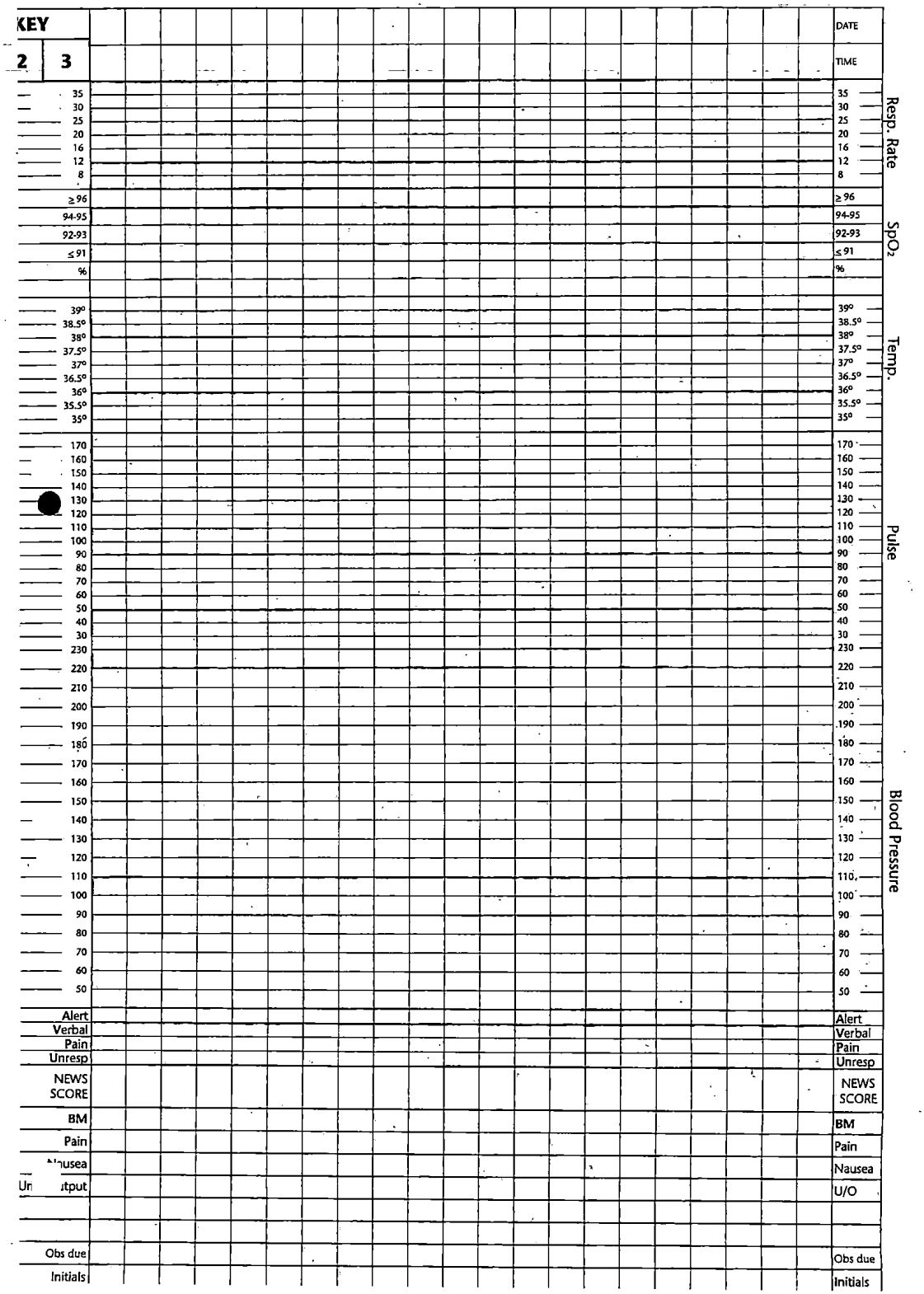
| Physiological Parameter | NEWS – NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | ≤8 | | 9-11 | 12-20 | | 21-24 | ≥25 |
| Oxygen Saturations | ≤91 | 92-93 | 94-95 | ≥96 | | | |
| Any Supplemental Oxygen | | Yes | | No | | | |
| Temperature | ≤35.0° | | 35.1-36.0° | 36.1-38.0° | 38.1-39° | ≥39.1° | |
| Pulse | ≤40 | | 41-50 | 51-90 | 91-110 | 111-130 | ≥131 |
| Systolic BP | ≤90 | 91-100 | 101-110 | 111-219 | | | ≥220 |
| Conscious Level | | | | A | | | V, P or U |

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the Nursing Notes.

## See NEWS Actions Reference Tool for local escalation policy

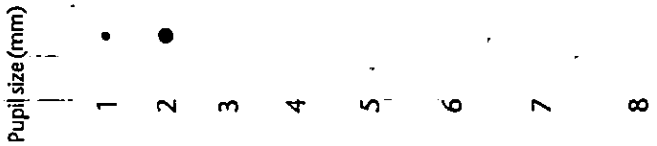
| NEWS Score | Frequency of Monitoring | Clinical Response |
|---|---|---|
| **0** | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations. |
| **Aggregate 1- 4** | Minimum 4 hourly | • Inform trained nurse.<br>• Trained Nurse assessment:<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate. |
| **Aggregate 5 or more or 3 in one parameter** | Increased frequency to a minimum of 1 hourly | • Trained Nurse assessment.<br>• Inform medical team caring for the patient.<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients.<br>• Consider level of monitoring required in relation to clinical care. |
| **Aggregate 7 or more** | Continuous monitoring of vital signs | • Trained Nurse to assess immediately.<br>• Inform medical team caring for the patient – this should be at least senior medical staff level.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills.<br>• Consider referral to high dependency or ITU. |

| | | |


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

## Glasgow Coma Scale

Pupil size (mm)




## Neurological Observations

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMA SCALE | E Eyes open | Spontaneously | 4 | | | | | | | | | | | | | | | | | | | | | | | Eyes closed by swelling = C |
| | | To speech | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| | V Best Verbal response | Orientated | 5 | | | | | | | | | | | | | | | | | | | | | | | Endotracheal tube or tracheostomy = T |
| | | Confused | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Inappropriate words | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Incomprehensible sounds | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| | M Best motor response | Obeys | 6 | | | | | | | | | | | | | | | | | | | | | | | Usually record the best arm response |
| | | Localises | 5 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - withdrawal | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - abnormal | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension to pain | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| | | TOTAL SCORE | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPILS | R | Size | | | | | | | | | | | | | | | | | | | | | | | | + reacts – no reaction c. eyes closed |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | |
| | LEGS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | |

## Pain Score

**Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No, Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | |

| Nausea and Vomiting | |
|---|---|
| 0 | = None |
| 1 | = Mild (*Not distressing – no retching/vomiting*) |
| 2 | = Moderate (*Troublesome – occasional retching/vomiting*) |
| 3 | = Severe (*Distressing – frequent retching/vomiting*) |

## Management Plan and Patient Exclusions

| Date and Time | Notes | Signed |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NHS GREATER GLASGOW & CLYDE

**CLINICAL NOTES - MEDICAL** ☐
**NURSING** ☐

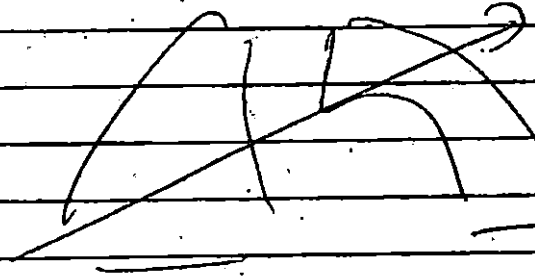
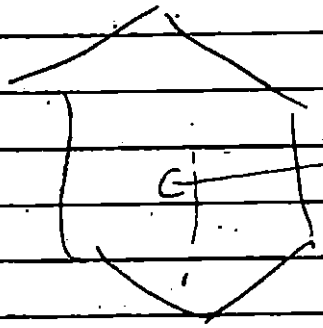
Please tick ✔ appropriate directorate

0412703297
O'ROURKE
Alexander M
04/12/1970
FLAT 4/D 100A WHITEFORD AVENUE
BELLSMYRE
Dumbarton, Dunbartonshire
G82 3JE

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 28/06/16 13:57 | FU1 Asican Pre-assessment | |
| | PC- Incisional hernia repair at RAH under Mr. Renwick 27/06/16 | |
| | HPC- Incisional hernia<br>3 years following laparotomy for a stabbing<br>- ° discomfort<br>- ° altered bowel habit<br>CT scan reports large wide necked dvaniculum of the recti/hernia extending from just below the xiphisternum to the umbilicus | |
| | PMH, Asthma<br>Ex tvbu - heroine<br>prev. alcohol excess<br>Laparotomy - oversewing of bleeding left gastro-colic ~~vessel~~ vessel and debridement<br>left elbow laceration 2012<br>Bilateral orchidopexy 1983 | |
| | Systemic Enquiry,<br>CVS - Nil<br>Resp - Nil, Asthma - rarely having to use salbutamol inhaler.<br>Neuro - Nil<br>GU - Nil<br>GI - As above | |

83949

0412703297
O'ROURKE M
Alexander 04/12/1970
FLAT 4/D 100A WHITEFORD AVENUE
BELLSMYRE
Dumbarton, Dunbartonshire
G82 3JE

| | Signature, Print Name & Designation |
|---|---|
| SH, smokes ~~10~~ 8 a day<br>- has cut this down significantly<br>- Does not drink alcohol - stopped last week<br>- Lives alone<br>- Not working - long term sick | |
| DH, olanzapine<br>Buprenorphine & Naloxone<br>Beclometasone and Formoterol<br>salbutamol<br>NKDA | |
| FH,<br>IHD | |
| O/E 117/66 mmHg<br>pulse 58/min - regular<br>$SpO_2$ - 98% on A<br>  <br>chest clear<br>equal air entry<br>HS I + II +o<br>  <br>SNT<br>BS present<br>hernia | |
| Fit for procedure | FHH ASHP. |

# Acute Services Division

**Surgery and Anaesthetics Directorate**

**Department: Pre Op Assessment Unit**

**Specialty: General Surgery**

NHS
Greater Glasgow and Clyde

| Hospital Name | Vale of Leven Hospital |
|---|---|

| Patient Details | | GP Details | |
|---|---|---|---|
| Name | O'Rourke, Alexander | Name | MACLEAN, FERGUS |
| Address | FLAT 4/D 100A WHITEFORD AVENUE<br>BELLSMYRE<br>Dumbarton<br>Dunbartonshire<br><br>G82 3JE | Address | The Health Centre<br>Station Road<br>Dumbarton |
| Correspondance Address | | Telephone | |
| Correspondance Postcode | | CRN Number | RAH165288, IRH236247, DYK0412703297, ZC03237720, S |
| Telephone | | Consent | Yes |
| Patient Contact Number | 07774071012 | Sensitivity | Sensitive |
| CHI Number | 0412703297 | Consultant Name | RENWICK |
| Sex | Male | Requires Transport | No |
| Date of Birth | 04/12/1970 | Religion | |

| Next of Kin / Person to Notify | Next of Kin | Person to Notify |
|---|---|---|
| Name | DAVID O'ROURKE | |
| Address | BRIDGE OF WEIR | |
| Landline | | |
| Mobile | 07436007510 | |
| Relationship | NEPHEW | |

**Assessor**

Margaret McAlpine Date Assessed: 23/06/2016

**POA First Line**

Surgery / Procedure: FOR INCISIONAL HERNIA REPAIR AT RAH UNDER MR RENWICK - TCI 27/6/16
Admission - SDA
TCI Date - 27/06/2016
Fasting information provided

**Availability**

Reason -
Details -

**Examination**

Age: 45 Weight (kg): 89 Height (m): 1.78 BMI: 28

BP: 117/66mmHg Pulse: 58/ min Rhythm: SaO2: 98%

Patient has had an anaesthetic before. There is not a family history of anaesthetic problems.

Patient has had surgery before. LAPARTOMY - OVERSEWING OF BLEEDING LEFT GASTRO-COLIC VESSEL AND DEBRIDEMENT LEFT ELBOW LACERATION (STABBIMG) 2012. BILTAERAL ORCHIDEOPEXY 1983. RIGHT HAND SURGERY 1981.

Patient is currently taking the following medication:

SUBOXON 12MG DAILY - GET DOSE EACH DAILY FROM CHEMIST
LONAZEPAM 15MG DAILY AT 10PM
PURPLE INHALER 2 PUFFS TWICE/DAY AS REQ'D - NOT USED OFTEN
VENTOLIN INHALER AS REQ'D - USED RARELY

Patient does not have any allergies

Patient does not suffer from heartburn or indigestion.

Patient does not have any heart conditions

Patient does not have high blood pressure

Patient does not have diabetes.

Patients best level of fitness is - climbs 1 flight of stairs without stopping. Details - KEEN HILLWALKER

Patient has breathing problems. Patient has asthma, bronchitis, COPD or emphysema.

Patient does not have kidney / liver problems

Patient has not been notified that they are at risk of CJD, vCJD.

Patient smokes 8.00 cigarettes per day. Patient drinks 0.00 units or alcohol per week.

Patient does not have any Implants / Prothesis

Patient does not require MRSA Screening

The following investigations are required:

| Investigation | Required | Ordered | Investigation Date | Med Staff Informed | Action Required | Re-Test Required |
|---|---|---|---|---|---|---|
| FBC | Yes | No | | No | No | |
| U&Es | Yes | No | | No | No | |
| LFTs | Yes | No | | No | No | |
| COAG | Yes | No | | No | No | |

**Referrals and Type of admission - Recommended Admission pathway**

| | | |
|---|---|---|
| **Type of Admission:** | SDA | |
| **Admission Deferred:** | No | |

**Further Details:**

MEDICAL HISOPTRY
1. ASTHMA - ON INHALERS
2. DRUG DEPENDANCY - SMOKED HEROINE - LAST TAKEN 4 YEARS , SMOKES SMALL AMT OF CANNIBIS EVERY DAY
3. WAS DRINKING EVERY DAY , BUT NOT WEXCESSIVELY STOPPED LAST WEEK

SURGICAL HISTORY - AS ABOVE

DENTAL - FULL UPPER DENTURES NAD LOWER PARTIAL DENTURES

SOCIAL HISTORY
LIVES ALONE
NOT WORKING - ON LONG TERM SICK
NO DIET REQUIRMENTS/FOOD ALLERGIES

FOR REVIEW BY FY1 TODAY

WILL CONTACT SECRETARY RE: LATER ADMISSION TO HOSPITAL , WILL NEED OVERNIGHT STAY HAS HE LIVES ALONE.

FOR REVIEW BY FY1 TODAY

**There is no further information for this patient.**

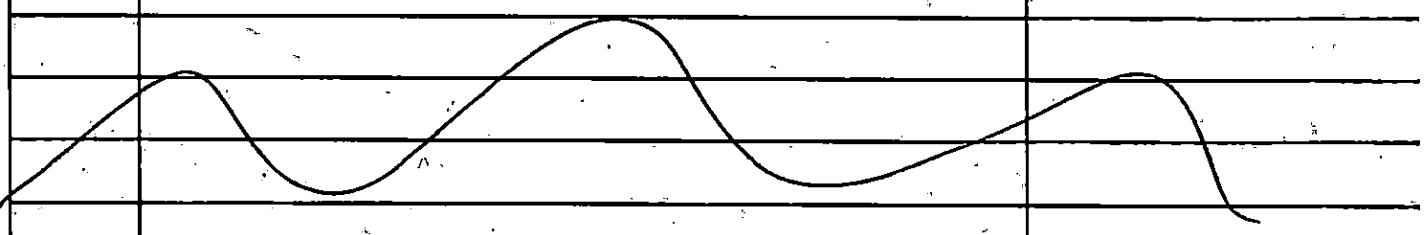
NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

0412703297
O'ROURKE
Alexander
M
04/12/1970

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | 5/11/16 WR Bute<br>Alexander O'Rourke 19 | |
| | Pt sitting up in chair | |
| | On nasal O2 as sats ↓ | |
| | Drains to stay in today | |
| | Plan/ remove catheter<br>wean O2<br>Leave drains in - monitor output<br>chase naloxone dose + prescribe<br>@ Clarks chemist Dumbarton 01389 768816 JMcMayle RN | |
| | 5/11/16 JmcMONAGLE o/w pharmacy → Clarks Dumbarton<br>- Dose of suboxone clarified.<br>- On Fri 4th NOV given Fri, Sat, Sun dose + 12mg/day away home, so pt should have Sat + Sun dose still. | |
| | Plan/<br>12mg suboxone prescribed<br>nurse informed | JmcMoyle RN |



33949 GCC0072

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 6/11/18 | WR Maeis / Buter | |
| | Pt feels well today<br>On 2L nasal O2 currently - desaturated to 90% overnight.<br>Sats now 94% on 2L. | |
| | Plan / remain in hospital today<br>await Mr Renwick review tomorrow AM<br>drain out tomorrow | |
| | | J McMurtrie FY1 |
| 7/11/18 | WR Renwick<br>feeling well. Obs stable<br>Less pain. NEWS 0.<br>Drain → low volume.<br>Keen for home<br>(P) (H)<br>Gw clinic Mr Renwick<br>Drain out. | O. Lorbu<br>FY1 |

(L) Elbow, wool + crepe dressing.

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

**Signed Dr:**

**Signed Nurse:** S/N E Moran

| | RIGHT/LEFT | | RIGHT/LEFT |
|---|---|---|---|
| | **LOWER LIMBS** | | **UPPER LIMBS** |
| PLASTER OFF ON ARRIVAL | BELOW KNEE | | COLLES POP |
| X-RAY | LONG LEG POP | | SCAPHOID |
| BIVALVE | CYLINDER/PIPESTEM | | BENNETS |
| REINFORCED | SARMENTO/P.T.B. | | LONG ARM |
| COMPLETE | CAST BRACE | | U SLAB |
| SPLIT | BACK SLB | | VOLAR SLAB |
| TRIM | | | COLLES B/SLAB |
| WINDOW | | | LONGARM B/SLAB |
| WEDGING | LIGHTWEIGHT | | HUMERAL BRACE |
| SUTURE REMOVAL | WT BEARING | | |
| DR TO SEE IN POP ROOM | NON WT BEARING | | |
| OTHER PLEASE SPECIFY | | | NEXT APPT: |

| | RIGHT/LEFT | | RIGHT/LEFT |
|---|---|---|---|
| | **LOWER LIMBS** | | **UPPER LIMBS** |
| PLASTER OFF ON ARRIVAL | BELOW KNEE | | COLLES POP |
| X-RAY | LONG LEG POP | | SCAPHOID |
| BIVALVE | CYLINDER/PIPESTEM | | BENNETS |
| REINFORCED | SARMENTO/P.T.B. | | LONG ARM |
| COMPLETE | CAST BRACE | | U SLAB |
| SPLIT | BACK SLAB | | VOLAR SLAB |
| TRIM | | | COLLES B/SLAB |
| WINDOW | | | LONGARM B/SLAB |
| WEDGING | LIGHTWEIGHT | | HUMERAL BRACE |
| SUTURE REMOVAL | WT BEARING | | |
| DR TO SEE IN POP ROOM | NON WT BEARING | | |
| OTHER PLEASE SPECIFY | | | NEXT APPT: |

**Patient Plaster Instruction Leaflet**

# Acute Services Division

**Surgery and Anaesthetics Directorate**

**Department: Pre Op Assessment Unit**

**Specialty: General Surgery**

NHS Greater Glasgow and Clyde

| Hospital Name | Vale of Leven Hospital |
|---|---|

| Patient Details | | GP Details | |
|---|---|---|---|
| Name | O'Rourke, Alexander | Name | MACLEAN, FERGUS |
| Address | FLAT 4/D 100A WHITEFORD AVENUE<br>BELLSMYRE<br>Dumbarton<br>Dunbartonshire<br><br>G82 3JE | Address | The Health Centre<br>Station Road<br>Dumbarton |
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| Telephone | | Consent | Yes |
| Patient Contact Number | 07774071012 | Sensitivity | Sensitive |
| CHI Number | 0412703297 | Consultant Name | RENWICK |
| Sex | Male | Requires Transport | No |
| Date of Birth | 04/12/1970 | Religion | |

| Next of Kin / Person to Notify | Next of Kin | Person to Notify |
|---|---|---|
| Name | DAVID O'ROURKE | |
| Address | BRIDGE OF WEIR | |
| Landline | | |
| Mobile | 07436007510 | |
| Relationship | NEPHEW | |

**Assessor**

Margaret McAlpine Date Assessed: 23/06/2016

**POA First Line**

Surgery / Procedure: FOR INCISIONAL HERNIA REPAIR AT RAH UNDER MR RENWICK

---

26/10/16 - VOL PREASSESSEMENT - PROCEDURE IN JUNE AT RAH CANCELLED BY HOSPITAL, NOW HAS DATE FOR 4/11/16 TO SDAU, RAH

NEEDS TO ATTEND CHEMIST FIRST THING FRIDAY AM AND THEN TRAVEL TO RAH FOR SURGERY. WILL CONTACT SECRETARY RE: LATER ADMISSION TO HOSPITAL , WILL NEED OVERNIGHT STAY HAS HE LIVES ALONE.

BP 121/73 O2 SATS 87% PULSE 66
WGT 87KG HGT 1.8, BMI 26

NO CHANGES TO PREVIOUS ASSESSMENT , EXCEPT PATIENT HAS STOPPED SMOKING CIGS. SEPT 2016 AND USES E-CIG.
FEELS WELL AND LOOKS WELL.

)ODS DONE 3 WEEKS AGO - NOT REPEATED TODAY - ? NEEDS G+S , WILL ASK FY1
..R REVIEW BY SURG FY1 TODAY - FBC, U+Es and G+S OBTAINED BY FY1 (POOR VENOUS ACCESS).

I HAVE CONTACTED RAH SECRETARY RE: LATER ADMISSION AND OVERNIGHT STAY - SHE WILL INFORM MR RENWICK AND WARD.
PATIENT HAS APPT WITH GP TODAY - SO HAVE SUGGESED HE GETS PRESCRIPTION FOR SUBOXON FOR SAT AND SUN FOR HIS ADMISSION INCASE HOSPITAL HAVE ANY PROBLEMS GEETING MEDS.
WILL EMAIL DR ALCORN (ANAESTHETIST) AND INFORM HIM OF PATIENT'S ADMISSION

Admission - SDA

TCI Date - 04/11/2016

Fasting information provided

**Availability**

Reason -

D-tails -

**Examination**

| | | | |
|---|---|---|---|
| Age: 45 | Weight (kg): 89 | Height (m): 1.78 | BMI: 28 |
| BP: 117/66mmHg | Pulse: 58/ min | Rhythm: | SaO2: 98% |

Patient has had an anaesthetic before. There is not a family history of anaesthetic problems.

Patient has had surgery before. LAPARTOMY - OVERSEWING OF BLEEDING LEFT GASTRO-COLIC VESSEL AND DEBRIDEMENT LEFT ELBOW LACERATION (STABBIMG) 2012. BILTAERAL ORCHIDEOPEXY 1983. RIGHT HAND SURGERY 1981.

Patient is currently taking the following medication:

SUBOXON 12MG DAILY - GET DOSE EACH DAILY FROM CHEMIST
OLANAZEPAM 15MG DAILY AT 10PM
PURPLE INHALER 2 PUFFS TWICE/DAY AS REQ'D - NOT USED OFTEN
VENTOLIN INHALER AS REQ'D - USED RARELY

Patient does not have any allergies

Patient does not suffer from heartburn or indigestion.

Patient does not have any heart conditions

Patient does not have high blood pressure

Patient does not have diabetes.

Patients best level of fitness is - climbs 1 flight of stairs without stopping. Details - KEEN HILLWALKER

Patient has breathing problems. Patient has asthma, bronchitis, COPD or emphysema.

Patient does not have kidney / liver problems

Patient has not been notified that they are at risk of CJD, vCJD.

Patient does not have any Implants / Prothesis

Patient does not require MRSA Screening

The following investigations are required:

| Investigation | Required | Ordered | Investigation Date | Med Staff Informed | Action Required | Re-Test Required |
|---|---|---|---|---|---|---|
| FBC | Yes | No | | No | No | |
| U&Es | Yes | No | | No | No | |
| LFTs | Yes | No | | No | No | |
| COAG | Yes | No | | No | No | |

**Referrals and Type of admission - Recommended Admission pathway**

| | | |
|---|---|---|
| **Type of Admission:** | SDA | |
| **Admission Deferred:** | No | |

**Further Details:**

MEDICAL HISTORY
1. ASTHMA - ON INHALERS - RARELY USED
2. DRUG DEPENDANCY - SMOKED HEROINE - LAST TAKEN 4 YEARS , SMOKES SMALL AMT OF CANNIBIS EVERY DAY
3. STOPPED DRINKING MONTHS AGO, STOPPED SMOKING SEPT 2016 - USES E-CIG

SURGICAL HISTORY - AS ABOVE

DENTAL - FULL UPPER DENTURES NAD LOWER PARTIAL DENTURES

SOCIAL HISTORY
LIVES ALONE
NOT WORKING - ON LONG TERM SICK
NO DIET REQUIRMENTS/FOOD ALLERGIES

FOR REVIEW BY FY1 TODAY

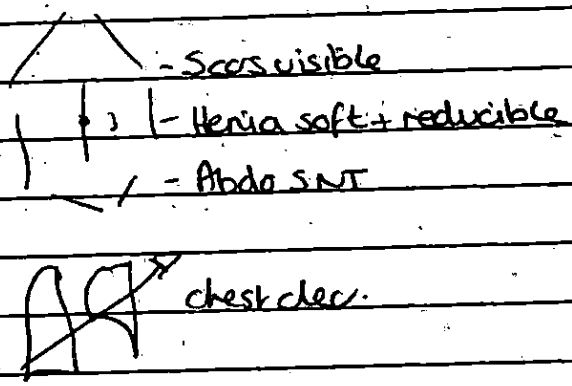
WILL CONTACT SECRETARY RE: LATER ADMISSION TO HOSPITAL , WILL NEED OVERNIGHT STAY HAS HE LIVES ALONE.

FOR REVIEW BY FY1 TODAY

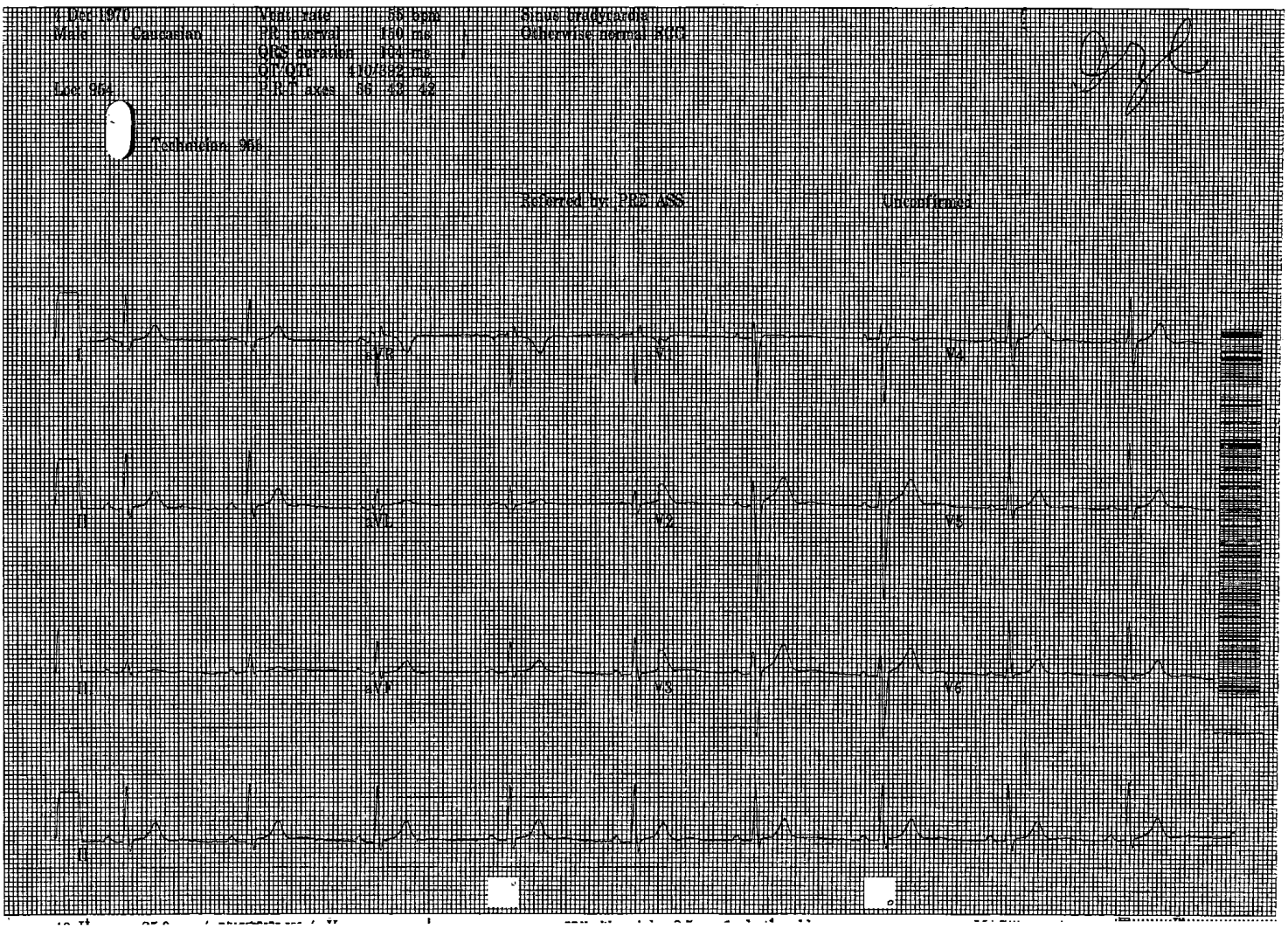
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26/10/16 - VOL PREASSESSEMENT - PROCEDURE IN JUNE AT RAH CANCELLED BY HOSPITAL, NOW HAS DATE FOR 4/11/16 TO SDAU, RAH

NEEDS TO ATTEND CHEMIST FIRST THING FRIDAY AM AND THEN TRAVEL TO RAH FOR SURGERY. WILL

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | [redacted]<br>0412703297<br>O'ROURKE M<br>Alexander 04/12/1970<br>100D WHITEFORD AVENUE<br>Dumbarton, Dunbartonshire<br>G82 3JE | |
| | O/E<br>HR = 74bpm, regular<br>HS I+II+0.<br>Chest SNT<br>  <br>- Scars visible<br>- Hernia soft + reducible<br>- Abdo SNT<br><br>chest clear.<br><br>Imp / Fit for theatre<br><br>P/ Bloods<br>Knocks. | |
| | | A. Dickson LG |

O'ROURKE, ALEXANDER ID: 04127035297 25-Jun-2016 14:17:40 VALE OF LEVEN HOSPITAL



# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 27/01/2025

Consultant: Dr Euan McMillan

SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
Clydebank
G81 1BS

Dear SP Queen

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
14C ERSKINE VIEW
Clydebank G81 3AW

Attended on: **25/01/2025 at 06:31 hrs.** Departed on: **25/01/2025 at 10:03 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
**abdo pain/generally unwell**

Nursing Assessment:
**feeling gen unwell for 3 days complains of pain when passing urine, no bowel movement 4 days. Given laxatives and amoxicillin by GP yesterday, contacted OOGP lastnight appointment given for 1am patient states he was to tired to attend.**

Investigations in ED:

**1. Amylase** **2. CRP** **3. Urea and Electrolytes**
**4. Bicarbonate** **5. LFT** **6. Full Blood Count**
**7. Urine culture**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Urinary Tract Infection, Site Not Specified** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

**Lower abdominal pain and dysuria. Bowels sluggish, but not clinically obstructed. Bloods show elevated inflammatory markers. Discharged with nitrofurantoin**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Catriona Wallace
Consultant

Copies to:

1. SP Queen (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 27/01/2019

Consultant: Dr Gordon McNaughton

FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
Dumbarton
G82 1PW

Dear FR MacLean

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
4D WHITEFORD PLACE
Dumbarton G82 3JS

Attended on: **26/01/2019 at 21:07 hrs.** Departed on: **27/01/2019 at 00:57 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
**collapsed exam**

Nursing Assessment:
**Fell while going to toilet as was feeling sick. ?LOC. Denies hitting head. Taken street valium on Thursday unknown quantity, grazes to forehead from then, doesn't remember what happened.**

Investigations in ED:

| | | |
|---|---|---|
| **1. Bone Profile** | **2. CRP** | **3. LFT** |
| **4. Urea and Electrolytes** | **5. Full Blood Count** | **6. XR Chest** |
| **7. XR Foot Rt** | **8. XR Ankle Lt** | |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Syncope and collapse** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**seen in ED on account of collapse. Had been running to toilet when he collapse. Patient says he probably lost consciousness for about 2 seconds. No chest pain, palpitations, dizziness. Also complained of pain in legs following fall. X ray of right foot and left ankle did not show any fractures. ECG, CXR unremarkable. No postural deficits in Blood pressure. Likely Vasovagal episode. Discharged home with worsening advice.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Ugochukwu Ahumareze
Doctor

Copies to:

1. FR MacLean (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Vale of Leven Hospital
Main St
Alexandria
Dunbartonshire
G83 0UA

Dept. Contact Details:
Tel: 01389 817240(MIU)817345(Reception)
Fax: 01389 817274
Email:

Date Completed: 26/04/2017

Consultant: Dr Gordon McNaughton

FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
Dumbarton
G82 1PW

Dear FR MacLean

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
100D WHITEFORD AVENUE
Dumbarton G82 3JE

Attended on: **26/04/2017 at 12:14 hrs.** Departed on: **26/04/2017 at 17:21 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**injury to left elbow**

Nursing Assessment:

Investigations in ED:

| | | |
|---|---|---|
| **1. XR Elbow Lt** | **2. 12 Lead ECG** | **3. Event monitor** |
| **4. CRP** | **5. Urea and Electrolytes** | **6. ESR** |
| **7. Full Blood Count** | **8. Thyroid function tests** | |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Olecranon bursitis** | **Left** | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**Patient gives h/o fall about 13 weeks ago onto left elbow/did not seek review.Now c/o constant pain and slight discharge from elbow. X-ray nbi/bloods CRP 6, NOTED TO HAVE BRADYCARDIA. Referral for 24 hour tape seen by MAU consultant not symptomatic of slow rate happy for discharge. Ortho will review patient next week in fracture clinic. patient advised if he develops signs of infection to seek immediate review. Dry dressings given.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Christine Buchanan
Emergency Nurse Practitioner

Copies to:

1. FR MacLean (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Royal Alexandra Hospital
Corsebar Road
Paisley
Renfrewshire
PA2 9PN

Dept. Contact Details:
Tel: 0141 314 6195
Fax: 0141 887 1386
Email:

Date Completed: 22/12/2016

Consultant: Dr Lucy Thomas

FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
Dumbarton
G82 1PW

Dear FR MacLean

Re: **O'Rourke Alexander** DOB: **04/12/1970** CHI: **0412703297**
100D WHITEFORD AVENUE
Dumbarton G82 3JE

Attended on: **19/12/2016 at 03:17 hrs.** Departed on: **19/12/2016 at 05:41 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
**biba - self harm**

Nursing Assessment:
**DSH this evening with stanley knife. Admits to 10 x beers denies any drug use or suicidal ideation. phones samaritans helpline this evening**

Investigations in ED: **None**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Deliberate self harm by sharp object** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**Deliberate self harm - several cuts to volar aspect of left forearm with stanley knife. Describing homicidal ideation - police arranged discussion with CPNs who spoke with Alexander by phone and were satisfied with current follow-up arrangements. Alexander refused local anaesthetic and refused suture of wounds to forearm - had capacity. Wounds closed with steri-strips - would be very grateful if you could arrange for this wound to be reviewed - I have advised Alexander that steri-strips will likely require to be changed prior to complete wound closure. Has psychiatry review on Tuesday and is keen to attend. Discharged with worsening advice.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Jamie Hooker
Doctor

Copies to:

1. FR MacLean (GP)

School Address:

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 09 Mar 2012

Dear Dr KENNETH LOWE,

**Re: ALEXANDER O'ROURKE, 64 DALSKEITH ROAD, PAISLEY, PA3 1AT**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

r patient attended Royal Alexandra Hospital on the 08 Mar 2012.

| | |
|---|---|
| The presenting complaint was: | **STAB WOUND** |
| Triage information: | **Not recorded** |
| The following investigations were carried out: | **CHEST X-RAY**<br>**FULL BLOOD COUNT FBC**<br>**COAG SCREEN**<br>**U&E'S**<br>**GLUCOSE**<br>**LFT**<br>**ELBOW X-RAY - LEFT** |
| The A&E diagnosis was: | **CHEST TRAUMA - PENETRATING CHEST INJURY - RIGHT** |
| following treatment was given: | **None** |
| At the conclusion of treatment the patient was: | **ADMITTED RAH** |
| Follow-up: | **RAH HIGH DEPENDANCY UNIT** |
| Additional information: | **None** |

Yours sincerely,

**NICOLA MACINNES**
**CONSULTANT IN EMERGENCY MEDICINE**

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 23 Jun 2010

Dear Dr KENNETH LOWE,

**Re: ALEX O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

r patient attended Royal Alexandra Hospital on the 23 Jun 2010.

| | |
|---|---|
| The presenting complaint was: | **HEAD INJURY** |
| Triage information: | **FELL OFF A FENCE NO VOMITING , INAPROPRIATE HISTORY?** |
| The following investigations were carried out: | **None** |
| The A&E diagnosis was: | **HEAD - MINOR HEAD INJURY** |
| The following treatment was given: | **LOCAL ANAESHETIC**<br>**SUTURES X 6** |
| At the conclusion of treatment the patient was: | **Not specified** |
| Follow-up: | **Not recorded** |
| Additional information: | **None** |

Yours sincerely,

**GARY MANSON**
**EMERG MED STAFF GRADE**

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 22 Jun 2010

Dear Dr KENNETH LOWE,

**Re: ALEX O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

ir patient attended Royal Alexandra Hospital on the 22 Jun 2010.

| | |
|---|---|
| The presenting complaint was: | **HEAD INJURY** |
| Triage information: | **Not recorded** |
| The following investigations were carried out: | **None** |
| The A&E diagnosis was: | **NONE ASSIGNED IN EDIS** |
| The following treatment was given: | **None** |
| At the conclusion of treatment the patient was: | **INCOMPLETE - PATIENT LEFT BEFORE ASSESSMENT COMPLETED** |
| Follow-up: | **Not recorded** |
| Additional information: | **None** |

Yours sincerely,

**NONE ASSIGNED IN EDIS**
**NONE ASSIGNED IN EDIS**

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 06 Jun 2010

Dear Dr KENNETH LOWE,

**Re: ALEX O'ROURKE, 4 Foxbar Road, PAISLEY, PA2 0AY**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

Your patient attended Royal Alexandra Hospital on the 06 Jun 2010.

| | |
|---|---|
| The presenting complaint was: | **MULTIPLE INJURIES** |
| Triage information: | **PAIN?** |
| The following investigations were carried out: | **CHEST X-RAY**<br>**ELBOW X-RAY - LEFT** |
| The A&E diagnosis was: | **CHEST TRAUMA - BLUNT CHEST INJURY - RIGHT** |
| The following treatment was given: | **None** |
| At the conclusion of treatment the patient was: | **Not specified** |
| Follow-up: | **Not recorded** |
| Additional information: | **None** |

Yours sincerely,

**GARY MANSON**
**EMERG MED STAFF GRADE**

EMERGENCY DEPARTMENT
ROYAL ALEXANDRA HOSPITAL
CORSEBAR ROAD
PAISLEY
PA2 9PN

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 24 Feb 2009

Dear Dr KENNETH LOWE,

**Re: ALEXANDER O'ROURKE, 4 FOXBAR ROAD, PAISLEY, PA2 0AY**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

r patient attended Royal Alexandra Hospital on the 24 Feb 2009.

| | |
|---|---|
| The presenting complaint was: | **PAIN IN CHEST SOB** |
| Triage information: | **PLEURITIC PAIN?** |
| The following investigations were carried out: | **CHEST X-RAY** |
| The A&E diagnosis was: | **NO INJURY DETECTED** |
| The following treatment was given: | **None** |
| At the conclusion of treatment the patient was: | **Not specified** |
| Follow-up: | **Not recorded** |
| Additional information: | **This gentleman attended complaining of ongoing SOB and cough since he had a pneumothorax in 2008. His respiratory examination revealed good AE with an occassional wheeze on forced expiration. His chest x-ray was normal. I have advised him to attend his GP for F/U if his symptoms do not resolve.** |

Yours sincerely,

**FIONA RITCHIE**
**DOCTOR**

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 13 Sep 2008

Dear Dr KENNETH LOWE,

**Re: ALEXANDER O'ROURKE, 64 Dalskeith Road, PAISLEY, Renfrewshire, PA3 1AT**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

patient attended Royal Alexandra Hospital on the 12 Sep 2008.

| | |
|---|---|
| The presenting complaint was: | **STAB WOUNDS** |
| Triage information: | **Not recorded** |
| The following investigations were carried out: | **CHEST X-RAY** |
| | **AMYLASE** |
| | **U&E'S** |
| | **GLUCOSE** |
| | **LFT** |
| | **FULL BLOOD COUNT FBC** |
| | **COAG SCREEN** |
| The A&E diagnosis was: | **CHEST TRAUMA - PENETRATING CHEST INJURY - RIGHT** |
| following treatment was given: | **None** |
| At the conclusion of treatment the patient was: | **Not specified** |
| Follow-up: | **Not recorded** |
| Additional information: | **None** |

Yours sincerely,

**GARY MANSON**
**EMERG MED STAFF GRADE**

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 02 Sep 2008

Dear Dr KENNETH LOWE,

**Re: ALEXANDER O'ROURKE, 64 Dalskeith Road, PAISLEY, Renfrewshire, PA3 1AT**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

r patient attended Royal Alexandra Hospital on the 02 Sep 2008.

| | |
|---|---|
| The presenting complaint was: | **ABDO PAIN** |
| Triage information: | **MODERATE PAIN? REATTENDANCE TODAY** |
| The following investigations were carried out: | **AMYLASE** |
| | **U&E'S** |
| | **GLUCOSE** |
| | **LFT** |
| | **CRP** |
| | **CK** |
| | **BONE CA/PHOS** |
| | **CA** |
| | **FULL BLOOD COUNT FBC** |
| | **COAG SCREEN** |
| The A&E diagnosis was: | **GASTRO-INTESTINAL A5 - OTHER ABDOMINAL PAIN** |
| The following treatment was given: | **None** |
| At the conclusion of treatment the patient was: | **Not specified** |
| Follow-up: | **Not recorded** |
| Additional information: | **None** |

Yours sincerely,

**YVONNE BRAMMA**

**DOCTOR**

**EMERGENCY DEPARTMENT**
**ROYAL ALEXANDRA HOSPITAL**
**CORSEBAR ROAD**
**PAISLEY**
**PA2 9PN**

NHS
Greater Glasgow and Clyde

Dr KENNETH LOWE
The Surgery
3 Glasgow Road Paisley
PA1 3QS

Date: 01 Sep 2008

Dear Dr KENNETH LOWE,

**Re: ALEXANDER O'ROURKE, 64 Dalskeith Road, PAISLEY, Renfrewshire, PA3 1AT**
**Date of Birth: 04/12/1970 CHI number: 0412703297**

r patient attended Royal Alexandra Hospital on the 01 Sep 2008.

| | |
|---|---|
| The presenting complaint was: | **ABDOM PAIN** |
| Triage information: | **ALLEGED STAB WOUND TO ABDOMEN 3 DAYS AGO, AREA AROUND SAME HAS BECOME SWOLLEN AND PAINFUL, DECLINED ANALGESIA , MODERATE PAIN?** |
| The following investigations were carried out: | **CHEST X-RAY**<br>**FULL BLOOD COUNT FBC**<br>**COAG SCREEN**<br>**U&E'S** |
| The A&E diagnosis was: | **ABDOMINAL TRAUMA - PENETRATING INJURY - FRONT** |
| The following treatment was given: | **None** |
| ne conclusion of treatment the patient was: | **INCOMPLETE - PATIENT REFUSED TREATMENT** |
| Follow-up: | **Not recorded** |
| Additional information: | **None** |

Yours sincerely,

**VICTORIA B FLEMING**
**EMERG MED DOCTOR**

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Diabetes and Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 05/10/2022
Reference: MMI/SB
Dictated Date: 29/09/2022
Transcribed Date: 04/10/2022

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Dear Dr Gray,

**Alexander O'Rourke; D.O.B: 04/12/1970; CHI: 0412703297**
**FLAT 0/1, 51 JEAN ARMOUR DRIVE, Clydebank, Dunbartonshire, G81 2EX**

Thank you for your letter of 21 09 22 regarding this man's symptoms. His body pain would not be a typical symptom of testosterone deficiency, although I am pleased it improves, albeit temporarily, after each Nebido injection. His last testosterone was in the low normal range at 13.4 (10-36) with a normal haematocrit and PSA. One option would be to increase the frequency of his Nebido to every 10 weeks to see if this maintains a higher testosterone level, and therefore symptom relief. An alternative would be to try him with a daily testosterone gel such as Tostran 50 mgs.

I will reassess his symptoms at his planned appointment on 13 February.

Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologuy

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

Levenside Medical Practice
Dumbarton Health Centre
Station Road
Dumbarton G82 1PW
Tel: 01389 811844
Levenside.practice@nhs.scot
www.levenside.com

Your Ref: 0412703297

Our Ref: 10566 / LG / SM

21 09 2022

Professor Martin McIntyre
Consultant Endocrinologist
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dear Professor McIntyre,

Re: Mr Alexander O'Rourke DOB: 04/12/1970
Flat 01, 51 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2EX

This 51 year old gentleman is known to you and you are treating him for hypogonadotrophic hypogonadism with Nebido.

Alex has attended us many times over the last 6 year complaining of a cramp like pain in his body. He feels the pain mainly in his torso and it is of sudden onset and commanding nature. Clinical examination has been unremarkable and he has been investigated in primary care with bloods which have not yielded an explanation. He has also been seen by the Cardiologists but no cause has been found. Alex has a complex past medical and psychiatric history and he also has a history of addiction although he is currently abstinent.

He says that the only time he is pain free is after his Nebido injection. This benefit lasts for around four weeks and then the pain returns.

I am at a loss to explain his symptoms. I am writing to you to pick your brain regarding his response to Nebido and I would be grateful for any thoughts that you may have on him.

Many thanks.

Yours sincerely,

Dr Louise Gray
Locum GP

Testo 13-4 — e NEBIDO 10/52
PSA 1.3
HCT 0.470
Scan ENDO

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

| | |
|---|---|
| Main Switchboard: | 01389 754 121 |
| Department: | General Surgery |
| Contact Tel: | 0141 314 6025 |
| Enquiries to: | Rosalind Robinson |
| Letter Date: | 20/11/2015 |
| Reference: | AAR/NH/RC |
| Dictated Date: | 19/11/2015 |
| Transcribed Date: | 19/11/2015 |

Dear Dr MacLean,

**lexander O'Rourke; D.O.B: 04/12/1970; CHI: 0412703297**
**. LAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE**

I saw this gentleman today with regards to his incisional hernia, which he has had for approximately three years following a laparotomy for a stabbing. He has lost a great deal of weight and now has a body mass index of around 28. He has got a very large incisional hernia, which distresses him considerably and obviously causes cosmetic problems for him.

Mr O'Rourke has some mental health issues as well as heroine dependence and seemed to lack an insight into exactly what would be required to do this operation. I very much doubt that he is going to be happy with the result as I have tried to tell him today that the likelihood of this recurring is fairly significant, which he was very unhappy about.

In spite of these foreseen future difficulties we obviously have to proceed with assessing him and I have therefore arranged or him to have a CT scan to characterise the size of the efect and to plan an abdominal wall reconstruction for him if this is indeed indicated.

Kind regards.

Yours sincerely

**Miss Nikola Henderson**
**Surgical ST8**

Electronically Signed: ,

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Dr. A McDade
Drs.mason And Mcdade
St James Medical Centre
19 St James Street
Paisley
PA3 2HQ

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111

Department: General Surgery
Tel: 0141 314 6025
Enquiries to: Rosalind Cockburn

Letter Date: 11/03/2014
Reference:
Dictated Date: 06/03/2014
Transcribed Date: 06/03/2014

Dear Dr McDade,

| | |
|---|---|
| Name: | **O'Rourke Alexander** |
| CHI: | **0412703297** |
| DOB: | **04/12/1970** |
| Address: | **Medical Officer, H.m.p. Low Moss, Health Centre**<br>**190 Crosshill Road**<br>**Glasgow**<br>**G64 2QB** |

I reviewed this gentleman today at Mr Renwick's clinic. This gentleman is currently an inmate at her majesty's prison, Low Moss and has an incisional hernia from a previous laparotomy wound in 2012. The plan had been for this gentleman to loose some weight prior to us embarking on any attempt to repair his hernia, however, due to his incarceration he appears to have actually raised his weight from 107kg to 111kg since his last attendance here.

On examination today he does continue to have an incisional hernia, which is soft and reducible, although it is mildly tender on examination today. He does tell me he has occasional abdominal cramps related to this as well.

At present again I have reiterated the fact that he needs to try and loose some weight as this would make a repair both easier and also likely to be longer lasting. I understand he is due to be released from prison in three months and I have therefore arranged to see

back in the clinic in four months to see how things are going. If he becomes increasingly symptomatic it may be that we need to proceed with the repair despite his elevated BMI, however, this would obviously not be an ideal situation but he does fully understand this. We will see him back in four months and make a plan.

Kind regards.

Yours sincerely

**Mr Robert Drummond**
**Surgical ST5**

Electronically Signed: Dr Robert Drummond, Surgeon

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

| | |
|---|---|
| Main Switchboard: | |
| Department: | Endocrinology |
| Contact Tel: | 0141 314 6882 |
| Enquiries to: | Irene O'Reilly - Secretary |
| Letter Date: | 12/11/2024 |
| Reference: | KM/EG |
| Dictated Date: | 18/11/2024 |
| Transcribed Date: | 28/11/2024 |

Dear Dr. SP Queen,

**lexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW**

Attendance: Specialty - Endocrinology; Clinic - RAKMEN4-DR MITCHELL ENDO TUES PM
Date and Time of Appointment - 12/11/2024 14:45

**Clinical Comments:**
**Diagnosis(es):-**

1. Previous iatrogenic hyperprolactinaemia - now resolved.
2. Hypogonadotropic hypogonadism - normal pituitary MRI (January 2021).
3. Paranoid psychosis.
4. Recreational drug use.

I met Mr O'Rourke in the Endocrinology clinic. He tells me he is doing better. He has had his depot injection changed recently by Psychiatry and since then his erectile function has improved as has his ›ido. Prolactin has also come back down to normal and on check today was 370. His testosterone level (albeit in the afternoon) is low at 4.9.

He had previously had quite a significant rise in his PSA when he was started on testosterone this returned to normal on discontinuation of testosterone. He was referred to Urology in May for ongoing prostatic symptoms however, has not been seen in clinic yet.

I will arrange for morning testosterone to be checked. If it is low despite improvements in erectile function and libido, we may want to replace testosterone for bone protection reasons.

Yours sincerely

**Dr Kirsten Mitchell**

**Consultant in Diabetes and Endocrinology**

Electronically Signed: Dr Kirsten Mitchell, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. SP Queen
Red Wing Medical Practice
Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

| | |
|---|---|
| Main Switchboard: | |
| Department: | Diabetes and Endocrinology |
| Contact Tel: | 0141 314 6826 |
| Enquiries to: | Sheila Britton- Secretary |
| Letter Date: | 15/02/2024 |
| Reference: | MM-DC |
| Dictated Date: | 15/02/2024 |
| Transcribed Date: | 06/03/2024 |

Dear Dr. SP Queen,

**lexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW**

Attendance: Specialty - Endocrinology; Clinic - RAMMCED7-DR MCINTYRE ENDO THURS AM
Date and Time of Appointment - 15/02/2024 11:45

**Follow Up:** Endocrine Clinic - 15 08 24

**Clinical Comments:**
Diagnoses

1. Hyperprolactinaemia - likely iatrogenic

2. Hypogonadotrophic hypogonadism - normal pituitary MRI (January 2021)

Paranoid psychosis

4. Recreational drug use

5. COPD

I had a telephone consultation with the above 53 year old man today. Since discontinuing Nebido injections because of an elevated PSA, he has not been feeling well with reduced libido and erectile dysfunction. Despite this, his prostatic symptoms of hesitancy, dribbling and encores seem worse. He is due to have his PSA checked at the phlebotomy hub next week and when I see the result, I will probably refer him to urology.

Endocrine review in 6 months time (15/08/24).

Current medication - IM Buprenorphine 96mg/month, IM Paliperidone 100mg/month, Aripiprazole 5mg od, Procyclidine 5mg bd, Esomeprazole 20mg bd, Trimbow 2 puffs bd

Yours sincerely

Prof M McIntyre

Consultant Physician

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Main Switchboard:
Department: Diabetes and Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 03/07/2023
Reference: MMI/SB
Dictated Date: 05/07/2023
Transcribed Date: 24/07/2023

Dear Dr. FR MacLean,

**exander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**14c Erskine View, Crown Avenue, Clydebank, Dunbartonshire, G81 3AW**

Attendance: Specialty - Endocrinology; Clinic - RAMMCED2-DR MCINTYRE ENDO CLINIC MON PM
Date and Time of Appointment - 03/07/2023 15:20

**Follow Up:** Endocrine Clinic - 08 01 24

**Clinical Comments:**
**Diagnoses -**

1. Hyperprolactinaemia - likely iatrogenic
2. Hypogonadotrophic hypogonadism - normal pituitary MRI (January 2021)
3. Paranoid psychosis
4. Recreational drug use
5. COPD

I had a telephone consultation with the above 52-year old man today. He has now moved out of supported accommodation and has his own tenancy, still in Clydebank. He remains well physically and mentally. I am pleased to hear that his PR bleeding has resolved. The frequency of his Nebido was reduced last time because of a slight increase in his PSA. I will arrange for this to be checked along with his prolactin, testosterone and haematocrit at the Phlebotomy Hub (at the QEUH at his request) and he will be reviewed at the Clinic in 6 months' time (08 01 24).

**Current medication** - Nebido 1 gm every 3 months; Buprenorphine 16 mgs IM monthly; Paliperidone 100 mgs IM monthly; Fluoxetine 20 mgs daily; Amitriptyline 10 mgs + 20 mgs; Esomeprazole 20 mgs bd

Yours sincerely

Martin McIntyre

Consultant Physician in Diabetes and Endocrinology

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Main Switchboard:
Department: Diabetes and Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 07/02/2022
Reference: MMI/SB
Dictated Date: 09/02/2022
Transcribed Date: 18/02/2022

Dear Dr. FR MacLean,

**exander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**1 51 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2EX**

Attendance: Specialty - Endocrinology; Clinic - RAMMCED2-DR MCINTYRE ENDO CLINIC MON PM
Date and Time of Appointment - 07/02/2022 16:10

**Follow Up:** Endocrine Clinic - 13 02 23

**Clinical Comments:**
**Diagnoses -**

1 Hyperprolactinaemia - likely iatrogenic

2 Hypogonadotrophic hypogonadism - normal pituitary MRI (January 2021)

Paranoid psychosis

4 Recreational drug use

5 COPD

I had a telephone consultation with the above 51-year old man today. He has recently had his first dose of Nebido, and feels "no different". He does describe some prostatic symptoms. Pre-treatment PSA was normal, and I will arrange for this, along with his testosterone and haematocrit (and prolactin) to be repeated at the Phlebotomy Hub in about 6 months' time. Review in a year's time (13 02 23).

**Current medication** - Nebido 1 gm every 3 months; IM Paliperidone 50 mgs every 4 weeks; Methadone 20 mls daily; Esomeprazole 20 mgs bd; Trimbow 87/5/9 1 puff daily; Salbutamol prn

Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologist

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

# Clinic Letter

NHS Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141-887-9111

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Main Switchboard: 0141-887-9111
Department: Diabetes and Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 26/07/2021
Reference: MMI/SB
Dictated Date: 28/07/2021
Transcribed Date: 06/08/2021

Dear Dr. FR MacLean,

**lexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**Z/1 51 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2EX**

Attendance: Specialty - Endocrinology; Clinic - RAMMCED2-DR MCINTYRE ENDO CLINIC MON PM
Date and Time of Appointment - 26/07/2021 15:00

**Follow Up:** Endocrine Clinic - 07 02 22

**Clinical Comments:**
**Diagnoses -**

1 Hyperprolactinaemia - likely iatrogenic

2 Hypogonadotrophic hypogonadism - normal pituitary MRI (January 2021)

3 Paranoid psychosis

4 Recreational drug use

5 COPD

I had a telephone consultation with the above 50-year old man today. He seems to have been taking 10 mgs (1 squirt) of Tostran, rather than the 50 mgs (5 squirts) I suggested. Not surprisingly, he has not noticed any improvement in his libido or erectile function. He will now take 50 mgs daily and I will arrange for his testosterone, PSA and haematocrit to be repeated at the Phlebotomy Hub in 3 months' time. Review in 6 months' time (07 02 22).

**Current medication** - Tostran 10 mgs daily - to be increased to 50 mgs daily; Paliperidone 100 mgs daily; Esomeprazole 20 mgs bd; Trimbow and Salbutimol inhalers

Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologist

Electronically Signed: Dr Martin Mcintyre, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

| | |
|---|---|
| Main Switchboard: | 0141-887-9111 |
| Department: | Endocrine |
| Contact Tel: | 0141 314 6826 |
| Enquiries to: | Sheila Britton |
| Letter Date: | 14/12/2020 |
| Reference: | MM/mm |
| Dictated Date: | 16/12/2020 |
| Transcribed Date: | 19/12/2020 |

Dear Dr. FR MacLean,

**exander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**51 Jean Armour Drive, Clydebank, Dunbartonshire, G81 2EX**

Attendance: Specialty - Endocrinology; Clinic - RAMMCEDI-DR MCINTYRE ENDO EXTRA CLINIC
Date and Time of Appointment - 14/12/2020 14:30

**Requested Out-patient Investigations:**
Awaiting blood tests

**Follow Up:** Pending blood test results

**Clinical Comments:**

Diagnoses:
1. Hyperprolactinaemia - likely iatrogenic
2. Hypogonadotropic hypogonadism
3. Paranoid psychosis
4. Recreational drug use
5. COPD

Thank you for referring the above 50 year old man whom I met at the Endocrine Clinic today. He gives a 3 year history of reduced libido and erectile dysfunction, although continues to have early morning erections. He attends Dr Puri with "paranoid psychosis". He has been on a Depo injection of psychotropic medication for the past 10 months, although was on oral medication prior to this. He also gives a life long history of polysubstance misuse.

His other past medical history is outlined above and his current medication is detailed below. He is currently unemployed and has been "living in rehab" for the past 6 months. He has been abstinent from alcohol for 3 years, but continues to use a variety of recreational drugs and smokes 20 cigarettes per day. His brother died of an MI, although there is no family history of endocrinology.

On examination he weighs 102.2kg and visual fields were normal to confrontation.

You found his testosterone to be low and his prolactin to be high. High prolactin was confirmed today, and I await the result of his (inactive) macroprolactin. If his (active) monometic prolactin is elevated, I suspect this is secondary to his psychotropic medication. However, I would still arrange a pituitary MRI scan, to exclude a coexistent adenoma. I do not think dopamine agonist therapy (such as Cabergoline or Quinagolide) would be wise in view of his psychiatric history (and dopamine antagonist therapy), although he would probably benefit from testosterone replacement. A recent full blood count/ haematocrit was normal, and I have checked his PSA. He does not have an appointment to come back to the clinic, although I will arrange one when I see the results of these investigations.

Current medication: Paliperidone (IM injection) 50mg per month, Methadone 50ml daily, Risperidone 2mg nocte, Zopiclone 7.5mg nocte, Esomeprazole 20mg daily. Braltus 10mcg daily, Salbutamol prn, Fostair 200/6 two puffs tds.

Yours sincerely

Professor M McIntyre

Consultant Endocrinologist

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr Puri, Consultant Psychiatrist, Riverview Resource Centre, Joint Hospital, Cardross Road, Du mbarton G82 5JA

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

| | |
|---|---|
| Main Switchboard: | 0141-887-9111 |
| Department: | Cardiology |
| Contact Tel: | 0141 314 7097 |
| Enquiries to: | |
| Letter Date: | 27/11/2019 |
| Reference: | PL/AMC |
| Dictated Date: | 27/11/2019 |
| Transcribed Date: | 28/11/2019 |

Dear Dr. FR MacLean,

**exander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**J Whiteford Place, Dumbarton, G82 3JS**

Attendance: Specialty - Cardiology; Clinic - RAACCA5- DR CORMACK RACP WED AM
Date and Time of Appointment - 27/11/2019 12:00

**Clinical Comments:**
Diagnoses:

1. Smoker (Currently Vapes).

2. Asthma.

3. Previous history of substance misuse.

was a pleasure to meet Alexander at the Rapid Access Chest Pain Clinic today. He attended on his own.

Alexander is a 48 year old gentleman who is complaining of a one year history of intermittent cramping type pain in his ribs. This can occasionally stop at his lower ribs bilaterally and also in his upper chest wall. This apparently happens at rest and not with exertion. It normally lasts for 3-4 minutes at a time and settles when he leans forward or relaxes his breathing. He denies any other cardiac symptoms or ankle oedema, palpitations, cough, orthopnoea, PND or collapse.

He is a current smoker (Vapes). He has a previous history of substance misuse including cocaine although he has not had any for the last six months. He denies any history of hypertension, diabetes, hypercholesterolaemia. He does not drink any alcohol. He has a strong family history in that both his Mother and Brother have died from ischaemic heart disease.

Current medications include Setraline, Aspirin, Methadone and a Depo injection.

On examination today he appears well. His blood pressure was 116/80 mmHg with a resting heart rate of 64bpm and regular. On examination he has a mid line laparotomy scar and other wounds across his chest wall from previous knife related injuries. Heart sounds 1 and 2 were heard with no additional murmurs. His chest was clear to auscultation.

Resting ECG today showed sinus bradycardia with no other abnormalities. Alexander proceeded to a Full Bruce Exercise Treadmill Test where he exerted himself for 7 minutes 8 seconds achieving a maximum heart rate of 144bpm representing 83% of his age predicted heart rate. The test was stopped due to fatigue. He did have an episode of cramping pain during the test although this subsided while the test was continuing and he continued to exercise. There was no ECG changes throughout the test.

In summary Mr O'Rourke is a 48 year old gentleman who is a current smoker with a strong family history of ischaemic heart disease. He has had a sub maximal ETT today although presenting complaint is relatively atypical and his Treadmill Test is reassuring. To that end I would suggest that he does not have a diagnoses of angina and can therefore discontinue Aspirin.

I have encouraged him to attend your practice for bloods including cholesterol and glucose as there is obviously a family history ischaemic heart disease. I have also encouraged him to stop using vapes.

I have not arranged any further follow up at present.

Kind regards

Yours sincerely

Dr Peter Lynn

ST4 in Cardiology

Electronically Signed: Dr Peter Lynn, Doctor

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

| | |
|---|---|
| Main Switchboard: | 01389 754 121 |
| Department: | Orthopaedics |
| Contact Tel: | 0141 314 9581 |
| Enquiries to: | Nancy.Scarff@ggc.scot.nhs.uk |
| Letter Date: | 02/05/2017 |
| Reference: | SDS/MLP |
| Dictated Date: | 02/05/2017 |
| Transcribed Date: | 02/05/2017 |

Dear Dr. FR MacLean,

**lexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**.J0D WHITEFORD AVENUE, Dumbarton, Dunbartonshire, G82 3JE**

Attendance: Specialty - Orthopaedics ; Clinic - VLSSOR3-MR S SMITH ORTHO TUES AM
Date and Time of Appointment - 02/05/2017 10:10

**Follow Up:** discharged

**Clinical Comments:**
This gentleman was referred to the fracture clinic. It is not entirely clear why, as there is a soft tissue clinic which is specifically designed for this type of problem. In any case, he gives a 13-week history of pain, swelling over the left elbow.

On examination there is a 3cm diameter swelling over the olecranon process on the left side. There is a minute punctum. When the dressing was removed there was a tiny, 5mm diameter, stain on the dressing which had been on for 24 hours, suggesting a serous leak.

There was a full range of movement in the elbow.

I note that he had been seen in Accident and Emergency, where his bloods were done, and his CRP was noted to be 6.

It seems that this gentleman has a chronic olecranon bursa. He tells me that it is gradually getting better, that the pain is diminishing. I do not think there is any emergency treatment that will be required. I have now discharged him from the fracture clinic.

Kind regards.

Yours sincerely

**Mr Simon Smith**

**Consultant Orthopaedic Surgeon**

Electronically Signed: Mr Simon Smith, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA
Main Switchboard: 01389 754 121
Department: General Surgery
Contact Tel: 01389 817630
Enquiries to: jennifer.hilditch@ggc.scot.nhs.uk

Letter Date: 31/05/2016
Reference: AR/ib
Dictated Date: 31/05/2016
Transcribed Date: 31/05/2016

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Dear Dr. FR MacLean,

**exander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**FLAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE**

Attendance: Specialty - General Surgery; Clinic - VLAARGS4-MR RENWICK COLORECTAL CLINIC
Date and Time of Appointment - 31/05/2016 14:40

**Follow Up:** rah waiting list

**Clinical Comments:**
I reviewed Alexander following his CT scan. This shows the defect goes from his xiphisternum down to his umbilicus.

On examination it does not appear to be too large and he is relatively slim. He is absolutely adamant he wishes to have this repaired. I have made him aware of the risks of bowel damage, the risk of recurrence and he is still adamant that he wishes to go ahead with this.

ıave advised him to stop smoking and warned him that should he attend and still be smoking he will have his operation cancelled. He is aware of this and will do his best to do this and we will try and do this as soon as possible.

Yours sincerely
Mr Andrew Renwick
Consultant Colorectal Surgeon

Electronically Signed: Mr Andrew Renwick, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA
01389 754 121

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

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|---|---|
| Main Switchboard: | |
| Department: | General Surgery |
| Contact Tel: | 01389 817630 |
| Enquiries to: | jennifer.hilditch@ggc.scot.nhs.uk |
| Letter Date: | 19/04/2016 |
| Reference: | AR/JH |
| Dictated Date: | 19/04/2016 |
| Transcribed Date: | 21/04/2016 |

Dear Dr. FR MacLean,

**Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**LAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE**

Attendance: Specialty - General Surgery; Clinic - VLAARGSI-MR RENWICK COLORECTAL CLINIC
Date and Time of Appointment - 19/04/2016 10:20

**Follow Up:** Further appt

**Clinical Comments:**
Mr O'Rourke was due to come back to clinic today for assessment of his incisional hernia with the benefit of having had his CT performed but he failed to attend. I will send one further appointment. Should he failed to attend I will not arrange any further follow up. This does look like it is a very large hernia and would be a difficult procedure.

Yours sincerely

MR ANDREW RENWICK

Consultant Colorectal Surgeon

Electronically Signed: Mr Andrew Renwick, Consultant

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

| | |
|---|---|
| Main Switchboard: | 01389 754 121 |
| Department: | General Surgery |
| Contact Tel: | 01389 817630 |
| Enquiries to: | jennifer.hilditch@ggc.scot.nhs.uk |
| Letter Date: | 15/03/2016 |
| Reference: | AR/JH |
| Dictated Date: | 19/04/2016 |
| Transcribed Date: | 21/04/2016 |

Dear Dr. FR MacLean,

**Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**FLAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE**

Attendance: Specialty - General Surgery; Clinic - VLAARGS4-MR RENWICK COLORECTAL CLINIC
Date and Time of Appointment - 15/03/2016 15:35

**Follow Up:** Further appt

**Clinical Comments:**
Your patient failed to attend our clinic today. We will send him one further appointment.

Kind regards.

Yours sincerely

DR NIKOLA HENDERSON
ST8 IN GENERAL SURGERY

Electronically Signed: ,

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA
Main Switchboard: 01389 754 121
Department: GENERAL SURGERY
Contact Tel: 01389 817630/817426 . Fax: 0
Enquiries to: jennifer.hilditch@ggc.scot.nhs.uk
Letter Date: 07/07/2015
Reference: JS/JH
Dictated Date: 07/07/2015
Transcribed Date: 08/07/2015 .

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Dear Dr. FR MacLean,

**Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**FLAT 4/D 100A WHITEFORD AVENUE, BELLSMYRE, Dumbarton, Dunbartonshire, G82 3JE**

tendance: Specialty - General Surgery; Clinic - VLJSGSI-MS SAGHIR EXTRA VOL CLINIC
Date and Time of Appointment - 07/07/2015 15:00

**Requested Out-patient Investigations:**
UPPER GI ENDOSCOPY & COLONOSCOPY

**Clinical Comments:**
Thank you for referring this 44 year old gentleman who has been troubled with nausea, vomiting and diarrhoea over the past year since he started on Suboxone to treat a heroin addiction. Mr O'Rourke tells me that he has mental health issues before and he has been attending psychiatry. He smokes 10 cigarettes a day and sometime smokes cannabis. He does not drink at all and he has not been on any drugs over the past year. He previously had an emergency laparotomy following a stab wound to the abdomen complicated by a large incisional hernia. Mr O'Rourke himself believes that his symptoms are merely secondary to Suboxone. He has lost a stone over the past year. He denies any haematemesis or rectal bleeding.

On clinical assessment he was looking generally well, overweight with a height of 182 cm, weight of 102.5 kg and BMI of 31. Abdomen was soft and non tender with a large incisional hernia at least 8 cm transverse diameter of the defect. He was not particularly tender at all and there were no palpable masses.

I have noted that his recent blood test and stool microbiology were unremarkable apart from positive Helicobacter for which he is receiving eradication therapy now. Ultrasound scan showed no abnormality in the liver, both kidneys, spleen and gallbladder. To some extent I agree with Mr O'Rourke that his symptoms might be related to his current therapy, however, I have arranged for him to have an upper GI endoscopy, duodenal biopsies, colonoscopy and possibly random colonic biopsy if appropriate. Should this show no abnormality I would be discharging him back to your care.

Yours sincerely

MS J SAGHIR

Associate Specialist in General Surgery

Electronically Signed: Ms Jazair Saghir, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department:
Contact Tel: 0141 314 6025
Enquiries to: rosalind.cockburn@ggc.scot.nhs.uk

Dr. FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

Letter Date: 06/11/2014
Reference: AAR/AC
Dictated Date: 06/11/2014
Transcribed Date: 06/11/2014

Dear Dr. FR MacLean,

**Alexander O'Rourke; D.O.B: 04 Dec 1970; CHI: 0412703297**
**100A WHITEFORD AVENUE, Dumbarton, Dunbartonshire, G82 3JE**

tendance: Specialty - General Surgery; Clinic - RAAARGS7-MR RENWICK COLORECTAL THURS AM
Date and Time of Appointment - 06/11/2014 11:15

**Clinical Comments:**
I reviewed Alexander at the clinic today. He tells me that he is still getting pain from his hernia. Unfortunatley he is still overweight. I have advised him to walk everywhere and try and be sensible with his eating. if he can actually get his weight down then hopefully we will be able to repair this. I have arranged to see him again in 6 months time. His weight presently is 112kg. I would like him to get down to 95kg if at all possible.

Yours sincerely

**Mr Andrew Renwick**
**Consultant Surgeon RAH**

Electronically Signed: Mr Andrew Renwick, Consultant

cc.

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrine
Contact Tel: 0141 314 6826
Enquiries to: Sheila Britton- Secretary
Letter Date: 31/05/2024
Reference: MM-DC
Dictated Date: 06/05/2024
Transcribed Date: 20/05/2024

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Dear Mr O'Rourke ,

I now have the results of the blood tests you had checked at the phlebotomy hub. Since stopping Nebido, your PSA (prostate) blood test has normalised again. Your red blood cell count remains normal. Your testosterone is now a bit low, but I am reluctant to re-commence testosterone replacement at present in view of your prostate symptoms. As we discussed, I will refer you to the urology clinic for investigation and treatment.

Yours sincerely

Prof M McIntyre

Consultant Physician

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr Queen:
Red Wing Medical Practice:
Clydebank Health & Care Centre:
Queens Quay Main Avenue:
Clydebank:
G81 1BS

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 15/01/2024
Reference: MMI/SB
Dictated Date: 12/01/2024
Transcribed Date: 12/01/2024

Alexander O'Rourke
14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Dear Mr O'Rourke,

I was sorry that I was unable to get you on the telephone for your Endocrine consultation on 11 January. The call went straight to voicemail on 3 occasions. It is possible that your phone does not accept calls from "number withheld" and I would be grateful if you could discuss this with your phone provider. I see you have an appointment at the Phlebotomy Hub on 25 January, which I would encourage you to keep. I will try to arrange a further consultation thereafter.

Yours sincerely

Martin McIntyre

Locum Consultant Physician in Diabetes and Endocrinology

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr S Queen:
Red Wing Medical Practice:
Clydebank Health Centre:
Queens Quay Main Avenue:
CLYDEBANK:
G81 1BS

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 02/10/2023
Reference: MMI/SB
Dictated Date: 02/10/2023
Transcribed Date: 02/10/2023

Alexander O'Rourke
14c Erskine View
Crown Avenue
Clydebank
Dunbartonshire
G81 3AW

Dear Mr O'Rourke,

I now have the results of the blood tests you had checked at the Phlebotomy Hub recently. Your testosterone remains well within the normal range, with a normal red cell count. However, your PSA (prostate) blood test has increased further. I think we need to discontinue Nebido injections together at the moment, and I will arrange for your blood tests to be checked before our planned video consultation on 11 January.

Yours sincerely

Martin McIntyre

Consultant Physician in Diabetes and Endocrinology

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr S Queen:
Red Wing Medical Practice:
Health Centre:
Queens Quay Main Avenue:
CLYDEBANK:
G81 1BS

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrine
Contact Tel: 0141 314 6826
Enquiries to: Sheila Britton- Secretary
Letter Date: 08/03/2023
Reference: MO-DC
Dictated Date: 13/02/2023
Transcribed Date: 23/02/2023

Alexander O'Rourke
FLAT 0/1
51 JEAN ARMOUR DRIVE
Clydebank
Dunbartonshire
G81 2EX

Dear Mr O'Rourke ,

Diagnoses:

1 Hyperprolactinaemia - likely iatrogenic

2 Hypogonadotrophic hypogonadism - normal pituitary MRI (January 2021)

3 Paranoid psychosis

4 Recreational drug use

5 COPD

Investigations - we shall repeat PSA at next clinic

Management - increase Nebido administration interval back to once every 12 weeks (1g IM)

Follow-up - 4 months (19/06/23)

I was pleasure to speak to you on the phone today at Professor McIntyre's endocrinology clinic. I was able to reach you through the landline at your Supported Accommodation.

I was sorry to hear that you have had issues with hesitancy and dribbling and a weak stream while passing urine for the past few months. Most recently have had issues with blood in your stools, and I understand you have been evaluated for these issues by your General Practitioner. You tell me that your rectal bleeding has now settled down happily.

Your PSA (prostate) level jumped up a bit from 1.3 to 2.6Ug/L (although still in the normal range, which is anything < 3). I do wonder whether this jump could have been following a rectal examination or something like that. Certainly your testosterone level, one month after your most recent injection, is

in the lower part of the normal range which is reassuring and I don't think really supports the idea that your testosterone treatment caused the rise in PSA.

Nonetheless I think to be on the safe side, I would recommend going from 1 injection every 10 weeks back down to 1 injection every 12 weeks. We will simply repeat your PSA in 6 months time.

I am also pleased to hear that your all-over body pain is improving with Amitriptyline which your GP started recently.

Yours sincerely

Dr Maroria Oroko

ST7 in Diabetes & Endocrinology

Electronically Signed: Dr Maroria Oroko, Doctor

cc. Dr MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
Dunbartonshire
G82 1PW

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: Sheila Britton - Secretary
Letter Date: 31/08/2022
Reference: MMcI/EG
Dictated Date: 22/08/2022
Transcribed Date: 30/08/2022

Alexander O'Rourke
FLAT 0/1
51 JEAN ARMOUR DRIVE
Clydebank
Dunbartonshire
G81 2EX

Dear Mr ORourke,

I now have the results of the blood tests you had checked at the Phlebotomy Hub. Since commencing Nebido, your testosterone is now back within the normal range, with a normal PSA (prostate) blood test and blood count. I would suggest no change to your treatment at present. We will catch up as planned on the 13th February next year. I will try to arrange for your blood tests to be checked at the Phlebotomy Hub beforehand.

Yours sincerely

**Professor Martin McIntyre**

**Consultant Physician and Endocrinologist**

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr MacLean
Levernside Medical Practice
The Health Centre,
Station Road,
Dumbarton
G82 1PW

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: sheila.britton@ggc.scot.nhs.uk
Letter Date: 22/12/2021
Reference: MM/PK
Dictated Date: 09/12/2021
Transcribed Date: 16/12/2021

Alexander O'Rourke
2/1 51 Jean Armour Drive
Clydebank
Dunbartonshire
G81 2EX,

Dear Mr O'Rourke,

Thank you for phoning my secretary to say that you would be keen to try Nebido injections. I will ask your GP to prescribe 1g every 3 months, although the second dose should be given 6 weeks after the first dose, then 3 monthly thereafter. You can discontinue Tostran after you have received your first bido injection.

Yours sincerely

Professor McIntyre

Consultant Physician in Endocrinology, Diabetes & General Medicine

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Diabetes and Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: Sheila.Britton@ggc.scot.nhs.uk
Letter Date: 02/12/2021
Reference: MMI/SB
Dictated Date: 29/11/2021
Transcribed Date: 30/11/2021

Alexander O'Rourke
2/1 51 Jean Armour Drive
Clydebank
Dunbartonshire
G81 2EX

Dear Mr O'Rourke,

I now have the results of the blood tests you had repeated at the Phlebotomy Hub. Your testosterone level has increased a bit, but remains very low. I am not sure if you are applying 5 squirts of the Tostran Gel properly/regularly. I wonder if you would be better with a 3 monthly intramuscular injection, so we know you are getting your testosterone properly. If you would be interested in this, please phone my secretary on 0141 314 6826, and I will arrange it. Otherwise we will catch up as planned on 7 February next year.

Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologist

Electronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr F MacLean
Levenside Medical Practice
The Health Centre
Station Road
DUMBARTON
G81 1PW

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Diabetes and Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: Sheila Britton
Letter Date: 02/02/2021
Reference: MMI/SB
Dictated Date: 27/01/2021
Transcribed Date: 01/02/2021

Alexander O'Rourke
2/1 51 Jean Armour Drive
Clydebank
Dunbartonshire
G81 2EX

Dear Mr O'Rourke,

I now have the result of your pituitary MRI scan. As I suspected, this was normal. It looks as though your high prolactin hormone is related to your medication.

Nonetheless, we can hopefully improve your testosterone and symptoms. I will ask your GP to prescribe Tostran Gel, 50 mgs (5 squirts) to be applied to your upper torso daily.

Please find enclosed an appointment to come back to the Clinic to reassess your symptoms and blood tests (21 06 21).

Yours sincerely

Martin McIntyre

Consultant Physician and Endocrinologist

lectronically Signed: Dr Martin Mcintyre, Consultant

cc. Dr F MacLean
Levenside Medical Practice
The Health Centre
Station Road
DUMBARTON
G82 1PW

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Endocrinology
Contact Tel: 0141 314 6826
Enquiries to: Sheila Britton - Secretary
Letter Date: 17/12/2020
Reference: MMI/IO'R
Dictated Date: 16/12/2020
Transcribed Date: 17/12/2020

Alexander O'Rourke
2/1 51 Jean Armour Drive
Clydebank
Dunbartonshire
G81 2EX.

Dear Mr O'Rourke,

I now have the results of the blood tests I checked at the Endocrine Clinic this week. Your prolactin hormone remains elevated. As we discussed, I am going to arrange an MRI scan of your pituitary gland, and will be in touch with you and your GP when I see the results. though we may not be able to recommend treatment to lower your prolactin hormone, for fear of making your psychosis worse, we could try testosterone replacement. I will arrange a telephone consultation to discuss this after your MRI.

Yours sincerely

Professor Martin McIntyre

Consultant Physician in Diabetes & Endocrinology

Electronically Signed: Dr Martin Mcintyre, Consultant

Dr FR MacLean
Levenside Medical Practice
The Health Centre
Station Road
DUMBARTON
G82 1PW

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Vale of Leven Hospital
Main St
Alexandria
G83 0UA
01389 754 121

Alexander O'Rourke
FLAT 4/D 100A WHITEFORD AVENUE
BELLSMYRE
Dumbarton
Dunbartonshire
G82 3JE

| | |
|---|---|
| Main Switchboard: | |
| Department: | Colorectal |
| Contact Tel: | 0141 314 6025 |
| Enquiries to: | Ros Cockburn |
| Letter Date: | 21/06/2016 |
| Reference: | AC |
| Dictated Date: | 21/06/2016 |
| Transcribed Date: | 21/06/2016 |

Dear Mr O'Rourke,

have attempted to contact you by telephone a number of time and been unsuccessful.

Could you please call me on 0141 314 6025 to arrange admission for your procedure.

Failure to contact me may result in your name being removed from the waiting list.

Yours sincerely

Mrs Allison Christie
Acting Secretary to Mr Andrew Renwick, Consultant Surgeon

Electronically Signed: ,

cc. Dr MacLean
Levenside Medical Practice
The Health Centre
Station Road
Dumbarton
G82 1PW

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Urology<br>NPC General – ACUTE STAFF ONLY | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Royal Alexandra Hospital<br>Corsebar Road<br>Paisley<br>PA2 9PN | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>C418H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 31-May-2024 **Date sent** 31-May-2024

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | O'Rourke |
| **Forename(s)** | Alexander |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 04-Dec-1970 |
| CHI no. | 0412703297 |
| **Area of Residence** | - |

**Patient's address**

14C ERSKINE VIEW
CROWN AVENUE
Clydebank
Dunbartonshire
G81 3AW

Contact number(s)

Voice: 07551640291
Voice: 07551640291

*101033212780X* Unique Care Pathway Number: 101033212780X

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Queen | | |
| GMC code | - | GP code | - |
| Practice name | Clydebank Health Centre | | |
| Practice code | - | | |

**Practice address**

Contact number(s)

-

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | MartinMcIntyre |
| HCP code | 3442177 |
| HCP Position | Consultant Endocrinology |
| Organisation name | Endocrinology Acute Clyde Sector (GG&C) |
| Location code | G157G |

**Organisation address**

SCIGW Virtual Location

Contact number(s)

-

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Flow studies/Review

Comment: I would be grateful if you could arrange flow studies and/or review of the above 53 year old man who attends my clinic with iatrogenic hyperprolactinaemia and consequent hypogonadotrophic hypogonadism. I discontinued testosterone replacement because of an elevated PSA, and this has now normalised, although he continues to have prostatic symptoms of hesitancy, dribbling and encores.
Yours sincerely
Prof M McIntyre
Consultant Physician
Electronically Signed: Dr Martin Mcintyre, Consultant

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Investigate

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Blood Pressure**

No Blood Pressures Recorded

**Body Measurements**

No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Consultant

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

**Referral letter:**

NHS
Greater Glasgow and Clyde

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

Urology Vetting
RAH

| | |
|---|---|
| Main Switchboard: | 0141-887-9111 |
| Department: | Endocrine |
| Contact Tel: | 0141 314 6826 |
| Enquiries to: | Sheila Britton- Secretary |
| Letter Date: | 31/05/2024 |
| Reference: | MM-DC |
| Dictated Date: | 06/05/2024 |
| Transcribed Date: | 20/05/2024 |

Dear Colleagues ,

**Alexander O'Rourke; D.O.B: 04/12/1970; CHI: 0412703297**
**14C ERSKINE VIEW, CROWN AVENUE, Clydebank, Dunbartonshire, G81 3AW**

vould be grateful if you could arrange flow studies and/or review of the above 53 year old man who attends my clinic with iatrogenic hyperprolactinaemia and consequent hypogonadotrophic hypogonadism. I discontinued testosterone replacement because of an elevated PSA, and this has now normalised, although he continues to have prostatic symptoms of hesitancy, dribbling and encores.

Yours sincerely

Prof M McIntyre

Consultant Physician

Electronically Signed: Dr Martin Mcintyre, Consultant

Dr Queen:
Red Wing Medical Practice:
Clydebank Health & Care Centre:
Queens Quay Main Avenue:
Clydebank:
G81 1BS

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| General Surgery - Colorectal<br>GGC Colorectal | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Vale of Leven General Hospital<br>North Main Street<br>Alexandria<br>G83 0UA | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>C206H<br>Email address<br>- |

**Urgency of referral** Urgent
**Date of referral** 16-Feb-2023 **Date sent** 16-Feb-2023

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | O'Rourke |
| **Forename(s)** | Alexander |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 04-Dec-1970 |
| CHI no. | 0412703297 |
| **Area of Residence** | - |

**Patient's address**

Flat 01
51 Jean Armour Drive
Clydebank
G81 2EX

Contact number(s)

Voice: 0141 952 2282
Voice: 07500132781
E-mail: alexanderorourke5@gmail.com

*1010287663671* | Unique Care Pathway Number: 1010287663671

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Fergus MacLean | | |
| GMC code | 4183680 | GP code | 38792 |
| Practice name | Dumbarton Health Centre | | |
| Practice code | 85066 | | |

**Practice address**

Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Contact number(s)

Voice: 01389 811844
Facsimile: 01389 811824
E-mail: Levenside.practice@nhs.scot

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Lee Thomas | | |
| GMC code | 4546371 | GP code | - |
| Practice name | - | | |
| Practice code | 85066 | | |

**Practice address**

Contact number(s)

-

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**

Description: blood in stool +ve qfit

Comment: Dear Doctor,

Mr O'Rourke is a 52 year old gentleman who has recently been noticing some blood when moving his bowels. He had noticed the blood was bright red and tended to notice on the toilet paper but has at times noticed the blood on the stool itself. He denies there having been enough blood to fully turn the toilet water red. He is not aware of any history of piles and has not really noticed any change to his bowel habit. He has however lost some weight, stating that his weight has dropped from 19 stone to about 18 stone 3.

On examination; his abdomen was soft and non-tender, no palpable masses were noted. PR examination showed no obvious cause for the bleeding - again with no masses felt. Mr O'Rourke had bloods taken and also QFit performed. QFit was positive at 28. His haemoglobin was normal at 159 and a ferritin of 76. He was however found to have an elevated CRP at 35.

Given the blood in the gentleman's stool and the positive QFit, would it please be possible for this gentleman to be followed up by the colorectal clinic with a likely view to an endoscopy as per protocol.

Yours Sincerely,

Dr Lee Thomas
GP Locum

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**
**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Rectal bleeding | - | 02-Feb-2023 | 02-Feb-2023 |
| Anxiety with depression | - | 18-Nov-2022 | 18-Nov-2022 |
| [D]Impaired glucose tolerance | - | 20-Sep-2022 | 20-Sep-2022 |
| Pain | - | 13-Sep-2022 | 13-Sep-2022 |
| [X]Other specified forms of tremor | Head & bilateral upper limb - Dystonic/essential tremor phenotype | 05-Jul-2022 | 05-Jul-2022 |
| Hyperprolactinaemia | - | 09-Aug-2021 | 09-Aug-2021 |
| Hypogonadotropic hypogonadism | - | 09-Aug-2021 | 09-Aug-2021 |
| Chronic obstructive pulmonary disease | - | 01-Dec-2020 | 01-Dec-2020 |
| Acute exacerbation of asthma | - | 22-Sep-2019 | 22-Sep-2019 |
| [V]Unspecified mental or behavioural problem | Due to multiple drug use & use of other psychoactive substances. | 25-Mar-2019 | 25-Mar-2019 |
| Non-organic psychosis NOS | - | 25-Mar-2019 | 25-Mar-2019 |
| Anxiety states | - | 22-May-2017 | 22-May-2017 |
| Olecranon bursitis (Left) | - | 26-Apr-2017 | 26-Apr-2017 |
| Asthma | - | 18-Jun-2015 | 18-Jun-2015 |
| Incisional hernia NOS | - | 18-Nov-2013 | 18-Nov-2013 |

| | | | |
|---|---|---|---|
| Alcohol problem drinking | - | 11-May-2009 | 11-May-2009 |
| [X]Stabbing | alleged stab wound - left A & E incomplete consultation pat refused treatment | 01-Sep-2008 | 01-Sep-2008 |
| [X]Heroin addiction | relapse after losing job | 01-Feb-1998 | 01-Feb-1998 |
| [X]Drug addiction NOS | receiving treatment | 03-Apr-1997 | 03-Apr-1997 |
| Anxiety states | insomnia | 11-Mar-1991 | 11-Mar-1991 |
| [D]Generalized enlarged lymph nodes | reactive neck exploration | 05-Jan-1976 | 05-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Magnetic resonance imaging | Pituitary: Normal | 04-Feb-2021 | 04-Feb-2021 |
| Chest X-ray - routine | - | 29-Jul-2020 | 29-Jul-2020 |
| ECG | Sinus bradycardia, nil else. | 27-Nov-2019 | 27-Nov-2019 |
| Exercise tolerance test | normal | 27-Nov-2019 | 27-Nov-2019 |
| Patient self discharge | - | 22-Sep-2019 | 22-Sep-2019 |
| Polypharmacy medication review | - | 04-Nov-2015 | 04-Nov-2015 |
| Drug addiction therapy | bellsmyre pharmacy Dumbarton Suboxone 768818 | 18-Jun-2014 | 18-Jun-2014 |
| Exploratory laparotomy | with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration | 08-Mar-2012 | 08-Mar-2012 |
| Drug addictn therap-methadone | - | 01-Jan-1998 | 01-Jan-1998 |
| [SO]Ulnar nerve - hand (Right) | damage right ulnar digital nerve | 01-Jan-1984 | 01-Jan-1984 |
| Bilateral orchidopexy | - | 29-Sep-1983 | 29-Sep-1983 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| FH: * - gastrointestinal tract | 04-Dec-2018 | |
| FH: Ischaemic heart dis. >60 | 04-Dec-2018 | |
| FH: Asthma | 04-Dec-2018 | |
| FH: Diabetes mellitus | 04-Dec-2018 | |
| FH: Ischaemic heart dis. <60 | 04-Dec-2018 | |
| [V]Family history of myocardial infarction | 10-Jun-2016 | |
| [V]Family history of ischaemic heart disease (IHD) (Mother) | - and brother | 11-Dec-2015 |
| FH: Ischaemic heart dis. <60 (Brother) | 11-Dec-2015 | |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Fluoxetine Hydrochloride Capsules 20 mg | 28 | 28 capsule | ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE | - | 06-Dec-2022 | 20-Jan-2023 |
| Amitriptyline Hydrochloride Tablets 10 mg | 84 | 84 TABLET | ONE TABLET IN THE MORNING AND TWO TABS AT NIGHT TIME WEEKLY DISPENSE | - | 06-Dec-2022 | 20-Jan-2023 |
| Buprenorphine Prolonged Release Solution For Injection | 1 | 1 pre-filled disposable injection | FOR INFO ONLY DO NOT DISPENSE MONTHLY INJECTION | - | 25-Apr-2022 | 25-Apr-2022 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 16 mg/0.32 ml pre-filled syringe | | | OF BUVIDAL PRESCRIBED BY CAT | | | |
| Nebido Injection 250 mg/ml, 4 ml vial | 1 | 1 vial | AS DIRECTED BY CLINIC (2ND DOSE AT 6 WEEKS THEN EVERY 12 WEEKS THEREAFTER) | - | 30-Dec-2021 | 12-Jan-2023 |
| Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose | 1 | 1 dose | TWO PUFFS TO BE INHALED TWICE A DAY | - | 14-May-2021 | 30-Jan-2023 |
| Paracetamol Tablets 500 mg | 224 | 224 tablet | TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) | - | 02-Apr-2020 | 24-Nov-2022 |
| Esomeprazole Gastro-resistant Capsules 20 mg | 56 | 56 capsule | ONE CAPSULE TWICE DAILY | - | 02-Apr-2020 | 03-Aug-2022 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 1 | 1 INHALER | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY | - | 05-Dec-2018 | 30-Jan-2023 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Amoxicillin Capsules 500 mg | 15 | 15 CAPSULE | ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS | - | 19-Jan-2023 | 19-Jan-2023 |
| Fluoxetine Hydrochloride Capsules 20 mg | 14 | 14 capsule | ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE | - | 18-Nov-2022 | 18-Nov-2022 |
| Amitriptyline Hydrochloride Tablets 10 mg | 84 | 84 tablet | TAKE ONE IN THE MORNING AND TWO AT NIGHT FOR PAIN | - | 08-Nov-2022 | 08-Nov-2022 |
| Amitriptyline Hydrochloride Tablets 10 mg | 28 | 28 tablet | TAKE TWO AT NIGHT FOR PAIN | - | 25-Oct-2022 | 07-Nov-2022 |
| Amitriptyline Hydrochloride Tablets 10 mg | 28 | 28 tablet | ONE TO BE TAKEN IN THE EVENING WEEKLY DISPENSE | - | 11-Oct-2022 | 11-Oct-2022 |
| Diazepam Tablets 2 mg | 9 | 9 tablet | ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED | - | 07-Oct-2022 | 07-Oct-2022 |
| Diazepam Tablets 2 mg | 15 | 15 tablet | ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED | - | 07-Oct-2022 | 07-Oct-2022 |
| Diazepam Tablets 5 mg | 15 | 15 tablet | TAKE ONE AS NEEDED FOR SEVERE AGITATION UP TO THREE TIMES DAILY AS DIRECTED BY MENTAL HEALTH TEAM | - | 04-Oct-2022 | 04-Oct-2022 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 19-May-2022 | 150 | 84 |
| 03-Aug-2021 | 153 | 96 |
| 28-May-2021 | 132 | 75 |
| 19-Feb-2020 | 126 | 75 |
| 09-Oct-2019 | 119 | 91 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 21-Dec-2020 | - | 102.2 | - |
| 12-Aug-2019 | - | 111 | 35.11 |
| 04-Dec-2018 | 177.8 | 110 | 34.8 |
| 09-Sep-2015 | 177 | 93 | 29.68 |
| 18-Jun-2015 | 177.8 | 104.75 | 33.14 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Not interested in stopping smoking: | | 12-Aug-2019 |
| Current smoker: | | 12-Aug-2019 |
| Cigarette smoker, 10 Cigarettes/day: | | 04-Dec-2018 |
| Rolls own cigarettes, 2 oz/wk: | | 25-Feb-2016 |
| Rolls own cigarettes, 50 oz/wk: | | 11-Dec-2015 |
| Alcohol consumption, 0 units/week: | | 04-Dec-2018 |
| Alcohol consumption, 0 units/week: | | 18-Jun-2015 |
| Alcohol consumption, 0 units/week: | | 05-Jun-2014 |
| Aerobic exercise 3+ times/week: | | 04-Dec-2018 |
| Takes inadequate exercise: | | 18-Jun-2015 |

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

Age > 40 and POSITIVE QFIT > 10:true
Abdominal examination performed:Yes - Normal
Rectal examination performed:No
QFIT requested?:Result pending
QFIT concentration:28
FBC requested?:Yes - result available
Haemoglobin result:159
I feel that this patient would tolerate colonoscopy::Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Endocrinology<br>GGC General Referral | — | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Royal Alexandra Hospital<br>Corsebar Road<br>Paisley<br>PA2 9PN | — | **Hospital** and **hospital address**<br>Hospital location code.<br>C418H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 12-Aug-2020 **Date sent** 12-Aug-2020

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | O'Rourke |
| **Forename(s)** | Alexander |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 04-Dec-1970 |
| CHI no. | 0412703297 |
| **Area of Residence** | - |

**Patient's address**

Flat 1
1 Murroch Avenue
Bellsmyre
Dumbarton
G82 3DP

Contact number(s)

Voice: 0749 3362 149
Voice: 0749 3362 149
E-mail: alexanderorourke5@gmail.com

*1010214670411*

Unique Care Pathway Number: 1010214670411

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Fergus MacLean | | |
| GMC code | 4183680 | GP code | 38792 |
| Practice name | Dumbarton Health Centre | | |
| Practice code | 85066 | | |

**Practice address**

Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Contact number(s)

Voice: 01389 811844
Facsimile: 01389 811824
E-mail: Levensidepractice@nhs.net

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Augustina Esiovwa | | |
| GMC code | 7539272 | GP code | 99999 |
| Practice name | Levenside Medical Practice (85066) | | |
| Practice code | 85066 | | |

**Practice address**

The Health Centre
Station Road
Dumbarton
G82 1PW

Contact number(s)

Voice: 01389 811844

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**

Description: Erectile dysfuntion

Comment: Dear Colleague,

I will be grateful if Mr O'Rourke can be reviewed by your service. He presented on account of erectile dysfunction that has been present for about 3 years. There is associated low libido and no morning tumescence.

He has been on antipsychotics (currently - paliperidone depo) and methadone for many years. Smokes 15-20 wraps of tobacco daily and believes he has steadily gained weight in this time with an increase in the size of his breasts.

Blood tests performed show very low levels of testosterone (0.5nmol/L), free testosterone- 8pmol/L and Serum LH-<0.2. Prolactin was high at 1497 mU/L.

I will be very grateful for your review of his case.

Many thanks for your help.

Yours sincerely,
Dr A. Esiovwa
GPST3

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**
**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Difficulty breathing | - | 23-Jul-2020 | 23-Jul-2020 |
| Erectile dysfunction | - | 23-Jul-2020 | 23-Jul-2020 |
| Acute exacerbation of asthma | - | 22-Sep-2019 | 22-Sep-2019 |
| Non-organic psychosis NOS | - | 25-Mar-2019 | 25-Mar-2019 |
| [V]Unspecified mental or behavioural problem | Due to multiple drug use & use of other psychoactive substances. | 25-Mar-2019 | 25-Mar-2019 |
| Anxiety states | - | 22-May-2017 | 22-May-2017 |
| Olecranon bursitis (Left) | - | 26-Apr-2017 | 26-Apr-2017 |
| Asthma | - | 18-Jun-2015 | 18-Jun-2015 |
| Incisional hernia NOS | - | 18-Nov-2013 | 18-Nov-2013 |
| Alcohol problem drinking | - | 11-May-2009 | 11-May-2009 |
| [X]Stabbing | alleged stab wound - left A & E incomplete consultation pat refused treatment | 01-Sep-2008 | 01-Sep-2008 |
| [X]Heroin addiction | relapse after losing job | 01-Feb-1998 | 01-Feb-1998 |
| [X]Drug addiction NOS | receiving treatment | 03-Apr-1997 | 03-Apr-1997 |
| Anxiety states | insomnia | 11-Mar-1991 | 11-Mar-1991 |
| [D]Generalized enlarged lymph nodes | reactive neck exploration | 05-Jan-1976 | 05-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment |
|---|---|

| | | Date performed | Date recorded |
|---|---|---|---|
| Prolactin level | - | 10-Aug-2020 | 10-Aug-2020 |
| Chest X-ray - routine | - | 29-Jul-2020 | 29-Jul-2020 |
| ECG | Sinus bradycardia, nil else. | 27-Nov-2019 | 27-Nov-2019 |
| Exercise tolerance test | normal | 27-Nov-2019 | 27-Nov-2019 |
| Patient self discharge | - | 22-Sep-2019 | 22-Sep-2019 |
| Polypharmacy medication review | - | 04-Nov-2015 | 04-Nov-2015 |
| Drug addiction therapy | bellsmyre pharmacy Dumbarton Suboxone 768818 | 18-Jun-2014 | 18-Jun-2014 |
| Exploratory laparotomy | with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration | 08-Mar-2012 | 08-Mar-2012 |
| Drug addictn therap-methadone | - | 01-Jan-1998 | 01-Jan-1998 |
| [SO]Ulnar nerve - hand (Right) | damage right ulnar digital nerve | 01-Jan-1984 | 01-Jan-1984 |
| Bilateral orchidopexy | - | 29-Sep-1983 | 29-Sep-1983 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| FH: * - gastrointestinal tract | 04-Dec-2018 | |
| FH: Diabetes mellitus | 04-Dec-2018 | |
| FH: Ischaemic heart dis. <60 | 04-Dec-2018 | |
| FH: Ischaemic heart dis. >60 | 04-Dec-2018 | |
| FH: Asthma | 04-Dec-2018 | |
| [V]Family history of myocardial infarction | 10-Jun-2016 | |
| FH: Ischaemic heart dis. <60 (Brother) | 11-Dec-2015 | |
| [V]Family history of ischaemic heart disease (IHD) (Mother) | - and brother | 11-Dec-2015 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose | 2 | 2 INHALER | TWO PUFFS TO BE INHALED TWICE DAILY | - | 02-Apr-2020 | 30-Jun-2020 |
| Paracetamol Tablets 500 mg | 224 | 224 tablet | TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) | - | 02-Apr-2020 | 02-Apr-2020 |
| Esomeprazole Gastro-resistant Capsules 20 mg | 56 | 56 capsule | ONE CAPSULE TWICE DAILY | - | 02-Apr-2020 | 30-Jun-2020 |
| Paliperidone Suspension For Injection 100 mg/1 ml pre-filled syringe | 1 | 1 pre-filled disposable injection | FOR INJECTION BY NURSE | - | 14-Nov-2019 | 14-Nov-2019 |
| Sertraline Hydrochloride Tablets 100 mg | 28 | 28 tablet | ONE TO BE TAKEN EACH DAY WEEKLY DISPENSE | - | 10-Oct-2019 | 06-May-2020 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 1 | 1 INHALER | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY | - | 05-Dec-2018 | 30-Jun-2020 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Prednisolone Tablets 5 mg | 30 | 30 tablet | 6 TABLETS DAILY | - | 23-Jul-2020 | 23-Jul-2020 |
| Ibuprofen Tablets 400 mg | 24 | 24 tablet | ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED WITH OR AFTER FOOD | - | 13-Jul-2020 | 13-Jul-2020 |
| Prochlorperazine Maleate Tablets 5 mg | 30 | 30 tablet | ONE OR TWO TABLETS TO BE TAKEN TWO OR THREE TIMES A DAY | - | 08-May-2020 | 08-May-2020 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 19-Feb-2020 | 126 | 75 |
| 09-Oct-2019 | 119 | 91 |
| 04-Dec-2018 | 137 | 91 |
| 02-Jun-2017 | 142 | 79 |
| 11-Dec-2015 | 126 | 76 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Aug-2019 | - | 111 | 35.11 |
| 04-Dec-2018 | 177.8 | 110 | 34.8 |
| 09-Sep-2015 | 177 | 93 | 29.68 |
| 18-Jun-2015 | 177.8 | 104.75 | 33.14 |
| 10-Jun-2015 | - | 105 | - |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Not interested in stopping smoking: | | 12-Aug-2019 |
| Current smoker: | | 12-Aug-2019 |
| Cigarette smoker, 10 Cigarettes/day: | | 04-Dec-2018 |
| Rolls own cigarettes, 2 oz/wk: | | 25-Feb-2016 |
| Rolls own cigarettes, 50 oz/wk: | | 11-Dec-2015 |
| Alcohol consumption, 0 units/week: | | 04-Dec-2018 |
| Alcohol consumption, 0 units/week: | | 18-Jun-2015 |
| Alcohol consumption, 0 units/week: | | 05-Jun-2014 |
| Aerobic exercise 3+ times/week: | | 04-Dec-2018 |
| Takes inadequate exercise: | | 18-Jun-2015 |

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**
**Administrative information**
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

**Social circumstances**
Ethnic Origin: (White) Scottish

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| AndrewRenwick (Consultant)<br>General Surgery<br>GGC General Referral | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Vale of Leven General Hospital<br>North Main Street<br>Alexandria<br>G83 0UA | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>C206H<br>Email address |

**Urgency of referral** ROUTINE
**Date of referral** 10-Sep-2015 **Date sent** 10-Sep-2015

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | O'Rourke |
| **Forename(s)** | Alexander |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 04-Dec-1970 |
| CHI no. | 0412703297 |
| **Area of Residence** | |

**Patient's address**

100a Whiteford Avenue
Bellsmyre
Dumbarton
G82 3JE

Contact number(s)

Voice: 07425411782

*101009939325A* | Unique Care Pathway Number: 101009939325A

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Fergus MacLean | | |
| GMC code | 4183680 | GP code | 38792 |
| Practice name | Dumbarton Health Centre | | |
| Practice code | 85066 | | |

**Practice address**

Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Contact number(s)

Voice: 01389 811844
Facsimile: 01389 811824
E-mail: Levensidepractice@nhs.net

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Saied Pourghazi | | |
| GMC code | 3669923 | GP code | 36137 |
| Practice name | Levenside Medical Practice (85066) | | |
| Practice code | 85066 | | |

**Practice address**

The Health Centre
Station Road
Dumbarton
G82 1PW

| | Contact number(s) |
|---|---|
| | Voice: 01389 811844 |

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: incisional hernia, awaiting weight loss before repair can be contemplated

Comment: Dear Mr Renwick,

This gentleman was seen just over a year ago by yourself with an abdominal hernia. At the time due to his excess weight it was felt safer that he tried to lose some weight before any operative procedure could be considered.
I am glad to say that Mr O'Rourke has been working positively at this and he now weighs 93kg today, giving him a BMI of 29.7.
He continues to be troubled by his hernia and is keen to see you to discuss an operation.

I would be most grateful if you could see him back in your clinic.

Kind regards.

Yours sincerely,

Dr S Pourghazi

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Asthma | - | 18-Jun-2015 | 18-Jun-2015 |
| Incisional hernia NOS | - | 18-Nov-2013 | 18-Nov-2013 |
| Alcohol problem drinking | - | 11-May-2009 | 11-May-2009 |
| [X]Stabbing | alleged stab wound - left A & E incomplete consultation pat refused treatment | 01-Sep-2008 | 01-Sep-2008 |
| [X]Heroin addiction | relapse after losing job | 01-Feb-1998 | 01-Feb-1998 |
| [X]Drug addiction NOS | receiving treatment | 03-Apr-1997 | 03-Apr-1997 |
| Anxiety states | insomnia | 11-Mar-1991 | 11-Mar-1991 |
| [D]Generalized enlarged lymph nodes | reactive neck exploration | 05-Jan-1976 | 05-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Drug addiction therapy | bellsmyre pharmacy Dumbarton Suboxone 768818 | 18-Jun-2014 | 18-Jun-2014 |
| Exploratory laparotomy | with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration | 08-Mar-2012 | 08-Mar-2012 |
| Drug addictn therap-methadone | - | 01-Jan-1998 | 01-Jan-1998 |
| [SO]Ulnar nerve - hand (Right) | damage right ulnar digital nerve | 01-Jan-1984 | 01-Jan-1984 |
| Bilateral orchidopexy | - | 29-Sep-1983 | 29-Sep-1983 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started |
|---|---|---|---|---|---|

| | | | | | | Date last issued |
|---|---|---|---|---|---|---|
| Buprenorphine And Naloxone Sublingual Tablets Sugar Free 2 mg + 500 micrograms | 84 | 84 tablet | 3 TABS DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 3 TABS MON TO FRI 6 TABS ON SATURDAYS | - | 09-Sep-2015 | 09-Sep-2015 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 28 | 28 capsule | ONE TO BE TAKEN EACH DAY | - | 09-Sep-2015 | 09-Sep-2015 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 2 | 2 inhaler | 2 PUFFS TAKE AS REQUIRED | - | 22-Jun-2015 | 18-Aug-2015 |
| Olanzapine Tablets 15 mg | 56 | 56 TABLET | 1 TAB AT NIGHT WEEKLY DISPENSE | - | 05-Jun-2014 | 29-Jul-2015 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 07-Sep-2015 | 18-May-2015 |
| Clenil Modulite Cfc-free inhaler 200 micrograms/actuation | 2 | 2 inhaler | 2 PUFFS TWICE DAILY | - | 30-Jul-2015 | 30-Jul-2015 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 14 | 14 capsule | 1 CAP TWICE DAILY | - | 03-Jul-2015 | 03-Jul-2015 |
| Amoxicillin Capsules 500 mg | 21 | 21 capsule | ONE TO BE TAKEN THREE TIMES A DAY | - | 03-Jul-2015 | 03-Jul-2015 |
| Metronidazole Tablets 400 mg | 21 | 21 TABLET | ONE TO BE TAKEN THREE TIMES A DAY | - | 03-Jul-2015 | 03-Jul-2015 |
| Clenil Modulite Cfc-free inhaler 100 micrograms/actuation | 1 | 1 inhaler | TWO PUFFS TO BE INHALED TWICE A DAY | - | 02-Jul-2015 | 02-Jul-2015 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 28 | 28 capsule | ONE TO BE TAKEN EACH DAY | - | 10-Jun-2015 | 10-Jun-2015 |
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 18-May-2015 | 18-May-2015 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 1 | 1 INHALER | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY | - | 01-May-2015 | 01-May-2015 |
| Hyoscine Butylbromide Tablets 10 mg | 56 | 56 tablet | 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY | - | 26-Mar-2015 | 26-Mar-2015 |
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 26-Mar-2015 | 26-Mar-2015 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 18-Jun-2015 | 120 | 70 |
| 22-Aug-2014 | 131 | 92 |
| 05-Jun-2014 | 130 | 92 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 09-Sep-2015 | 177 | 93 | 29.68 |
| 18-Jun-2015 | 177.8 | 104.75 | 33.14 |
| 10-Jun-2015 | - | 105 | - |

| | | | |
|---|---|---|---|
| 01-May-2015 | - | 105 | - |
| 05-Jun-2014 | 182 | 115 | 34.72 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Heavy smoker - 20-39 cigs/day : | he asked for a cough bottle, feels wheezy and also chest is wheezy throughout, advsied agasint cough bottle, advice on cannabis and smoking given, using he steroid inhalor up to 8 puffs d- TRUNCATED | 09-Sep-2015 |
| Rolls own cigarettes, 50 g/week: | | 18-Jun-2015 |
| Light smoker - 1-9 cigs/day : | rollups, off alcohol now, | 22-Aug-2014 |
| Rolls own cigarettes, 56.6 g/week: | | 05-Jun-2014 |
| Alcohol consumption, 0 units/week: | | 18-Jun-2015 |
| Alcohol consumption, 0 units/week: | | 05-Jun-2014 |
| Takes inadequate exercise: | | 18-Jun-2015 |

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| General Surgery<br>GGC General Referral | — | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Vale of Leven General Hospital<br>North Main Street<br>Alexandria<br>G83 0UA | — | **Hospital** and **hospital address**<br>Hospital location code.<br>C206H<br>Email address<br>- |

**Urgency of referral** ROUTINE
**Date of referral** 11-Jun-2015 **Date sent** 12-Jun-2015

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | O'Rourke |
| **Forename(s)** | Alexander |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 04-Dec-1970 |
| CHI no. | 0412703297 |
| **Area of Residence** | - |

**Patient's address**

100a Whiteford Avenue
Bellsmyre
Dumbarton
G82 3JE

Contact number(s)

Voice: 07425411782

*101009411104Z*

Unique Care Pathway Number: 101009411104Z

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Fergus MacLean | | |
| GMC code | 4183680 | GP code | 38792 |
| Practice name | Dumbarton Health Centre | | |
| Practice code | 85066 | | |

**Practice address**

Dumbarton Health Centre
Station Road
Dumbarton
G82 1PW

Contact number(s)

Voice: 01389 811844
Facsimile: 01389 811824
E-mail: Levensidepractice@nhs.net

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Katie Jane Mitchell | | |
| GMC code | 7013335 | GP code | 36242 |
| Practice name | Levenside Medical Practice (85066) | | |
| Practice code | 85066 | | |

**Practice address**

The Health Centre
Station Road
Dumbarton
G82 1PW

Contact number(s)

Voice: 01389 811844

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**

Description: One year history of vomiting & diarrhoea, incisional hernia

Comment: Dear Surgical Colleagues,

Mr O'Rourke is a 44 year old gentleman who has a history of previous heroin addiction. However, he has not taken any illicit drugs in two years and is currently on Suboxone, which he started over a year ago. At this point he developed diarrhoea and nausea which has been present since and it has not changed, despite reducing the dose of Suboxone over the year. He describes constant nausea with vomiting every morning and he has watery stools with an urgency linked to this. His weight has remained stable but he states he can only eat up to two sandwiches per day. He also has an incisional hernia which is long standing. Ranitidine has not helped.

On examination he has a soft, reducible incisional hernia with a mildly tender right upper quadrant.

Bloods including inflammatory markers have been normal and a stool culture was negative. We are also arranging for him to have an ultrasound of his abdomen. However, given that Mr O'Rourke has had these problems now for a year I wonder whether he may require further investigation.

I would be most grateful for your advice .

Yours sincerely,

Dr K Mitchell

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**
**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Incisional hernia NOS | - | 18-Nov-2013 | 18-Nov-2013 |
| Alcohol problem drinking | - | 11-May-2009 | 11-May-2009 |
| [X]Stabbing | alleged stab wound - left A & E incomplete consultation pat refused treatment | 01-Sep-2008 | 01-Sep-2008 |
| [X]Heroin addiction | relapse after losing job | 01-Feb-1998 | 01-Feb-1998 |
| [X]Drug addiction NOS | receiving treatment | 03-Apr-1997 | 03-Apr-1997 |
| Anxiety states | insomnia | 11-Mar-1991 | 11-Mar-1991 |
| [D]Generalized enlarged lymph nodes | reactive neck exploration | 05-Jan-1976 | 05-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Drug addiction therapy | bellsmyre pharmacy Dumbarton Suboxone 768818 | 18-Jun-2014 | 18-Jun-2014 |
| Exploratory laparotomy | with over sewing of bleeding (L) gastro-colic vessel, washout and debridement of (L) elbow laceration | 08-Mar-2012 | 08-Mar-2012 |
| Drug addictn therap-methadone | - | 01-Jan-1998 | 01-Jan-1998 |
| [SO]Ulnar nerve - hand (Right) | damage right ulnar digital nerve | 01-Jan-1984 | 01-Jan-1984 |
| Bilateral orchidopexy | - | 29-Sep-1983 | 29-Sep-1983 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Buprenorphine And Naloxone Sublingual Tablets Sugar Free 8 mg + 2 mg | 1 | 1 TABLET | 1 TABLET DAILY SUPERVISED DOSE ON THE DAYS SUPPLIED SUPPLY 1 TAB MON TO FRI 2 TABS ON SAT | - | 18-Jun-2014 | 09-Sep-2014 |
| Olanzapine Tablets 15 mg | 56 | 56 TABLET | 1 TAB AT NIGHT WEEKLY DISPENSE | - | 05-Jun-2014 | 03-Jun-2015 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 28 | 28 capsule | ONE TO BE TAKEN EACH DAY | - | 10-Jun-2015 | 10-Jun-2015 |
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 18-May-2015 | 18-May-2015 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 1 | 1 INHALER | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY | - | 01-May-2015 | 01-May-2015 |
| Hyoscine Butylbromide Tablets 10 mg | 56 | 56 tablet | 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY | - | 26-Mar-2015 | 26-Mar-2015 |
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 26-Mar-2015 | 26-Mar-2015 |
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 29-Jan-2015 | 29-Jan-2015 |
| Clenil Modulite Cfc-free inhaler 100 micrograms/actuation | 1 | 1 inhaler | TWO PUFFS TO BE INHALED TWICE A DAY | - | 22-Dec-2014 | 05-Jan-2015 |
| Salbutamol Cfc-free inhaler 100 micrograms/puff | 1 | 1 INHALER | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY | - | 22-Dec-2014 | 05-Jan-2015 |
| Hyoscine Butylbromide Tablets 10 mg | 56 | 56 tablet | 1 OR 2 TABS THREE TIMES A DAY MAX 8 PER DAY | - | 22-Dec-2014 | 19-Jan-2015 |
| Ranitidine Tablets 150 mg | 60 | 60 tablet | ONE TO BE TAKEN TWICE A DAY | - | 24-Nov-2014 | 29-Dec-2014 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 22-Aug-2014 | 131 | 92 |
| 05-Jun-2014 | 130 | 92 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 10-Jun-2015 | - | 105 | - |
| 01-May-2015 | - | 105 | - |
| 05-Jun-2014 | 182 | 115 | 34.72 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Light smoker - 1-9 cigs/day : | rollups, off alcohol now, | 22-Aug-2014 |
| Rolls own cigarettes, 56.6 g/week: | | 05-Jun-2014 |

Alcohol consumption, 0 units/week: 05-Jun-2014

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**
**Administrative information**
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

**Social circumstances**
Ethnic Origin: (White) Scottish

**Signature** of referring doctor (or other professional) **Date**

# Anaesthetic Record

NHS Greater Glasgow and Clyde

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Pre-op

Procedure(s) UMBILICAL HERNIA REPAIR

Anaesthetist(s) BROWN / NEW

Surgeon(s) RENWICK

Elective ☑ Urgent ☐ Immediate ☐

C ☑ SAS ☐ ST ☐ CT ☑ PA ☐

Date 6/11/16

Discussed with supervising consultant _____

## SUMMARY

ASA 1 (2) 3 4 5

Comment

GA ☐ FM vent OK ☐

Spinal ☐ LMA OK ☐

Epidural ☐ Laryngoscopy gd ____

Sedation ☐

Other LA

Anaesthetist Sign / Print _____

## ASSESSMENT

Airway / Dentition

MP II
MO –
NM –
JP –

Top plate
Lower bottom plate

RS

Asthma – well controlled
Smoker

CVS

GI / Renal / CNS / Other

Ex IVDU
Recent alcohol XS

No heartburn / no reflux

Previous anaesthesia / Family history

YES – no complications

Assessor
Sign / Print / Date _____ JCT

Ht 1·78
Wt 89 kg
BMI 28

BP 117 / 66

ECG

Hb 153
WCC 4·3
Plts 172
XMatch (2)
Clotting (N)

Na
K
U
Cr
Gluc
(N)

Allergies / Reactions

NKDA

Current therapy

Inhalers
Olanzapine
Buprenorphine / Naloxone (Subutex) (S/L)

Fasted

OK with NSAIDs ☑

Risks discussed

GA – pain
sore throat
dental damage

Anaesthetic Record

Equipment check performed ☑

**Vascular access**

Cannula — (L) Atm 20G

A line

CVP

**Airway/Ventilation**

FM ✓ — Pre-ox ☑

LMA #5 — Cricoid P ☐

ETT — SV ☐

Grade — IPPV ☑

**Regional Anaesthesia**

[redacted] mls × 05% cerebyanaesthesia by surgeon

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Fentanyl | 100 | | | | | | | |
| Propofol | 300 | | | | | | | |
| Sevo Nitrous | | | | | | | | |
| Morphine | 5 | +5 | +5 | +5 | | | | |
| Pancuronium | | 4 | 0 | 10 | 10 | | | |
| Glyco/Neo | | | | | 0.5/2.5 | | | |
| Time | 12[00] | 30 | 13[00] | 1330 | | | | |

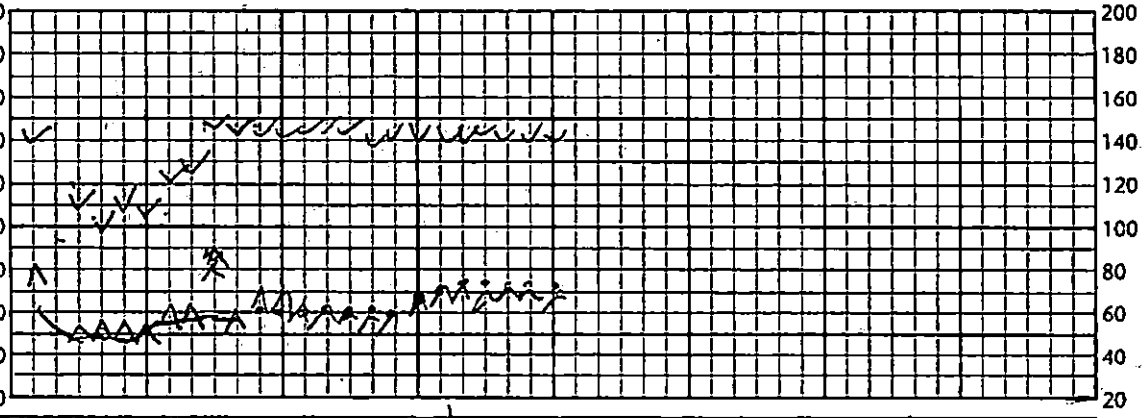
Position

ECG $SpO_2$

NIBP

Fluid warmer

Patient warmer




IV Fluids — (1) (2) (3)

Events

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| $FiO_2$ | 0.49 | | 0.36 | | | | | |
| $SpO_2$ | 98 | 98 | 98 | 97 | 95% | | | |
| $ETCO_2$ | 5.4 | 5.5 | | 5.5 | | | | |
| ETAA | 4.5 | 4.8 | | 5.9 | | | | |

Eye care ☑

Pressure point care ☑

Events

Ⓐ
Ⓑ
Ⓒ
Ⓓ
Ⓔ
Ⓕ
Ⓖ
Ⓗ

IV fluids

① RL 1000
② Plasmalyte
③ RL 1000
④
⑤
⑥
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NHS
Greater Glasgow and Clyde

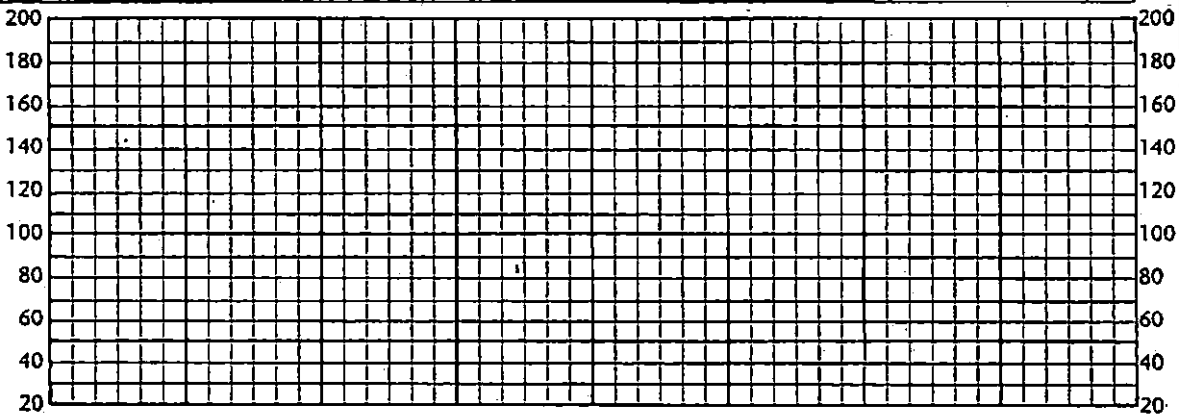
Name

Hospital no.

CHI no.

DoB / Age

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | |
| Time | | | | | | | | |




| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| IV Fluids | | | | | | | | |
| Events | | | | | | | | |
| $FiO_2$ $N_2O$☐ | | | | | | | | |
| $SpO_2$ | | | | | | | | |
| $ETCO_2$ | | | | | | | | |
| ETAA | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

# Post-op Instructions

**Intra-op blood loss** _____

**Oxygen**

Per PCA/other protocol ☐

_____ L/min in recovery

To keep $SaO_2$ > ____ %

**Fluids**

**Monitoring/Investigations**

# Anaesthetic Notes



0412703297
O'ROURKE M
Alexander 04/12/1970
FLAT 4/D 100A WHITEFORD
AVENUE
BELLSMYRE
Dumbarton, Dunbartonshire
G82 3JE

0412703297
O'ROURKE
04/12/1970 M
DATE ___/___/___
TIME ___:___
Dr

0412703297
O'ROURKE
ALEXANDER
04/12/1970
DATE ___/___/___
TIME ___:___
Dr.

# OPERATION NOTE

## 4th NOVEMBER 2016

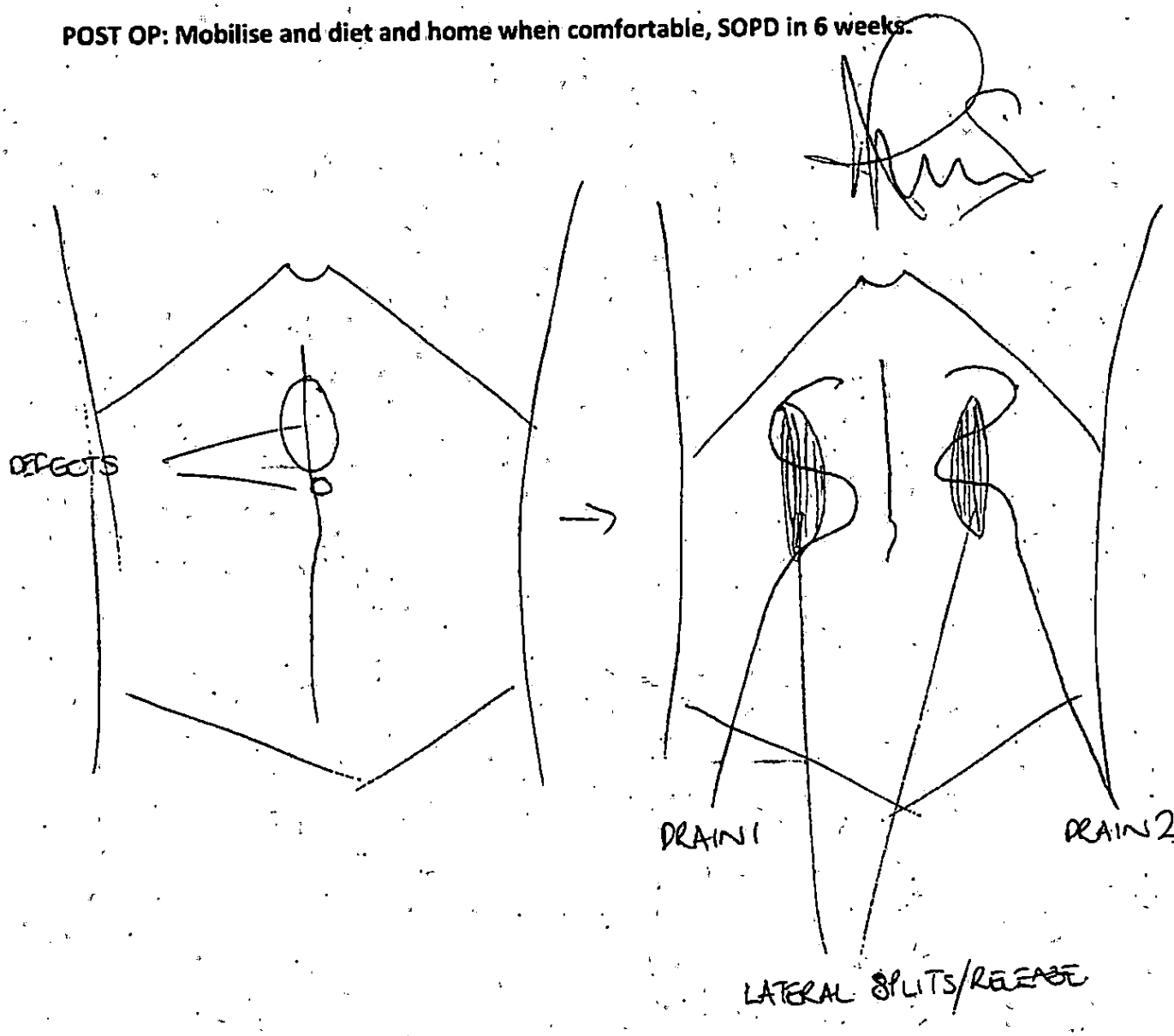
## OPEN INCISIONAL HERNIA REPAIR

**SURGEON: RENWICK/ BISSET**

**ANAESTH: ALCORN**

GA, Supine. Catheterised. IV AB's. Midline incision throught he previous incision. Hernial sac identified and mobilised to the edge of the hernia and then seperated from the muscular edge of the hernia. Small bowel protected throughout the procedure. In order to allow the sides to meet in the middle the skin was mobilised from the abdominal wall and lateral releases performed on either side. Midline closed with interupted nylon sute "figure 8's". Haemostasis secured and Blake drains inserted to either side. Clips to skin.

**POST OP: Mobilise and diet and home when comfortable, SOPD in 6 weeks.**



Acute Services Division
Surgery and Anaesthetics

NHS
Greater Glasgow and Clyde

Name: 0412703297
Addres O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
DoB: Dumbarton, Dunbartonshire
G82 3JE
CHI nu

# Perioperative Care Plan

| Hospital: RAH | Consultant: Renwick |
|---|---|
| Ward: 20 | Date: 4.11.16 |

## Theatre Staff - The following information can be found within the Nursing Admission Document (NAD)

| Checked by: | Reception Practitioner | Anaesthetic Practitioner |
|---|---|---|
| • Relevant Medical History - see NAD | Yes ☐ No ☐ | Yes ☐ No ☐ |
| • Waterlow Score | Yes ☐ No ☐ | Yes ☐ No ☐ |

Waterlow Score – Key: 10+ = At Risk 15+ = High Risk 20+ = Very High Risk

*THEATRE STAFF – For Baseline Observations refer to NEWS chart.*

## Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.
Please provide 'Getting to know me' document if available.

| Topical Local Anaesthetic applied<br>Specify site and time applied | Yes ☐ No ☐ N/A ☑<br>Site 1:<br>Time:<br>Site 2:<br>Time: |
|---|---|

Name [redacted] .....
Addre 0412703297 .....
O'ROURKE M .....
..... Alexander 04/12/1970 .....
100D WHITEFORD AVENUE
DoB: . Dumbarton, Dunbartonshire .....
G82 3JE
CHI n .....

## Ward Checklist – To be completed immediately prior to the patient being given a Pre-Med

| Preoperative checks | Ward Check | Reception Check | Anaesthetic Assistant |
|---|---|---|---|
| Identity band correct (Name, DoB, CHI number, Ward) | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| Case Notes / Scanner Folder (circle) | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| ECG | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☑ N/A ☐ |
| NAD document | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| NEWS chart | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| Cannard pack | Yes ☑ No ☐ N/A ☐ | Yes ☑ No ☐ N/A ☐ | Yes ☑ No ☐ N/A ☐ |
| MUST Tool | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☑ N/A ☐ |
| X-Ray and Scans – Hardcopy | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☑ N/A ☐ |
| Prescription Chart | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| Waterlow chart PUDRA | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| Pressure Ulcer chart | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☐ |
| Wound Assessment chart | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☑ N/A ☐ |
| Active Care Checklist | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| Alert Sticker – specify: | Yes ☐ No ☑ | Yes ☐ No ☐ | Yes ☐ No ☑ |
| PVC Care Plan in place | Yes ☑ No ☐ N/A ☐ | Yes ☑ No ☐ N/A ☐ | Yes ☑ No ☐ N/A ☐ |
| **Consent / Incapacity (circle)** Signed and dated | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☐ No ☐ 4/11/16 |
| Checked against Theatre List | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| **Check with Patient / Incapacity / Consent (circle)** Procedure and site for surgery | Yes ☑ No ☐ | Yes ☑ No ☐ | Yes ☑ No ☐ |
| Correct site marked | Yes ☑ No ☐ N/A ☐ | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☐ N/A ☑ |
| **Allergies/ Sensitivities and Reactions** | Yes ☐ No ☑ | Yes ☐ No ☑ | Yes ☐ No ☑ |
| If 'Yes' specify: | | | |
| Fasted from – specify time (24 hr clock) N/A ☐ | Food: 22.00 | Food: FFM | Food: 22.00 |
| | Fluid: 23.00 | Fluid: FFM | Fluid: 22.00 |
| Blood Glucose Score – if relevant | Time: Score: N/A ☑ | Time: Score: N/A ☑ | Time: Score: N/A ☑ |
| Internal prosthesis in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type | Yes ☐ No ☑ | Yes ☐ No ☑ | Yes ☐ No ☑ |
| External prosthesis removed e.g. hairpiece, false eye etc. If 'Yes' state type where stored | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☑ |
| Loose teeth, caps and crowns State site and type | Yes ☐ No ☑ | Yes ☐ No ☑ | Yes ☐ No ☑ |
| Dentures removed If 'Yes' state where stored | Yes ☑ No ☐ N/A ☐ | Yes ☑ No ☐ N/A ☒ PARTIAL PLATE | Yes ☐ No ☐ N/A ☐ Ward |
| Hearing aid(s) | R ☐ L ☐ N/A ☑ | R ☐ L ☐ N/A ☑ | R ☐ L ☐ N/A ☑ |
| Hearing aid(s) removed If removed state where stored | Insitu ☐ Removed ☐ | Insitu ☐ Removed ☐ | Insitu ☐ Removed ☐ |

Name: .....
Address: .....
.....
DoB: .... 0412703297 M
O'ROURKE 04/12/1970
CHI nur Alexander
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Ward Checklist continued

| Pre-operative checks | Ward Check | Reception Check | Anaesthetic Assistant |
|---|---|---|---|
| Spectacles/Contact lenses removed (circle)<br>If 'Yes' state where stored | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☐ |
| Trolley/ Bed checked for head down tilt and $O_2$/ Accessories | Bed ☐ Trolley ☐<br>Operating chair ☐<br>Yes ☐ No ☐ | Bed ☐ Trolley ☑<br>Operating chair ☐<br>Yes ☐ No ☐ | Bed ☐ Trolley ☑<br>Operating chair ☐<br>Yes ☐ No ☐ |
| Make-up/ Nail polish removed (circle) | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☐ | Yes ☐ No ☑ N/A ☐ |
| False nails in situ – Anaesthetist informed | Yes ☐ No ☐ | Yes ☐ No ☑ | Yes ☐ No ☑ |
| Jewellery/Body piercing removed (circle)<br>If 'Yes' state where stored | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☑ N/A ☐ |
| Jewellery/Body piercing taped (circle)<br>If 'Yes' state location of items on body | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☐ N/A ☐ |
| Up-to-date Blood Results available on Clinical Portal<br>Blood Cross Matched confirmed by labs<br>Blood Grouped and Saved confirmed by labs | Yes ☑ No ☐<br>Yes ☐ No ☐ N/A ☐<br>Yes ☐ No ☐ N/A ☐ | Comments if required: | |
| CJD single question asked<br>Answer to CJD single question<br>If answered 'Yes' or if any other questions please contact your Infection Control Team | Yes ☑ No ☐<br>At increased risk ☐<br>Not at increased risk ☑ | [redacted] | |
| If CJD question has not been asked, then ask the question "Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?" | Yes, I have been notified ☐<br>No, I have not been notified ☑ | Comments if required: | |
| Inhalers/ sprays with patient<br>State type | Yes ☑ No ☐ N/A ☐ | Type: Not Salbutamol - At Hospital | |
| Anti-embolic Prophylaxis – state type | Yes ☑ No ☐ N/A ☐ | Type: F - | |
| Paper pants in situ – If 'No' specify reason: | Yes ☑ No ☐ | State reason: | |
| Voided urine/ Catheter in situ/ Urostomy (circle) | Yes ☑ No ☐ | Comment if required: | |
| Date of Last Menstrual Period (LMP) | N/A ☑ | | |
| Is there any chance you are pregnant? | Yes ☐ No ☐ N/A ☑ | [redacted] | |
| Pregnancy test carried out<br>Pregnancy test result | Yes ☐ No ☐ N/A ☑<br>Postive ☐ Negative ☐ | | |
| Tampon removed | Yes ☐ N/A ☑ | | |
| MRSA swab test results | Postive ☐ Negative ☐<br>Results pending ☐<br>N/A ☑ | Comments if required | |
| Pre-Medication given | Yes ☐ No ☐ N/A ☑ | Yes ☐ No ☑ N/A ☐ | Yes ☐ No ☐ N/A ☐ |
| PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE | Ward: DO<br>Time: 10.40 | Reception:<br>Time: 1.30 | Anaesthetic Assistant:<br>Time: 11.55 |

Name [redacted] .....
Addre: 041270329 M .....
..... O'ROURKE 04/12/1970 .....
..... Alexander .....
DoB: ... 100D WHITEFORD AVENUE .....
Dumbarton Dunbartonshire
G82 3JE .....
CHI nu .....

## Surgical Brief

| Surgical Brief carried out: | Yes ☑ No ☐ | If 'No' please specify reason: |
|---|---|---|

## Anaesthetics

| Baseline Observations | Pulse: 60 Bpm | BP: 143/91 | Temp: 35.6 | $SpO_2$: 100 | Resps: |
|---|---|---|---|---|---|

| Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is: | Required: Yes ☐ N/A ☐ | Available: Yes ☐ No ☐ | Or patient has been Grouped and Saved: Yes ☐ No ☐ |
|---|---|---|---|

## Stop Before You Block — This section NOT applicable ☑

| Stop Before You Block carried out: | Yes ☐ No ☐ | |
|---|---|---|

## Anaesthetic Type – Please tick all that apply

| General Anaesthetic ☑ LMAS | Epidural ☐ | Spinal ☐ | Regional Blocks ☐ | Throat spray ☐ |
|---|---|---|---|---|
| Local Anaesthetic ☐ | Site: | Drug: | | mls |
| Sedation ☐ | Drug: | | | mls |

PVC Care Plan in place Yes ☑ No ☐ Skin Prep specify: Alcowipe

## Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

| | | | | |
|---|---|---|---|---|
| ARTERIAL CATHETER | Yes ☐ N/A ☐ | Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐ | Yes ☐ Yes ☐ | Other ☐ Specify prep: |
| CVP CATHETER | Yes ☐ N/A ☐ | Chlorhexidine 2%/70% alcohol ☐ Chlor-a-prep solution ☐ | Yes ☐ Yes ☐ | Other ☐ Specify prep: |
| SPINAL / EPIDURAL | Yes ☐ N/A ☐ | Specify prep: | | |
| REGIONAL BLOCK | Yes ☐ N/A ☐ | Specify prep: | | |
| OTHER NIBP. ECG. SpO2 | Yes ☐ N/A ☐ | Specify prep: | | |

## Blood Glucose Monitoring — This section NOT applicable ☑

| Time | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| BM Score | | | | | | | | |

## Safe use of $SpO_2$ probe to prevent injury — This section NOT applicable ☐

$SpO_2$ Probe rotated hourly: Yes ☑ No ☐ N/A ☐ Initial position: (D)Index finger

| Time rotated | | | | | | | |
|---|---|---|---|---|---|---|---|
| Probe position | | | | | | | |
| Time rotated | | | | | | | |
| Probe position | | | | | | | |

## Prevention of Eye Injury — This section NOT applicable ☐

| Eyes protected from injury during procedure | Yes ☑ | Specify: Micropore eye Tapes |
|---|---|---|

Name: 0412703297 O'ROURKE Alexander M
Addre 100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
DoB: 04/12/1970
G82 3JE
CHI
Affix patient

## Anaesthetics continued

### Maintenance of Normothermia

This section NOT applicable ☐

| Actions taken to maintain the patient's temperature | | | |
|---|---|---|---|
| Yes ☑ No ☐ | Warm air blanket device – specify: A huggy | Yes ☑ | No ☐ N/A ☐ |
| | Warm Fluids | Yes ☐ | No ☑ N/A ☐ |
| | Warming Mat | Yes ☐ | No ☑ N/A ☐ |
| | Thermal Hat | Yes ☐ | No ☑ N/A ☐ |
| | IV fluid warmer | Yes ☐ | No ☑ N/A ☐ |
| | Other – specify: | Yes ☐ | No ☐ N/A ☑ |

Patient Sheet.

Temperature documented by Anaesthetist Yes ☑ No ☐ 35.6

### Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☑

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |

### Comments

CHI: 0412703297 04/12/1970 M
O'BOURKE Alexander
1000 WHITEFO, DUMBARTON, G82 3JE
Dr.
Practice: 85066
Affix patient label

# Theatre

## Safe Positioning

This section NOT applicable ☑

| Moving aids used to move patient | Yes ☐ No ☐ | Pat Slide ☐ | Sliding sheet ☐ | Roll board ☐ |
|---|---|---|---|---|
| | | Hover Mattress ☐ | Other: | |

## Pressure Area Care

| Pre-operative skin inspection scores (please circle) | Excoriation Level: 0 1 2 3 | Pressure Ulcer Grade: N/A 1 2 3 4 |
|---|---|---|

| Area of concern identified (include area of body) | Actions taken |
|---|---|
| Small area on ⓛ hip bruised + small graze pre-op. All pressure equipment applied cm | |

| Position | Positioning Devices | | Pressure Relieving | Arm Position |
|---|---|---|---|---|
| **Position 1**<br>**Time:**<br>Supine ☑ Prone ☐<br>Left Lateral ☐ Right lateral ☐<br>Lloyd Davis ☐ Jack-knife ☐<br>Tren-delenburg ☐ Reverse Tren-delenburg ☐<br>Lower limb traction ☐ Deckchair ☐<br>Other ☐ Lithotomy ☐ | Head ring ☐<br>Pillows ☐<br>Straps ☐<br>Wedge ☐<br>Sandbag ☐ | Lateral supports ☑<br>Hydraulic leg supports ☐<br>Limb traction ☐<br>Side supports ☐<br>Bolster ☐ | Gel pads ☑<br>Heel gel pads ☒<br>Full gel mattress ☐<br>Gel wedge ☐<br>Pillows ☐ | **R Arm Position**<br>At side ☑<br>On boards ☐<br>Across chest ☐<br>Hand table ☐<br>Hand traction ☐<br>**Secured with:**<br>J-board ☑<br>Straps ☐<br>**Pressure care:**<br>Gel/ Foam pads ☑<br>**L Arm Position**<br>At side ☐<br>On boards ☑<br>Across chest ☐<br>Hand table ☐<br>Hand traction ☐<br>**Secured with:**<br>J-board ☐<br>Straps ☑<br>**Pressure care:**<br>Gel/ Foam pads ☑ |
| **Position 2**<br>**Time:**<br>Supine ☐ Prone ☐<br>Left Lateral ☐ Right lateral ☐<br>Lloyd Davis ☐ Jack-knife ☐<br>Tren-delenburg ☐ Reverse Tren-delenburg ☐<br>Lower limb traction ☐ Deckchair ☐<br>Other ☐ Lithotomy ☐ | Head ring ☐<br>Pillows ☐<br>Straps ☐<br>Wedge ☐<br>Sandbag ☐ | Lateral supports ☐<br>Hydraulic leg supports ☐<br>Limb traction ☐<br>Side supports ☐<br>Bolster ☐ | Gel pads ☐<br>Heel gel pads ☐<br>Full gel mattress ☐<br>Gel wedge ☐<br>Pillows ☐ | **R Arm Position**<br>At side ☐<br>On boards ☐<br>Across chest ☐<br>Hand table ☐<br>Hand traction ☐<br>**Secured with:**<br>J-board ☐<br>Straps ☐<br>**Pressure care:**<br>Gel/ Foam pads ☐<br>**L Arm Position**<br>At side ☐<br>On boards ☐<br>Across chest ☐<br>Hand table ☐<br>Hand traction ☐<br>**Secured with:**<br>J-board ☐<br>Straps ☐<br>**Pressure care:**<br>Gel/ Foam pads ☐ |
| **Position 3**<br>**Time:**<br>Supine ☐ Prone ☐<br>Left Lateral ☐ Right lateral ☐<br>Lloyd Davis ☐ Jack-knife ☐<br>Tren-delenburg ☐ Reverse Tren-delenburg ☐<br>Lower limb traction ☐ Deckchair ☐<br>Other ☐ Lithotomy ☐ | Head ring ☐<br>Pillows ☐<br>Straps ☐<br>Wedge ☐<br>Sandbag ☐ | Lateral supports ☐<br>Hydraulic leg supports ☐<br>Limb traction ☐<br>Side supports ☐<br>Bolster ☐ | Gel pads ☐<br>Heel gel pads ☐<br>Full gel mattress ☐<br>Gel wedge ☐<br>Pillows ☐ | **R Arm Position**<br>At side ☐<br>On boards ☐<br>Across chest ☐<br>Hand table ☐<br>Hand traction ☐<br>**Secured with:**<br>J-board ☐<br>Straps ☐<br>**Pressure care:**<br>Gel/ Foam pads ☐<br>**L Arm Position**<br>At side ☐<br>On boards ☐<br>Across chest ☐<br>Hand table ☐<br>Hand traction ☐<br>**Secured with:**<br>J-board ☐<br>Straps ☐<br>**Pressure care:**<br>Gel/ Foam pads ☐ |

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
*Affix patient data label*

## Theatre continued

### Electrosurgery — This section NOT applicable ☐

| | | |
|---|---|---|
| Monopolar: Yes ☑ N/A ☐ | | Bipolar: Yes ☐ N/A ☐ |
| Site(s) of Monopolar Electrode: | (L) THIGH | |
| Skin site(s) assessed and meets safety criteria as per policy | Yes ☑ No ☐ | If 'No' state reason: |
| Skin site(s) clipped | Yes ☑ N/A ☐ | State site: |
| Electrode site(s) checked after patient repositioned and is satisfactory | Yes ☐ No ☐ N/A ☐ | If 'No' state reason and action: |
| Post-op skin check(s) is satisfactory | Yes ☐ No ☐ | If 'No' state reason and action: |

### Tourniquets — This section NOT applicable ☐

| | | |
|---|---|---|
| Tourniquet equipment applied | Yes ☐ No ☐ N/A ☐ | |
| Padding under tourniquet | Yes ☐ No ☐ N/A ☐ | |
| Cover over tourniquet | Yes ☐ No ☐ N/A ☐ | |
| Post op skin check(s) is satisfactory | Yes ☐ No ☐ | If 'No' state reason and action: |

| Site and side | Time inflated | Pressure | Time deflated | Time re-inflated | Pressure | Time deflated |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

### Digit Tourniquet — This section NOT applicable ☐

| Site and side applied | Time applied | Time removed |
|---|---|---|
| | | |
| | | |

### DVT Prophylaxis — This section NOT applicable ☐

| | | |
|---|---|---|
| Intermittent Pneumatic Compression Devices: _____ mmHg | Yes ☐ No ☐ N/A ☐ | Left ☐ Right ☐ Bilateral ☐ |
| Foot Pump Devices: _____ mmHg | Yes ☐ No ☐ N/A ☐ | Left ☐ Right ☐ Bilateral ☐ |
| TED Stockings | Yes ☑ No ☐ N/A ☐ | Left ☐ Right ☐ Bilateral ☑ |
| Other – Specify: | Yes ☐ No ☐ N/A ☐ | Left ☐ Right ☐ Bilateral ☐ |

Theatre continues on next page

CHI: 0412703237 04/12/1970 M
O'ROURKE, Alexander
WOOD WHITEFO, DUMBARTON, GB2 3JE
Dr.,
Practice: 85066

Theatre continued

## Skin Preparation

This section NOT applicable ☐

| Site – specify: | Clipped | Preparation solution used | |
|---|---|---|---|
| ABDOMEN | Yes ☐ No ☐ N/A ☐ | Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ | Chlorhexidine gluconate solution: 2% ☑ Chlorhexidine acetate solution: ____% ☐ Other – Specify: ____% ☐ |
| Site – specify: | Clipped | Preparation solution used | |
| | Yes ☐ No ☐ N/A ☐ | Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ | Chlorhexidine gluconate solution: ____% ☐ Chlorhexidine acetate solution: ____% ☐ Other – Specify: ____% ☐ |
| Site – specify: | Clipped | Preparation solution used | |
| | Yes ☐ No ☐ N/A ☐ | Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ | Chlorhexidine gluconate solution: ____% ☐ Chlorhexidine acetate solution: ____% ☐ Other – Specify: ____% ☐ |

## Prevention of Compartment Syndrome

This section NOT applicable ☑

Legs in Lloyd Davis or Lithotomy position: Yes ☐ No ☐

Patient must be rested for 5 minutes every 3 hours. If this does not happen, the reason must be documented in the comments / notes section.

| Time legs positioned | Position | Time legs lowered and duration | Time legs lowered and duration | Time legs lowered and duration | Time legs lowered and duration |
|---|---|---|---|---|---|
| | | | | | |

## Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

| Site | Drug | Quantity |
|---|---|---|
| ABDOMEN | levobupivacaine 5mg/mls | 40mls |
| | | |
| | | |

## Drains

This section NOT applicable ☐

| Drain | | Site | Type | Size | Secured with | Dressing |
|---|---|---|---|---|---|---|
| 1 | | ABDOMEN | BLAKES | 19 | 1 silk | 2x Premiepore |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
*Affix patient data label*

Theatre continued

## Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐ | Wound Dressings: Yes ☑ No ☐ N/A ☐

| | Site | Wound Closure | Dressings | Packing |
|---|---|---|---|---|
| 1 | Abdomen | Staples Blackburn | Aquacel Gauze Tegaderm | ✓ |
| 2 | | | I/C DAN | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

## Urinary Catheter

Inserted Pre-op ☐ This section NOT applicable ☐

| | Type / Size | Anaesthetic lubricant applied / inserted | Balloon inflated with sterile water | Prepping Solution |
|---|---|---|---|---|
| 1 | 4 | 10 mls | 10 mls | $H_2O$ |
| 2 | | mls | mls | |
| 3 | | mls | mls | |

PTFE *AquaFlate* REF P310114
PTFE Coated Latex LOT 16GE27
Short/Medium-Term (up to 4 weeks use) 2021-06
Standard, 2-way Foley
SIZE Ch. 14 (4.7mm) / 10ml
Teleflex Medical, IDA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland

## Blood Tags

This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Na
Ad
Do
Ch

CHI: 0412703297 04/12/1970 M
O'ROURKE Alexander
1000 WHITEF,DUMBARTON,G82 3JE

Dr

Practice: 85066

## Traceability Stickers

NHS GG and C
Sterile Services
PA16 7NN

2016/11/02

2018/11/02

This product is Manufactured in accordance with Article 12 (93/42/EEC)

LB/268INDGREEN
Indicator conforms to ISO11140-1:2005

STEAM
Dark = processed

2016/11/02
16:55:56

AACP08

GGC GENERAL MEDIUM TRAY

AACUC2875388

7 332958 592836

Basic General Pack
Mölnlycke Health Care AB
REF 97077022-00 0041
2019-05 LOT 16302808

CODE: 40208
2019.03
LOT: 160317

CODE:40208
2019.03
LOT: 160318

REF 28949
2021.04
LOT 289491616

CODE:40208
2019.04
LOT:160417

CODE:40208
2019.04
LOT:160417

# Intraoperative Accountable Items Count Record

Date 6/11/16

ADDRESSOGRAPH

CHI: 0412703297 04/12/1970 M
O'ROURKE, Alexander
TODD WHITEFO, DUMBARTON, G82 3JE

Or

Practice: 85066

| COUNTS | Scrub Nurse(s) Print Name | Circulating Nurse(s) - Signature & Print name |
|---|---|---|
| PRE - OP SWAB COUNT CORRECT | A Coulter | Reey |
| PRE - OP INSTRUMENT COUNT CORRECT | A Coulter | Reey |
| FINAL SWAB COUNT CORRECT | A Coulter | Cley |
| FINAL INSTRUMENT COUNT CORRECT | A Coulter | Cley |
| FINAL SWAB DISPATCH COUNT CORRECT | A Coulter | Cley |

WARD 20

HOSP - RAH

THEATRE - IPTH

**SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH**

I have reviewed this count sheet and can verify my count(s) correct

SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

## HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

| | Outgoing Scrub Nurse - Print Name | Incoming Scrub Nurse - Print Name | Circulating Nurse(s) - Signature & Print name |
|---|---|---|---|
| OUTGOING COUNT *To be completed for permanent and temporary replacement* | | | |
| INCOMING COUNT *To be completed for temporary replacement* | | | |

OPERATION Incisional hernia repair

## TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

| | | | | | | |
|---|---|---|---|---|---|---|
| Swabs (2x2) | ✓ | Tapes | | | | ITEMS REMAINING IN SITU (Type & Number) |
| Swabs (10x10) | 25 | Sloops/Slings | | | | |
| Abdominal packs | 5 | Bulldogs | | | | 14 Foleys Catheter 1/c 10mls $H_2O$ in Balloon |
| Sutures | 9 | Shods | | | | |
| Blades | 1 | Tibbs Cannula | | | | 19 Blakes drain x2 |
| IV needles | 1 | Ports | | | | sutured 1/c 1 silk |
| Syringes | 2 | Staple Gun Inserts | | | | |
| Discard-a-pad | 1 | Spears | | | | |
| Diathermy pencil | 1 | Throat packs - Anae | | | | |
| Diathermy tips | 1 | Throat packs - Scrub | | | | |
| Scratch pad | 1 | Retrieval Bag (Bert) | | | | |
| Reels | — | Digital Tourniquets | | | | |
| Patties | — | w/strip | 1 | | | |
| Pledgelets | — | | — | | | |

**DISCREPANCY IN COUNT - ACTIONS AND OUTCOME**

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

*Affix patient data label*

## Traceability Stickers

Name:
Addres
DoB:
CHI nu

CHI: C412703297 04/12/1970 M
O'ROURKE Alexander
WOOD WHITE,DUMBARTON,G82 3JE
Dr
Practice: 85066

## Operation / Procedure Performed

Incisional hernia repair

## Pressure Area Care

| Post-operative skin inspection scores (please circle) | Excoriation Level: | 0 1 2 3 | Pressure Ulcer Grade: | N/A 1 2 3 4 |
|---|---|---|---|---|

Actions taken if required:

## Notes / Comments

| Note / Comment | Time | PRINT and Sign |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |

Na 0412703297
Ad O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Do Dumbarton, Dunbartonshire G82 3JE
CH

## Immediate Post-Operative Recovery

### Surgical Instructions

See post op note on framer.

### Verbal Handover from Theatre to Recovery

Verbal Handover given by: Dr Neil. To: S/N martin.

Handover should include the following

| Patient | Anaesthetic | Theatre | Other |
|---|---|---|---|
| Patient's name | Anaesthetic type | Drains | |
| Theatre | CVP/Arterial Line | Wounds/Dressings | |
| Procedure | Local anaesthetic Infiltration | Urinary catheter | |
| Allergies | Peripheral IV | Skin inspection results | |
| | PVC Care Plan in place | Intra-operative events | |
| | Airway type | Surgical Instructions | |

## Recovery

This section NOT applicable ☐

### Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify:

### Pressure Area Care

See post operative skin inspection score from theatre on previous page

Skin inspection as required by patient but no longer than 2 hours

| Time | Position | Excoriation Level | Pressure Ulcer Grade (if applicable) | Evaluation | Action |
|---|---|---|---|---|---|
| 14⁴⁵ | Supine. | 0 | 0 | Skin intact | N/I Req. |
| | | | | | |
| | | | | | |

| Area of concern identified (include area of body) | Actions taken |
|---|---|
| | |
| | |
| | |
| | |

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Alexander
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE
M
04/12/1970

Intra op - Fentanyl 100 mg
morphine 20 mg
40 mls (LA) Levobupivicaine 5mg/ml

## Post-operative Observations

| Time | 14:13 | 14:30 | 14:45 | 15:00 | 15:15 |
|---|---|---|---|---|---|
| Airway type | 1 | 1 | 1 | 1 | 1 |
| $O_2$ Therapy | SIS | SIS | SIS | SIS | SIS |
| $SpO_2$ | 98 | 99 | 99 | 100 | 99 |
| Resp. Rate | 26 | 24 | 20 | 22 | 21 |
| CVP | NA | / | / | / | / |
| Temp. | 35.9 | / | / | / | / |
| Pain Score | 10 | 10 | 8 | 6 | 4 |
| P.O.N.V. | 0 | 0 | 0 | 0 | 0 |
| Sedation Score | 0 | 0 | 0 | 0 | 0 |
| BM Score | NA | / | / | / | / |
| HemoCue Score | NA | / | / | / | / |
| Hourly Urine Vol | NA | / | / | / | / |
| Total Urine Vo. | | | | | |
| Wound Score | 1 | 1 | 1 | 1 | 1 |
| Wound Score | NA | / | / | / | / |
| Wound Score | NA | / | / | / | / |
| PV Staining | NA | / | / | / | / |
| Circulation +ve/-ve | NA | / | / | / | / |
| Sensation +ve/-ve | NA | / | / | / | / |
| Movement +ve/-ve | NA | / | / | / | / |
| Pedal Pulse – Left | NA | / | / | / | / |
| Pedal Pulse – Right | NA | / | / | / | / |
| Drain 1 | 0mls | 0mls | 0mls | 0mls | 0mls |
| Drain 2 | 0mls | 0mls | 0mls | dribble | dribble |
| Drain 3 | NA | / | / | / | / |
| Drain 4 | NA | / | / | / | / |
| | | | | | |
| Staff initials | | | | | |

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

*Affix patient data label*

| Time | | | | | | | |
|---|---|---|---|---|---|---|---|
| 210 | | | | | | | |
| 200 | | | | | | | |
| 190 | | | | | | | |
| 180 | | | | | | | |
| 170 | | | | | | | |
| 160 | | | | | | | |
| 150 | | | | | | | |
| 140 | | | | | | | |
| 130 | | | | | | | |
| 120 | | | | | | | |
| 110 | | | | | | | |
| 100 | | | | | | | |
| 90 | | | | | | | |
| 80 | | | | | | | |
| 70 | | | | | | | |
| 60 | | | | | | | |
| 50 | | | | | | | |
| 40 | | | | | | | |
| 30 | | | | | | | |
| Airway type | | | | | | | |
| $O_2$ Therapy | | | | | | | |
| $SpO_2$ | | | | | | | |
| Resp. Rate | | | | | | | |
| CVP | | | | | | | |
| Temp. | | | | | | | |
| Pain Score | | | | | | | |
| P.O.N.V. | | | | | | | |
| Sedation Score | | | | | | | |
| BM Score | | | | | | | |
| HemoCue Score | | | | | | | |
| Hourly Urine Vol. / Total Urine Vol. | / | / | / | / | / | / | / |
| Wound Score | | | | | | | |
| Wound Score | | | | | | | |
| Wound Score | | | | | | | |
| PV Staining | | | | | | | |
| Circulation +ve/-ve | | | | | | | |
| Sensation +ve/-ve | | | | | | | |
| Movement +ve/-ve | | | | | | | |
| Pedal Pulse – Left | | | | | | | |
| Pedal Pulse – Right | | | | | | | |
| Drain 1 | | | | | | | |
| Drain 2 | | | | | | | |
| Drain 3 | | | | | | | |
| Drain 4 | | | | | | | |
| | | | | | | | |
| Staff initials | | | | | | | |

## Key to Scoring / Abbreviations

| | |
|---|---|
| **Airway Type** | |
| 1 | Own |
| 2 | Guedel |
| 3 | Naso-pharyngeal |
| 4 | L.M.A. |
| 5 | E.T.T. |
| 6 | Tracheostomy |
| **Post Operative Nausea and Vomiting Assessment** | |
| 0 | None |
| 1 | Mild – *Not distressed; No retching/vomiting* |
| 2 | Moderate – *Troublesome; Occasional retching/vomiting* |
| 3 | Severe – *Distressing; Frequent retching/vomiting* |
| **Sedation Score** | |
| 0 | Awake |
| S | Normal Sleep |
| 1 | Drowsy, easy to rouse – *Eyes open to speech or light shaking* |
| 2 | Sedated, difficult to rouse – *Eyes open only to vigorous shaking* |
| 3 | Unconscious, unrousable |
| **Wound Score** | |
| 0 | Dry and Intact |
| 1 | Slight Staining |
| 2 | Moderate Staining |
| 3 | Saturation / Pad required |

**Pain Score**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | |

0412703297
O'ROURKE M
Alexander 04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

## Events

| Event | Action | Outcome |
|---|---|---|
| c/o pain 10/10 | 3mg IV morphine given. | AL |
| pain continues | 2mg IV morphine given | AL |
| 1g IV paracetamol given as per wardex. | | |
| Further c/o pain | 3mg IV morphine given | AL |
| Further | 3mg IV morphine given | AL |
| | total = 9mg IV morphine in recovery. | |
| pt much more comfortable, explains pain now as a discomfort only. | | |

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

*Affix patient data label*

## Events

| Event | Action | Outcome |
|---|---|---|
| | | |

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

*Affix patient data label*

## Discharge

| NEWS Score: 0 | Time: 1520 | Local Discharge Criteria met: Yes ☑ No ☐ |
|---|---|---|

## Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

**Handover should include the following**

| **Patient** | **Anaesthetic** | **Theatre** | **Recovery** | **Other** |
|---|---|---|---|---|
| Patient's name | Anaesthetic type | Drains | Skin Inspection results | |
| Theatre | CVP/Arterial Line | Wounds/Dressings | Surgical Instructions | |
| Procedure | Local anaesthetic Infiltration | Urinary catheter | NEWS Score | |
| Allergies | | Intra-operative events | | |
| | Peripheral IV | | | |
| | PVC Care Plan in place | | | |

## Blood Tags

This section NOT applicable ☐

**Blood Tags checked and dispatched appropriately:** Yes ☐ No ☐ N/A ☐

Name: .....

Address: .....

.....

DoB: .....

CHI number: .....

*Affix patient data label*

***Use this page to document further patient information if required.***

# Gastroscopy report

| | | | |
|---|---|---|---|
| Performed | 01-Oct-2015 11:00 | Received | 01-Oct-2015 11:04 |
| Reported | 01-Oct-2015 11:04 | Order Number | UNI68700-0412703297 |
| Status | Final | Source System | MasterLab |

**UGI G1** Final

## GASTROSCOPY REPORT

| | | | |
|---|---|---|---|
| Name: | **Alexander O"ROURKE, 04/12/1970 (M)** | Address: | **Flat 4/d 100a Whiteford Avenue Bellsmyre Dumbarton Dunbartonshire G82 3JE** |
| CHI No: | **0412703297** | | |
| Case Note No: | **RAH165288** | | |
| GP: | **MACLEAN, FERGUS Levenside Medical Practice The Health Centre Station Road Dumbarton G82 1PW** | Status: | **Day patient/NHS** |
| | | Hospital: | **Vale of Leven** |
| | | Ward: | **VOL - MDBU** |
| | | Referring Cons: | **Ms Jazair Saghir (Surgical)** |

**Procedure date:** 01 October 2015

**Indications**
Clinically important comments: Mr O"Rourke has failed to attend his routine appointment for OGD & Colonoscopy after seen at SOPD with nausia and diarrhoea. He is been treated for mental health problems and also for Heroin addictions. I have assumed that his symptoms have settled and he is no longer keen on undergoing these investigation. I would be grateful if you could encourage him to keep his appointment in the future if required or call and cancel the appointment. Today we have lost 3 points in the list when we"re struggling to fit in urgently referred patients.

**Consultant/Endoscopist**
Ms Jazair Saghir
Nurses: SCN Bernadette Brady, SCN staff nurse Joan Wilson

**Follow up**
Return to the referring GP and no further follow up.

***** END OF REPORT *****

**MEDICINE** **PRESCRIPTION FORM** Hospital Name: RAH

## MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

| Date and time this form prepared: / / Time: | Sheet No | 2nd Prescription in use YES ☐ NO ☐ |
|---|---|---|

## DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions:

Print & Sign: _____ Date: _____

## COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

## PATIENT DETAILS

| | |
|---|---|
| Hospital Number: | Height: 1-78m |
| DOB: | Weight: 89kg |
| Date of Admission: 4/11/16 | Surface area: BMI 28 |
| Consultant Name: RENWICK | Ward: RAH |

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME (24hr) | PRESCRIBER (PRINT & SIGN) | GIVEN BY | TIME GIVEN (24hr) |
|---|---|---|---|---|---|---|---|
| 4/11 | METRONIDAZOLE | 500mg | IV | 1230 | | IN | 1230 |
| 4/11 | MORPHINE | 3mg | IV | | | AL | 1423 |
| 4/11 | MORPHINE | 2mg | IV | Record | JORDAN | AL | 1436 |
| 4/11 | MORPHINE | 1mg | IV | passed | | AL | 1447 |
| 4/11 | MORPHINE | 3mg | IV | | | AM | 1457 |
| 4/11 | PARACETAMOL | 1gram | IV | Record | JORDAN | | 1425 |

| | DATE → 10 15 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MONTH → 11 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| | **RECORD OF THROMBOPROPHYLAXIS ASSESSMENT** (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS) | | | | | | | | | | | | | | | | | | | | | | | | |
| IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF ASSESSOR | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parenteral Drugs : Regular Prescription** | | | | | | | | | | | | | | | | | | | | | | | | | Patient's Own Medicine |
| BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑ | **A** DRUG CLEXANE<br>DOSE 40 mg ROUTE S/C DATE 4/11<br>PRESCRIBER (PRINT & SIGN)<br>ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY<br>STOPPED DATE: INITIALS: | Other time | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| | | 0700-0900 | | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| | | 1200-1400 | | | | | | | | | | | | | | | | | | | | | | | | Date: |
| | | 1600-1800 | (3) | (3) | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| | | 2200-2400 | | | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| | | Other time | | | | | | | | | | | | | | | | | | | | | | | | |
| BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐ | **B** DRUG<br>DOSE ROUTE DATE<br>PRESCRIBER (PRINT & SIGN)<br>ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY<br>STOPPED DATE: INITIALS: | Other time | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| | | 0700-0900 | | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| | | 1200-1400 | | | | | | | | | | | | | | | | | | | | | | | | Date: |
| | | 1600-1800 | | | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| | | 2200-2400 | | | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| | | Other time | | | | | | | | | | | | | | | | | | | | | | | | |
| BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐ | **C** DRUG<br>DOSE ROUTE DATE<br>PRESCRIBER (PRINT & SIGN)<br>ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY<br>STOPPED DATE: INITIALS: | Other time | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| | | 0700-0900 | | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| | | 1200-1400 | | | | | | | | | | | | | | | | | | | | | | | | Date: |
| | | 1600-1800 | | | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| | | 2200-2400 | | | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| | | Other time | | | | | | | | | | | | | | | | | | | | | | | | |

**REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)**

## Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**D** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**E** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**F** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**G** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

**The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.**

## Oral and Other Drugs: Regular Prescription

DATE / MONTH: 4/11 | 5/11 | 6/11 | 7/11

**H** — DRUG: OLANZIPINE
DOSE: 15mg | ROUTE: PO | DATE: 26/10/16 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): A·DINSDALE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
2200-2400: 4

**J** — DRUG: OMEPRAZOLE
DOSE: 20mg | ROUTE: PO | DATE: 26/10/16 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): A·DINSDALE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
0700-0900: CM | VD | RL

**K** — DRUG: SUBOXON (Buprenorphine + naloxone)
DOSE: ~~12mg~~ 12mg | ROUTE: O | DATE: 4/11/16 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AMcMurdie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 12mg daily dose. Receives from chemist daily.
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☑
0700-0900: X | X | RL | RL | 10:24 CJS
Other time: → requires clarification with pharmacy.

**L** — DRUG: Co-CODAMOL 30/500
DOSE: TT | ROUTE: PO | DATE: 4/11 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
0700-0900: CM | VD | RL
1200-1400: 3 | RL | VD
2200-2400: CJS

Patient's Own Medicine — For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

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

## Oral and Other Drugs: Regular Prescription

| | | |

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**S** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**T** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**V** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**W** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

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

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**X** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**Y** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**AA** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**BB** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

**The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.**

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**CC** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**DD** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**EE** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**FF** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

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

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**GG** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**HH** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**JJ** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**KK** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

**The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.**

## All Routes: As Required Prescriptions

Patient's Own Medicine

**LL**
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: SALBUTAMOL — STOPPED DATE: — INITIALS:
DOSE: 100mcg 1-2 puff — ROUTE: INH — INDICATION: URI 2222+ SOB — MAX FREQ: 2° — DATE: 26/10
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

**MM**
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: ORAMORPH — STOPPED DATE: — INITIALS:
DOSE: 10-20mg — ROUTE: PO — INDICATION: Pain — MAX FREQ: 2° — DATE: 4/11
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Post op

**NN**
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: ONDANSETRON — STOPPED DATE: — INITIALS:
DOSE: 4mg — ROUTE: PO/IV — INDICATION: N&V — MAX FREQ: TDS — DATE: 4/11
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Post-op

**PP**
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DRUG: SUCCASTEM — STOPPED DATE: — INITIALS:
DOSE: 3mg — ROUTE: IV — INDICATION: N&V — MAX FREQ: BD — DATE: 4/11
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Post-op

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| TIME | | | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| DOSE | | | | | | | | | | | | | | | | | | | | | | | | | Date: |
| GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| | | | | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |

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

| BEFORE ADMISSION | | DRUG | STOPPED | | | | | | | | | | | | | | | | | | | | | | | | Patient's Own Medicine |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | RR | | DATE: | DATE | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| NEW DOSE | DOSE | ROUTE | INDICATION | INITIALS: | TIME | | | | | | | | | | | | | | | | | | | | | | Qty: |
| ☐ | PRESCRIBER (PRINT & SIGN) | | MAX.FREQ. | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | Date: |
| NEW MEDICATION | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| BEFORE ADMISSION | | DRUG | STOPPED | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| ☐ | SS | | DATE: | DATE | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| NEW DOSE | DOSE | ROUTE | INDICATION | INITIALS: | TIME | | | | | | | | | | | | | | | | | | | | | | Date: |
| ☐ | PRESCRIBER (PRINT & SIGN) | | MAX.FREQ. | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| NEW MEDICATION | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEFORE ADMISSION | | DRUG | STOPPED | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| ☐ | TT | | DATE: | DATE | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| NEW DOSE | DOSE | ROUTE | INDICATION | INITIALS: | TIME | | | | | | | | | | | | | | | | | | | | | | Date: |
| ☐ | PRESCRIBER (PRINT & SIGN) | | MAX.FREQ. | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| NEW MEDICATION | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEFORE ADMISSION | | DRUG | STOPPED | | | | | | | | | | | | | | | | | | | | | | | | For Use Y/N |
| ☐ | VV | | DATE: | DATE | | | | | | | | | | | | | | | | | | | | | | | Qty: |
| NEW DOSE | DOSE | ROUTE | INDICATION | INITIALS: | TIME | | | | | | | | | | | | | | | | | | | | | | Date: |
| ☐ | PRESCRIBER (PRINT & SIGN) | | MAX.FREQ. | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | Assessed by: |
| NEW MEDICATION | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | Ordered from Pharm. |
| ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.**

0412703297
O'ROURKE
Alexander
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE
M
04/12/1970

**Name**

**CHI No**

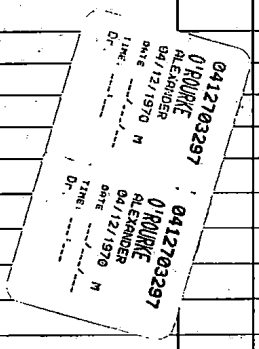
**Drug Allergies / Sensitivities** None Known ☑ Yes ☐ (provide details below)

PRESCRIBED 26/10/16 FOR ADMISSION 4/11/16

# Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

| DATE | DRUG | DOSE | ROUTE | TIME (24hr) | NURSE (PRINT & SIGN) | GIVEN BY | TIME GIVEN (24hr) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Notes for Users

**FOR PRESCRIBERS:**

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

| | | | |
|---|---|---|---|
| O | = oral | ID | = intradermal |
| IM | = intramuscular | SL | = sublingual |
| SC | = subcutaneous | PR | = per rectum |
| NG | = nasogastric | PEG | = percutaneous endoscopic gastrostomy |
| PV | = per vagina | RIG | = radiologically inserted gastrostomy |
| NJ | = nasojejunostomy | PEJ | = percutaneous endoscopic jejunostomy |
| TOP | = topical | ETT | = endotracheal |
| NEB | = nebulised | INHAL | = inhaled |
| IV | = intravenous | | |

**Please note - Intrathecal must be written in full.**

**FOR NURSES**

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

## Codes for Non-Administration of Drugs

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

# Patient Agreement to Investigation or Treatment
## Consent Form

NHS Greater Glasgow and Clyde

**Patient det**

Hospital / cli

0412703297
O'ROURKE
Alexander M
04/12/1970
100D WHITEFORD AVENUE
Dumbarton, Dunbartonshire
G82 3JE

Patient's sur

Patient's firs

| Date of birth | Gender Male ☐ Female ☐ |
|---|---|
| CHI number | |
| Special requirements (e.g. other language / communication method) | |

**Statement for practitioner**
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
**Where appropriate specify site or side (write in full).**

incisional hernia repair ± mesh

**Specific risks / complications**
Please detail any specific risk/complications related to the procedure that were discussed.

bleeding
infection
wound complications
recurrence
damage to other structures / perforation

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

| | |
|---|---|
| Signature of practitioner | |
| Name / Designation (print) | BISSET |
| Date | 4/11/16 |

## Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

**I understand**

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

**I have been told** about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

**I agree**

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

| **Additionally you have to agree or disagree to the following** | **Agree** | **Disagree** |
|---|---|---|
| to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care. | ☐ | ☐ |
| that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research. | ☐ | ☐ |

## Patient / parent agreement to treatment

| | |
|---|---|
| Signature | Date 4/11/16 |
| Name (print) | |

## Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

| | |
|---|---|
| Signature | Date |
| Signature of practitioner | Date |

VALE OF LEVEN DISTRICT GENERAL HOSPITAL Unlinked

ECG DEPARTMENT
AMBULATORY HOLTER REPORT

| | | | |
|---|---|---|---|
| Patient Name | : O'Rourke, Alexander | Analysis Date | : 02/06/2017 |
| Date of Birth | : 04/12/1970 Age : 46 | Physician | : |
| Sex | : Male | Hospital | : Vale of Leven DGH |
| Patient No. | : 0412703297 | Ward | : |
| Recording Date | : 01/06/2017 | Analyser | : PDigital V9.026 |
| Recording Length | : 23 hrs 40 mins | Recorder Number | : 00018900 |

## Analysis Summary :

| | | | |
|---|---|---|---|
| Normal Beat Total | : 68576 | Aberrant Total | : 54 avg 2 /hr 0.1 % of total |
| Premature Normals | : 83 | Premature Aberrants | : 37 avg 1 /hr 0.1 % of total |
| SVTs | : 0 | Couplets | : 0 |
| | | Triplets | : 0 |
| | | Salvos | : 0 |
| | | VTs | : 0 |

| | | | |
|---|---|---|---|
| Bradycardia | : 1331 | longest 758 beats at 19:00 | Maximum Heart Rate : 114 bpm at +08:57 (1 min Avg) |
| | | slowest 23 bpm at 15:52 | Minimum Heart Rate : 34 bpm at +06:11 (1 min Avg) |
| Dropped Beats | : 5 | | QRS Total : 68630 |
| Pauses | : 1 | longest 3.1 seconds at 15:52 | Paced Beats : 0 |

Review Comments:

Predominantly sinus bradycardia throughout
Occasional dropped beat - possible due to slight sinus arrhythmia
One Atrial Salvo seen, lasting five beats followed by a pauses of 3.05 secs then back to slow rate of approx 42bpm (no diary entries)
Max HR = 114bpm @ 08.57
Min HR = approx 23bpm @ 15.52

No diary entries

Margaret O'Shea
Clinical Physiologist

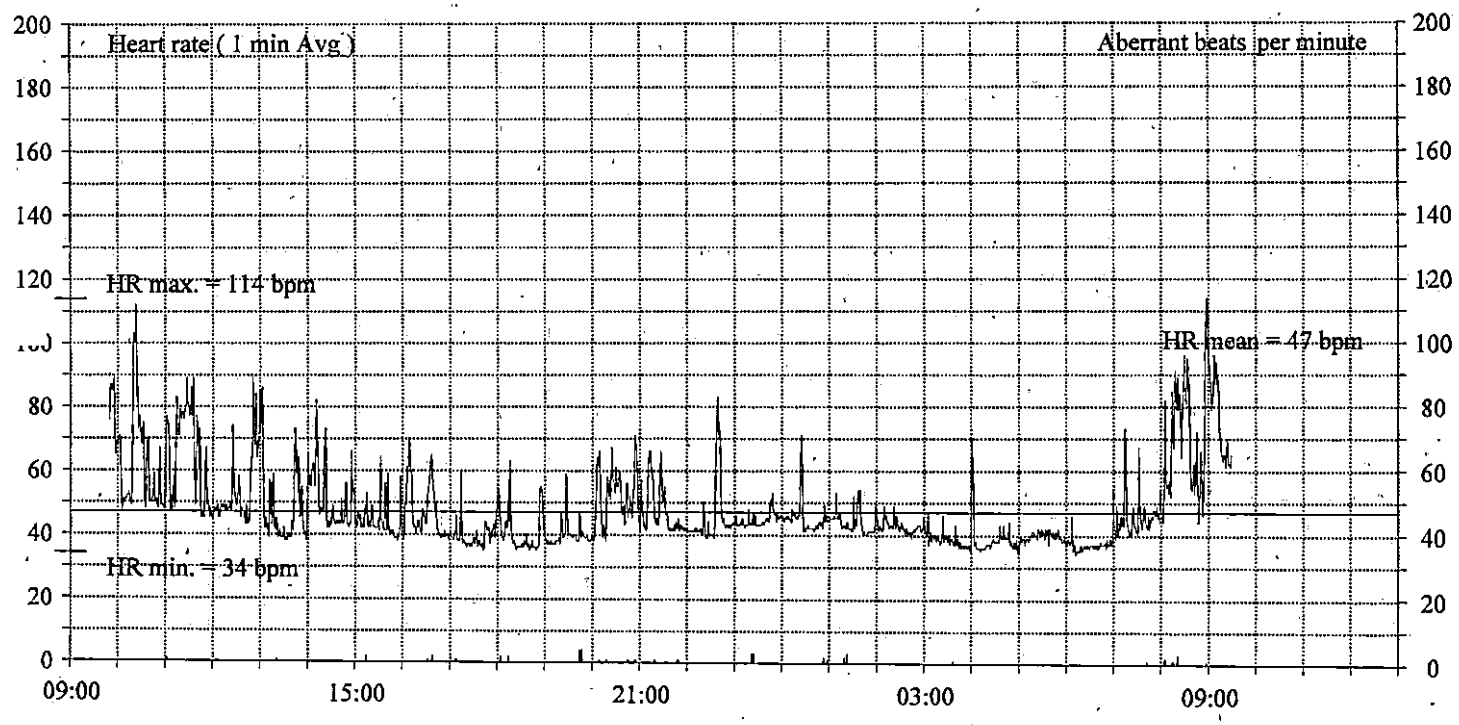
Iain Howie on 02/06/2017 12:02:56

Signed

ECG DEPARTMENT
AMBULATORY HOLTER REPORT

Patient Name : O'Rourke, Alexander
Recording Date : 01/06/2017
Patient No : 0412703297

| Period beginning | QRS | Normal | Premature Normal | SVT | Isolated Aberrant | Premature Aberrant | Couplet | Triplet | Salvo | VT |
|---|---|---|---|---|---|---|---|---|---|---|
| 09:48 | 815 | 815 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10:00 | 3731 | 3731 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11:00 | 3931 | 3929 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 12:00 | 3234 | 3234 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13:00 | 2923 | 2922 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 14:00 | 3096 | 3096 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15:00 | 2677 | 2675 | 9 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| 16:00 | 2852 | 2849 | 3 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| 17:00 | 2398 | 2397 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 18:00 | 2473 | 2469 | 5 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| 19:00 | 2410 | 2402 | [illegible] | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| 20:00 | 3152 | 3147 | 6 | 0 | 0 | 5 | 0 | 0 | 0 | 0 |
| 21:00 | 2868 | 2865 | 5 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| 22:00 | 2755 | 2755 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23:00 | 2705 | 2699 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00:00 | 2742 | 2739 | 5 | 0 | 1 | 2 | 0 | 0 | 0 | 0 |
| 01:00 | 2662 | 2657 | 5 | 0 | 0 | 5 | 0 | 0 | 0 | 0 |
| 02:00 | 2591 | 2591 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 03:00 | 2347 | 2346 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 04:00 | 2366 | 2366 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 05:00 | 2409 | 2409 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 2257 | 2257 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 07:00 | 2783 | 2782 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 08:00 | 4252 | 4243 | 3 | 0 | 2 | 4 | 0 | 0 | 0 | 0 |
| 09:00 | 2201 | 2201 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09:29 | | | | | | | | | | |
| Total | 68630 | 68576 | 83 | 0 | 4 | 37 | 0 | 0 | 0 | 0 |




Arrhythmia Criteria :

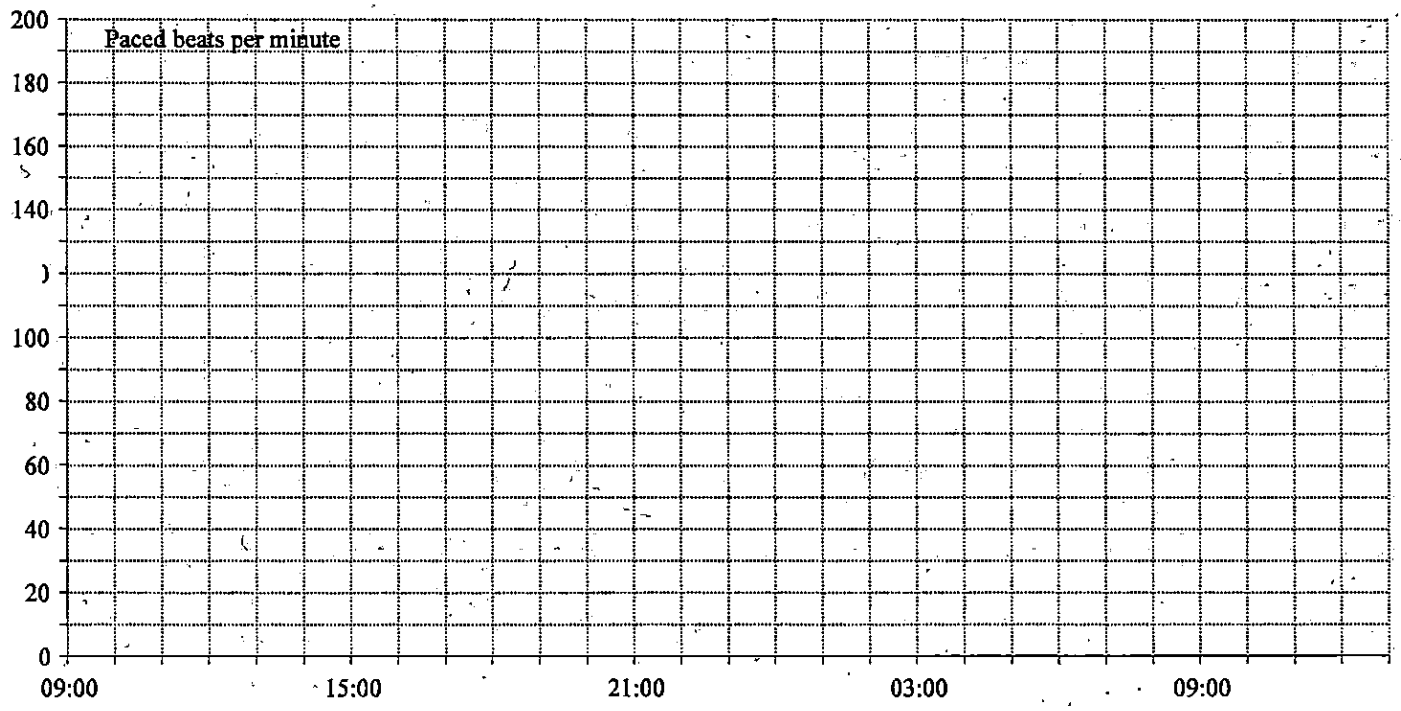
| | | | |
|---|---|---|---|
| Pause | : >= 2.50 s | Bradycardia | : minimum of 4 beats at <= 45 bpm |
| Dropped beat | : >= 180 % of RR interval | SVT | : minimum of 5 beats at >= 130 bpm |
| VT | : minimum of 5 beats at >= 100 bpm | Premature Aberrant | : <= 90 % of RR interval |
| Salvo | : minimum of 4 beats | Premature Normal | : <= 66 % of RR interval |

Iain Howie on 02/06/2017 12:02:58

ECG DEPARTMENT
AMBULATORY HOLTER REPORT

Patient Name : O'Rourke, Alexander
Recording Date : 01/06/2017
Patient No : 0412703297

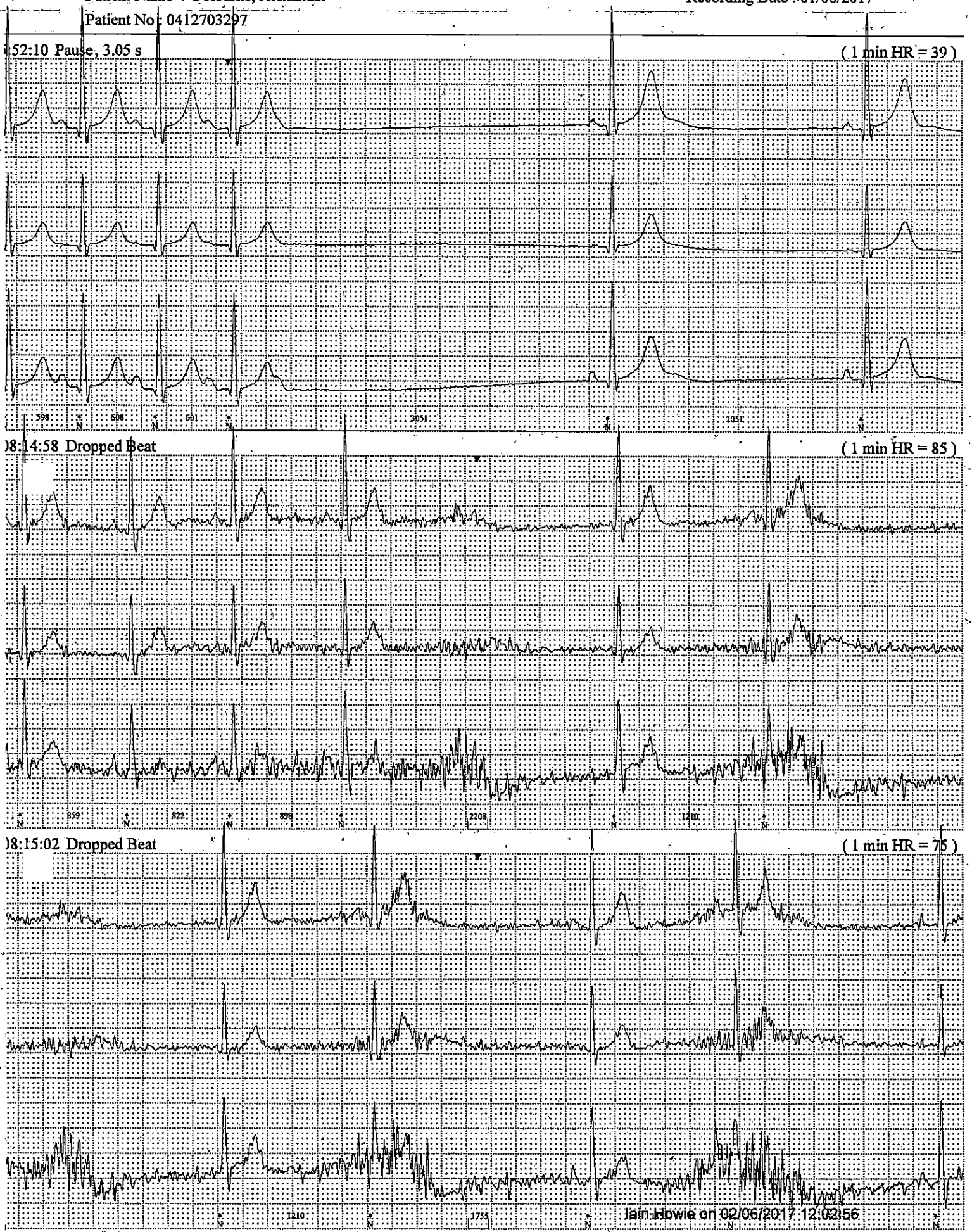
| Period beginning | AF seconds | Paced beats | Pause | Dropped beat | Bradycardia | Bigeminy | Trigeminy | R on T | Artefact seconds |
|---|---|---|---|---|---|---|---|---|---|
| 09:48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | [redacted] |
| 10:00 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| 11:00 | 0 | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 0 |
| 12:00 | 0 | 0 | 0 | 0 | 38 | 0 | 0 | 0 | 0 |
| 13:00 | 0 | 0 | 0 | 0 | 63 | 0 | 0 | 0 | 0 |
| 14:00 | 0 | 0 | 0 | 0 | 59 | 0 | 0 | 0 | 0 |
| 15:00 | 0 | 0 | [redacted] | 0 | 56 | 0 | 0 | 0 | 0 |
| 16:00 | 0 | 0 | 0 | 0 | 37 | 0 | 0 | 0 | 0 |
| 17:00 | 0 | 0 | 0 | 0 | 33 | 0 | 0 | 0 | 0 |
| 18:00 | 0 | 0 | 0 | 0 | 33 | 0 | 0 | 0 | 0 |
| 19:00 | 0 | 0 | 0 | 0 | 47 | 1 | 0 | 0 | 0 |
| 20:00 | 0 | 0 | 0 | 0 | 28 | 0 | 0 | 0 | 0 |
| 21:00 | 0 | 0 | 0 | 0 | 90 | 0 | 0 | 0 | 0 |
| 22:00 | 0 | 0 | 0 | 0 | 104 | 0 | 0 | 0 | 0 |
| 23:00 | 0 | 0 | 0 | 0 | [redacted] | [redacted] | 0 | 0 | 0 |
| 00:00 | 0 | 0 | 0 | 0 | 105 | 0 | 0 | 0 | 0 |
| 01:00 | 0 | 0 | 0 | 0 | 78 | 0 | 0 | 0 | 0 |
| 02:00 | 0 | 0 | 0 | 0 | 104 | 0 | 0 | 0 | 0 |
| 03:00 | 0 | 0 | 0 | 0 | 74 | 0 | 0 | 0 | 0 |
| 04:00 | 0 | 0 | 0 | 0 | 40 | 0 | 0 | 0 | 0 |
| 05:00 | 0 | 0 | 0 | 0 | 77 | 0 | 0 | 0 | 0 |
| [redacted] | 0 | 0 | 0 | 0 | 25 | 0 | 0 | 0 | 0 |
| [redacted] | 0 | 0 | 0 | 0 | 93 | 0 | 0 | 0 | 0 |
| 08:00 | 0 | 0 | 0 | [redacted] | 5 | 1 | 0 | 0 | 0 |
| 09:00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09:29 | | | | | | | | | |
| Total | 0 | 0 | 1 | 5 | 1331 | 4 | 0 | 0 | 113 |




Iain Howie on 02/06/2017 12:02:56

ECG DEPARTMENT
AMBULATORY HOLTER REPORT

Patient Name : O'Rourke, Alexander
Recording Date : 01/06/2017
Patient No : 0412703297

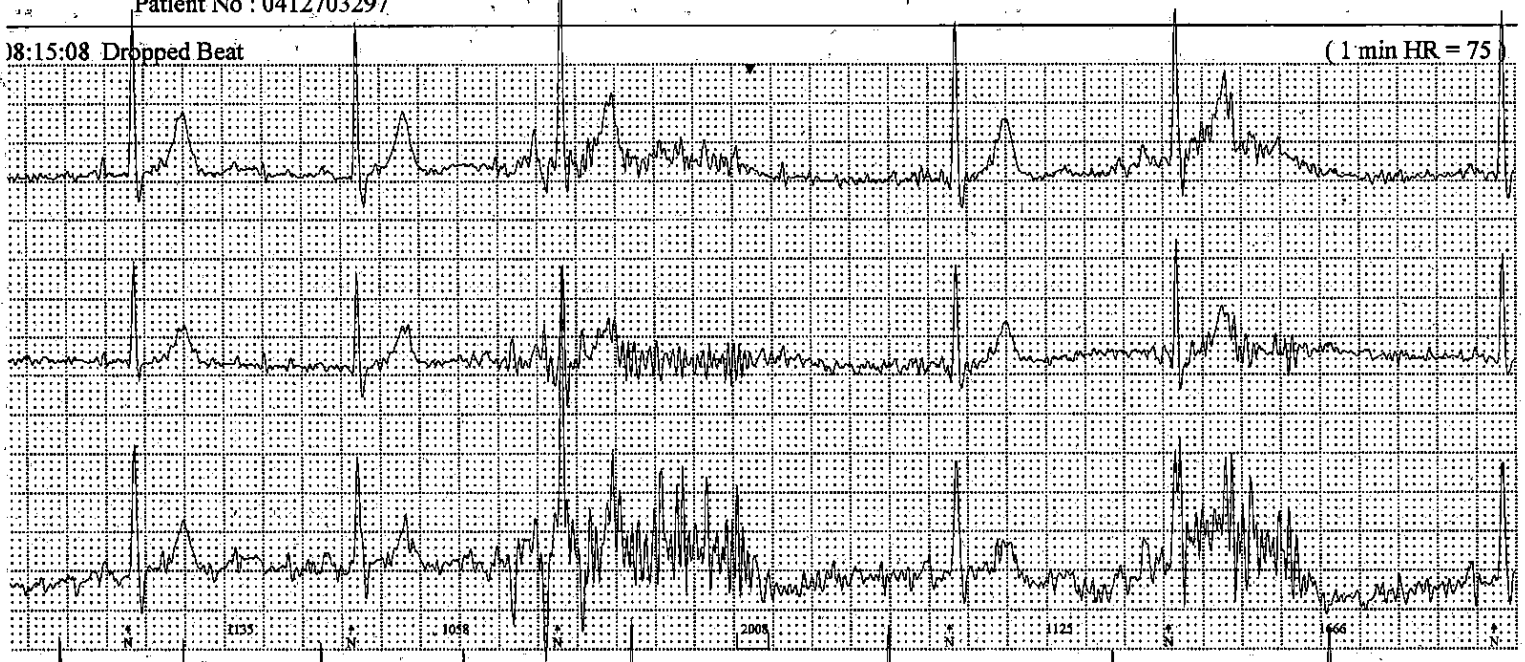


ECG DEPARTMENT
AMBULATORY HOLTER REPORT

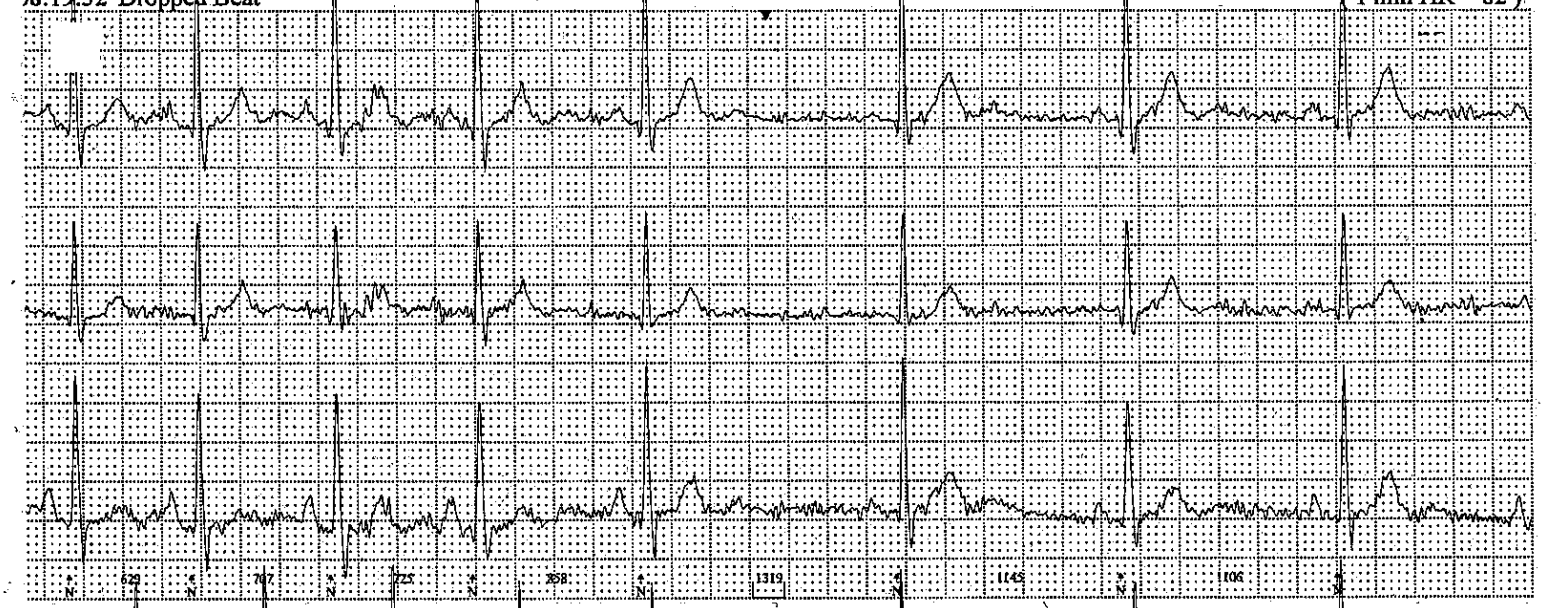
Patient Name : O'Rourke, Alexander
Patient No : 0412703297

Recording Date : 01/06/2017

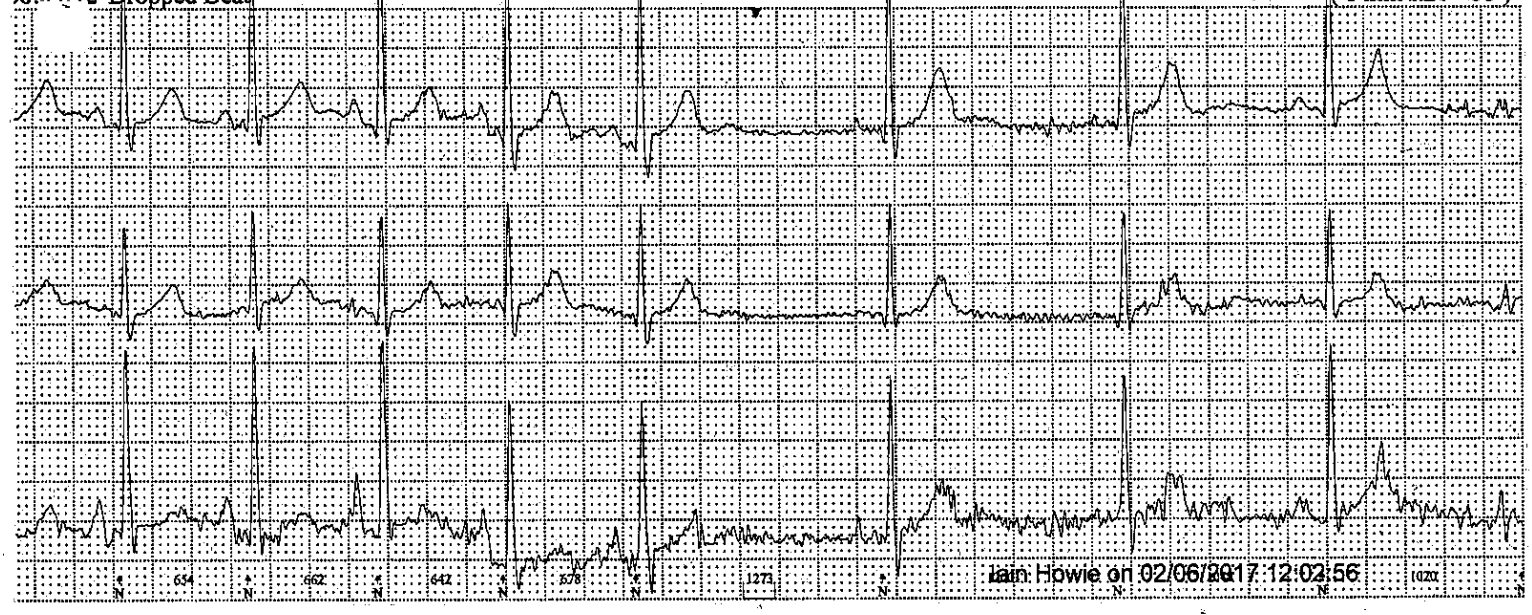
)8:15:08 Dropped Beat ( 1 min HR = 75 )



)8:19:52 Dropped Beat ( 1 min HR = 82 )



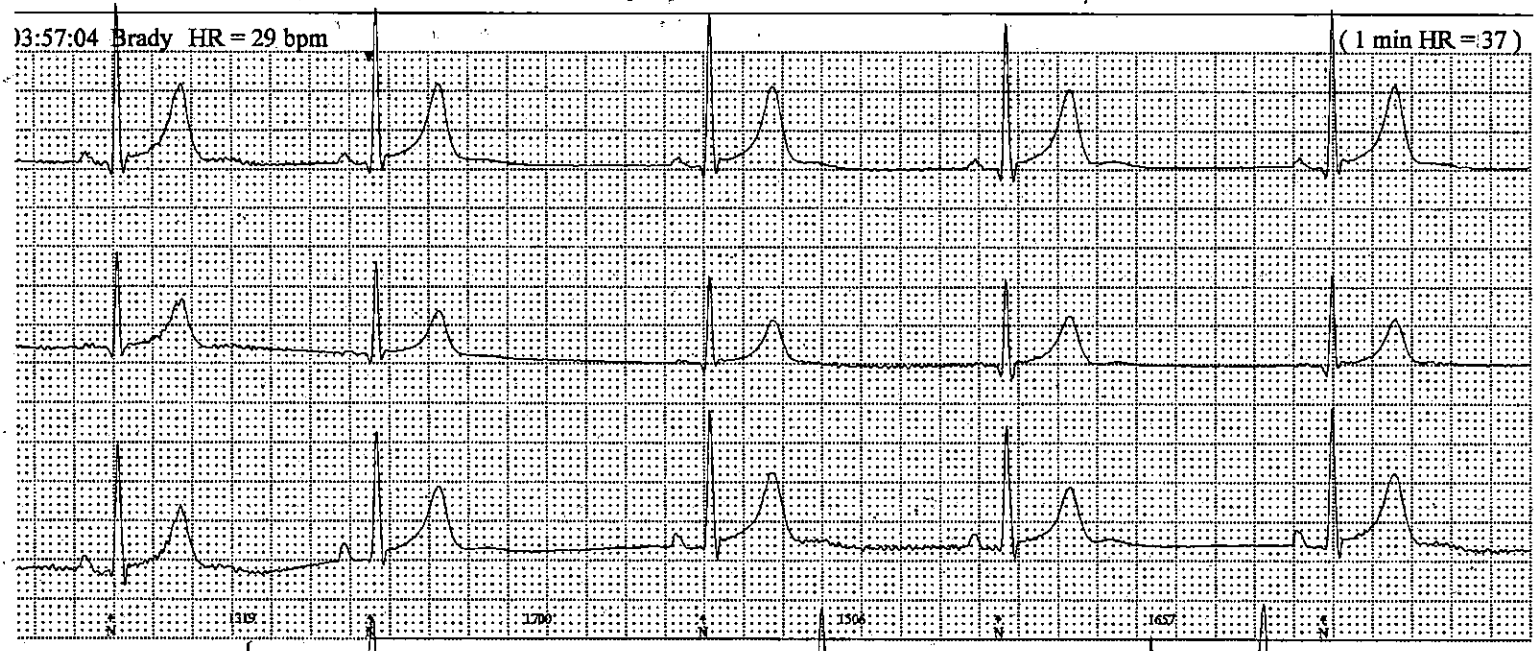
)8:54:42 Dropped Beat ( 1 min HR = 53 )

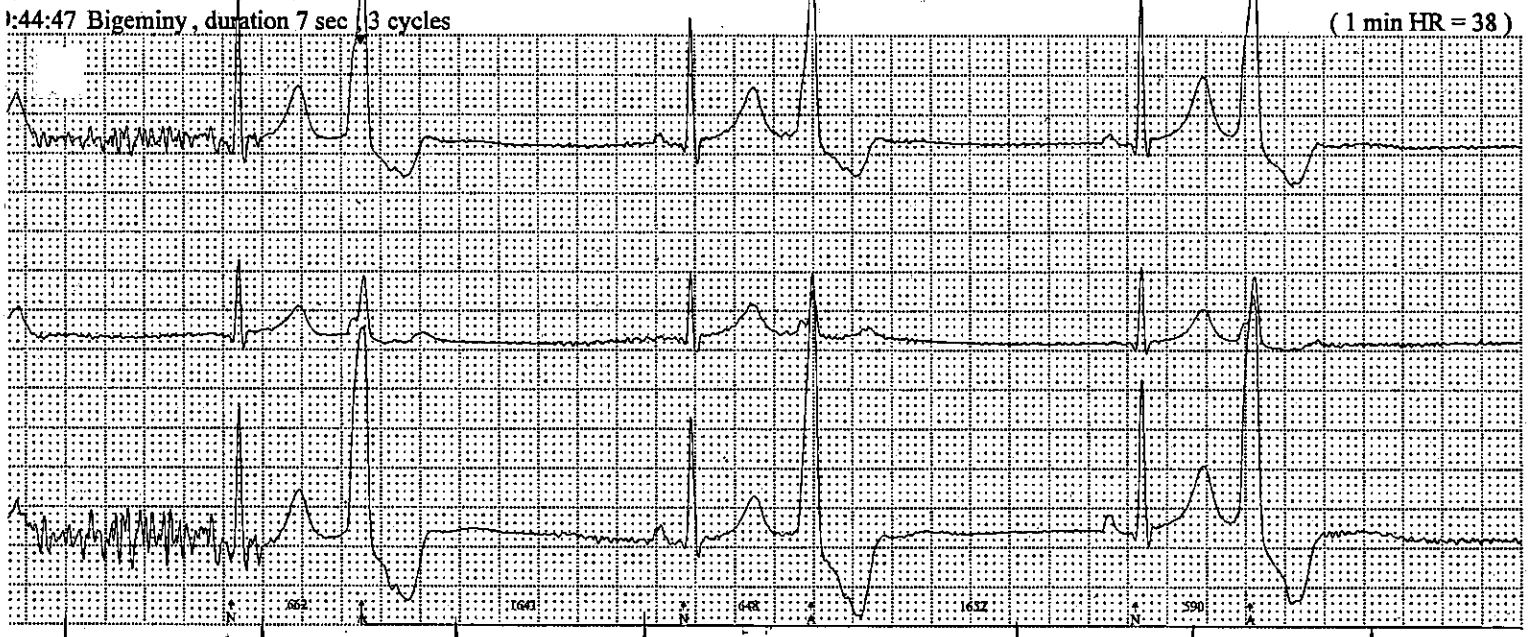


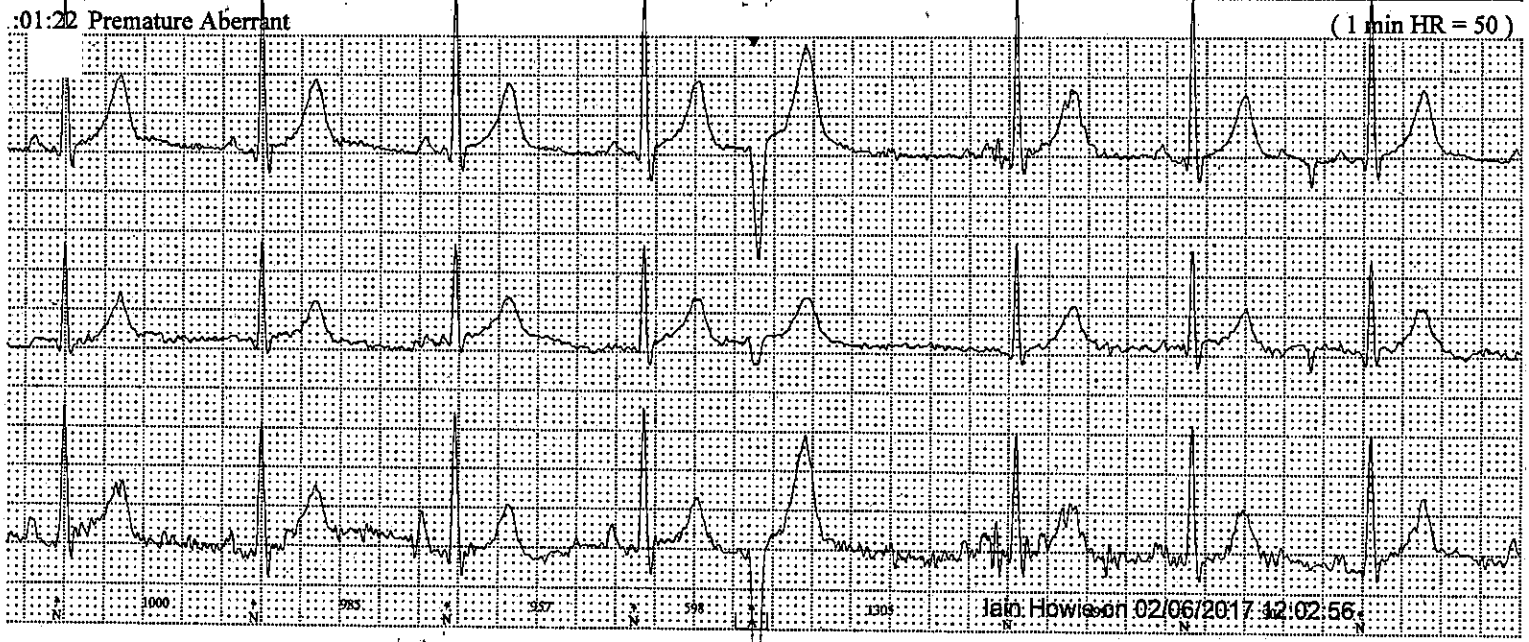
Iain Howie on 02/06/2017 12:02:56

ECG DEPARTMENT
AMBULATORY HOLTER REPORT

Patient Name : O'Rourke, Alexander
Recording Date : 01/06/2017
Patient No : 0412703297

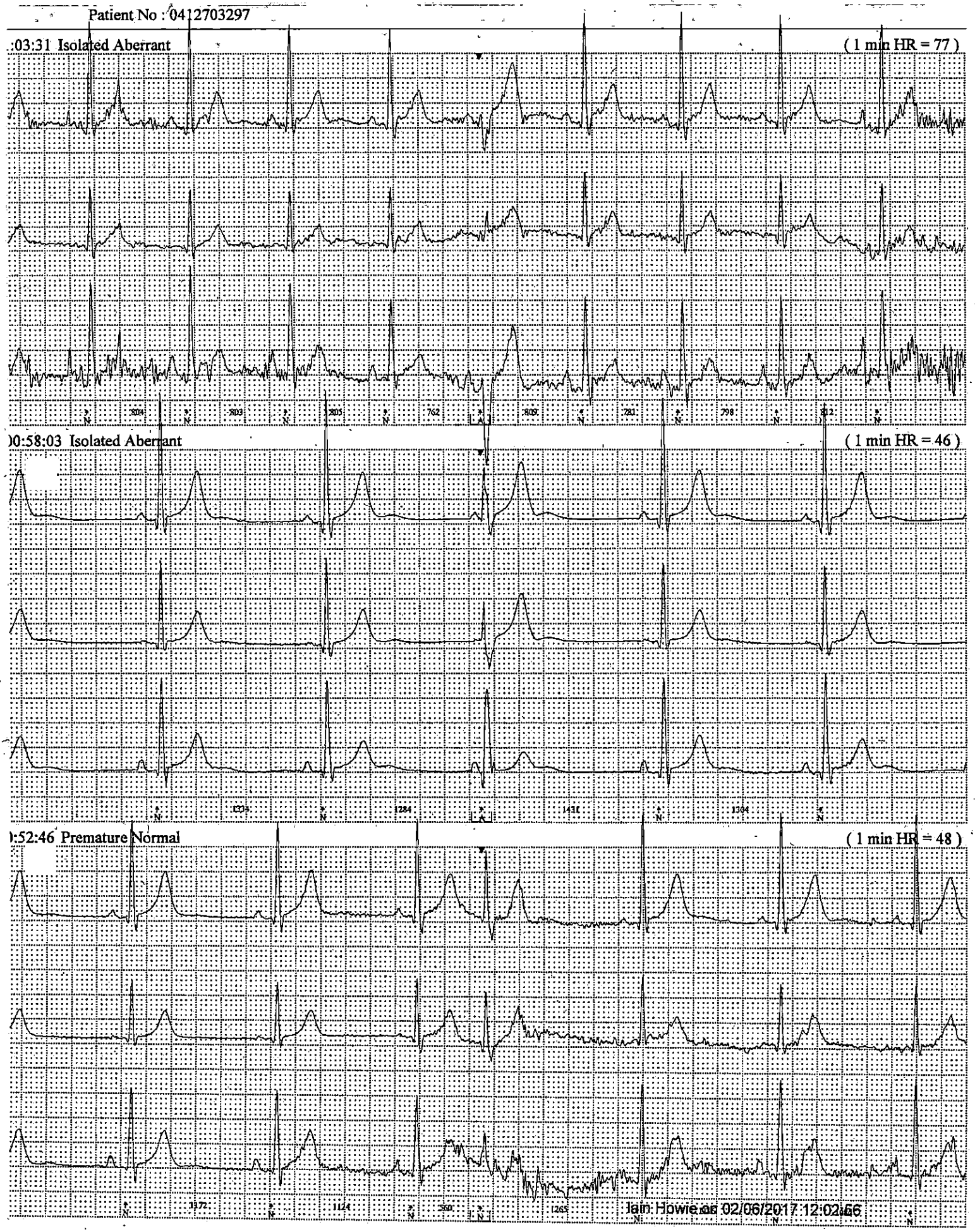


ECG DEPARTMENT
AMBULATORY HOLTER REPORT

Patient Name : O'Rourke, Alexander
Recording Date : 01/06/2017
Patient No : 0412703297

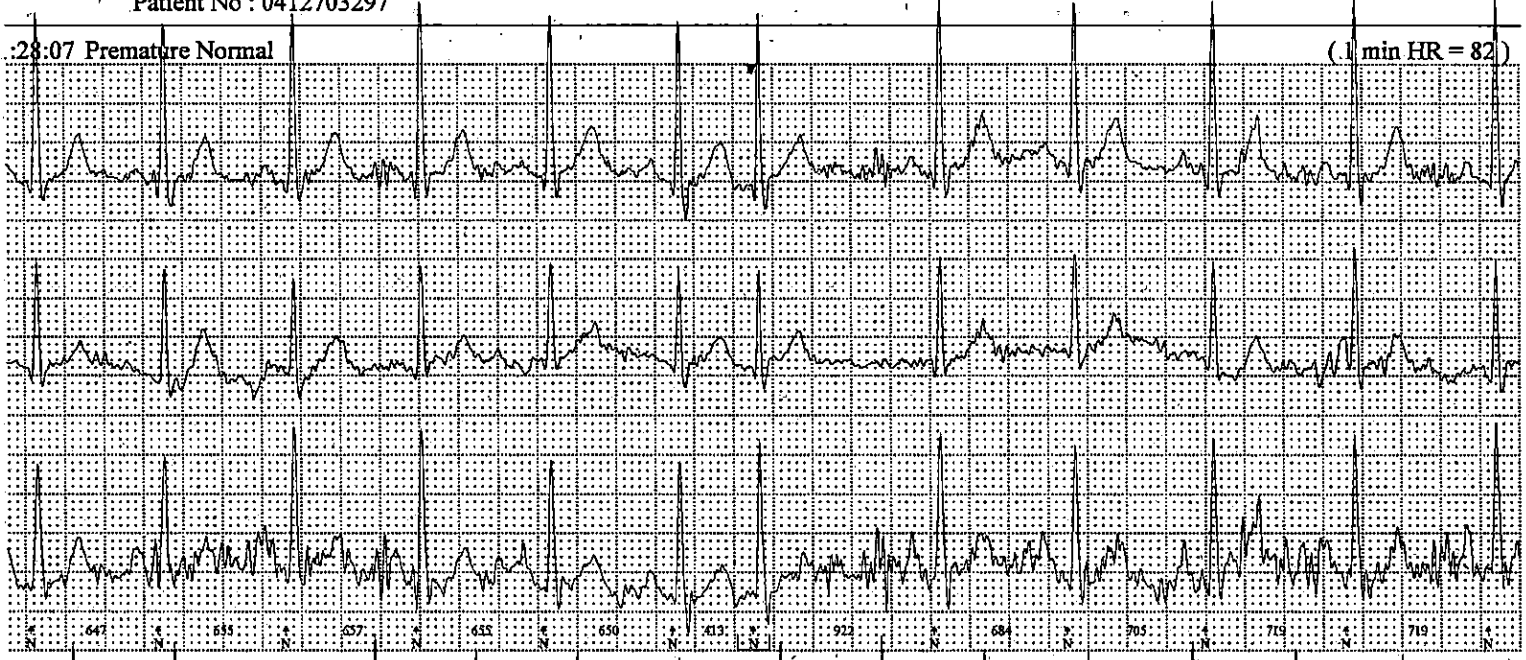


ECG DEPARTMENT
AMBULATORY HOLTER REPORT

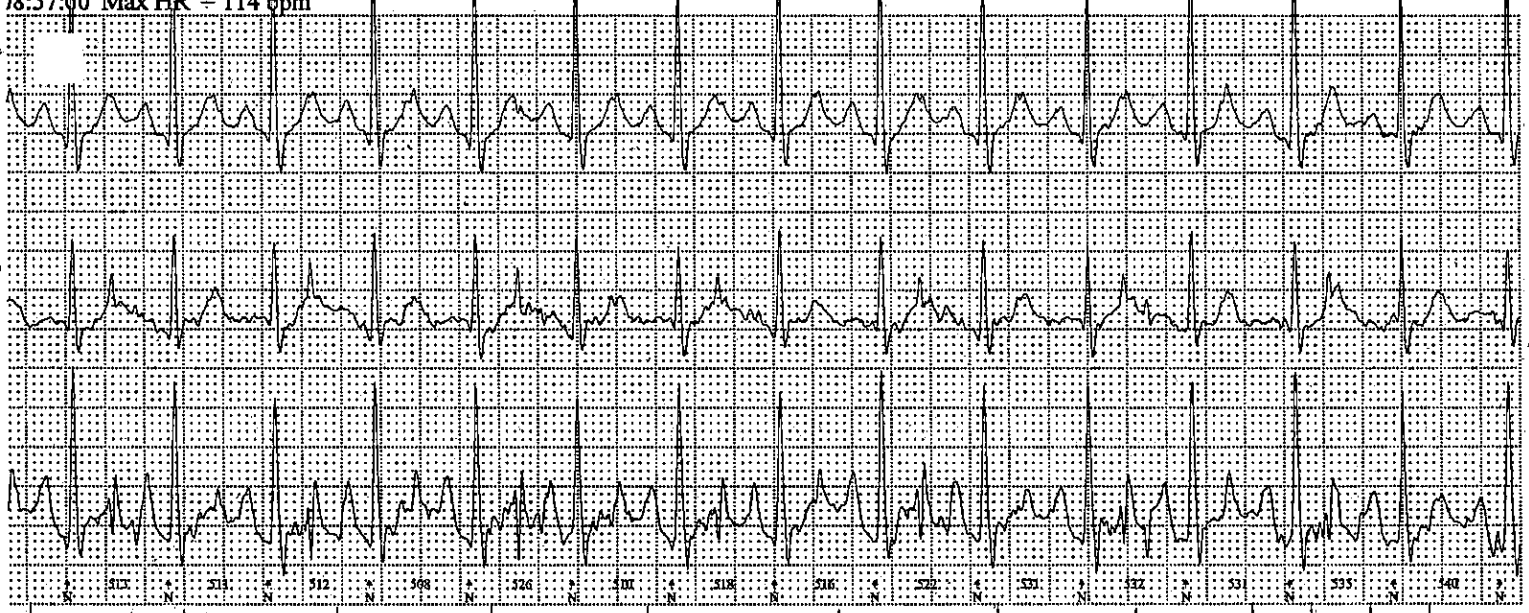
Patient Name : O'Rourke, Alexander
Recording Date : 01/06/2017

Patient No : 0412703297

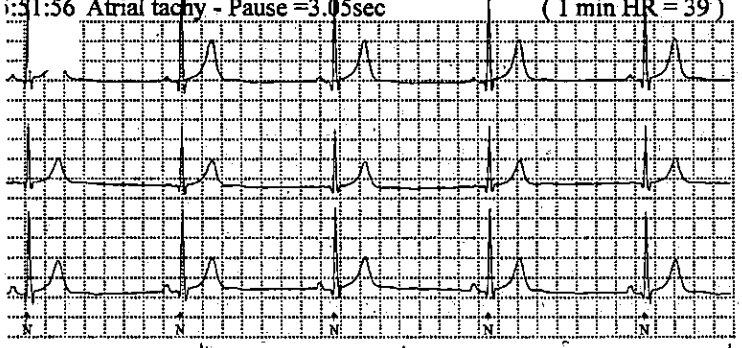
:28:07 Premature Normal ( 1 min HR = 82 )



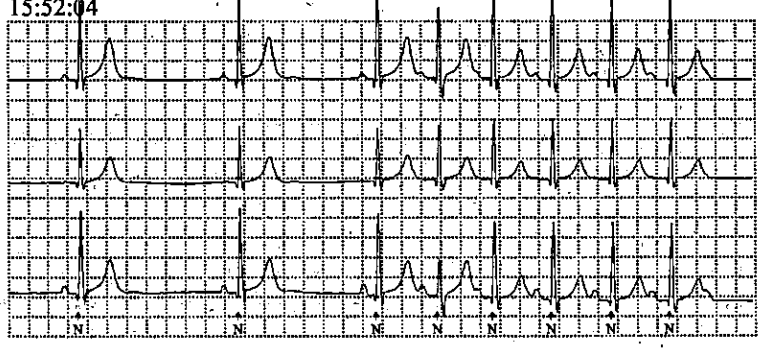
)8:57:00 Max HR = 114 bpm



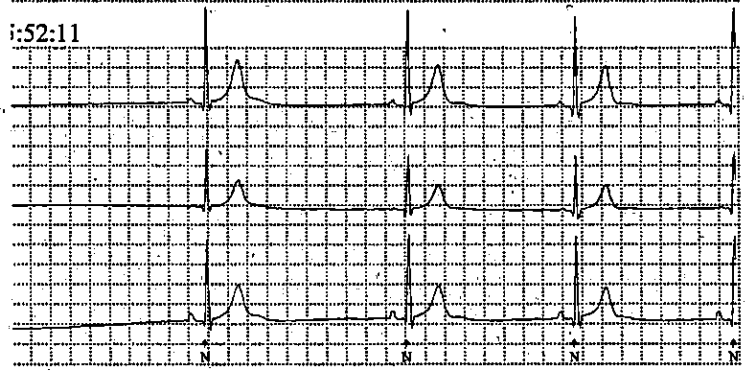
:51:56 Atrial tachy - Pause =3.05sec ( 1 min HR = 39 )



15:52:04



:52:11



Iain Howie on 02/06/2017 12:02:56

O'Rourke, Alexander ID:041 297 25-JAN-2025 07:25:35 GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

04-DEC-1970 (54 yr)
Male Caucasian

Room:
Loc:800

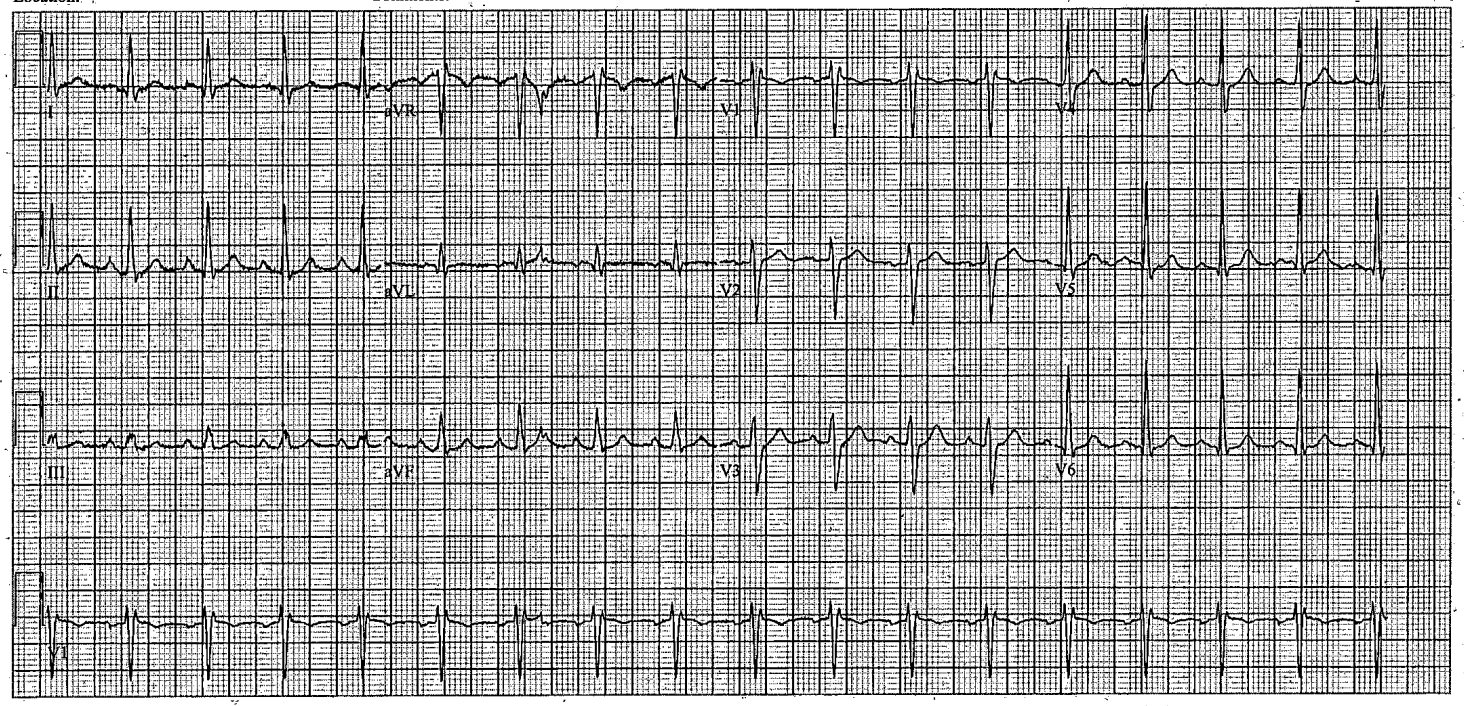
| | | |
|---|---|---|
| Vent. rate | 103 | BPM |
| PR interval | 146 | ms |
| QRS duration | 96 | ms |
| QT/QTc | 324/424 | ms |
| P-R-T axes | 71 43 | 52 |

Sinus tachycardia
Otherwise normal ECG

Technician:
Test ind:

Unconfirmed

Location: Comments:




25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1806

SID: 1567312 EID:13 EDT: ORDER:

Royal Alexandra Hospital
Corsebar Rd
Paisley

**Ward**
Telephone:

# EXERCISE STRESS TEST REPORT

Patient Name: O'Rourke, Alexander
Patient ID: 0412703297
Height: in
Weight: lb

DOB: 04-Dec-1970
Age: 48 yr
Gender: Male
Race: Caucasian

Study Date: 27-Nov-2019
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: Dr A
Attending Physician: --
Technician: Susan Goodfellow

Medications:
--

Medical History:

## Reason for Exercise Test:
Ischemia Evaluation

## Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|---|---|---|---|---|---|---|---|
| PRETEST | SUPINE | 01:15 | 1.0 | 0.0 | 64 | 116/80 | |
| Exercise | STAGE 1 | 03:00 | 1.7 | 10.0 | 102 | 134/51 | 01:29 slight chest discomfort |
| | STAGE 2 | 03:00 | 2.5 | 12.0 | 122 | 157/44 | 03:20 Chest discomfort |
| | STAGE 3 | 01:09 | 3.4 | 14.0 | 144 | | |
| Recovery | | 04:09 | 0.0 | 0.0 | 62 | 145/84 | |

The patient exercised according to the BRUCE for 07:08 min:s, achieving a work level of Max. METS: 10.1. The resting heart rate of 46 bpm rose to a maximal heart rate of 144 bpm. This value represents 83 % of the maximal, age-predicted heart rate. The resting blood pressure of 116/80 mmHg , rose to a maximum blood pressure of 157/44 mmHg. The exercise test was stopped due to Fatigue.

## Interpretation

Summary: Resting ECG: sinus bradycardia.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: ventricular premature beats-isolated.
ST Changes: none.

## Conclusions

Did not achieve pet time of 10mins - exercised for 7mins 08secs.
Slight chest discomfort which was non-limiting. Stopped due to fatigue. No significant changes.

Confirmed by Goodfellow, Susan (2815) on 27/11/2019 12:49:21

Physician_____ Technician_____

O'Rourke, Alexander ID:0412 97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

GRADED EXERCISE SUMMARY

04-DEC-1970 (48 yr) Caucasian Male
Wt: Ht:
Med:

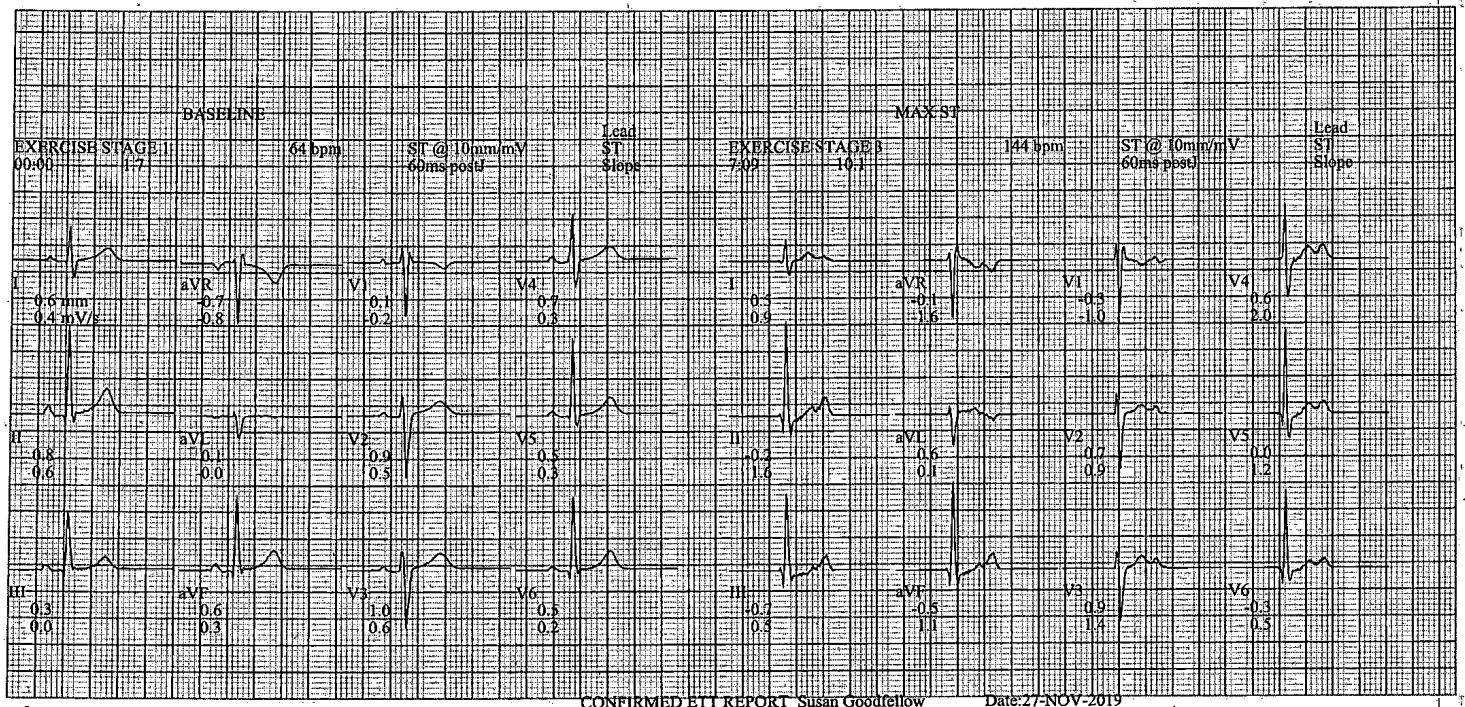
BRUCE Total Exercise Time:7:08
Max HR: 144 bpm 83% of Max Predicted 172 bpm
Max BP: 157/44 Maximum Workload: 10.1

25mm/s
10mm/mV
150Hz

Referred by: Dr A
Technician:Susan Goodfellow
Test ind: Ischemia Evaluation
Test type: Treadmill Stress Test

Did not achieve pet time of 10mins - exercised for 7mins 08secs.
Slight chest discomfort which was non-limiting. Stopped due to fatigue. No significant changes.

Confirmed by Goodfellow, Susan (2815) on 27/11/2019 12:49:21




CONFIRMED ETT REPORT Susan Goodfellow Date:27-NOV-2019

9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

TABULAR SUMMARY REPORT

04-DEC-1970 (48 yr) Caucasian Male
Wt: Ht:
Med:

Referred by: Dr A
Technician:Susan Goodfellow
Test ind: Ischemia Evaluation
Test type: Treadmill Stress Test

BRUCE Total Exercise Time:7:08
Max HR: 144 bpm 83% of Max Predicted 172 bpm
Max BP: 157/44 Maximum Workload: 10.1

Did not achieve pet time of 10mins - exercised for 7mins 08secs.
Slight chest discomfort which was non-limiting. Stopped due to fatigue. No significant changes.

Confirmed by Goodfellow, Susan (2815) on 27/11/2019 12:49:21

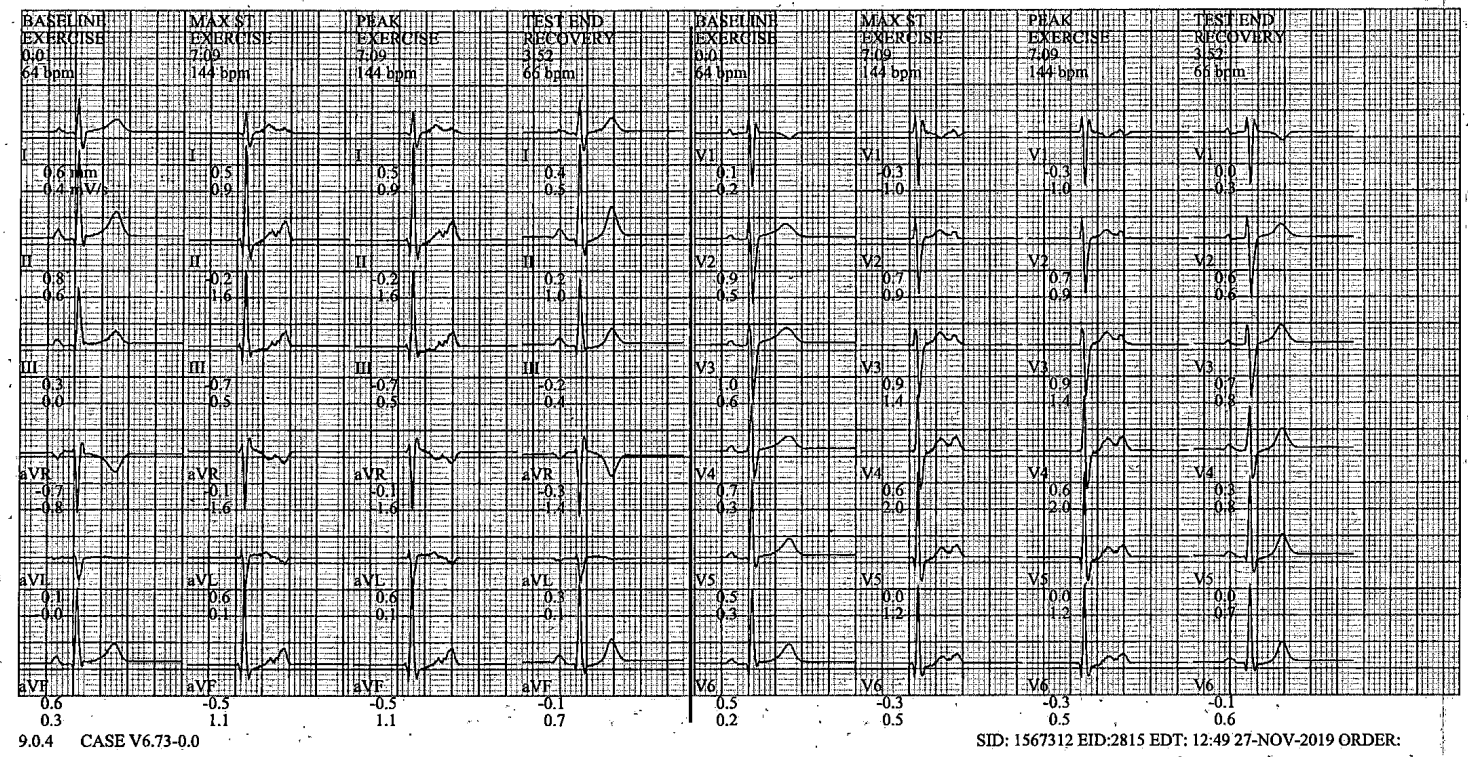
| Phase | Stage | Time in Stage | Speed mph | Grade % | METS | HR bpm | BP mmHg | RPE | PVC VE/min |
|---|---|---|---|---|---|---|---|---|---|
| PRETEST | SUPINE | 1:15 | 1.0 | 0.0 | 1.1 | 64 | 116/80 | 74 | 0 |
| EXERCISE | STAGE 1 | 3:00 | 1.7 | 10.0 | 4.6 | 102 | 134/51 | 136 | 0 |
| | STAGE 2 | 3:00 | 2.5 | 12.0 | 7.0 | 122 | 157/44 | 19 | 0 |
| | STAGE 3 | 1:09 | 3.4 | 14.0 | 10.1 | 144 | | | 0 |
| RECOVERY | | 4:09 | 0.0 | 0.0 | 1.0 | 62 | 145/84 | 89 | 0 |

O'Rourke, Alexander ID:0412 97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

SELECTED MEDIANS REPORT

04-DEC-1970 (48 yr) Caucasian Male BRUCE Total Exercise Time:7:08
Wt: Ht: Max HR: 144 bpm 83% of Max Predicted 172 bpm
Med: Max BP: 157/44 Maximum Workload: 10.1

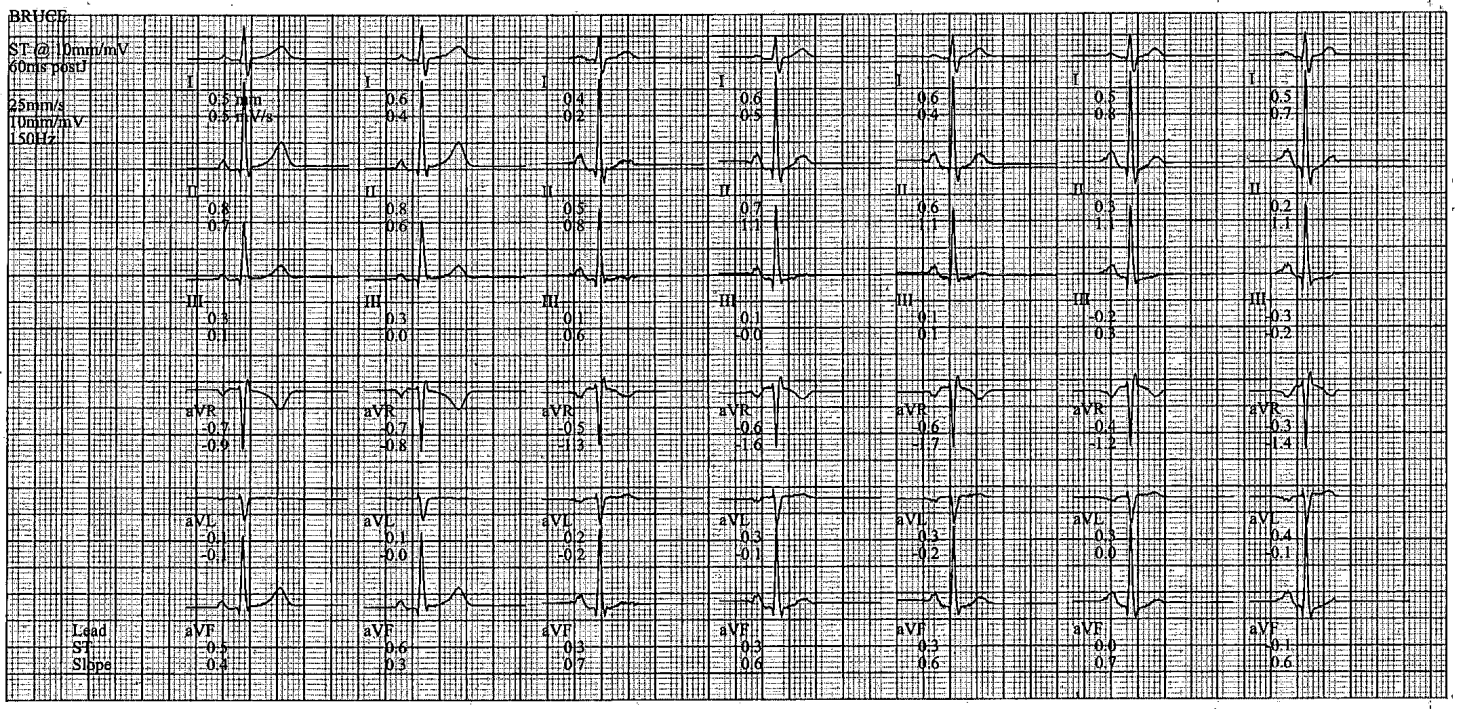
Referred by: Dr A
Technician:Susan Goodfellow
Test ind: Ischemia Evaluation
Test type: Treadmill Stress Test




9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

SAMPLE CARDIAC CYCLES

| PRETEST SUPINE | EXERCISE STAGE 1 | EXERCISE STAGE 1 | EXERCISE STAGE 1 | EXERCISE STAGE 1 | EXERCISE STAGE 2 | EXERCISE STAGE 2 |
|---|---|---|---|---|---|---|
| 1:15 | 0:01 | 2:00 | 2:50 | 3:00 | 5:00 | 5:50 |
| 64 bpm | 64 bpm | 107 bpm | 100 bpm | 102 bpm | 121 bpm | 123 bpm |
| 116/80 | | | 134/51 | 134/51 | | 157/44 |
| 1.7 | 1.7 | 4.6 | 4.6 | 4.6 | 7.0 | 7.0 |
| | | Slight chest discomfort 01:29 | | | Chest discomfort 03:20 | |

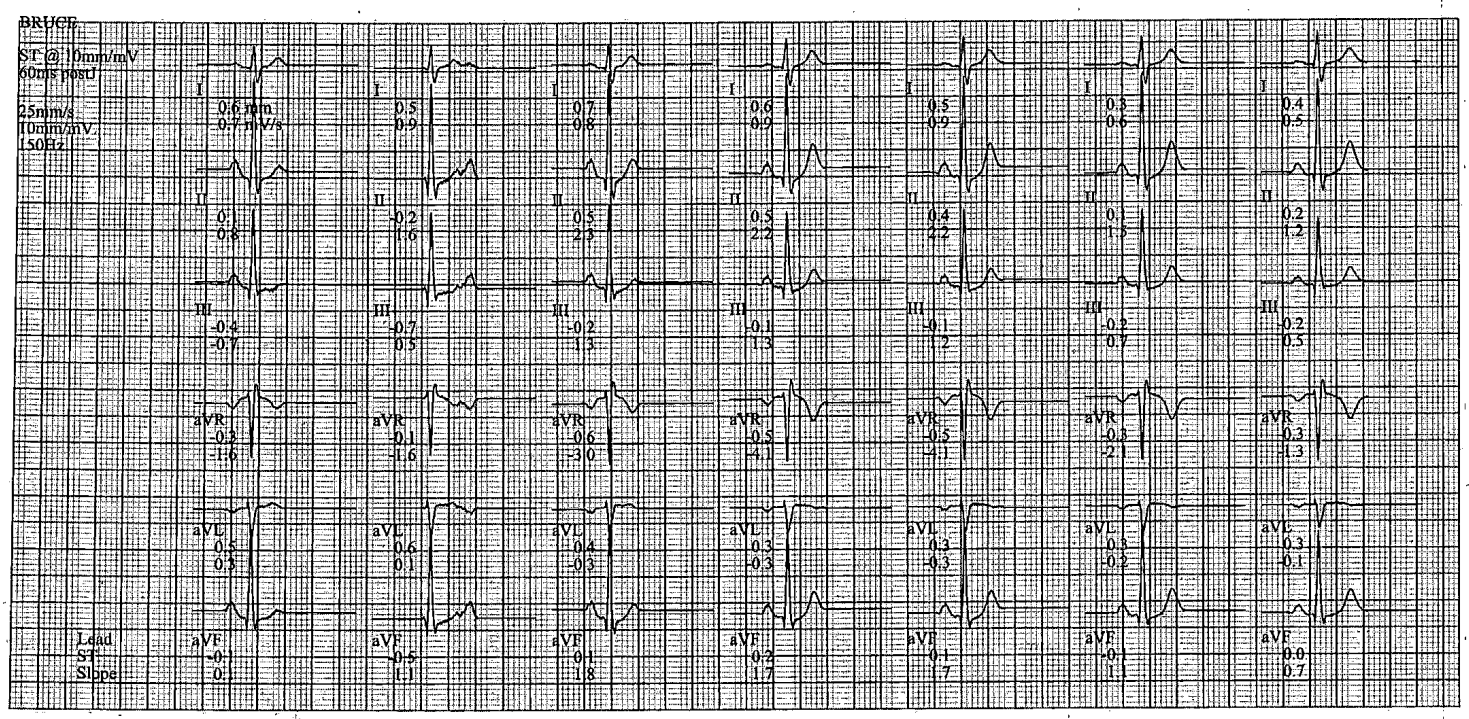



BASELINE

O'Rourke, Alexander ID:041: :97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

SAMPLE CARDIAC CYCLES

| EXERCISE STAGE 2 | EXERCISE STAGE 3 | RECOVERY | RECOVERY | RECOVERY | RECOVERY | RECOVERY |
|---|---|---|---|---|---|---|
| 6:00 | 7:09 | 0:50 | 1:50 | 1:52 | 2:50 | 3:50 |
| 122 bpm | 144 bpm | 125 bpm | 86 bpm | 89 bpm | 75 bpm | 65 bpm |
| 157/44 | | | | | 145/84 | 145/84 |
| 7.0 | 10.1 | 2.7 | 1.0 | 1.0 | 1.0 | 1.0 |




MAX ST

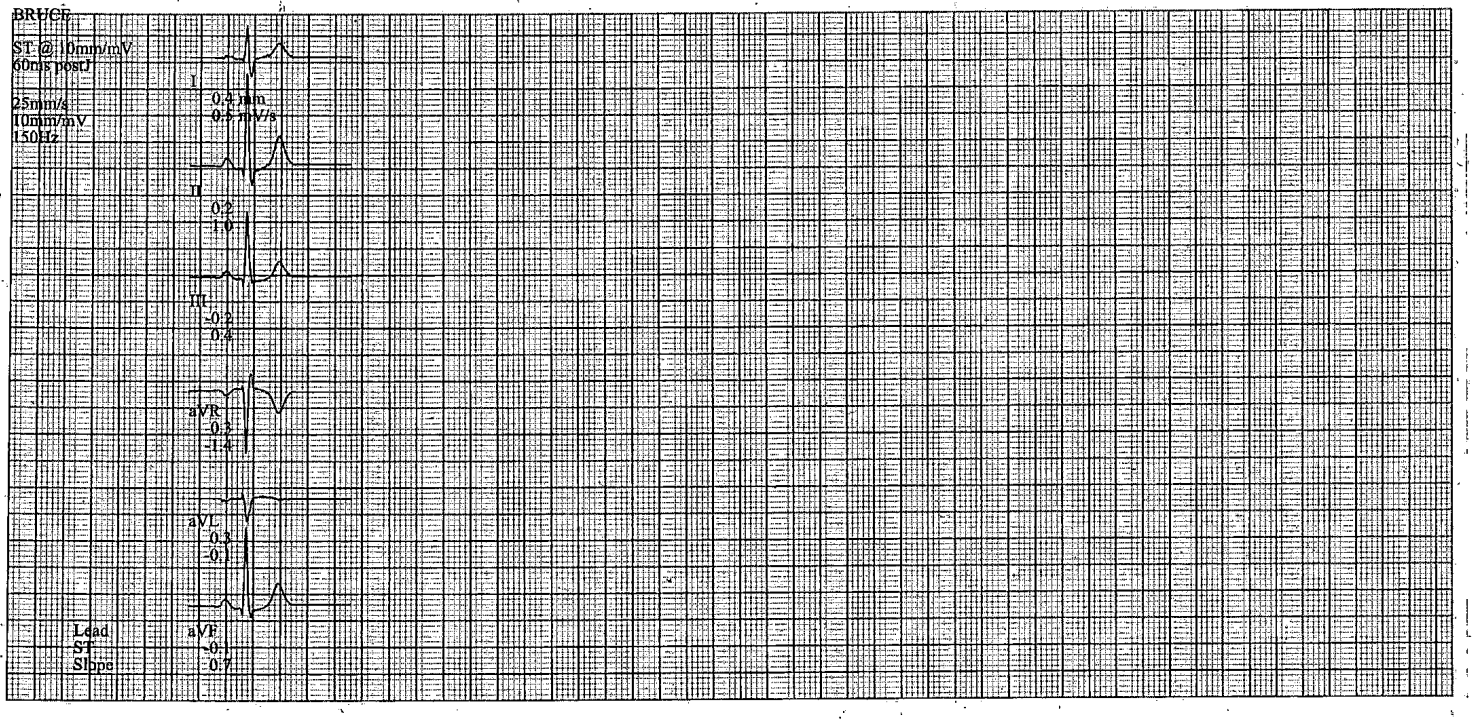
9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

O'Rourke, Alexander ID:04121 97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

SAMPLE CARDIAC CYCLES

RECOVERY

3:52
66 bpm
145/84
1.0

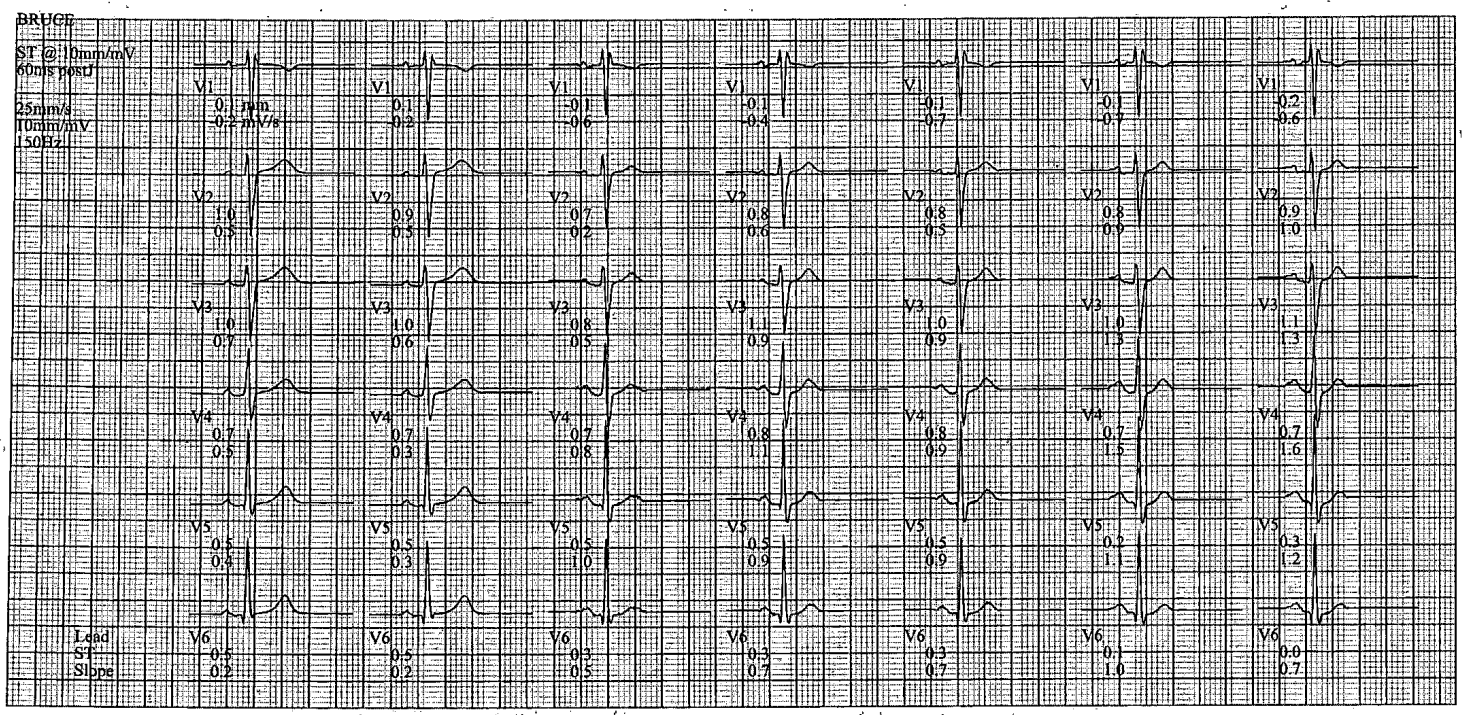



9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

O'Rourke, Alexander ID:0412 97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

SAMPLE CARDIAC CYCLES

| PRETEST SUPINE | EXERCISE STAGE 1 | EXERCISE STAGE 1 | EXERCISE STAGE 1 | EXERCISE STAGE 1 | EXERCISE STAGE 2 | EXERCISE STAGE 2 |
|---|---|---|---|---|---|---|
| 1:15 | 0:01 | 2:00 | 2:50 | 3:00 | 5:00 | 5:50 |
| 64 bpm | 64 bpm | 107 bpm | 100 bpm | 102 bpm | 121 bpm | 123 bpm |
| 116/80 | | | 134/51 | 134/51 | | 157/44 |
| 1.7 | 1.7 | 4.6 | 4.6 | 4.6 | 7.0 | 7.0 |
| | | Slight chest discomfort 01:29 | | | Chest discomfort 03:20 | |



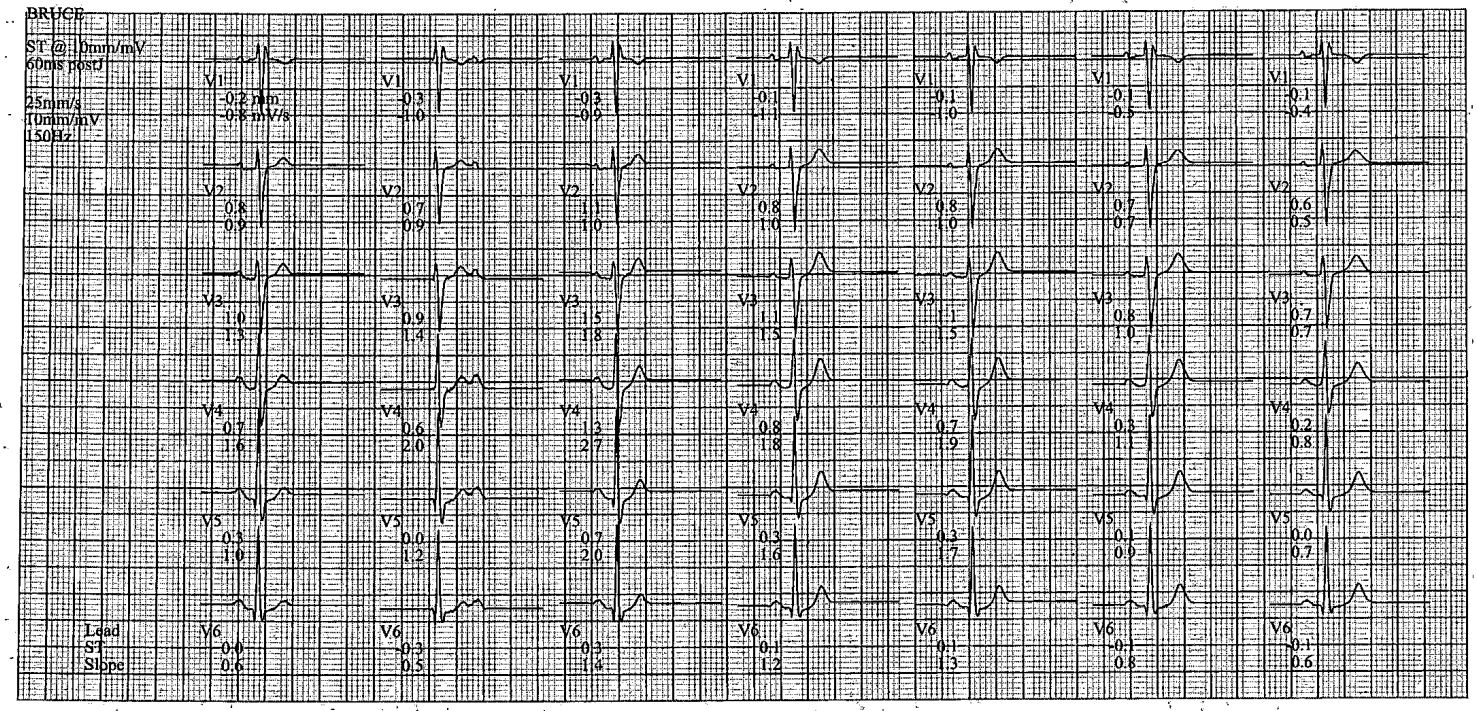

BASELINE

9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

O'Rourke, Alexander ID:0412 97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

SAMPLE CARDIAC CYCLES

| EXERCISE STAGE 2 | EXERCISE STAGE 3 | RECOVERY | RECOVERY | RECOVERY | RECOVERY | RECOVERY |
|---|---|---|---|---|---|---|
| 6:00 | 7:09 | 0:50 | 1:50 | 1:52 | 2:50 | 3:50 |
| 122 bpm | 144 bpm | 125 bpm | 86 bpm | 89 bpm | 75 bpm | 65 bpm |
| 157/44 | | | | | 145/84 | 145/84 |
| 7.0 | 10.1 | 2.7 | 1.0 | 1.0 | 1.0 | 1.0 |




MAX ST

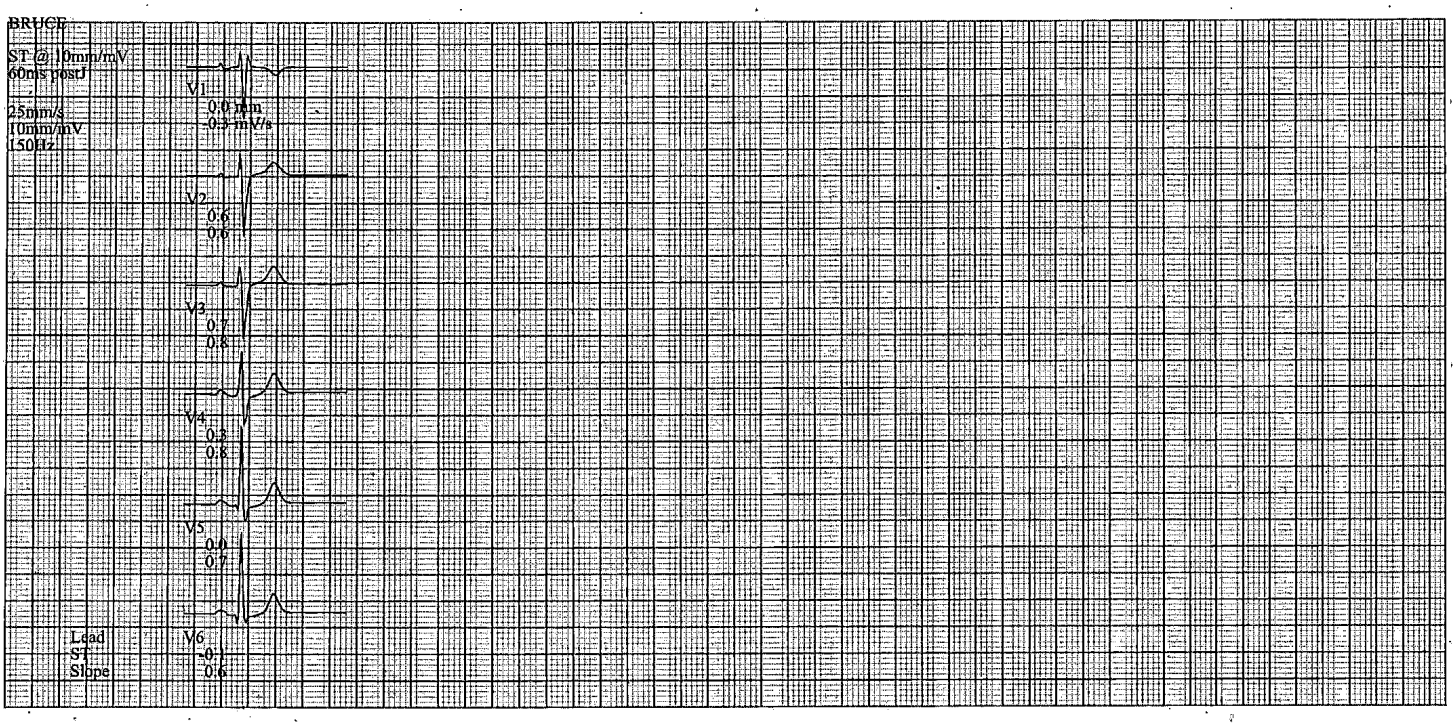
9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

O'Rourke, Alexander ID:0412 97 27-NOV-2019 12:19:42 GREATER GLASGOW SITE-RACPS ROUTINE RECORD

SAMPLE CARDIAC CYCLES

RECOVERY

3:52
66 bpm
145/84
1.0




9.0.4 CASE V6.73-0.0 SID: 1567312 EID:2815 EDT: 12:49 27-NOV-2019 ORDER:

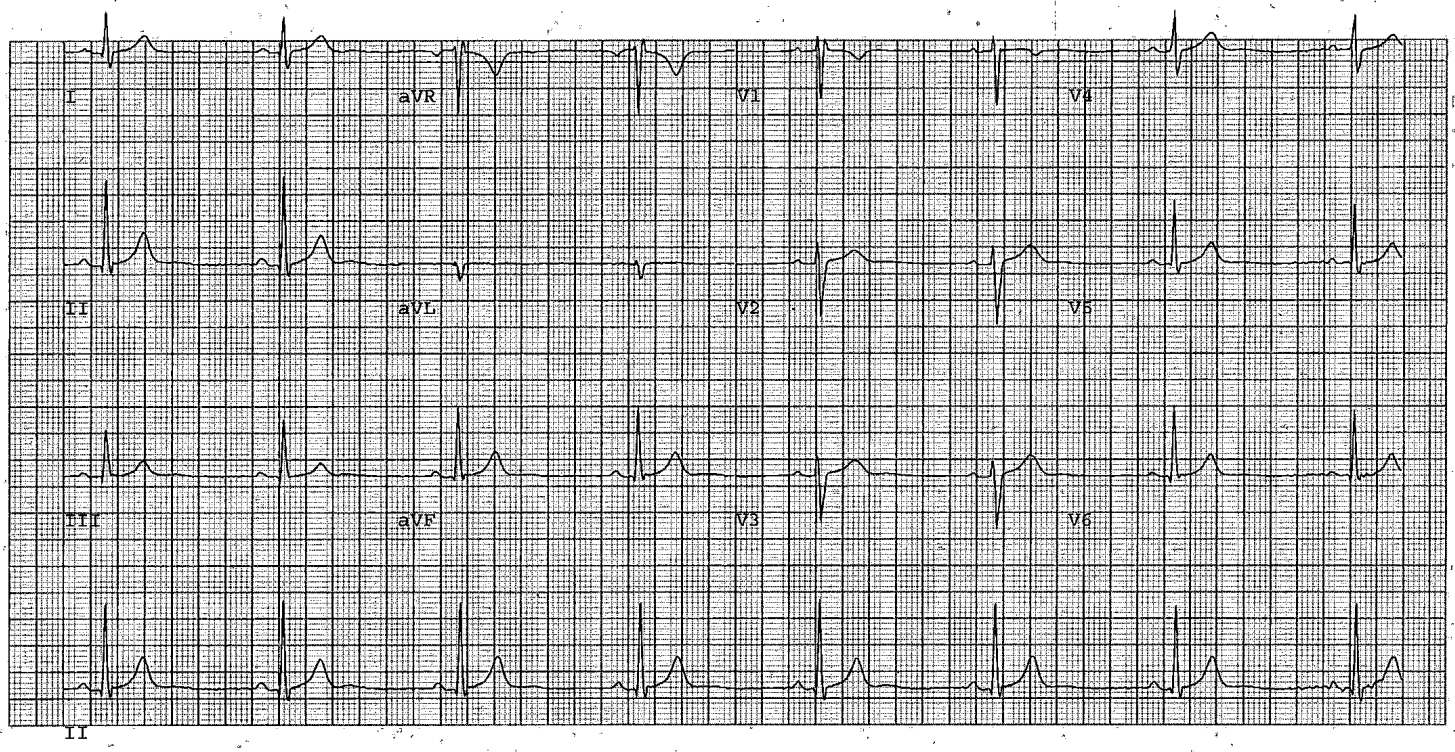
O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:20:27

12-Lead Report

46 bpm
116/80 mmHg

PRETEST
SUPINE
00:45

BRUCE
0.0 mph
0.0 %




GE
CASE V6.73

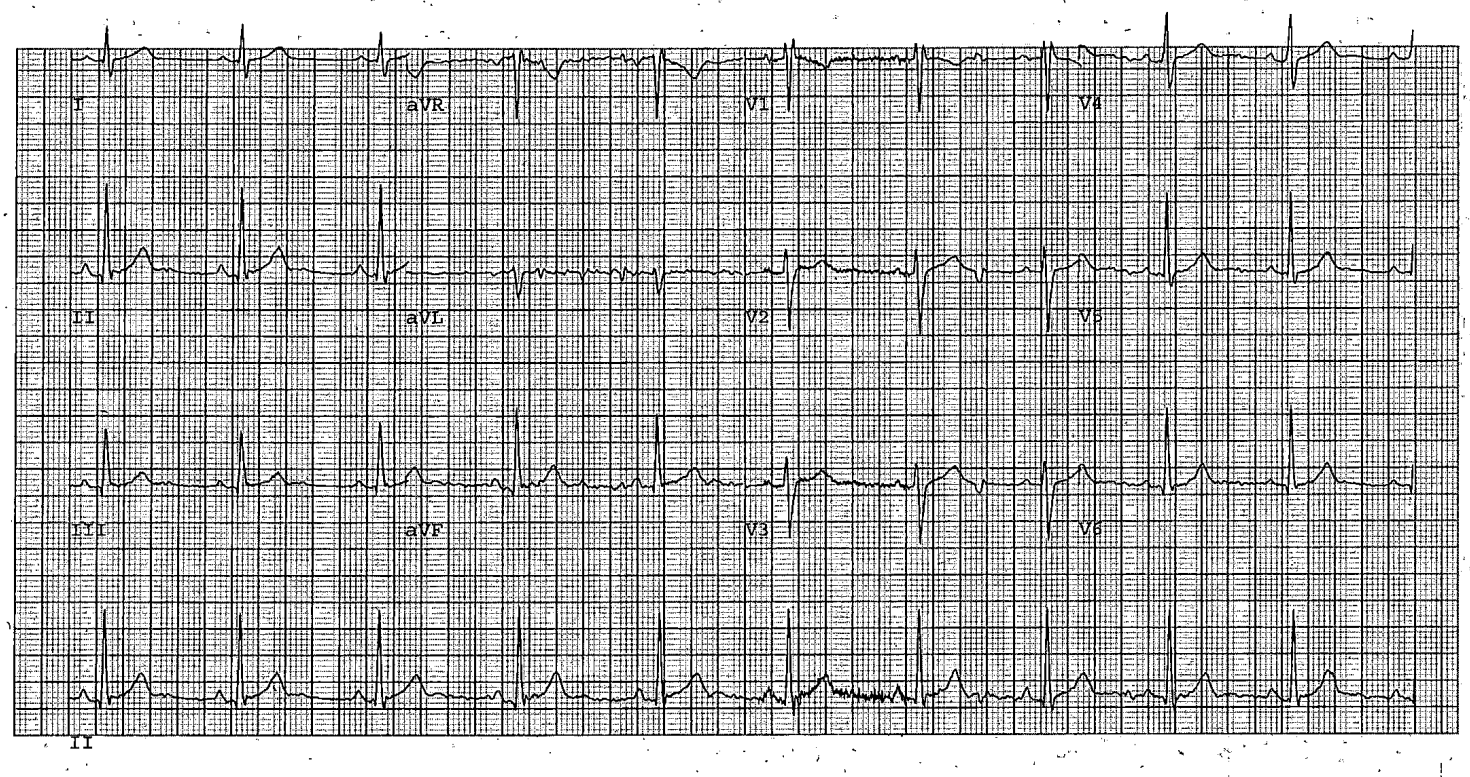
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:20:57

64 bpm
116/80 mmHg

12-Lead Report
PRETEST
SUPINE
01:15

BRUCE
1.0 mph
0.0 %




GE
CASE V6.73

25mm/s 10mm/mV 150Hz 0.01Hz FRF+ HEART V5.4 HR(TT.V5)

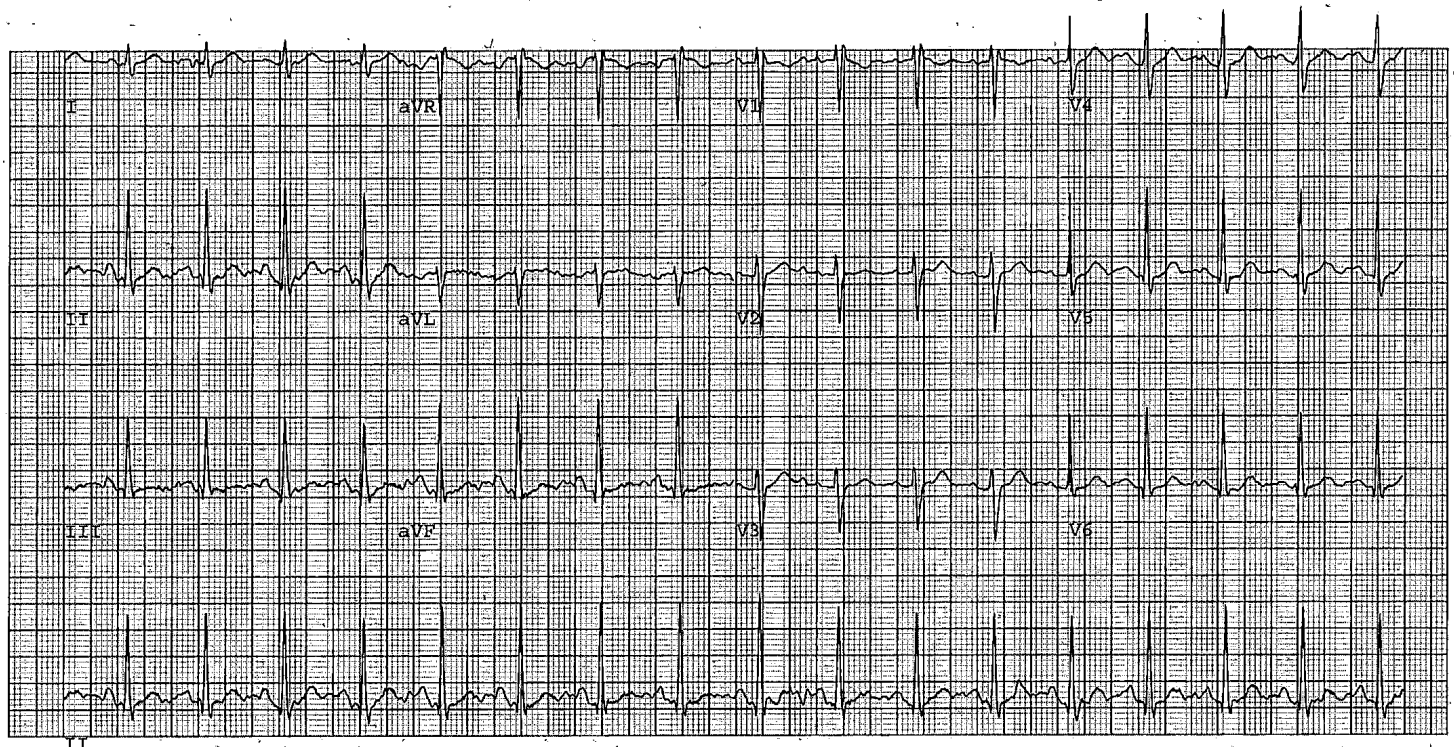
O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:23:46

12-Lead Report

100 bpm
134/51 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %




GE
CASE V6.73

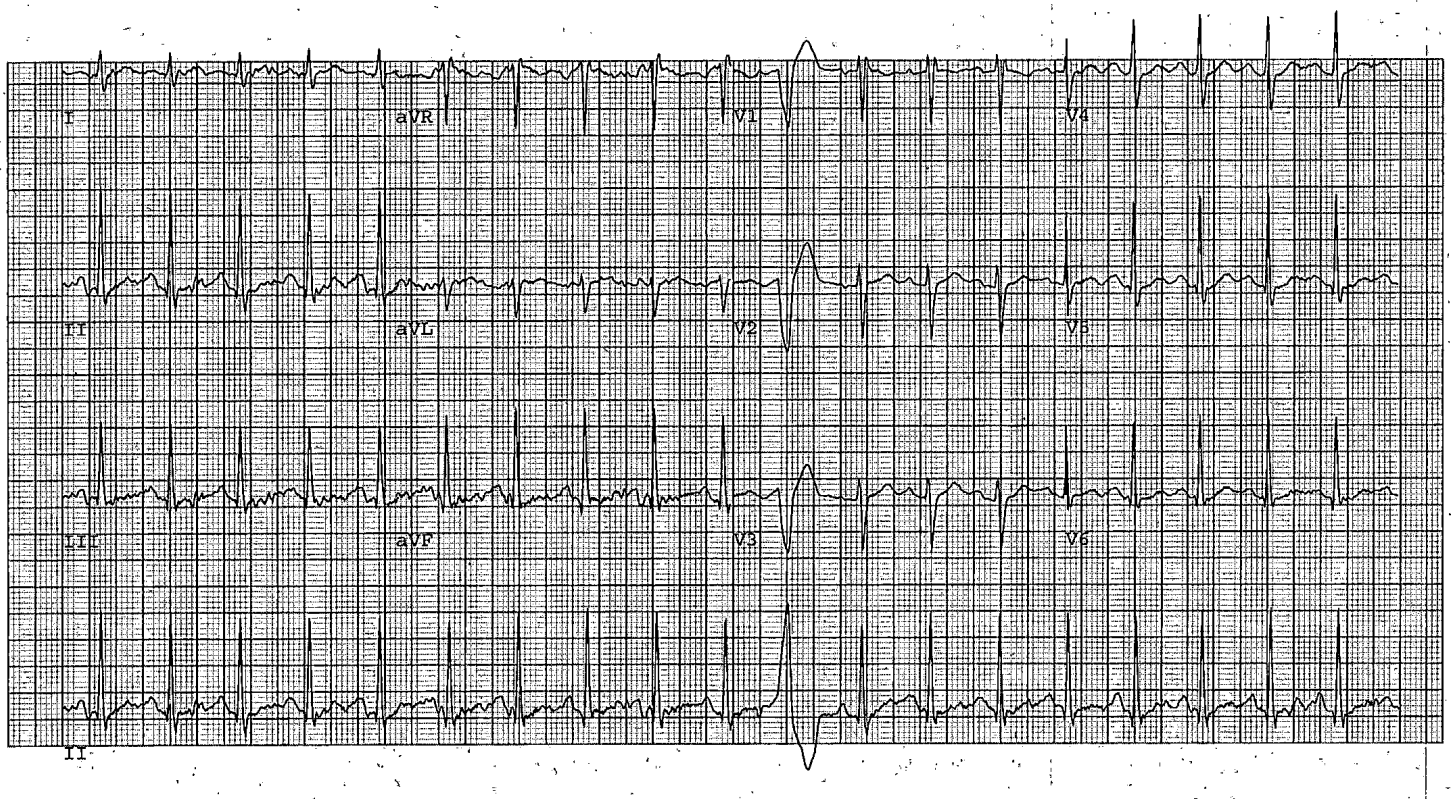
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(TT,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:25:04

117 bpm

12-Lead Report
EXERCISE
STAGE 2
04:07

BRUCE
2.5 mph
12.0 %




GE
CASE V6.73

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(TT,V5)

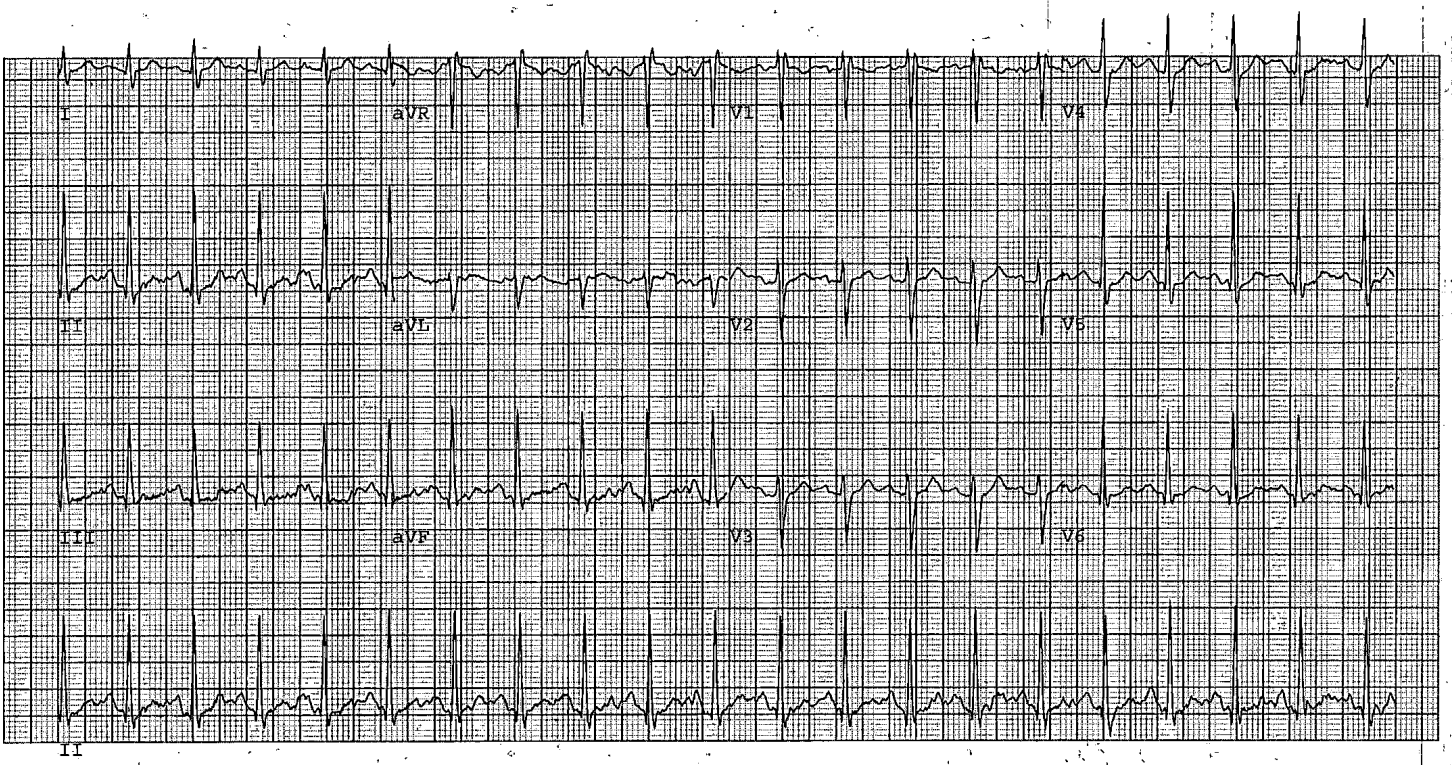
O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:26:46

12-Lead Report

123 bpm
157/44 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %



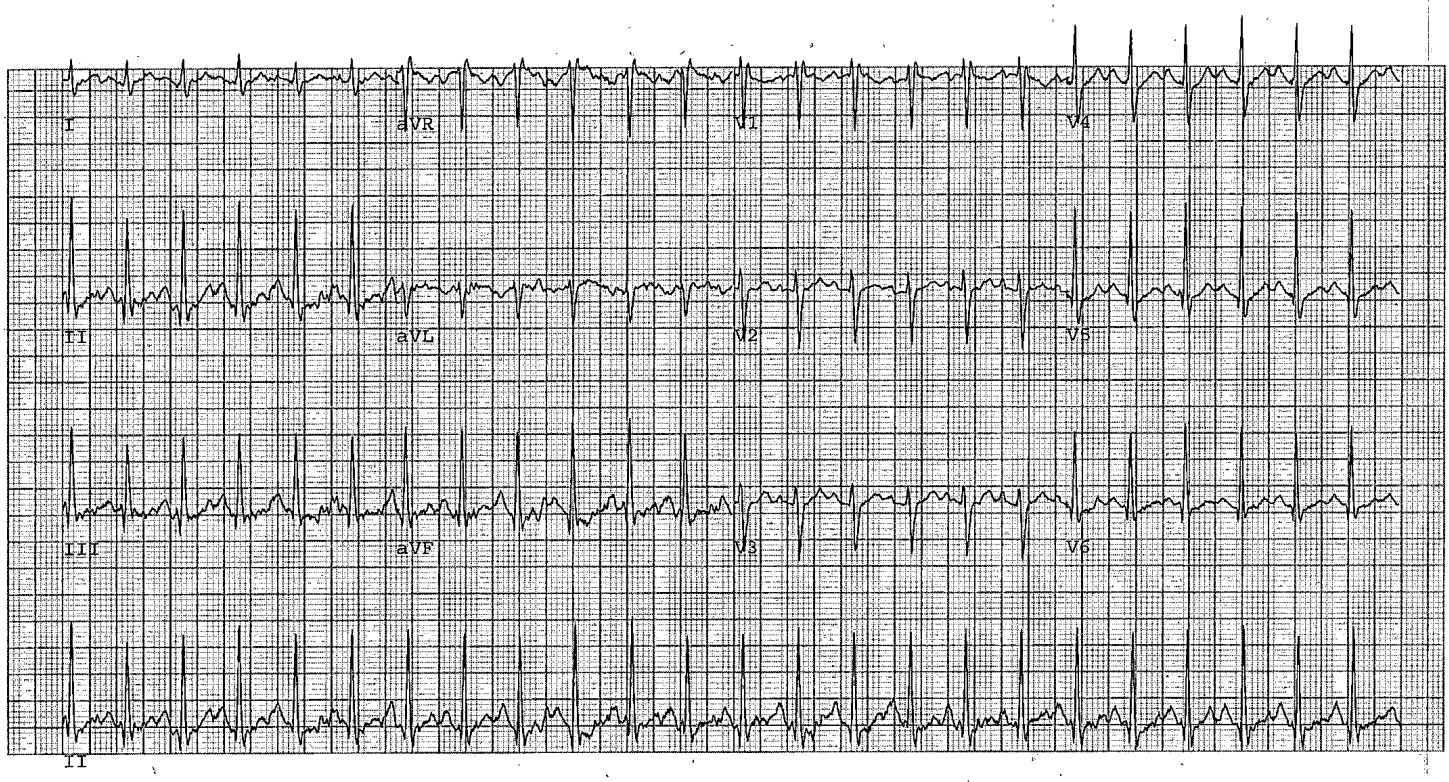

GE
CASE V6.73

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:28:05

144 bpm

12-Lead Report (PEAK EXERCISE)
EXERCISE BRUCE
STAGE 3 3.4 mph
07:09 14.0 %




GE
CASE V6.73

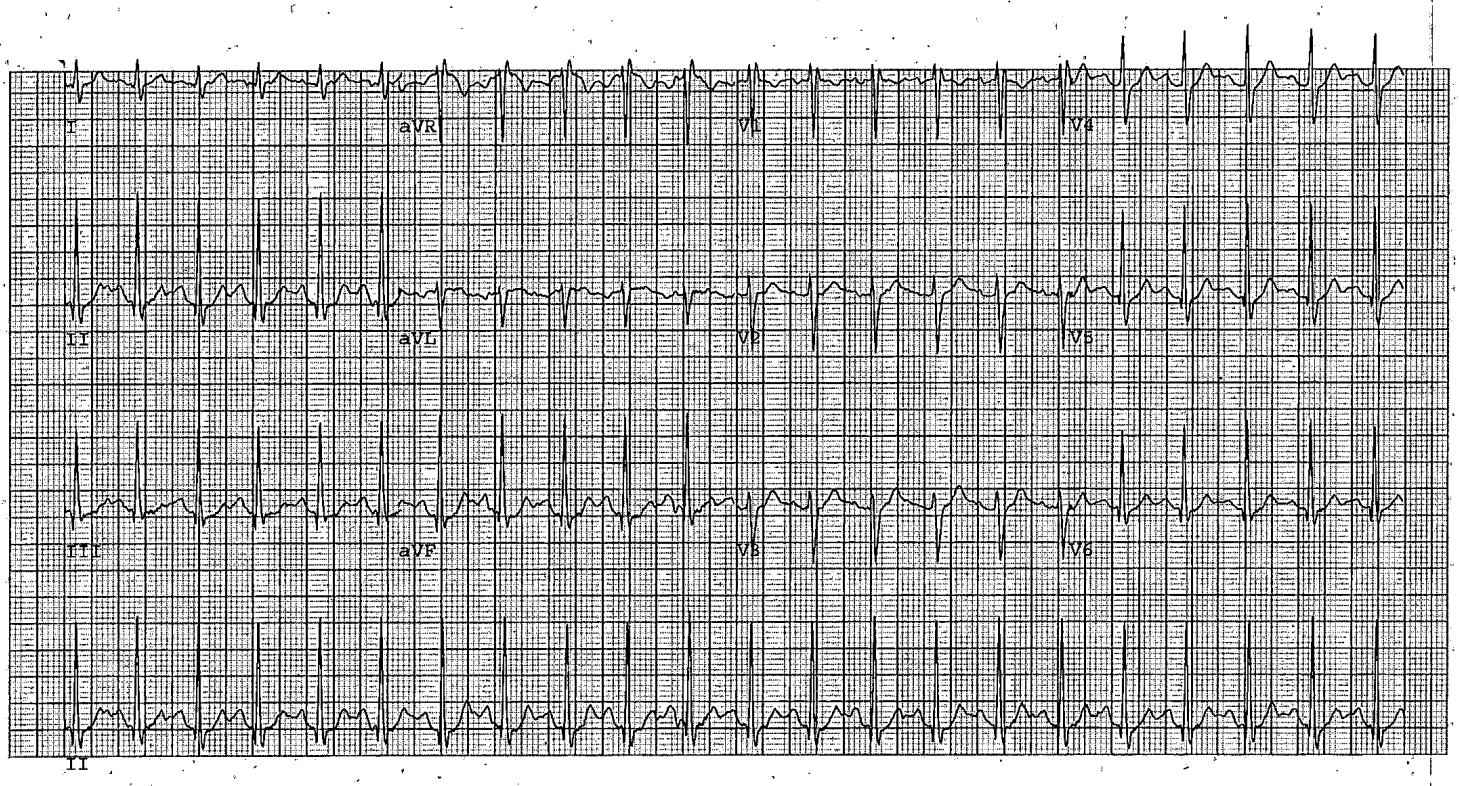
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:28:46

133 bpm

12-Lead Report
RECOVERY
00:41

BRUCE
0.0 mph
0.0 %



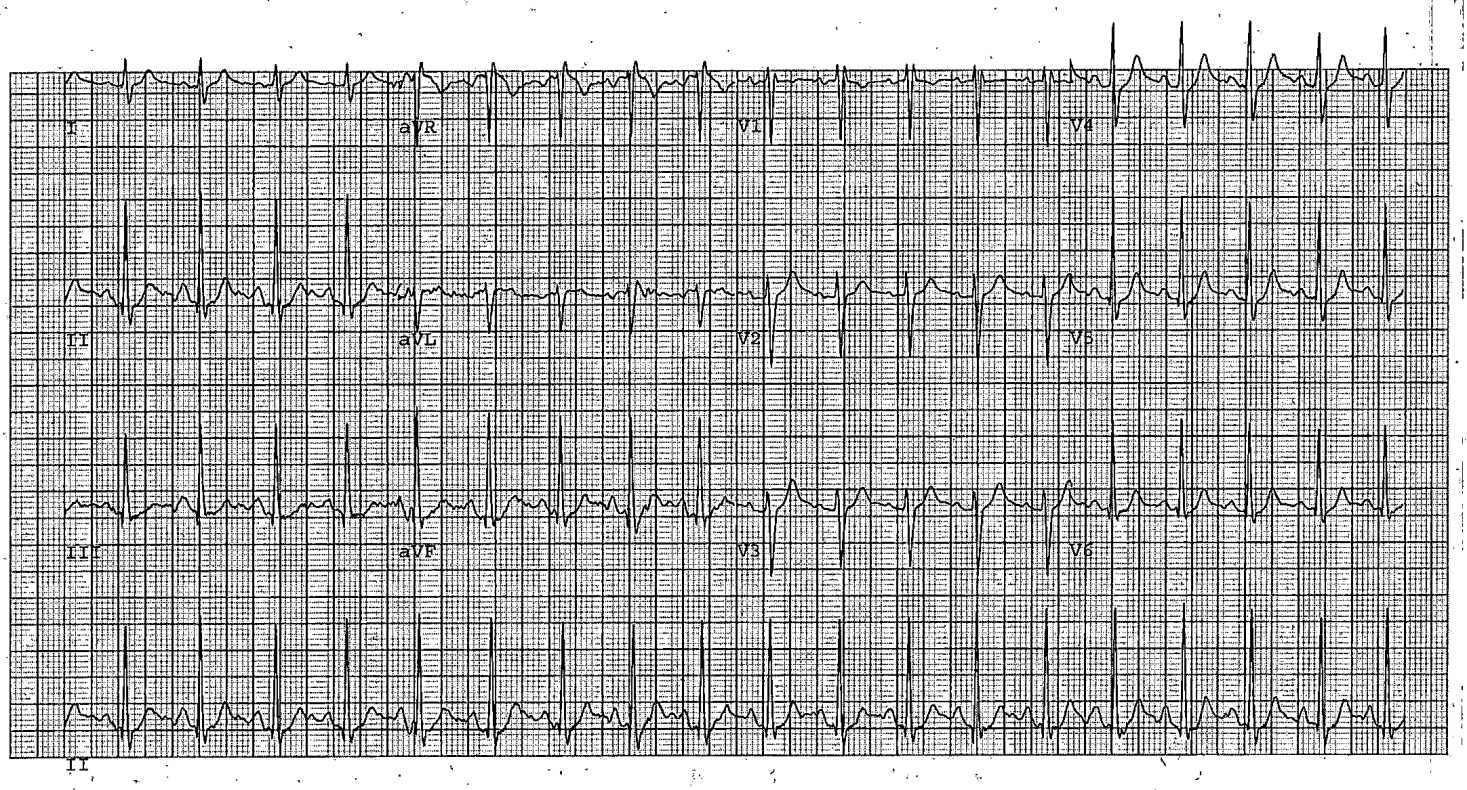

GE
CASE V6.73

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:29:00

12-Lead Report
113 bpm
RECOVERY
00:56

BRUCE
0.0 mph
0.0 %




GE
CASE V6.73

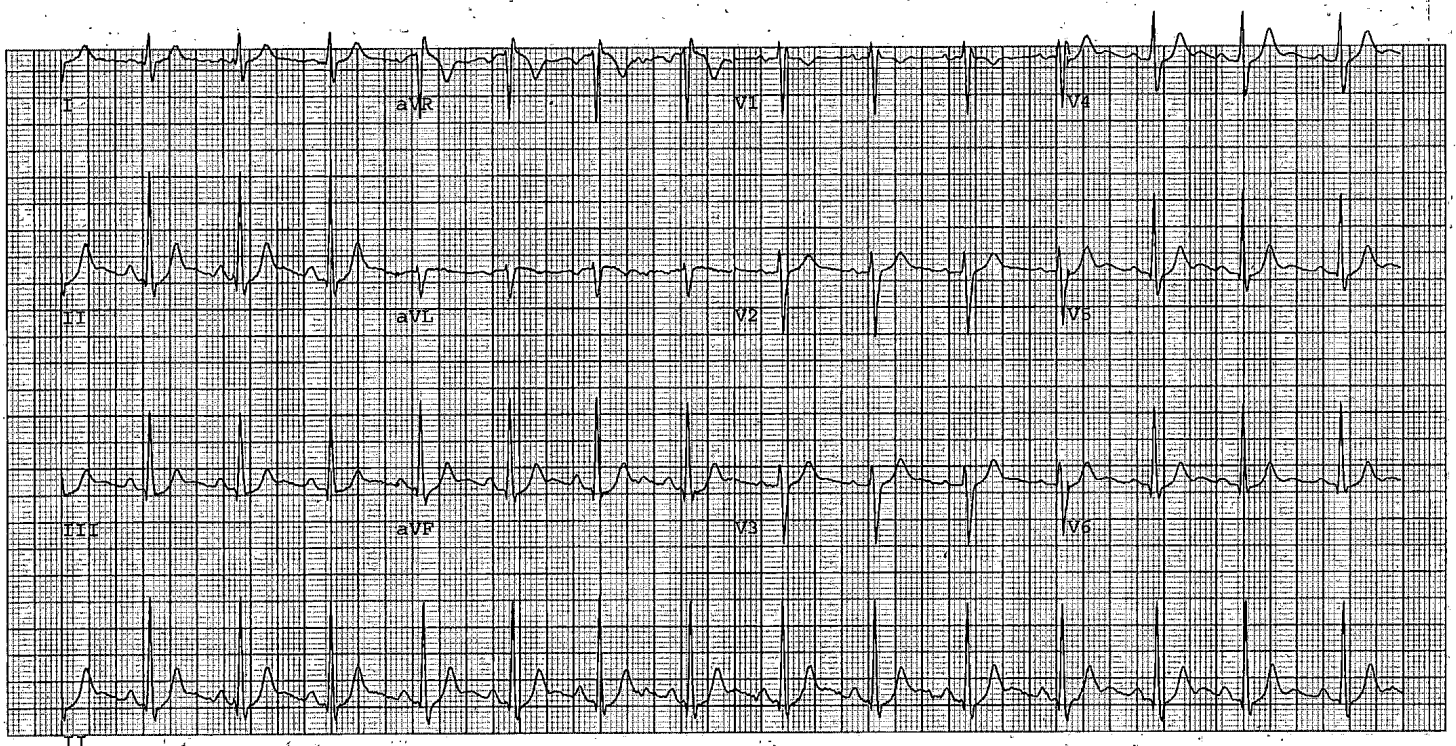
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(TT.V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:29:54

86 bpm

12-Lead Report
RECOVERY
01:50

BRUCE
0.0 mph
0.0 %

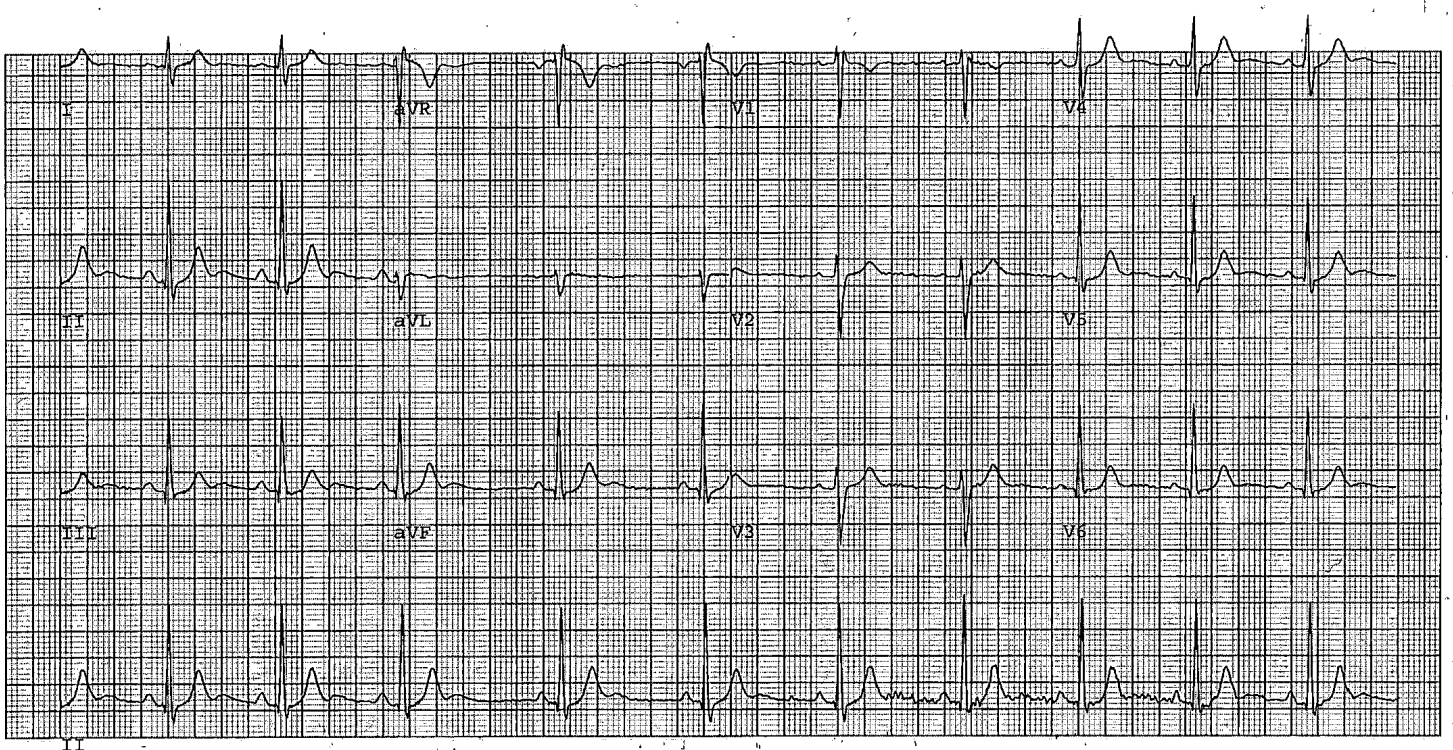



GE
CASE V6.73

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(TT,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:30:54

12-Lead Report
75 bpm
145/84 mmHg
RECOVERY
02:50
BRUCE
0.0 mph
0.0 %




GE
CASE V6.73
25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(II,V5)

O'Rourke, Alexander
Patient ID: 0412703297
27.11.2019
12:31:54

12-Lead Report

65 bpm
145/84 mmHg

RECOVERY
03:50

BRUCE
0.0 mph
0.0 %




GE
CASE V6.73

25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4 HR(TT,V5)

O'Rourke, Alexander ID:0412 97 27-JAN-2019 00:30:24 GREATER GLASGOW SITE-RAHMAU ROUTINE RECORD

04-DEC-1970 (48 yr)
Male Caucasian

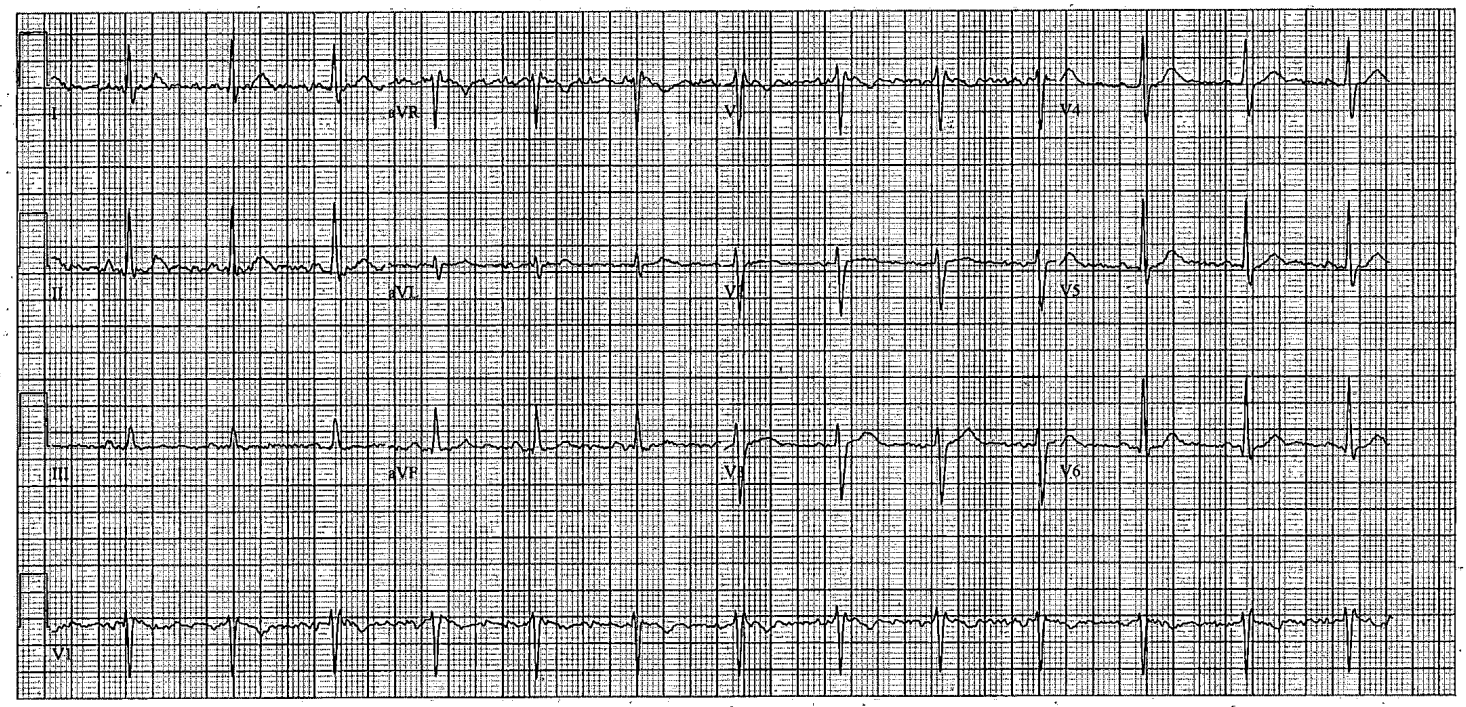
Room:
Loc:813

| | | |
|---|---|---|
| Vent. rate | 79 | BPM |
| PR interval | 142 | ms |
| QRS duration | 90 | ms |
| QT/QTc | 364/417 | ms |
| P-R-T axes | 58 59 | 41 |

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Unconfirmed




25mm/s 10mm/mV 40Hz 9.0.4 12SL 241 CID: 16 SID: 1567312 EID: EDT: ORDER:

O'ROURKE, Alexander ID:0412 97 26-APR-2017 15:05:20 GREATER GLASGOW SITE-VLECG ROUTINE RECORD

04-DEC-1970 (46 yr)
Male Caucasian

Room:
Loc:950

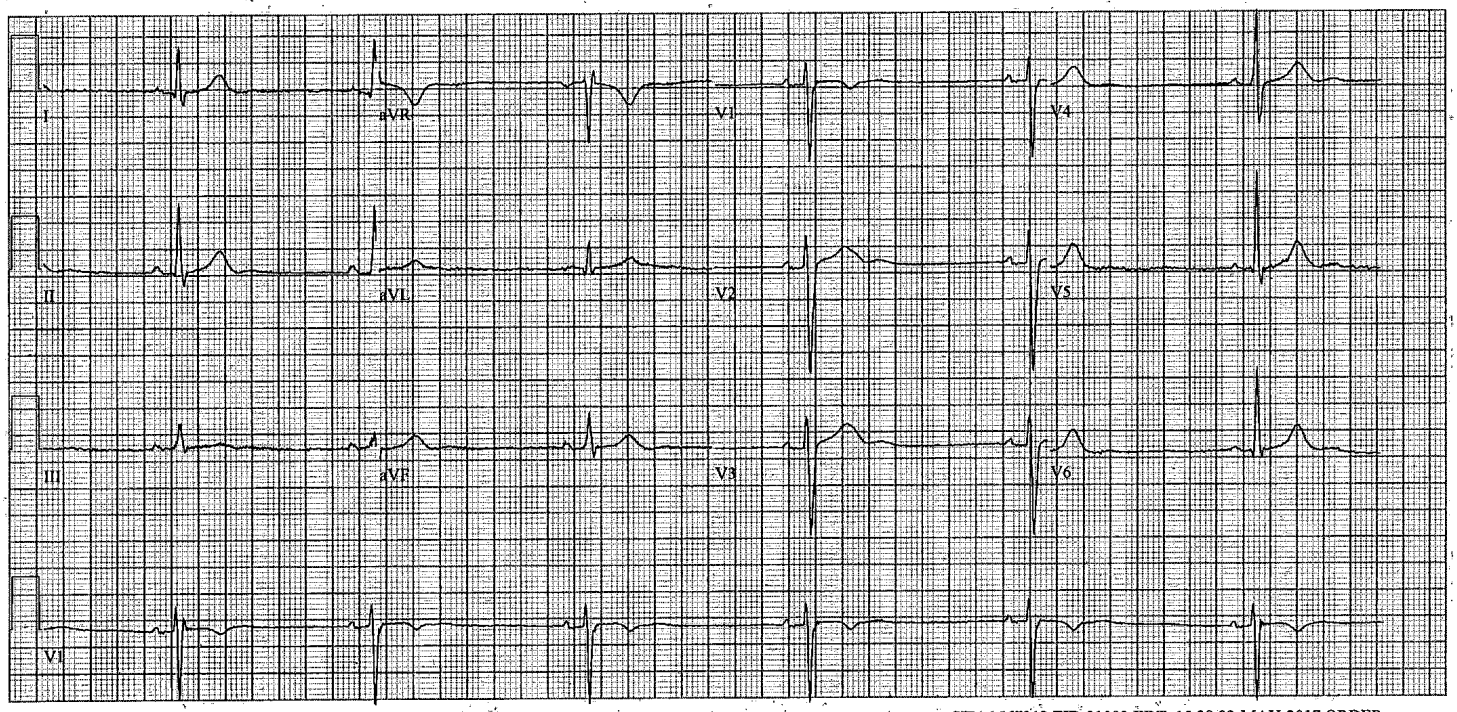
| | | |
|---|---|---|
| Vent. rate | 37 | BPM |
| PR interval | 158 | ms |
| QRS duration | 104 | ms |
| QT/QTc | 478/375 | ms |
| P-R-T axes | 56 39 | 31 |

Marked sinus bradycardia
Abnormal ECG

Technician: 956
Test ind:

Referred by: MAU

UNCONFIRMED ECG REPORT Sys Admin 3




25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 1

SID: 1567312 EID:21003 EDT: 15:38 03-MAY-2017 ORDER:

O'ROURKE, Alexander ID:0412[illegible]97 23-JUN-2016 14:17:40 GREATER GLASGOW SITE-VLPOA ROUTINE RECORD

04-DEC-1970 (45 yr)
Male Caucasian

Room:
Loc:954

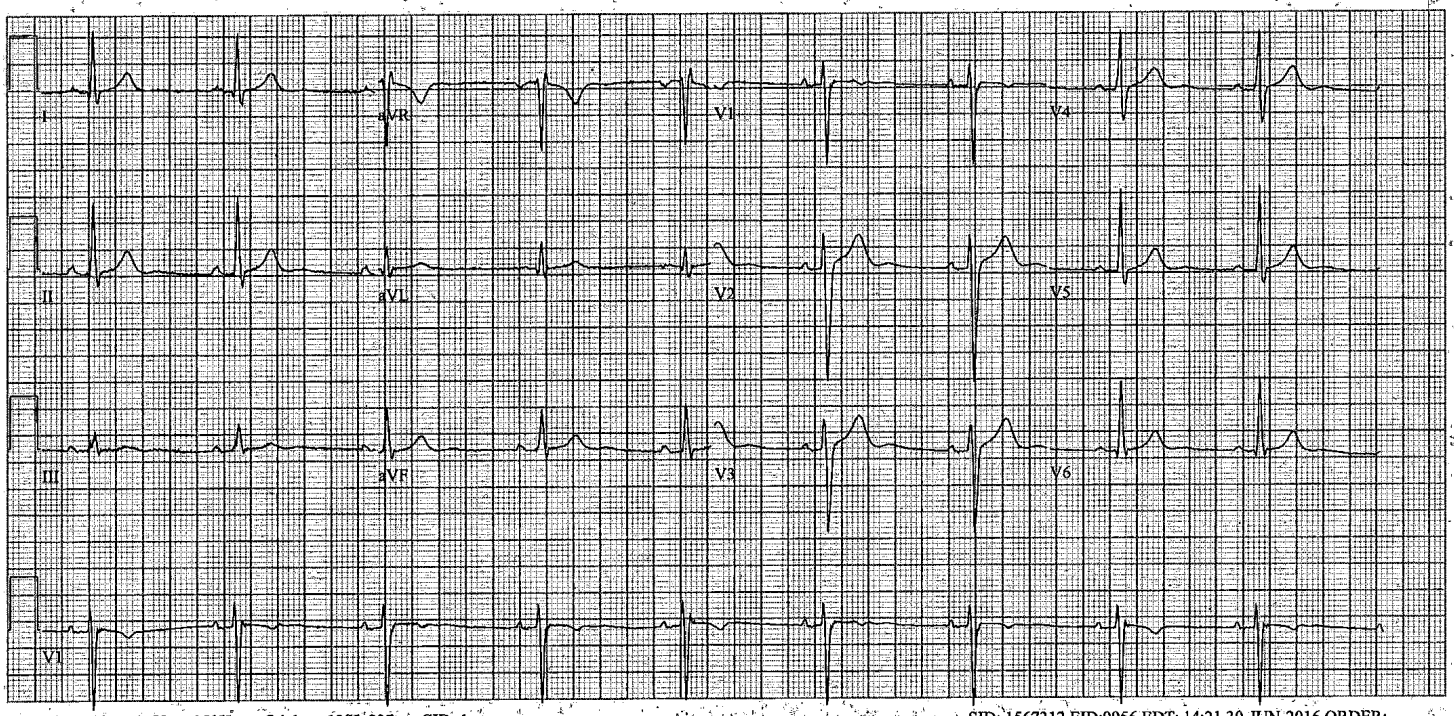
| | | |
|---|---|---|
| Vent. rate | 55 | BPM |
| PR interval | 150 | ms |
| QRS duration | 104 | ms |
| QT/QTc | 410/392 | ms |
| P-R-T axes | 56 43 | 42 |

Sinus bradycardia
Otherwise normal ECG

Technician: 956
Test ind:

Referred by: PRE ASS

UNCONFIRMED ECG REPORT Sys Admin 2




25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 1

SID: 1567312 EID:9956 EDT: 14:21 30-JUN-2016 ORDER:

Male
04/12/1970 (54 Years)

Location: 1304

Vent. rate BPM
PR interval ms
QRS duration 92 ms
QT/QTc-Baz 328/437 ms
P-R-T axes 74 65 55

Sinus tachycardia
Otherwise normal ECG

Acute Receiving Unit 2

COMMENTS
Location:

Swe xray

0412703297 M
O'ROURKE 04/12/1970
Alexander
14C ERSKIN VIEW
CROWN AVE NUE
Clydebank, Dunbartonshire
G81 3AW

I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II

25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz MAC™ 5 1.00 SP05 12SL v24 4 by 2.5s + 1 rhythm Id

O'Rourke, Alexander
Male
04.12.1970 ( 54 Years )

Location: 800

Vent. rate 5 BPM
PR interval 146 ms
QRS duration 96 ms
QT/QTc Baz 324/424 ms
P-R-T axes 71 43 52

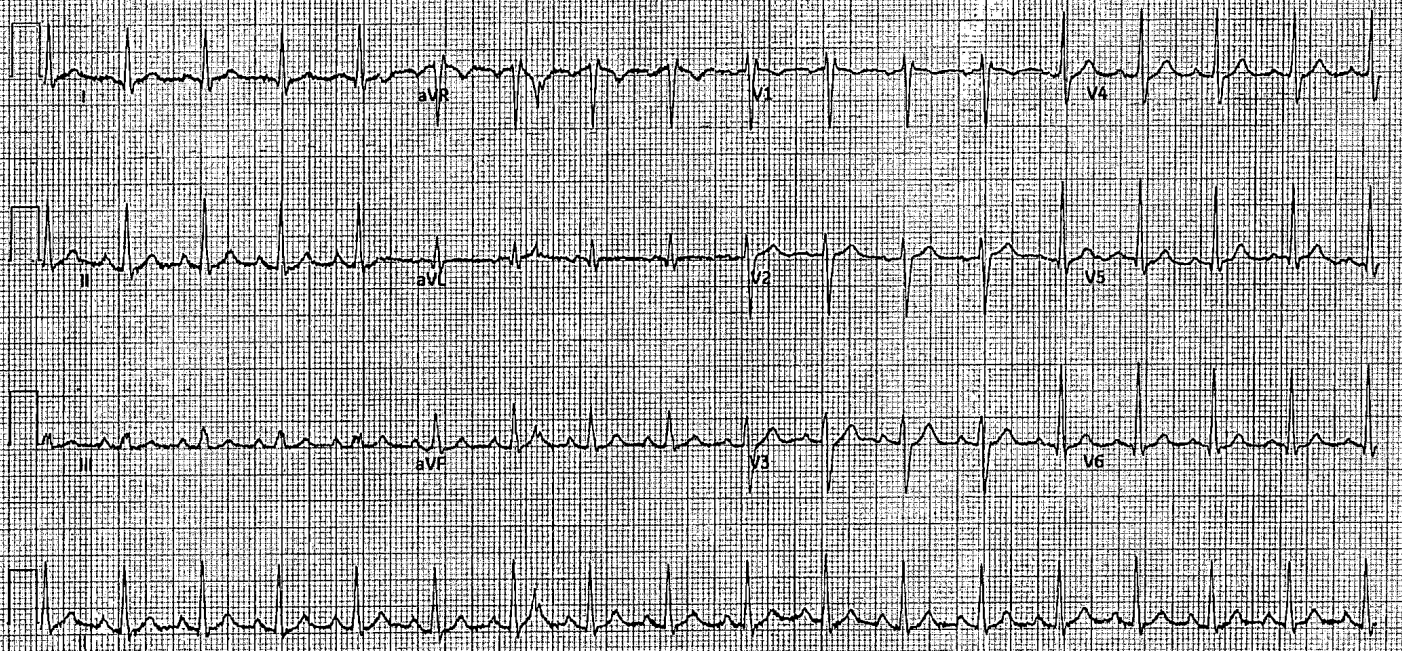
Patient ID: 04127032

Sinus tachycardia
Otherwise normal ECG

✓ 25.01.2025 07:25:35
RAH ED

Location:
Comments:

Unconfirmed




25mm/s 10.0mm/mV 0.56-150 Hz ZP0 50 Hz MAC™ 7 1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm Id

4-Dec-1970
Male Caucasian

Room:
Loc: 813 Opt:

Technician:
Test ind:

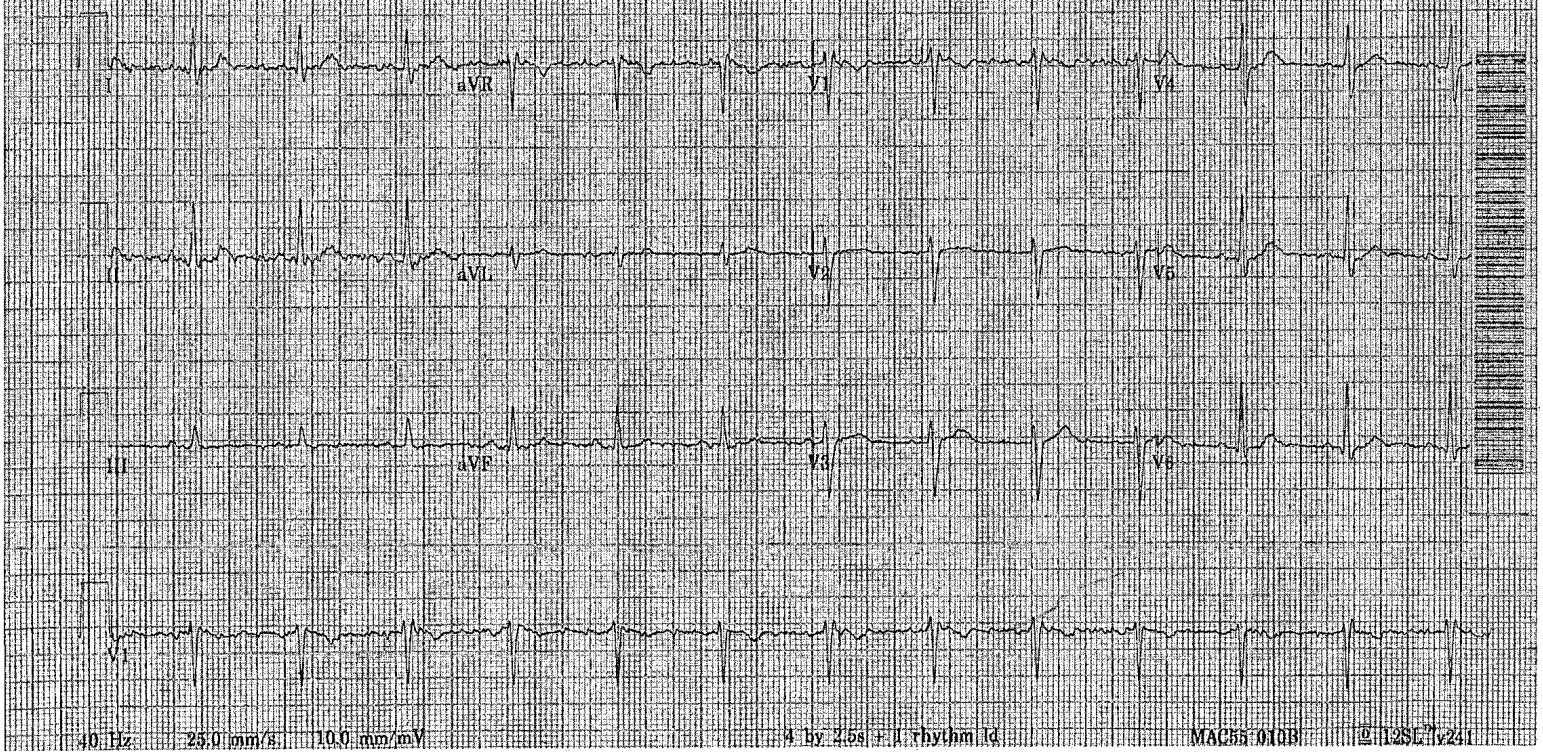
Vent. rate 7[illegible] m
PR interval 14[illegible] ms
QRS duration 90 ms
QT/QTc 364/417 ms
P-R-T axes 88 59 47

Normal sinus rhythm
Normal ECG

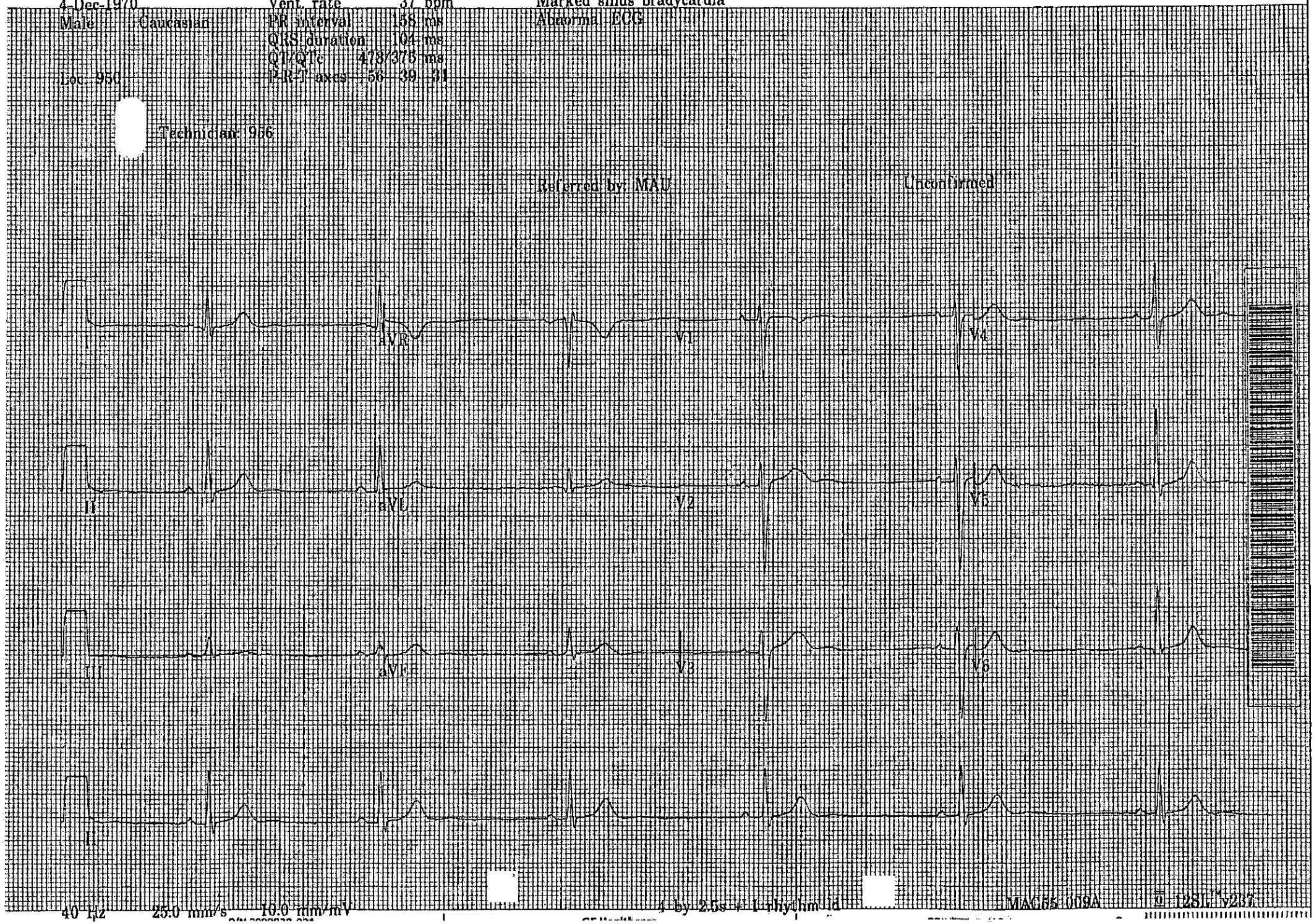
Referred by:

Unconfirmed

0412703297
O'ROURKE M
Alexander 04/12/1970
4D WHITEFORD PLACE
Dumbarton, Dunbartonshire
G82 3J




40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL v241


4-Dec-1970
Male Caucasian
Loc: 950
Technician: 956
Vent. rate 37 bpm
PR interval 158 ms
QRS duration 104 ms
QT/QTc 478/375 ms
P-R-T axes 56 39 31
Marked sinus bradycardia
Abnormal ECG
Referred by: MAU
Unconfirmed
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II
40 Hz
25.0 mm/s
10.0 mm/mV
4 by 2.5s + 1 rhythm Id
MAC85 009A
128L V2.37

# Vale of Leven General Hospital

Alexandria

**Pulmonary Function Report**

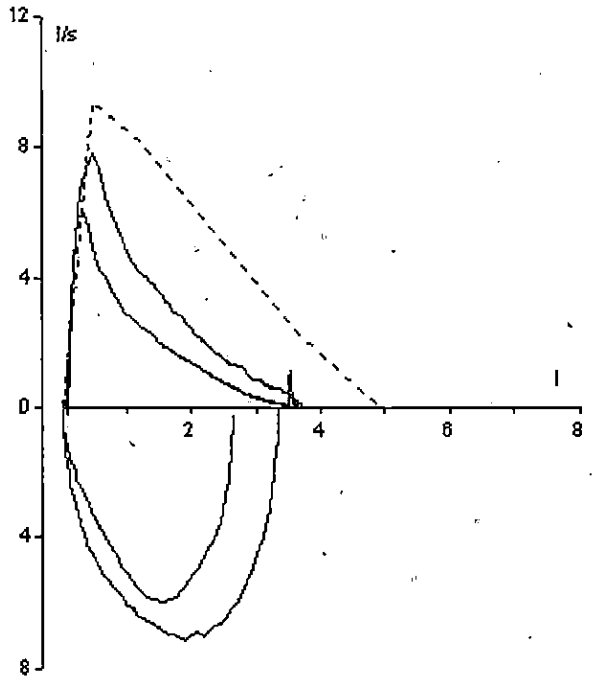
Test Date: 16/09/2014
**Patient Name: Alexander O'Rourke**
Birth Date:04/12/1970 Age:43
Height: 180 cm
BMI: 34.0 kg/m2
Consultant: Levenside Practice
Physiologist: JBJ

Time of Test: 10:34
Hospital Number: 000412703297
Gender: Male
Weight: 110 kg

CHI Number: 0412703297
Department: G.P

## Spirometry

| Parameter | Unit | pred. | pre | %pred. | Nebulised Salbu 2.5mg/m post | %pred. | post%pre |
|---|---|---|---|---|---|---|---|
| FEV1 | l | 4.00 | 2.35 | 59 | 2.90 | 72 | 23 |
| FVCex | l | 4.91 | 3.64 | 74 | 3.69 | 75 | 1 |
| FEV1/FVC | % | | 65 | | 79 | | 22 |
| VC | l | 5.13 | 3.67 | 72 | | | |
| FEV1/VC | % | | 64 | | | | |
| MEF25-75 | l/s | 4.34 | 1.36 | 31 | 2.40 | 55 | 77 |
| PEF | l/min | 561 | 356 | 63 | 471 | 84 | 32 |




**Physiologists Comment:**
Consultant Report

Mild airflow obstruction with significant reversibility

Dr Y Ling, Respiratory Unit, RAH

# MRI Pituitary with contrast

| | | | |
|---|---|---|---|
| Performed | 11-Jan-2021 16:15 | Received | 20-Jan-2021 15:50 |
| Reported | 20-Jan-2021 15:48 | Order Number | C418H36805063 |
| Status | Final | Source System | MiSys |

**MRI Pituitary with contrast** Final
**Alexander O'Rourke**
THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)
Clinical Indications
Monomeric hyperprolactinaemia.? Macroadenoma

**MRI Pituitary with contrast :**

Noncontrast protocol of the brain. Pre and post contrast sagittal and coronal T1 cuts through the sella. No previous imaging.

The pituitary gland is normal in size and shape lying entirely within the sella. Infundibulum is central in position. Post contrast, there is uniform enhancement of the gland without any definite evidence of a microadenoma. No gross abnormality along the hypothalamo- pituitary axis.

Multiple focal areas of T2/FLAIR hyperintensity scattered through the subcortical white matter of bilateral parietal and to lesser degree frontal lobes are nonspecific. The corpus callosum, temporal lobes and posterior fossa are not involved. The appearances and distribution favour small vessel causes, even though the overall pattern is not typical of the usual vascular risk factors. No territorial/cortical infarcts. No findings to suggest demyelinating plaques.
Normal CSF spaces, cranial cervical junction and other midline structures.

Reported by
Dr Ravi Jampana
Consultant Neuro Radiologist
GMC- 4752868
NHS GGC
Email- ravi.jampana@ggc.scot.nhs.uk
Verified on 15/01/2021

**Reported by:** Auto Reporting
**Verified by:** Auto Reporting

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 29-Jul-2020 13:34 | Received | 29-Jul-2020 14:05 |
| Reported | 29-Jul-2020 14:03 | Order Number | C206H36389874 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**

Breathlessness for > 3weeks. Smoker- worried about asbestosis exposure 20years ago. ? Chest pathology

**XR Chest :**
Rotated PA projection. The heart is not enlarged. Mediastinal contours are within normal limits. No evidence of focal active lung disease or overt cardiac decompensation.

**Reported by:** Dr Shiva Koteeswaran
**Verified by:** Dr Shiva Koteeswaran

# XR Foot Rt

| | | | |
|---|---|---|---|
| Performed | 26-Jan-2019 23:15 | Received | 27-Jan-2019 11:16 |
| Reported | 27-Jan-2019 11:14 | Order Number | C418H34710682 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**

2 collapse episodes in 3 days...pain in right foot and left ankle...swollen on both feet, bilateral pedal oedema...?fracture to foot and ankle...?heart failure

**XR Chest :**
AP erect projection. Heart size and mediastinal contours cannot be accurately assessed. No focal collapse or consolidation. No evidence of overt cardiac decompensation. No evidence of acute rib fractures or pneumothorax.

**XR Foot Rt :**
No evidence of fracture or dislocation.

**XR Ankle Lt :**
No fracture is seen.

**Reported by:** Dr Shiva Koteeswaran
**Verified by:** Dr Shiva Koteeswaran

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 26-Jan-2019 23:15 | Received | 27-Jan-2019 11:16 |
| Reported | 27-Jan-2019 11:14 | Order Number | C418H34710681 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**

2 collapse episodes in 3 days...pain in right foot and left ankle...swollen on both feet, bilateral pedal oedema...?fracture to foot and ankle...?heart failure

**XR Chest :**
AP erect projection. Heart size and mediastinal contours cannot be accurately assessed. No focal collapse or consolidation. No evidence of overt cardiac decompensation. No evidence of acute rib fractures or pneumothorax.

**XR Foot Rt :**
No evidence of fracture or dislocation.

**XR Ankle Lt :**
No fracture is seen.

**Reported by:** Dr Shiva Koteeswaran
**Verified by:** Dr Shiva Koteeswaran

# XR Ankle Lt

| | | | |
|---|---|---|---|
| Performed | 26-Jan-2019 23:15 | Received | 27-Jan-2019 11:16 |
| Reported | 27-Jan-2019 11:14 | Order Number | C418H34710683 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**

2 collapse episodes in 3 days...pain in right foot and left ankle...swollen on both feet, bilateral pedal oedema...?fracture to foot and ankle...?heart failure

**XR Chest :**
AP erect projection. Heart size and mediastinal contours cannot be accurately assessed. No focal collapse or consolidation. No evidence of overt cardiac decompensation. No evidence of acute rib fractures or pneumothorax.

**XR Foot Rt :**
No evidence of fracture or dislocation.

**XR Ankle Lt :**
No fracture is seen.

**Reported by:** Dr Shiva Koteeswaran
**Verified by:** Dr Shiva Koteeswaran

# US Abdomen

| | | | |
|---|---|---|---|
| Performed | 03-Oct-2018 11:41 | Received | 03-Oct-2018 13:10 |
| Reported | 03-Oct-2018 13:08 | Order Number | C313H34198391 |
| Status | Final | Source System | MiSys |

**US Abdomen** Final
**Alexander O'Rourke**
**Clinical History :** complaining of 2 months of left sided loin/ abdominal pain. No abdominal swelling.? Renal cause.

**US Abdomen :**
Examination performed and reported by A Gilmour, Sonographer.

The spleen is normal in size at 10.3 cm.
Both kidneys appear normal in size, shape and position.
The right kidney measures 10.1 cm and the left kidney is slightly larger measuring 12.5 cm in bipolar diameter.
There is no evidence of hydronephrosis or obvious calculi in either kidney.
The liver appears normal in size and echo texture, no focal lesions are identified within.
The gallbladder and common duct appear normal, there is no evidence of stones within.
The central abdomen was obscured by overlying bowel gas.

**Reported by:** Audrey Gilmour (Sonographer)
**Verified by:** Audrey Gilmour (Sonographer)

# XR Elbow Lt

| | | | |
|---|---|---|---|
| Performed | 26-Apr-2017 13:43 | Received | 26-Apr-2017 13:55 |
| Reported | 26-Apr-2017 13:53 | Order Number | C206H32582324 |
| Status | Final | Source System | MiSys |

**XR Elbow Lt** Final
**Alexander O'Rourke**
**Clinical History :**

fell on close steps 10 steps about 13 weeks ago. Pain and leakage from olecranon / fracture ? osteomylitis

**XR Elbow Lt :**
No joint effusion present. No bony injury demonstrated. Olecranon bursitis noted. No evidence of bony infection.

Reported by Ruth Easton - reporting radiographer

**Reported by:** Ruth Easton
**Verified by:** Ruth Easton

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 03-Oct-2018 11:41 | Received | 16-Oct-2018 07:58 |
| Reported | 16-Oct-2018 07:56 | Order Number | C313H34217758 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**

**XR Chest :**
The heart is not enlarged. The lungs are clear of active disease. No significant change in appearance allowing for technical differences compared to 11/05/2015. There is no sign of significant pleural calcification.

**Reported by:** Dr Sean Kelly
**Verified by:** Dr Sean Kelly

# CT Abdomen and pelvis with contrast

| | | | |
|---|---|---|---|
| Performed | 14-Dec-2015 10:22 | Received | 14-Dec-2015 11:46 |
| Reported | 14-Dec-2015 11:44 | Order Number | C206H30851586 |
| Status | Final | Source System | MiSys |

**CT Abdomen and pelvis with contrast** Final
**Alexander O'Rourke**
**Clinical History :**

what is the extent of the defect in his abdominal wall?

**CT Abdomen and pelvis with contrast :**
Helical post IV and oral contrast scan. Clear lung bases. Normal upper abdominal solid organs. Probable diverticular disease sigmoid colon (four hyphen four 58). No other abnormality of remaining gut. Underfilled bladder. No bony abnormality. 8 cm (4-175) x 14 cm (sag reformat) divarication of the recti/ hernia between the xiphisternum and umbilicus contains both transverse colon and several loops of undilated small bowel, not present on 09/03/2012. Unchanged small mesenteric fat containing right indirect inguinal hernia.

Conclusion - large wide necked divarication of the recti/hernia extending from just below xiphisternum to the umbilicus.

**Reported by:** Dr Alexander Maclennan
**Verified by:** Dr Alexander Maclennan

# US Abdomen

| | | | |
|---|---|---|---|
| Performed | 30-Jun-2015 16:49 | Received | 02-Jul-2015 16:39 |
| Reported | 02-Jul-2015 16:37 | Order Number | C206H30345566 |
| Status | Final | Source System | MiSys |

**US Abdomen** Final
**Alexander O'Rourke**
**Clinical History :** 1 year vomiting, diarrhoea. Assess liver and pancreas. ?pancreatic insufficiency.

**US Abdomen :**
Technically difficult examination due to overlying bowel gas.

The liver, gallbladder, biliary tree, spleen and both kidneys have normal appearances. Limited views of the aorta and pancreas appear normal.

Dictated by: Donna Meahan
Clinical Specialist II Sonographer
Verified by: Donna Meahan.

Examination performed at Golden Jubilee Hospital.

**Reported by:** Auto Reporting
**Verified by:** Auto Reporting

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 11-May-2015 11:17 | Received | 15-May-2015 09:49 |
| Reported | 15-May-2015 09:47 | Order Number | C206H30240150 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**
Smoker. Cough.

**XR Chest :**
The CTR is 145/336. The heart is not enlarged. Lungs are clear. Imaged bony thorax is normal.

**Reported by:** Dr Allison McCall
**Verified by:** Dr Allison McCall

# XR Orthopantomogram full

| | | | |
|---|---|---|---|
| Performed | 16-Apr-2015 11:13 | Received | 16-Apr-2015 11:25 |
| Reported | 16-Apr-2015 11:25 | Order Number | C206H30161985 |
| Status | Final | Source System | MiSys |

**XR Orthopantomogram full** Final
**Alexander O'Rourke**
Dental film(s) as requested.

**Reported by:** Clara Zwarts (Radiog)
**Verified by:** Clara Zwarts (Radiog)

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 09-Mar-2012 13:57 | Received | 09-Mar-2012 16:47 |
| Reported | 09-Mar-2012 16:25 | Order Number | C418H26708409 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :**
Stab wound to chest.

**XR Chest :**
Rotated portable supine AP film. Poor inspiratory effort.

Heart size and mediastinal contours cannot be accurately assessed. There is some linear atelectasis at the lung bases which may be related to lack of inspiratory effort. No evidence of pneumothorax.

**Reported by:** Dr Shiva Koteeswaran
**Verified by:** Dr Shiva Koteeswaran

# XR Elbow Lt

| | | | |
|---|---|---|---|
| Performed | 09-Mar-2012 02:25 | Received | 12-Mar-2012 13:55 |
| Reported | 12-Mar-2012 13:33 | Order Number | C418H26706032 |
| Status | Final | Source System | MiSys |

**XR Elbow Lt** Final
**Alexander O'Rourke**
**Clinical History :** Multiple stab wounds including two to left elbow.

**XR Elbow Lt :**
There is an intravenous catheter in the antecubital fossa.
I think this is the case of the apparent opacity projected on the AP view over the ulnar head. There is no evidence of bony injury on the lateral view and no joint effusion. No radio-opaque foreign body is identified.

**Reported by:** Dr Sophie Hepple
**Verified by:** Dr Sophie Hepple

# CT Thorax abdomen pelvis with contrast

| | | | |
|---|---|---|---|
| Performed | 09-Mar-2012 00:28 | Received | 12-Mar-2012 12:53 |
| Reported | 12-Mar-2012 12:31 | Order Number | C418H26705989 |
| Status | Final | Source System | MiSys |

**CT Thorax abdomen pelvis with contrast** Final
**Alexander O'Rourke**
**Clinical History :** Multiple stab wounds to chest and epigastrium. ? intra-abdominal or intrathoracic haemorrhage. Initially haemodynamically stable but subsequently became hypotensive.

**CT Thorax abdomen pelvis with contrast :** No central mediastinal or significant vascular injury identified but there is a left pleural effusion, the attenuation values of which, would suggest blood rather than a simple effusion.

There is no evidence of any underlying pneumothorax and appearances would therefore be consistent with a haemothorax rather than a pneumohaemothorax.

No other intrapulmonary lesion or finding or abnormality above the diaphragm.

Within the upper abdomen, related to the left upper anterior abdominal wall there is a 6cm x 5cm anterior abdominal wall haematoma with associated air within the soft tissues and fat consistent with a stab wound to this region.

At the same level within the upper abdomen there is a trace of fluid lying between the left lobe of liver and stomach and proximal duodenum and the distal stomach/proximal duodenum in this region also looks slightly thickened and on CT it is difficult to exclude any gastric or duodenal wall injury or haematoma.

No free air or perforation identified.

Elsewhere in the upper abdomen there is thought to be a trace of fluid around the anterior aspect of the liver superiorly but no other significant finding within the upper abdomen. In particular, no hepatic splenic or renal laceration.

Within pelvis, there is a further small amount of fluid or blood within the dependent pelvis in the pouch of douglas but no other significant finding within the abdominal or pelvic cavity.

Patient is catheterised with the urinary bladder empty. An incidental fat containing right inguinal hernia is noted.

No other significant finding.

Verbal report telephoned to surgical consultant.

**Reported by:** Dr Alan Wallace
**Verified by:** Dr Alan Wallace

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 08-Mar-2012 22:37 | Received | 12-Mar-2012 13:41 |
| Reported | 12-Mar-2012 13:19 | Order Number | C418H26705930 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :** Multiple stabs to chest and abdomen.

**XR Chest :**
Portable AP erect film.
Allowing for projection, the heart heart is not enlarged. The lungs appear clear and fully inflated.

**Reported by:** Dr Sophie Hepple
**Verified by:** Dr Sophie Hepple

# XR Chest

| | | | |
|---|---|---|---|
| Performed | 06-Jun-2010 07:52 | Received | 08-Jun-2010 10:50 |
| Reported | 08-Jun-2010 10:50 | Order Number | C418H21034978 |
| Status | Final | Source System | MiSys |

**XR Chest** Final
**Alexander O'Rourke**
**Clinical History :** Assault.

**XR Chest :**
AP film.
However, the heart size is within normal limits. Lungs clear. There is no rib fracture or pneumothorax. Linear shadow along the lower right lateral chest wall is from soft tissues.

**XR Elbow Lt :**
No bone injury seen.

**Reported by:** Dr Shalini Datta
**Verified by:** Dr Shalini Datta

# XR Lumbar Spine

| | | | |
|---|---|---|---|
| Performed | 21-Mar-2010 11:51 | Received | 23-Mar-2010 12:14 |
| Reported | 23-Mar-2010 12:14 | Order Number | C418H20981229 |
| Status | Final | Source System | MiSys |

**XR Lumbar Spine** Final
**Alexander O'Rourke**
**Clinical History :** High fall. Bruising and swelling through lower back.

**XR Lumbar Spine :** No evidence of fracture or other bony lesion seen. Normal alignment.

**Reported by:** Dr Peter Tsang
**Verified by:** Dr Peter Tsang

# XRAY TYPE

| | | | |
|---|---|---|---|
| Performed | 25-May-2009 00:00 | Received | 26-May-2009 10:16 |
| Reported | 26-May-2009 00:00 | Order Number | 20666852 |
| Status | Final | Source System | MiSys |

**XR Facial Bones** Final

**Alexander O'rourke**

**Clinical History :** ? blunt assault but poor recollection. Tender right zygoma and left supraorbital ridge.

**XR Facial Bones :** Two views. No facial fractures identified. Underlying maxillary sinuses are clear. Frontal sinuses are hypoplastic.

**Reported by:** Dr Alex Maclennan

# XRAY TYPE

| | | | |
|---|---|---|---|
| Performed | 04-May-2009 00:00 | Received | 05-May-2009 11:34 |
| Reported | 05-May-2009 00:00 | Order Number | 20653873 |
| Status | Final | Source System | MiSys |

**XR Thumb Rt** Final

**Alexander O'rourke**

**Clinical History :** Alleged assault 7 weeks ago when someone jumped on right thumb. Deformity at thumb MCP joint and tender proximal phalanx.

**XR Thumb Rt :** The appearances suggest that there is a small chip fracture from the base of the distal phalanx of the thumb as indicated by the radiographer. I suspect this would have been an intra-articular injury at the time but, given the time from injury, it is partially healed with a normal articular contour. Obviously, it may have involved one of the collateral ligaments.

**Reported by:** Dr Alex Maclennan

# XRAY TYPE

| | | | |
|---|---|---|---|
| Performed | 24-Feb-2009 00:00 | Received | 25-Feb-2009 13:27 |
| Reported | 25-Feb-2009 00:00 | Order Number | 20612811 |
| Status | Final | Source System | MiSys |

**XR Chest** Final

**Alexander O'rourke**

**Clinical History :** Stabbed in August 2008. Had pneumothorax and chest drain. Continuing problems with cough SOB on exertion.

**XR Chest :** No abnormality of heart, lungs or mediastinum. In particular, there is no evidence of pneumothorax.

**Reported by:** Dr Marzi Davies

## MANUAL PATIENT RECORDS

(90)

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

**Including:**

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

MEDICAL IN CONFIDENCE

# ADMISSION FORM V3

MEDICAL RECORD

| HOSPITAL CODE | HOSPITAL NAME | | | | | | CASE RECORD NUMBER | |
|---|---|---|---|---|---|---|---|---|
| C418H | ROYAL ALEXANDRA HOSPITAL | | | | | | RAH-165288 | |
| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAY CASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
| 13/09/08 | 700:5 | 1 36 | 10 | 10 PRNAD | IP | | 3 | 3 NHS |
| WARD | S.FACILITY | SPECIALITY | | CONSULTANT | | | FROM LOCATION | W.G.E. |
| ~~HIGH DEPENDANCY1H~~ 24 | | GENERAL SURGERY | | MR E ELTAHIR | | | | |

| TITLE SURNAME | FORENAME (1) | (2) | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|
| O'ROURKE | ALEXANDER | | 37 | 04/12/1970 | M | S |

ADDRESS
64 DALSKEITH ROAD
PAISLEY

POSTCODE PA1 2XP TELEPHONE No.

HEALTH BOARD OF RESIDENCE Argyll and Clyde

ALT./PREV. SURNAME

OCCUPATION

C.H.I. NUMBER 0412703297

OCCUPATION (HUSBAND/FATHER)

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

| NAME | | | | ADDRESS | |
|---|---|---|---|---|---|
| G.P. CODE | HAMILTON<br>1330582 | PRACTICE | IJD<br>87574\|1 | | ST JAMES MEDICAL CENTRE<br>19 ST JAMES STREET PAISLEY |
| CONTRACT No. | SCC01 | FH STATUS | N | TEL No. 0141-889-5505 | POSTCODE PA3 2HQ |

| NAME | | | | ADDRESS | |
|---|---|---|---|---|---|
| DE | HAMILTON<br>1330582 | PRACTICE | IJD<br>87574\|1 | | ST JAMES MEDICAL CENTRE<br>19 ST JAMES STREET PAISLEY |
| CONTRACT No. | SCC01 | FH STATUS | N | TEL No. 0141-889-5505 | POSTCODE PA3 2HQ |

| NAME | ADDRESS |
|---|---|
| RELATIONSHIP | DAY PHONE No. / NIGHT PHONE No. |
| RELIGION | VISIT REQ. BY CHAPLAIN YES/NO / PENSION BOOK No. |

## DISCHARGE SUMMARY

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALITY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| DISCH./TRANF. TO | READY FOR DISCH. | HOSPITAL: NAME | CODE | WARD | SPECIALITY | CONSULTANT CODE |

| | | SPECIAL WARNINGS |
|---|---|---|
| MAIN DIAGNOSIS | | |
| OTHER CONDITIONS (D.G.2.) | | |
| (D.G.3.) | | |
| (D.G.4.) | | |
| (D.G.5.) | | |
| (D.G.6.) | | |

| | CODE | DATE |
|---|---|---|
| MAIN OPERATION | | |
| OTHER OPERATION (O.P.2) | | |
| (O.P.3) | | |
| (O.P.4) | | |

| LOCAL USE | | | NATIONAL USE | |
|---|---|---|---|---|

STY0447D

APPOINTMENT REQD? Y/N

CLINIC _____

CONSULTANT _____

NO. OF WEEKS/MONTHS _____

MEDICAL IN CONFIDENCE

# ADMISSION FORM V3

MEDICAL RECORD

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| C418H | ROYAL ALEXANDRA HOSPITAL | RAH-165288 |

| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAY CASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
|---|---|---|---|---|---|---|---|---|
| 02/09/08 | ~10:36 | 36 | 10 | 10 PRNAD | IP | | | 8 3 NHS |

| WARD | S.FACILITY | SPECIALITY | CONSULTANT | FROM LOCATION | W.G.E. |
|---|---|---|---|---|---|
| WARD 24 | 11 | GENERAL SURGERY | MR C PORTEOUS | | |

| TITLE SURNAME | FORENAME (1) | (2) | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|
| O'ROURKE | ALEXANDER | | 37 | 04/12/1970 | M | S |

ADDRESS
64 DALSKEITH ROAD
PAISLEY

POSTCODE PA1 2XP TELEPHONE No.

HEALTH BOARD OF RESIDENCE Argyll and Clyde.

ALT./PREV. SURNAME

OCCUPATION

C.H.I. NUMBER 0412703297

OCCUPATION (HUSBAND/FATHER)

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

| NAME | G.P. CODE | PRACTICE | CONTRACT No. | FH STATUS | ADDRESS | TEL No. | POSTCODE |
|---|---|---|---|---|---|---|---|
| HAMILTON IJD | 1330582 | 87574\|1 | SCC01 | N | ST JAMES MEDICAL CENTRE 19 ST JAMES STREET PAISLEY | 0141-889-5505 | PA3 2HQ |

| NAME | DE | PRACTICE | CONTRACT No. | FH STATUS | ADDRESS | TEL No. | POSTCODE |
|---|---|---|---|---|---|---|---|
| HAMILTON IJD | 1330582 | 87574\|1 | SCC01 | N | ST JAMES MEDICAL CENTRE 19 ST JAMES STREET PAISLEY | 0141-889-5505 | PA3 2HQ |

| NAME | RELATIONSHIP | ADDRESS | DAY PHONE No. | NIGHT PHONE No. |
|---|---|---|---|---|
| | | | | |

| RELIGION | VISIT REQ. BY CHAPLAIN YES/NO | PENSION BOOK No. |
|---|---|---|
| | | |

## DISCHARGE SUMMARY

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALITY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 7.9.08 | 18.00 | | | | | |

| DISCH./TRANF. TO | READY FOR DISCH. | HOSPITAL: NAME | CODE | WARD | SPECIALITY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| Home | | | | | | |

| MAIN DIAGNOSIS | SPECIAL WARNINGS |
|---|---|
| OTHER CONDITIONS (D.G.2.) | |
| (D.G.3.) | |
| (D.G.4.) | |
| (D.G.5.) | |
| (D.G.6.) | |

| | CODE | DATE |
|---|---|---|
| MAIN OPERATION | | |
| OTHER OPERATION (O.P.2) | | |
| (O.P.3) | | |
| (O.P.4) | | |

| LOCAL USE | | | NATIONAL USE | |
|---|---|---|---|---|
| | | | | |

STY0447D

APPOINTMENT REQD? Y/N

CLINIC _____

CONSULTANT _____

NO. OF WEEKS/MONTHS _____

MEDICAL IN CONFIDENCE

# ADMISSION FORM V3

MEDICAL RECORD

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| C418H | ROYAL ALEXANDRA HOSPITAL | RAH-165288 |

| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAYCASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
|---|---|---|---|---|---|---|---|---|
| 21/09/02 | 07:15 | 3 | 5 | 10 10 PRN | AD IP | | | 8 3 NHS |

| WARD | S. FACILITY | SPECIALTY | CONSULTANT | FROM LOCATION | W.G.E. |
|---|---|---|---|---|---|
| WARD 14 | 1 | GENERAL MEDICINE | DR A DORWARD | | |

TITLE SURNAME: O'ROURKE FORENAME(1): ALEXANDER (2): AGE: 31 DATE OF BIRTH: 04/12/1970 SEX: MARITAL STATUS:

ADDRESS: 45B DARKWOOD CRESC
PAISLEY

POSTCODE: PA3 1JR
TELEPHONE No.:
HEALTH BOARD OF RESIDENCE: Argyll and Clyde

ALT./PREV. SURNAME:
OCCUPATION:
C.H.I. NUMBER: 0412703297
OCCUPATION (HUSBAND/FATHER):
HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

**G. P.**

NAME: [illegible] JR
G.P. CODE: 4319391
CONTRACT No.: SCC01
PRACTICE: 87490
FH STATUS: N
ADDRESS: 15 KING STREET
PAISLEY
TEL No.: 0141-889-3144
POSTCODE: PA1 2PS

NAME: HAMILTON
P. CODE: 1330582
CONTRACT No.: SCC01
PRACTICE: 87574
FH STATUS: N
ADDRESS: ST JAMES MEDICAL CENTRE
19 ST JAMES STREET PAISLEY
TEL No.: 0141-889-5505
POSTCODE: PA3 2HQ

**KT**

NAME:
RELATIONSHIP:
ADDRESS:
DAY PHONE No.:
NIGHT PHONE No.:

**C.**

RELIGION:
VISIT REQ. BY CHAPLAIN YES/NO:
PENSION BOOK No.:

## ission

AGNOSIS

| CONDITIONS (D.G.2) | SPECIAL WARNINGS |
|---|---|
| CONDITIONS (D.G.3) | |

04

ATUS

SMR50

| PREVIOUS PSYCH. CARE | CONTRIBUTORY SOCIAL FACTOR |
|---|---|

## DISCHARGE SUMMARY

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALTY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 21.9.02 | | | | | | |
| DISCH./TRANSF. TO: home | READY FOR DISCH. | HOSPITAL: NAME | CODE | WARD | SPECIALTY | CONSULTANT CODE: AD |
| SMR04 | TYPE OF CARE PROVIDED | | ECT - 1st TREATMENT DATE | | ECT - NUMBER OF TREATMENTS | |

| MAIN DIAGNOSIS | SPECIAL WARNINGS |
|---|---|
| OTHER CONDITIONS (D.G.2) | |
| (D.G.3) | |
| (D.G.4) | |
| (D.G.5) | |
| (D.G.6) | |

| | CODE | DATE |
|---|---|---|
| MAIN OPERATION | | |
| OTHER OPERATIONS (O.P.2) | | |
| (O.P.3) | | |
| (O.P.4) | | |

# ADMISSION FORM V3

MEDICAL IN CONFIDENCE

MEDICAL RECORD

## ROYAL ALEXANDRA HOSPITAL N.H.S. TRUST

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| C418H | ROYAL ALEXANDRA HOSPITAL | RAH-165288 |

| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAYCASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
|---|---|---|---|---|---|---|---|---|
| 10/05/98 | 17:00 | TS | 10 | TS | IP | | 8 | 3 NHS |

| WARD | S. FACILITY | SPECIALTY | CONSULTANT | FROM LOCATION | W.G.E. |
|---|---|---|---|---|---|
| WARD 24 | 11 | ORTHOPAEDICS | MR I CARTLIDGE | | |

TITLE SURNAME: O'ROURKE FORENAME (1): ALEXANDER (2): AGE: 27 DATE OF BIRTH: 04/12/1970 SEX: M MARITAL STATUS: S

ADDRESS: 45B DARKWOOD CRESC
PAISLEY

POSTCODE: PA3 1JR TELEPHONE No.:

HEALTH BOARD OF RESIDENCE: Argyll and Clyde

ALT./PREV. SURNAME:

OCCUPATION:

C.H.I. NUMBER: 0412703297

OCCUPATION (HUSBAND/FATHER):

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

| | |
|---|---|
| NAME: KIRKWOOD | ADDRESS: THE SURGERY<br>15 KING STREET PAISLEY |
| G.P. CODE: P3489 PRACTICE: 87490\|1 | TEL No.: 889 3144 POSTCODE: PA1 2PS |
| CONTRACT No.: SCC01 FH STATUS: N | |

| | |
|---|---|
| NAME: HAMILTON J | ADDRESS: 19 ST JAMES STREET<br>PAISLEY |
| G.P. CODE: C3681 PRACTICE: 87574\|1 | TEL No.: 889 5505 POSTCODE: PA3 2HQ |
| CONTRACT No.: SCC01 FH STATUS: N | |

| | |
|---|---|
| NAME: NOT KNOWN | ADDRESS: |
| RELATIONSHIP: | DAY PHONE No.: NIGHT PHONE No.: |

| | |
|---|---|
| RELIGION: Not Known | VISIT REQ. BY CHAPLAIN YES/NO: PENSION BOOK No.: |

### mission

| DIAGNOSIS | SPECIAL WARNINGS |
|---|---|
| ER CONDITIONS (D.G.2) | |
| ER CONDITIONS (D.G.3) | |

R04 SMR50

| STATUS | PREVIOUS PSYCH. CARE | CONTRIBUTORY SOCIAL FACTOR |
|---|---|---|

## DISCHARGE SUMMARY

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALTY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 11/5/98 | | Home | | | | |
| **DISCH./TRANSF. TO** | **READY FOR DISCH.** | **HOSPITAL: NAME** | **CODE** | **WARD** | **SPECIALTY** | **CONSULTANT CODE** |
| SMR04 | TYPE OF CARE PROVIDED | | ECT - 1st TREATMENT DATE | | ECT - NUMBER OF TREATMENTS | |

| MAIN DIAGNOSIS: PAIN (R) HIP & LUMBAR SPINE | SPECIAL WARNINGS |
|---|---|
| OTHER CONDITIONS (D.G.2) | |
| (D.G.3) | |
| (D.G.4) | |
| (D.G.5) | |
| (D.G.6) | |

| | CODE | DATE |
|---|---|---|
| MAIN OPERATION | | |
| OTHER OPERATION (O.P.2) | | |
| (O.P.3) | | |
| (O.P.4) | | |

LOCAL 11/05/98 12:43 NATIONAL

02 2002

# GYLL & CLYDE ACUTE NHS TRUST
## AL ALEXANDRA HOSPITAL ACCIDENT & EMERGENCY DEPARTMENT

ebar Road, PAISLEY 887 9111

5

041098/02
Name: O'ROURKE ALEXANDER
Address: 118 FERGUSLIE MAIN ROAD
PAISLEY
PA1 2XP
Post Co: 04/12/1970 MALE
Tel. No.:

041098/02
A&
Typ: 21/09/02
Inci: OTHER
Con: OTHER
EXAM

ARR. 03:19
REG. 03:19
INCIDT.DATE
21/09/02
INCIDT.TIME

Date of Birt: 04/12/1970 31
M/S/W: MARRIED
Occupation:
School:

Age: WIFE
Reli: S/A
Nati:
N.O.K.:

Name:
Practi: DR. IP
15 KING STREET
PAISLEY
el. N: PA1 2PS

SELF REFERRAL
WALKING/OTHER
NO
NO
YOUNG

Triage | Triage Time: | Category:

**BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT**

Dear Doctor IP Date 22/9/02

This patient attended Accident & Emergency Department today.

Diagnosis: .....

.....

...AY Film / ECG shows: .....

.....

...tment given: .....

.....

**DRUGS**

..... days supply of ..... has been given

TT Booster ..... HATI ..... (please tick)

Tetanus Prophylaxis has / has not been administered.

041098/02
O'ROURKE ALEXANDER
118 FERGUSLIE MAIN ROAD
PAISLEY

04/12/1970 MALE

Would you please arrange:

.....

.....

.....

.....

.....

.....

**DISPOSAL** (please tick)

| | | | | | |
|---|---|---|---|---|---|
| G.P. | ☐ | Admit Ward No. | ☐ | Died in Dept. | ☐ |
| No Follow up | ☐ | Transfer to Other Hospital | ☐ | D.O.A. | ☐ |
| Return to A & E Clinic | ☐ | Fracture Clinic | ☐ | Irregular Discharge | ☐ |
| Return to A & E Clinic (if necessary) | ☐ | Other Clinic | ☐ | Did not Wait | ☐ |

**Medical Officer's Name** (in BLOCK CAPITALS) DR LISA GOUFFIN

CODE

**Signature of Medical Officer**

Consultant - St. Grade - Registrar - SHO - Clinical Asst. (please circle)

Date & Time

22/9/02

0540

Clinical Notes (cont'd)

31 year old ♂.

PC - Left sided Pleuritic Chest Pain. x ~ 5/7.

- Long Hx of Cough x weeks
- Difficult To quantify duration / Times.
- Initially started with coughing up purulent Sputum.
- Now Sputum is "Pure Black" x 3 Weeks.
- Dirty Black Colour
- 3/7 ago Noticed 1 grinade of Blood Stained Sputum. No frank Blood. Flecks of Red Blood IN Sputum.
- ++ SOB.
- Denies SOB on Stairs But C/O Lever dyspnoea on Exertion eg running for a bus.
- Also. Wheezy +++ x Weeks
- Generally Avoids Doctors. → Came Tonight because pain was severe Left Sided / mammary area Read To Back ⊕ Pleuritic. No analgesia Taken.

OF Note * Patient is a Heroin addict x years (~6?) *
Smokes Heroin x 18/12.
Denies IVDA.
Smokes Heroin Every day
also 6 rollies (Tobacco / day)

Each entry must be signed

Date & Time

## Clinical Notes (cont'd)

02 2002

⊕ Cig smoking x 20 yrs.
married.
2 yo daughter
Unemployed.

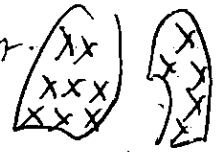
Meds: None → 01.10 "Jugular Abscess" → op. Surg Hx

Inpt

Bx → CXR ✓ Sputum/Resp - as above.
GST NAD.

O/E: Thin. HR 58 BP 120/70 Sats 100% RA.
T 35.6

H+N: ↑JVP ○ Cervical or Axillary Nodes
CVS: NS dual ○ Tachy.

Chest:  Widespread Loud Wheeze Throughout
Clear To Percussion
BE ↓ BL. RT = LT

Abdo Soft

Impr: 31 yo Heroin Smoker. w Cough x 1/12 + Haemoptysis. → Needs Investigation.

DDX - LRTI
- TB.
- ? malignancy.
- Abscess / Cavity / Fungal Infection
- ?? PE.

Plan:
- Bloods FBC/UFE ✓
- Combivent Stat ✓
- CXR ✓ → Lungs Clear
- ECG
- Repeat medical ✓
- Analgesia

Each entry must be signed

| Date | Medicine & Dose | Time of Administration | Doctor's Signature | Given by - Signature |
|---|---|---|---|---|
| 22/9/02 | Ventolin ~~500 mcg~~ 5mg | Stat | Ly | |
| 22/9/02 | Atrovent 500 mcg | Stat | Ly | |
| | | | | |
| 22/9/02 | Cocodamol II | po Stat | Ly | |

**DECLARATION**

*Against the advice of the Medical Officer responsible for my care, I have decided NOT to accept / continue the treatment offered. I have been advised by Doctor that my refusal may prejudice my improvement or recovery.*

My reason for refusal is: .....

.....

Date: ..... Signed: .....

Witnessed by: ..... Medical Officer: .....

ROYAL ALEXANDRA HOSPITAL

# ACCIDENT / EMERGENCY NURSING RECORD

Alex O'rourke.

| | |
|---|---|
| TRIAGE | DATE: 21/9/02 TIME: 3.15am. |
| FLOWCHART | |
| DISCRIMINATOR | |
| CATEGORY | |
| NURSE | D Anderson |
| E.N.P. CRITERIA | YES/NO |

HISTORY OF PRESENTATION/IMMEDIATE TREATMENT Self Referral to A+E c/o L) sided central chest pain / pleritic - pain on expiration, wheezy

D Anderson

06.00 - Salbutamol 5mg, atrovent 500mcg via nebuliser.

SN Ethosie.

0640 Refered to physicians. [illegible]

| PAIN SCORE: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

| ANALGESIA | DOSE | ROUTE | SIGNATURE | TIME 24HR CLOCK | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

| Signature | Time | BP | Pulse | Temp | Resp | SAT $O_2$ | PEFR | BM | Urinalysis |
|---|---|---|---|---|---|---|---|---|---|
| D Anderson | : hrs | 142/80 | 86 | 34.5 | | 100% | | | |
| CH | 06.00 hrs | 120/70 | 55 | 35.6°C | | 100% | | | |
| | : hrs | | | | | | | | H.C.G |
| | : hrs | | | | | | | | |
| | : hrs | | | | | | | | Visual Acuity |
| | : hrs | | | | | | | | R / L |
| | : hrs | | | | | | | | |

| NEXT OF KIN INFORMED: YES/NO | TIME: : HRS | IN ATTENDANCE: YES/NO |
|---|---|---|
| NAME & STATUS OF ACCOMPANYING ADULT | | |

# ROYAL ALEXANDRA HOSPITAL

## OBSERVATION CHART

lame

ecord No.

**Date**

**Time**

| | | |
|---|---|---|
| Eyes open | Spontaneously | |
| | To speech | |
| | To pain | |
| | None | |
| Best verbal response | Orientated | |
| | Confused | |
| | Inappropriate words | |
| | Incomprehensible sounds | |
| | None | |
| Best motor response | Obey commands | |
| | Localise pain | |
| | Flexion to pain | |
| | Extension to pain | |
| | None | |

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

| Pupil scale (mm) | Blood pressure and pulse rate | Temperature °C |
|---|---|---|
| 1 | 240 | |
| 2 | 230 | |
| 3 | 220 | 40 |
| 4 | 210 | 39 |
| 5 | 200 | 38 |
| 6 | 190 | 37 |
| 7 | 180 | 36 |
| 8 | 170 | 35 |
| | 160 | 34 |
| | 150 | 33 |
| | 140 | 32 |
| | 130 | 31 |
| | 120 | 30 |
| | 110 | |
| | 100 | |
| | 90 | |
| | 80 | |
| | 70 | |
| | 60 | |
| | 50 | |
| | 40 | |
| | 30 | |
| Respiration | 20 | |
| | 10 | |

| | | |
|---|---|---|
| Pupils | right | Size |
| | | Reaction |
| | left | Size |
| | | Reaction |

+ reacts
— no reaction
c. eye closed

| | | |
|---|---|---|
| LIMB MOVEMENTS | ARMS | Normal power |
| | | Mild weakness |
| | | Severe weakness |
| | | Spastic flexion |
| | | Extension |
| | | No response |
| | LEGS | Normal power |
| | | Mild weakness |
| | | Severe weakness |
| | | Extension |
| | | No response |

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

NAME Alexande O'rourke

UNIT NUMBER

# CLINICAL NOTES CONT'D

DATE

21/9/12
7am

A + E referral chest pain

HPC: 7/7 ago - gradual onset of constant, sharp & substernal pain. Made worse by deep inspiration & coughing. Also pain around back on expiration. Became more tight.
3/52 hx of cough. Recently green/grey sputum
6/12 constant wheeze
"
Has been vomiting every day for last year. Yesterday vomited small amount of black vomit with some flecks of fresh red blood in it.

PMH: Jaundice aged at 4 years old
Heroin smoker for 6 years

DH nil

SH: 6 cigs / day
£10 bag of heroin / day
x alcohol
Married with 2½ y/o daughter
Unemployed 4 years

FH Mother - asthma 35 y/o

SE: CVS nil
GI nil
GU nil

OE P - 55 reg
BP - 120/70
T - 35.1
S - 100% on RA

CVS HS 1 + 11 +0
JVP ⇔
No ankle oedema

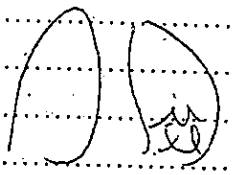
O'JACCL

A4B0018 JMcC/990207

# CLINICAL NOTES CONT'D

DATE

RS Trachea central
resp @ base
At R = L = @
Ppn R = L = @
Wheeze throughout



CI OSH scans
SN7
DS ✓

CXR - NAD
ECG - NSSTA

Imp: Asthma
Chest infection ?? PE

Plan Antibiotics
Nebs just now tho ✓
PEFR (> 400)
Respiratory visit to RIV for
Ventolin

ML - MARC 04/M
SITO 9935

21/9/08

31 yr old emphysema
Heroin + cannabis smoker
c CAP noted to cultured gram
on resp for weeks
Weaning for D/C
home tonight.
D/O Hospitalism

NAME

# CLINICAL NOTES CONT'D

UNIT NUMBER

| DATE | |
|---|---|
| | O/E Tum |
| | Allergy |
| | no bacterial tenderness |
| | CXR nil |
| | PFR no PFR ↓ wait. |
| | ECG |
| 21/9/11 | Cough + splitting chest ↑ - smoking |
| ← | Added Bactrim (DS) / Mucinex |
| | Apples |
| | Water |
| | R |

# CLINICAL NOTES CONT'D

| DATE | |
|---|---|
| 14/10/02 | |

| SURNAME | CHRISTIAN NAMES | UNIT NUMBER |
|---|---|---|

ADDRESS **ORTHOPAEDIC DEPARTMENT**

OUT-PATIENT
**FRACTURE CLINIC**
**R.A.H.**

CONSULTANT

| AGE | DATE OF BIRTH | OCCUPATION |
|---|---|---|


**CONSULTANT** **GILLIES AVISON**
**E-MAIL** **GILLIES.AVISON@RAH.SCOT.NHS.UK**
**STAFF ORTHO. SURGEON** **M. H. DURRANI**

GENERAL PRACTITIONER & ADDRESS

**DIRECT LINE** **0141 580 4500**
**FAX NO** **0141 580 4898**
**SECRETARY** **MRS J. WATSON**
**E-MAIL** **JANET.WATSON@RAH.SCOT.NHS.UK**


**Ref: GA/JW/165288**

**Date: 4 November 2002**
**Clinic: 4 November 2002**

Dr Ip
15 King Street
PAISLEY

Dear Dr Ip

Alexander O'Rourke DOB 04.12.70
118 Fergusiie Main Road PAISLEY

Diagnosis Comminuted fracture distal phalanx right big toe
Olecranon bursitis right elbow

This 31-year-old chap was moving a concrete step at this mother's house when the step fell on his great toe. He has undisplaced but comminuted fracture of his big toe. The toe is very swollen and bruised but he is managing to mobilise in a below knee backslab with a toe extension. I think he should continue with below knee walking cast and we will see him back in 2 weeks. I have told him to return sooner if the pain increases or there are any signs of infection.

Yours sincerely

**Gillies Avison** ***FRCS (Orth)***
**Consultant Orthopaedic Surgeon**

163288

RM 84

**02** **YLL & CLYDE ACUTE NHS TRUST**
**2002** **AL ALEXANDRA HOSPITAL ACCIDENT & EMERGENCY DEPARTMENT**
**ebar Road, PAISLEY PA2 9PN** **Telephone No: 0141 887 9111**

047544/02
O'ROURKE ALEXANDER
118 FERGUSLIE MAIN RD
PAISLEY

NONE
04/12/1970 MALE

A & E No.
047544/02 ARR. 08:04
REG. 08:04

03/11/02
OTHER

INCIDT.DATE
02/11/02
INCIDT.TIME

INJURY
RT FOOT

Next of Kin

04/12/1970 31

MARRIED

NOT STATED

N.O.K.:

DR. IP
Pra15 KING STREET
PAISLEY
PA1 2PS
Tel

Referred by:
SELF REFERRAL

WALKING/OTHER

NO MCNAUGHTON
NO

Triage Nurse: Triage Time:

**TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT**

Dear Doctor IP Date 3/11/02

This patient attended Accident & Emergency Department today.

Diagnosis: ① broken (R) big toe
② traumatic decrease bursitis (R)

X-RAY Film / ECG shows:
comminuted # terminal phalanx

Treatment given: hooded cast + analgesia
NSAID + sling

Patient Details:
ATTACH LABEL

Would you please arrange:
to prescribe ibuprofen
for bursitis.
Thankyou

**DRUGS**

3 days supply of cocodamol/brufen has been given

TT Booster .....HATI .....(please tick)

Tetanus Prophylaxis has / has not been administered.

**DISPOSAL** (please tick)

| | | | | | |
|---|---|---|---|---|---|
| G.P. | ☑ | Admit Ward No. | ☐ | Died in Dept. | ☐ |
| No Follow up | ☐ | Transfer to Other Hospital | ☐ | D.O.A. | ☐ |
| Return to A & E Clinic | ☐ | Fracture Clinic | ☐ | Irregular Discharge | ☐ |
| Return to A & E Clinic (if necessary) | ☐ | Other Clinic | ☐ | Did not Wait | ☐ |

**Medical Officer's Name** (in BLOCK CAPITALS)
HBRYDEN
Consultant - St. Grade - Registrar - (SHO) - Clinical Asst. (please circle)

CODE 125

**Signature of Medical Officer**
HBryden

| Observations | Time | BP | P | T | R | SAT 02 |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| Alcometer | PEFR | BM | HCG | Urinalysis | | |
| | | | | | | |

Nursing Notes:

0825: Patient dropped a slab on his Rt last night while working. Bruised great toe, ? Sub ungal haematoma. While patient is here, he would like Dr to examine swelling i Elbow. ... ally

.am / pm

.....

O'ROURKE ALEXANDER
118 FERGUSLIE MAIN RD
PAISLEY

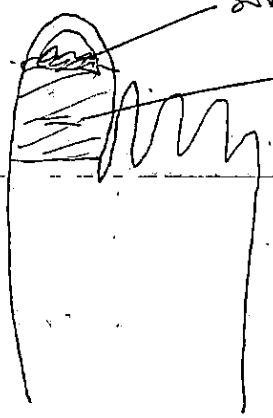
Date & Time
3/11/02
8.25pm

31yr ♂

**Clinical Notes (cont'd)**

hpc - dropped a concrete block onto (R) big toe last night.
has been throbbing with pain since
unable to wt bear - very contuse
pain +++ - unable to sleep

o/e:




sensation intact
capillary refill (N)

Imp:
broken great toe

XRay ⇒ distal phalanx broken into 4 bits
fracture involves the IP joint

① trephine & subungual haematoma ± hot wire
⇒ mild relief only

② hooded cast for (R) foot. Har contuse. BACK SLAB.
Cast to be reviewed 3 weeks.

③ analgesia
cocodamol/ibuprofen.

NB: patient also has traumatic dermatitis
fluctuant swelling ≈ 2cm x 2cm
• redness • heat • pain on palpation
⇒ NSAID + sling to rest arm

discharge

Each entry must be signed

| Date & Time | Clinical Notes (cont'd) |
|---|---|
| 3/11/02 9.30 | Referred sting on (R) cornea. S. Curnow |

Each entry must be signed

| Date | Medicine & Dose | Time of Administration | Doctor's Signature | Given by - Signature |
|---|---|---|---|---|
| 3/11/02 | Cocodamol 2 tabs qds | | H Bowden | S. Curnow |
| 3/11/02 | Ibuprofen 400mg tds | | H Bowden | S. Curnow |
| | | | | |
| | | | | |

**DECLARATION**

*Against the advice of the Medical Officer responsible for my care, I have decided NOT to accept / continue the treatment offered. I have been advised by Doctor that my refusal may prejudice my improvement or recovery.*

My reason for refusal is: .....

.....

Date: ..... Signed: .....

Witnessed by: ..... Medical Officer: .....

| SURNAME | CHRISTIAN NAMES | UNIT NUMBER |
|---|---|---|
| | | 165288 |

ADDRESS

O'ROURKE ALEXANDER 165288
4 Killoch Ave. 4.12.70
PAISLEY
GP. Dr. Dreed & Sutherland
2 Cheviot Road,
PAISLEY.

AGE | DATE OF BIRTH

GENERAL PRACTITIONER & ADDRESS

**OUT-PATIENT**
**ORTHOPAEDIC**
**R.A.I.**

CONSULTANT Mr. Findlay

| | |
|---|---|
| 13.11.74 | This little boy's second toe is deformed in each foot in that it is slightly curved and tends to overlap the third. This is only a cosmetic defect and is not interfering with comfort when walking and running. It would be a mistake to try and straighten these toes because this would stop growth. This has been explained to the mother. JAF/HC. |

DATE

ROYAL ALEXANDRA INFIRMARY
PAISLEY

SURGICAL

Mr Toomey
CONSULTANT

| SURNAME | CHRISTIAN NAMES | AGE | UNIT NO. |
|---|---|---|---|
| O'Rourke. | Alex. | 4. | |

| DATE | |
|---|---|
| 1/12/75. | Emergency admission.<br>10 day history of swelling on right side of neck.<br><br>This boy developed a swelling on the right side of his neck 10 days ago. His GP gave him a antibiotic but 4 days ago the swelling suddenly increased and became painful.<br>The swelling has never discharged or appeared inflamed.<br>He has no history of toothache, ear infection or sore throat recently.<br>No previous history of neck swelling.<br><br>No chest pain, dyspnoea, palpitation or ankle swelling.<br>No cough or spit.<br><br>Appetite poor of late. No weight loss.<br>No indigestion or heartburn.<br>No diarrhoea or constipation.<br><br>No headaches, fits or faints.<br>No motor or sensory upsets.<br><br>PMH. Nil of note.<br>No bronchitis, TB or asthma.<br><br>DH. Paediatric penicillin since 27/11/75.<br><br>O/E.<br>Some discomfort.<br>Large tender swelling below right ear.<br>No discharge or redness.<br>No finger clubbing, jaundice or cyanosis.<br>Throat clear |

# CLINICAL NOTES

5

DATE

Pulse 100.
Heart sounds ~~are~~. No murmurs
No ~~ankle~~ swelling or peripheral~~s~~.

Gingivosis ~~Gen~~. Tenderness central.
No dullness UE : LE
Breath sounds ~~vesicular~~. No adventitia

~~Soft~~. No ~~secs~~. Mass with ~~tenderness~~
No masses or tenderness
Liver + spleen not felt
Bowel sounds present

CVS grossly intact.

I/C Abscess ~~has~~ not yet ready for drainage.
Review ~~or~~ in two days. Continue penicillin.
FBC ✓.

Return in Wednesday Surgical

7-12-71 CxR ✓ done LRW
To be admitted to Ward 8 on Thursday
~~10th~~ December.

4/12/71 Ward Breakfast at 7·45 Am
ESR sent LRW.
Pond Bonanel.

Sohp
10/12/75- Well phil mol- Eating but not all temps all the time. glands ↓ size. 1 one at low Quiet sons post- D neck.
ESR 75
Dish

SURNAME: O'ROURKE ALEXANDER 165288
ADDRESS: 4 Killoch Ave. PAISLEY 4.12.70
GP. Dr. Treed & Sutherland
2 Cheviot Road, PAISLEY.
AGE
GENERAL PRACTITIONER & ADDRESS

UNIT NUMBER: 165288

OUT-PATIENT
SURGICAL
R.A.I.

Mr. McEwan
CONSULTANT

| DATE | |
|---|---|
| 4/8/83. | Bx — (L) undescended testis<br>(R) normal<br>WL (L) orchidopexy. |
| ~~30-10-83~~ | |
| 28/7/88 | New letter DNA with total |

R.A.I. 170

Date

# ROYAL ALEXANDRA INFIRMARY

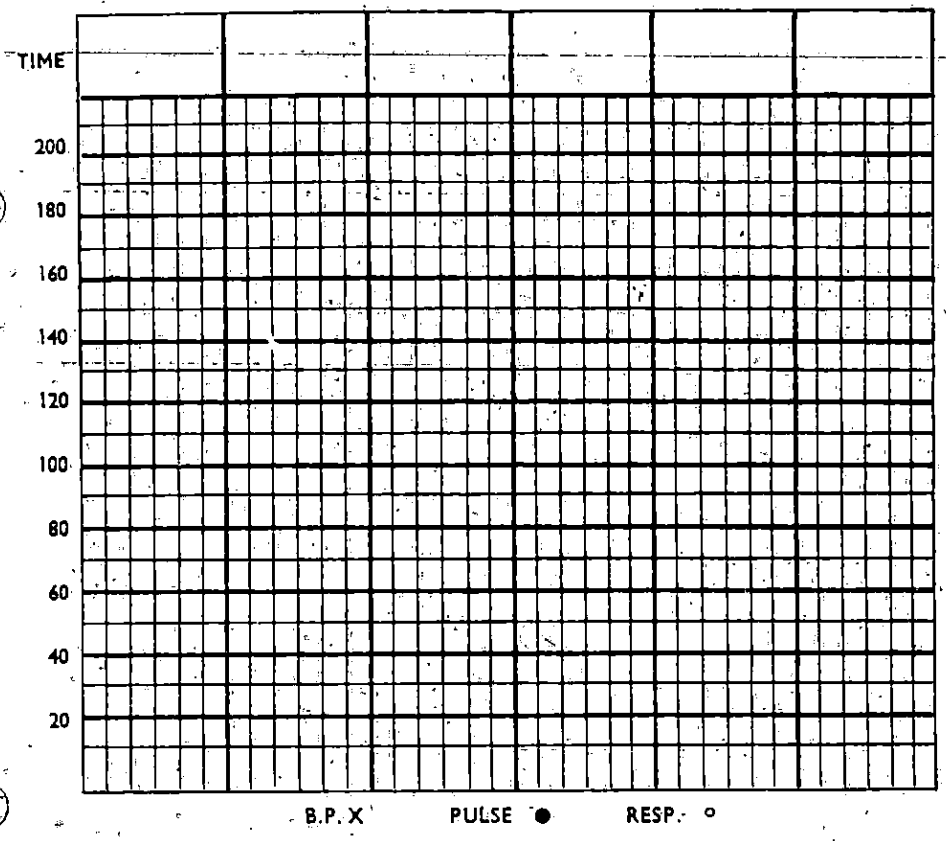
# ANÆSTHESIA

UNIT NUMBER

| SURNAME | CHRISTIAN NAMES | AGE |
|---|---|---|
| O'ROURKE | ALEX. | 5. |

| OPERATION | DATE OF OPERATION |
|---|---|
| Exploration of Neck | 4.12.75 |

| PRE-OPERATIVE COMPLICATIONS | PREMEDICATION | PRE-OP. B.P. | DURATION OF OPERATION |
|---|---|---|---|
| | TIME ADMINISTERED | | 12 mins |




Anæsthesia Began 1.10

Anæsthesia Ended 1.25

Agents & Technique Employed

Halothane.

ANÆSTHETIST'S REMARKS

ANÆSTHETIST'S ORDER TO WARD

POST-OPERATIVE COMPLICATIONS

Date 4/12/75

Anæsthetist's Signature

CONSENT FOR OPERATION

R.A.I. .....Hospital

I ..... of .....

.....hereby consent to

* (undergo
(the submission of my (child ALEXANDER .....to undergo)
*(ward )

the operation of Caesarean (Lower Segment) for obstruction

the nature and purpose of which have been explained to me by

Dr./*Mr. .....

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner.

Date 4.12.75 Signed .....
(~~Patient~~/Parent/Guardian)*

I confirm that I have explained the nature and purpose of this operation to the ~~patient~~/parent/guardian.*

Date 4.12.75 Signed .....
(Medical/Dental* Practitioner)

*DELETE AS APPROPRIATE.

ANY DELETIONS INSERTIONS OR AMENDMENTS TO THE FORM ARE TO BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED FOR SIGNATURE

Neck.

# ROYAL ALEXANDRA INFIRMARY
# PAISLEY

## CASUALTY

| SURNAME | CHRISTIAN NAMES | /CAS |
|---|---|---|
| O'Rourke | Alex. | 32658 |

| ADDRESS | SEX | AGE | Date of Birth | |
|---|---|---|---|---|
| 4 Killoch Av. Pais | M. | 4 | 4.12.70 | M 5 W |

1. EMERGENCY NOT ACCIDENT
2. ROAD ACCIDENT
3. HOME " "
4. INDUST " "
5. OTHER " "

5

| GENERAL PRACTITIONER / ADDRESS | DATE | TIME | OCCUPATION |
|---|---|---|---|
| R. Ferry | 1.12.75. | 10.55 A.M. / P.M. | |

| DATE | | D.R.'s Signature |
|---|---|---|
| | See GP letter. Swelling on (R) side of neck — 10 days ago. Been on tabs — type unknown | |
| 6/ | Pulse 100/m. Dem. diam. abscess one (R) side of neck below (R) ear. | |
| | Refer surgeon | |
| | | S Clemo |
| | Abscess. Not yet ready for drainage. Return in 2 days for review. | |

Dr. CONRAD FREED
Dr. ALASTAIR M. SUTHERLAND
Dr. SUBIMAL BARUA

Surgery :
FERGUSLIE PARK AVENUE

2 CHEVIOT ROAD,
POTTERHILL,
PAISLEY PA2 8AN
Tel.—041-884 2772

1/12/75.

Dear Dr.,

Re Alex O'Rourke 4yr
4 Kellock Ave.,
Paisley

CLAIMED A GLAND Rt.
SIDE OF NECK NOT
RESPONDING TO U-Q-K
TREATED ON 27/11/75.
NEW DENTIST ON 27/11/75.

PLEASE ADVISE

# CLINICAL NOTES

NAME

WARD

DATE

20/9/83.

PC. Lft. Undescended Testis.

HPC Discovered 4 months ago.
Unable to push down into Scrotum. Stops at Ext Inguinal Ring.

PMH. Abscess in R Jugular Vein 5 yrs old. (In for 14 days)
ORh F ○ tb ○ T ○ DM.

DH. nil of note.
○ known allergies
(Allergic to pollen)

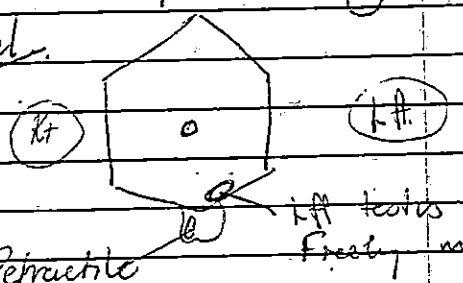
SE CNS nil of note
Resp$^{y}$. Just had a cold
c of nose bleeds.
No Cough but brings up green sputum on clearing.
Smokes since 8 years old. ~ 10/day

GIS c pain in Rt side.
Only eats Cornflakes (when available)
Doesn't eat a hot meal every day.
BM Regular.

GUS NAD.

SH Stays with Mum, unemployed, Sister 18 (unemployed) Niece (7 months)
Smokes 10/day ~ 4 years
○ alcohol.

EXAM OE ○ anaemia ○ jaundice
Thin but pleasant boy. Sft not tender
Abd. ○ masses
○ LKICS.



# CLINICAL NOTES

| DATE | |
|---|---|
| | CVS. Pulse. – 60. Reg N. vol<br>BP. – |
| | apex bt not displaced<br>HS. T+II nil added |
| | Resp. trachea ⊥<br>$D_A = D_P = N$<br>BS – vesicular nil added. |
| | CNS. WAD |
| | Plan FBC ✓<br>Consult ✓<br>Robert WM Walker |
| 24/9 | Discharged<br>Uneventful post-op period<br>R W |
| SOPD | |
| 13/10/83 | DNA<br>Another appt sent for 20/10/83 |
| 20/10/83 | Well healed (J) |

ALEXANDER O'ROURKE WARD6

UNIT NO. 165288

# OPERATION NOTES

DATE: 21.9.83

SURGEON: Dr. Tait. Mr. McEwan.

ANAESTHETIST: Dr. Sengupta

OPERATION: Left orchidopexy

PROCEDURE: Through an oblique skin crease incision the inguinal canal was opened and the testicle dissected free. Multiple adhesions were divided to allow the testicle to be drawn down into the left side of the scrotum. It was fixed there with through and through heavy silk sutures attached to the inside aspect of the thigh. The groin wound was closed in layers with gut and interrupted nylon to skin.

GT/MH

# OPERATION NOTES

DATE

LEFT Urinalysis – NAD 6'6 10.85

DIAGNOSIS: ~~RT~~ ORCHIDOPEXY. NURSING NOTES WARD 6.

DATE 20-9-83

NAME: ALEXANDER O'ROURKE DATE OF BIRTH: 4-12-70

ADDRESS: 4 KILLOCH AVE PAISLEY RELIGION:

NEXT OF KIN MRS O'ROURKE (MOTHER) OCCUPATION: —

ADDRESS: S/A. TELEPHONE No.: Mrs Muir (aunt) 887-3034

BP 110/50

| | A.M. T | P | R | B/O | P.M. T | P | R |
|---|---|---|---|---|---|---|---|
| | | | | | 36.8 | 68 | 18 |

20.9.83 Alex is a 12yr old boy, clinical admission for theatre tomorrow for ~~RT~~ LEFT orchidopexy. Healthy looking boy. Mother says he has an occasional bedwetting problem. M.Gallagher SHO

He is also a smoker. ~~4 years duration~~

~~last~~ fast from 12 midnight ? PREP BOOM 10mls Lactacyd Wallace Ed.

up & about.

Please Discourage Smoking

C Ballantine

21.9.83 Slept well. Fasted from 12m. s/n M Flanagan

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | 36.3 | 88 | 22 |

Premed Valium. 5mg. orally @ 7.45am

Theatre Left Orchidopexy.

Post-op. ~~Unevent~~ full post op recovery BP:- 100/80

Pethidine 50mg Im @ 10.30 am.

~~H~~ P.U: PETHIDINE 50mgs I.M @ 4.55pm Wallace Ed.

~~Settled~~ evening, small amount diet taken Wallace Ed.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | 37 | 72 | 24 |

NURSING NOTES

| DATE | | A.M. T | P | R | B/O | P.M. T | P | R |
|---|---|---|---|---|---|---|---|---|
| | PETHIDINE 50mg im given @ 10.00pm | | | | | | | |
| 22.9.83 | PETHIDINE 50mg im given @ 3am. | | | | | | | |
| | Settled quickly again. H/POU. | | | | | | | |
| | Dressing satisfactory | | | | | | | |
| | Pethidine 50 mg. I.M @ 9.40AM S/Nurse | 1 | 37.2 | 88 | 22 | | | |
| | Refusing diet. | | | | | | | |
| | Bed rest today D. Jarrett Sister | | | | | | | |
| | Comfortable evening. | | | | | | | |
| | DF118 30mg. [illegible] orally @ 5pm | | | | | | | |
| | Settled | | | | | | | |
| 23/9/83 | DF118 30mg orally given @ 12 midnight. | 2 | | | | | | |
| | Settled night | | 36.4 | 90 | 20 | | | |
| | Wound site satisfactory S.P. Mc Guire DSTN | | | | | | | |
| | Incontinent urine x1. | | | | | | | |
| | Eating full diet. | | | | | | | |
| | Walking better today D. Jarrett Sister | | | | | | | |
| | DF118 30mg @ 10pm | | | | | | | |
| 24/9/83 | Certified true copy. | | | | | | | |
| | Up to wash | 3 | 36.9 | 92 | 20 | | | |
| | Allow home today | | | | | | | |
| | Back to ward on 1.10.83 C Sadler | | | | | | | |
| | for stitch removal. | | | | | | | |

Patient name re-entered
Back to ward on 1.10.83 C Sallis
for Stitch remover.

BED No. | PINK | BLUE | ALEXANDER O'ROURKE | R5222-RR | STRIPE | AGE 82yrs | BLACK | RED No. | RELIGION | UNIT No. 165288 | CONSULTANT MR MCEWAN. | YELLOW | PURPLE

ARGYLL & CLYDE HEALTH BOARD – RENFREW DISTRICT

# ANAESTHETIC RECORD

| SURNAME | FORENAMES | AGE | HOSP. No. |
|---|---|---|---|
| O'ROURKE | ALEXANDER | 12 | 165288 |

## PREMEDICATION

| DATE | DRUG | DOSE | ROUTE | TIME TO BE GIVEN | ANAESTHETIST'S SIGNATURE | TIME GIVEN | NURSE'S SIGNATURE |
|---|---|---|---|---|---|---|---|
| 21/9/83 | Tab Valium | 5mgms | orally | 7.30am | DKS | 7.45 | C Baillie |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## PRE-OPERATIVE ASSESSMENT

| | | |
|---|---|---|
| VS | INVESTIGATIONS | DRUG THERAPY |
| RS | CXR | |
| HEPATO-RENAL | ECG | |
| CNS | U & E's | ALLERGIES |
| OTHERS Smokes 10 Cig./day since he was 8yrs old. | Hb | |
| | Wt | |
| | ASA CATEGORY 1 2 3 4 | |

## OPERATIVE PROCEDURE

| TIME | SURGEON | ANAESTHETIST |
|---|---|---|
| 9.30am | Dr. Tait / Mr. McEwan | Dr. [illegible] |

| OPERATION | BLOOD LOSS | DRAINS |
|---|---|---|
| | | |

## POST-OPERATIVE INSTRUCTIONS

| | |
|---|---|
| ANALGESIA | Inj. Pethidine 50mgms I.M if required every 5-6hrs for next 24hrs |
| I. V. FLUIDS | |
| $O_2$ THERAPY | |
| PHYSIOTHERAPY | |
| OTHERS | |

DATE: 21/9/83

Anaesthetist's Signature [illegible]

| INJECTION SITE | RIGHT | | LEFT | |
|---|---|---|---|---|
| | HAND | ARM | HAND | ARM |
| INFUSION SITE | HAND | ARM | HAND | ARM |

ANAESTHETIST'S REMARKS.

| ETT | SIZE | ORAL | CUFFED |
|---|---|---|---|
| | | NASAL | UNCUFFED |

**VENTILATION** TIME 9.25am

| | | |
|---|---|---|
| SPONT | | |
| I.P.P.V. | VT | V |
| | P | F |

DRUGS: STP - 250mgm · atrop 0.6mgm · [illegible]

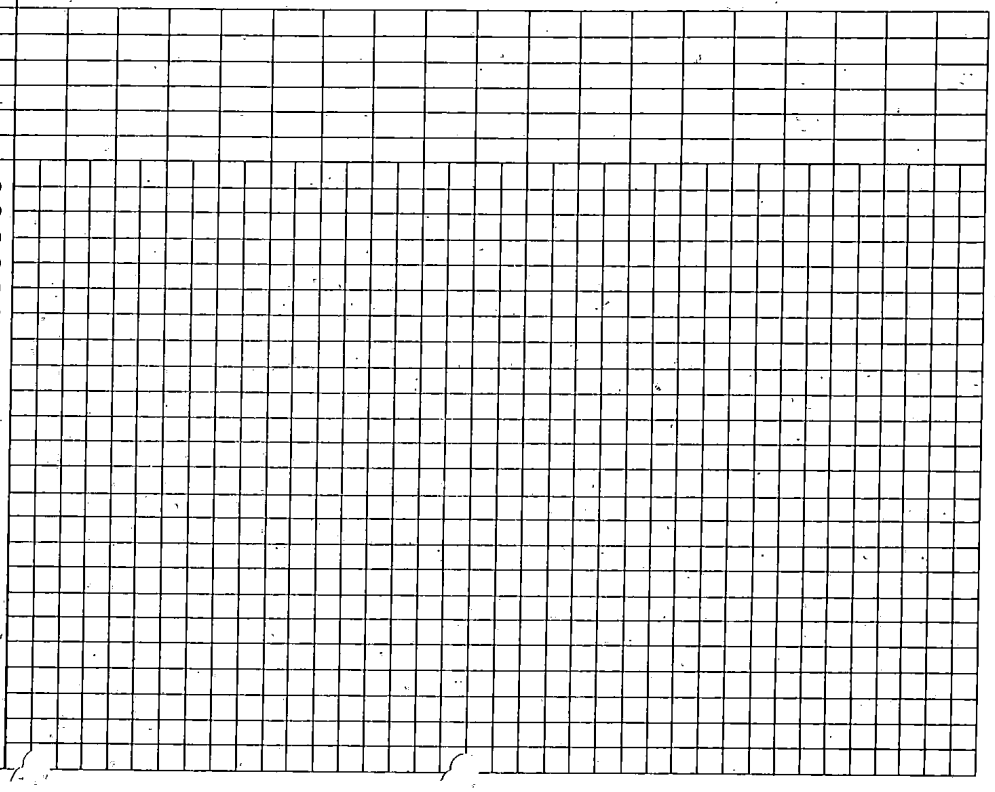
**FLUIDS**

1
2
3
4
5
6
7
8
9
10
11
12

C.V.P. X
PULSE ● RESPIRATION O
B.P. > <

| C.V.P. | |
|---|---|
| 20 | 40 |
| 15 | 30 |
| 10 | 20 |
| 5 | 10 |
| 0 | 0 |
| -5 | |

220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50



ARGYLL & CLYDE HEALTH BOARD
**RENFREW DISTRICT**

CONSENT FOR OPERATION

.....R.A.I.....Hospital

I .....Anne O'Rourke..... of ...4...Killoch Avenue
.....Paisley.....hereby consent to

* (undergo
(the submission of my (child .ALEXANDER O'ROURKE. to undergo)
*(ward )

the operation of ...(D)...cardiodesis.....
the nature and purpose of which have been explained to me by

Dr./*Mr. .....S. Swain.....

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given to me that the operation will be performed by any particular practitioner.

Date .....20/9/83..... Signed .....A. O'Rourke.....
(Patient/Parent/Guardian)*

I confirm that I have explained the nature and purpose of this operation to the patient/parent/guardian.*

Date.....20/9/83..... Signed .....S Swain.....
(Medical/Dental* Practitioner)

*DELETE AS APPROPRIATE.

ANY DELETIONS INSERTIONS OR AMENDMENTS TO THE FORM ARE TO BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED FOR SIGNATURE

Sheet No. ..... *(Please use a ball point pen)*

# PRESCRIPTION SHEET

## ORAL and OTHER NON-PARENTERAL MEDICINES – REGULAR PRESCRIPTIONS

| CODE | Date Commenced | MEDICINES *(Block Letters)* | DOSE | Method of Admin. | Times of Administration: AM 6 | AM 8 | AM 10 | MD 12 | PM 2 | PM 6 | PM 10 | MN 12 | Other Times | DOCTOR'S SIGNATURE | Discontinued: Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 22/9 | DF 118. | 30mg | Oral. | | 6 | hrly | | if | Reqd | | | | R Walker | | |
| B | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | |

## PARENTERAL MEDICINES – REGULAR PRESCRIPTIONS

| CODE | Date Commenced | MEDICINES *(Block Letters)* | DOSE | Method of Admin. | Times of Administration: AM 6 | AM 8 | AM 10 | MD 12 | PM 2 | PM 6 | PM 10 | MN 12 | Other Times | DOCTOR'S SIGNATURE | Discontinued: Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | 22/9 | Pethidine | 50mg | IM | | | 6hrly | | if | Reqd | | | | R Walker | 22/9 | RW |
| N | | | | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | | | | |
| Q | | | | | | | | | | | | | | | | |

**PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON**

| | |
|---|---|
| Fluid (Additive Medicine) Prescription Chart | |
| Diabetic Chart | |
| Anticoagulant Chart | |
| Anaesthetic Prescription Sheet | |
| Record of Labour Sheet | |
| | |

*If medicine discontinued because of suspected adverse reaction please enter in box below*

| | MEDICINE | ADVERSE REACTION |
|---|---|---|
| 1 | | |
| 2 | | |

**DIET**

| Date | DETAILS | Initials |
|---|---|---|
| | | |
| | | |

## ORAL and OTHER NON-PARENTERAL MEDICINES – ONCE ONLY PRESCRIPTIONS

| Date | MEDICINE | DOSE | Method of Admin. | Time of Admin. | DOCTOR'S SIGNATURE | Given by Initials | Time if Diff. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## PARENTERAL MEDICINES – ONCE ONLY PRESCRIPTIONS

| Date | MEDICINE | DOSE | Method of Admin. | Time of Admin. | DOCTOR'S SIGNATURE | Given by Initials | Time if Diff. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| NAME OF PATIENT | AGE | IIT NUMBER | CONSULTANT | KNOWN DRUG/MEDICINE SENSITIVITY |
|---|---|---|---|---|
| Alexander Mcbride | 12yrs | 165788 | Mr McGuinness | 1 2 |

Home NAD. NURSING NOTES Identity Band ✓

| DATE | | A.M. T | P | R | B/O | P.M. T | P | R | B/O |
|---|---|---|---|---|---|---|---|---|---|
| 4/12/75 | Overnight admission following O.P. Treatment for explanation of neck. | | | | | | | | |
| 3p | Vomited 300 mls food stuffs. Settled well afterwards | | | | | | | | |
| 5·12·75 | Left for long periods. Drain out. Home O.P.D. 10·12·75 Nose bleed at 12·30 pm. | 36 | 70 | 20 | | | | | |

BED No. | PINK | BLUE | 85222-RR ALEX O'ROURKE | AGE 5 | STRIPE 1 | BLACK | RED No. | RELIGION | GREEN | UNIT No. | CONSULTANT MR. ROSS Dr TOOMEY | YELLOW | PURPLE | ORANGE | RED

| NAME | DIAGNOSIS | OPERATIONS | AGE | UNIT NO. |
|---|---|---|---|---|
| ALEX O'ROURKE | EXPLORATION OF SWELLING OF NECK | | 5 | |

| | Date Commenced | DRUG (BLOCK LETTERS) | DOSE | METHOD OF ADMIN. | TIMES OF ADMINISTRATION: AM 6 | AM 10 | MD 12 | PM 2 | PM 6 | PM 10 | MN 12 | OTHER TIMES | SIGNATURE | DISCONTINUED: DATE | INITIALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | |

JMcC/6986

**ONCE ONLY PRESCRIPTIONS**

| | DATE GIVEN | DRUG (BLOCK LETTERS) | DOSE | METHOD OF ADMIN. | TIME OF ADMIN | SIGNATURE | GIVEN BY INITIALS |
|---|---|---|---|---|---|---|---|
| P | | | | | | | |
| Q | | | | | | | |
| R | | | | | | | |
| S | | | | | | | |
| T | | | | | | | |
| U | | | | | | | |
| V | | | | | | | |
| W | | | | | | | |
| X | | | | | | | |
| Y | | | | | | | |
| Z | | | | | | | |

| WARD | NAME OF PATIENT | AGE | UNIT NUMBER | CONSULTANT | DRUG ALLERGIES |
|---|---|---|---|---|---|
| | | | | | |

ROYAL ALEXANDRA HOSPITAL PAISLEY

# OBSERVATION CHART

NAME
ALEXANDER
D ROURKE

RECORD No.

30.4.92

| | | | DATE | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | TIME | 2 30 | 3 30 | 4 30 | 5 30 | 7 | 9 |
| COMA SCALE | Eyes open | Spontaneously | | | | | | | |
| | | To speech | | | | | | | |
| | | To pain | | | | | | | |
| | | None | | | | | | | |
| | Best verbal response | Orientated | | | | | | | |
| | | Confused | | | | | | | |
| | | Inappropriate Words | | | | | | | |
| | | Incomprehensible Sounds | | | | | | | |
| | | None | | | | | | | |
| | Best motor response | Obey commands | | | | | | | |
| | | Localise pain | | | | | | | |
| | | Flexion to pain | | | | | | | |
| | | Extension to pain | | | | | | | |
| | | None | | | | | | | |

Eyes closed by swelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

Blood pressure and Pulse rate

Respiration

Temperature °C

Pupil size (m.m.)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PUPILS | right | Size | 3 | 4 | 3 | 4 | 4 | 4 | 4 |
| | | Reaction | + | + | + | + | + | + | + |
| | left | Size | 3 | 4 | 3 | 4 | 4 | 4 | 4 |
| | | Reaction | + | + | + | + | + | + | + |

+ reacts
— no reaction
c. eye closed

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| LIMB MOVEMENT | ARMS | Normal power | o | o | o | o | o | o | o |
| | | Mild weakness | | | | | | | |
| | | Severe weakness | | | | | | | |
| | | Spastic flexion | | | | | | | |
| | | Extension | | | | | | | |
| | | No response | | | | | | | |
| | LEGS | Normal power | o | R | R | R | R | R | |
| | | Mild weakness L | | o | L | L | L | L | |
| | | Severe weakness | | | | | | | |
| | | Extension | | | | | | | |
| | | No response | | | | | | | |

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

CA/RB/165288.

4.5.92. Ext 4304

Dr. Hamilton,
19 St. James Street,
PAISLEY.

Admitted: 30.4.92. only.
Diagnosis:
Concussion,
contusions multiple sites,
alcohol intoxication.

Dear Dr. Hamilton,

*ALEXANDER O'ROURKE, D.O.B. 04.12.1970,*
*26 BLACKSTOUN OVAL, PAISLEY.*

This patient was admitted in the early hours of 30.4.92., following an alleged assault with a baseball bat. X.rays of the skull and left elbow showed no evidence of fracture.

After overnight observation, no complication of head injury had come to light and he was deemed fit for discharge.

Yours sincerely,

Charles Allister, B.Sc., F.R.C.S.,
Consultant,
Accident and Emergency Unit

ALEXANDRA INFIRMARY – ACCIDENT & EMERGENCY 165288 PATIENT NUMBER

| | |
|---|---|
| SURNAME (Block Letters) | O'ROURKE |
| FORENAMES | ALEXANDER |
| ADDRESS | 4, KILLOCH AVE |
| | PAISLEY |

| | |
|---|---|
| Age | 13 |
| Date of Birth | 4.12.70 |
| Sex | M |
| Marital State | S |
| Occupation | / |
| Religion | |

TYPE OF INJURY
1. Home
2. Work
3. R.T.A.
4. Emergency (not accident)
5. Other ✓

3616

FIRST ATTENDANCE
DATE 23/11/84
TIME 3.50 a.m./p.m.

| NEXT OF KIN | GENERAL PRACTITIONER |
|---|---|
| | |

TYPE OF INJURY R HAND

DATE OF INJURY 23/11/84

| IF ROAD TRAFFIC ACCIDENT : DRIVERS NAME & ADDRESS | LOCATION OF ACCIDENT |
|---|---|
| | |

CLINICAL HISTORY

Deep Cut from Hypothenar eminence to proximal portion of Vth dijt — bread knife

O/E Deep cut bleeding freely
Flexia & Ext OK. No sign of obvious tendon damage but numb on dorsal aspect of dijt

D Dijital N. damage

Rx (1) Wound toilet + suture 5X 3/0 Silk. — Haemostasis OK
(2) Tetanus booster ✓
(3) Return in a m to see Mr Findlay

Has cut ulnar digital nerve no ↓.
No other damage.
Leave alone.
See Hand clinic week on Tues

4.12.84. Stitches out. The ulnar digital nerve of the right little finger is to be left alone after discussion with Mrs. O'Rourke.
Discharged.

~~JAMES A. FINDLAY/HC.~~

SIGNATURE:

DISPOSAL

P. add 41 Ullock ave 2 165288 PAIS

**ROYAL ALEXANDRA HOSPITAL — ACCIDENT & EMERGENCY** PATIENT NUMBER

| | |
|---|---|
| SURNAME (Block Letters) | O'KOUNE |
| FORENAMES | ALEXANDER |
| ADDRESS | 23. BLACKSTOUN OVAL |
| | PAISLEY |

| | |
|---|---|
| Age | 16 |
| Date of Birth | 4 12 70 |
| Sex M Marital State | |
| Maiden Name | |
| Occupation | |
| Religion | |

TYPE OF INJURY
1. Home
2. Work
3. R.T.A.
4. Emergency (not accident)
5. Other ✓

50482

FIRST ATTENDANCE
DATE 23 / 3 / 87
TIME 10 10 a.m./p.m.

| NEXT OF KIN | GENERAL PRACTITIONER |
|---|---|
| MOTHER | Dr SUTHERLAND PAISLEY |
| SIA | |

| TYPE OF INJURY | DATE OF INJURY |
|---|---|
| EXAM | / / |

| IF ROAD TRAFFIC ACCIDENT: DRIVERS NAME & ADDRESS | LOCATION OF ACCIDENT |
|---|---|
| | |

CLINICAL HISTORY

Hit by wooden plank
- Rt elbow

Pain & pain on lat upper aspect of forearm
flexion - limited
hand movement ✓
Radial P. ✓
Sensation ✓
tender tt, below olecranon, obscuring landmarks
Pain lat on back, flexion - nts 6-8
Chest - clear
1 tender ovalid abrasion - 8th rib

XR Rt elbow, forearm + hand
XR - separation of ulnar epiphysis - on X Ray
Possible case of tenderness
Follow back to GP
GP to Clinic Thursday

REFER

5. CODE NUMBERS
DIAGNOSIS
2ND DIAGNOSIS
3RD DIAGNOSIS

DISPOSAL

24.3.87. X-rays negative. Comfortable in plaster. Linear bruise on right posterior chest. See 2/52.

DGMacLEAN/RB.

27.3.87. Put his plaster in the bin as it had been ripped while he was climbing over a fence! On examination, very much better. Crepe. Collar and cuff. Keep original appointment.

DGM/RB.

PTG 0158 (REVISED SEPT. 89)

(11) VHO 165288

**ROYAL ALEXANDRA HOSPITAL**
Corsebar Road, Paisley PA2 9PN

**ACCIDENT & EMERGENCY DEPARTMENT**
Tel: 041–887 9111

NAME
ADDRESS
017049/92
O'ROURKE ALEXANDER
25 BLACKSTON OVAL
PAISLEY

04/12/1970 MALE

TEL. NO.

A & E NO. 017049/92

ARRIVAL DATE 30/04/92

TYPE OF INCIDENT EMERG.

COMPLAINT ASSAULT HEAD

ARRIVAL
ARR. 00:44
REG. 00:44

INCIDT. DATE
30/04/92

INCIDT. TIME

D. OF BIRTH 04/12/1970 21

M/S/W SINGLE CS

OCCUPATION UE

SCHOOL

NEXT OF KIN
MRS O'ROURKE
AS ABOVE

RELIGION

NATIONALITY N.O.K.: MOTHER

GENERAL PRACTITIONER
DR. HAMILTON
19 ST JAMES STREET
PAISLEY
PA3 2HQ

REFERRED BY SELF REFERRAL

MODE OF ARRIVAL AMBULANCE

NO
NO KNOWN

**Investigations**

| X-RAY | ECG | BANK | BLOOD BIOCHEM | HAEM | BACT | PATH | NONE |
|---|---|---|---|---|---|---|---|
| | ✓ | | | | | | |

EXAMINED BY DR. 125

**Procedures**

| APP LIANCE | DRESS ING | SUT URE | PRESC | HUMO TET | TOX. C | TOX. B | POP | L.A. | G.A. | RESUSC ITATION | NONE | ESCORT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

GP Letter sent

**Diagnosis**

I Assault - baseball bat

II

III

FINAL DIAGNOSIS

Alcohol
Multi Injuries

**Dispoal**

| | | | | | |
|---|---|---|---|---|---|
| G.P. | | ADMIT WARD NO. | | DIED IN DEPT. | |
| NO FOLLOW UP | | TRANSFER OTHER HOSP. | | DOA | |
| RETURN A & E CLINIC | | FEATURE CLINIC | | IRREG. DISCH. | |
| RETURN A & E IF NECESSARY | | OTHER CLINIC | | DID NOT WAIT | |

**REVISITS** 1·2·3·4·5·6·7·8·9·9+ **PREV. ATTEND**

## CLINICAL NOTES

Date and Time Examination started and Doctor's Name (Printed)

| BLOOD PRESSURE | TEMPERATURE | PULSE | RESPIRATORY | TIME & SIGNATURE |
|---|---|---|---|---|
| 140/80. | | 90 reg | | 0050 M Burke |

See neuro obs

30/4/92
1.25am

21 ♂ Alcohol +

Assaulted this evening - hit with baseball bat on head.

Also c/o pain/ptd (L) elbow + (L) knee

~~DG~~ ?LOC (says was "out" for ~2 minutes)

Has been vomiting.

Laceration (L) side of scalp.

1% L.A - 3x3° Mersilk sutured (wound failed to Lignocaine Resus) - suturing completed by C/N McKechnie 4 3/0 Silk sutures R MU.

Covered tetanus

PERLA, CNS I-XII intact, Tone Power (N)

S XR x 3

XR (L) elbow — (N)

(L) elbow — (N)
Full ROM
Pain tip of elbow.

?? (L) fractured # (L) knee - full ROM
Some post haematoma

Admit W30
Analgesia
Regular neuro obs

Treatment completed at:– .....

Relatives informed:– ☐

Valuables ☐

Ambulance Reqd. Next Visit Yes/No

Each Entry must be Signed

AFFIX REPORTS HERE

**Clinical Notes (Cont'd)**

Each Entry must be Signed

CLINICAL NOTES (Cont'd)

Each Entry must be Signed

## STATEMENT BY PATIENT

Against the advice of the Medical Officer responsible for my care, I have decided not to Accept/Continue the treatment offered. I have been advised by Doctor that my refusal may prejudice my improvement or recovery.

My reason for refusal is:—

Date: _____ Signed: _____

Date: _____ Witnessed by: _____

Date: _____

Medical Officer

## CONSENT

I HEREBY CONSENT TO MY CHILD

_____

BEING GIVEN AN INJECTION OF

TETANUS TOXOID _____

PENICILLIN _____

OTHER SPECIFY _____

I KNOW OF NO ALLERGY OR CONTRA INDICATION

SIGNED _____ Parent/ Guardian

DATE _____

WITNESS _____ SISTER

Hospital Copy

90753

# SCOTTISH AMBULANCE SERVICE

## Patient Report Form

**INJURY ASSESSMENT/PRIORITY**

1 Critical/Immediate ☐
2 Serious/Urgent ☐
3 Minor/Delayed ☑

| | | | |
|---|---|---|---|
| Crew 401003. | Dr. | Nurse | |
| Date 30 4 92. | Call Time 0252. | | |
| Location HOME. | Arrival Time 031 | Surname O'ROURKE | Forename ALEXANDER |
| | Depart Time 036 | M/F | d.o.b. 4 12 70 Address 25 BLACKSTOUN OVL. |
| Hospital RAH - CAS. | Arrival Time 041 | | PAISLEY |

TYPE OF INCIDENT RTA ☐ Home ☐ Works ☐ Organised Sport ☐ Leisure ☐ Other (specify) ☐

If RTA Driver ☐ Front/Rear Passenger ☐ Pedestrian ☐ Motor-cyclist ☐ Cyclist ☐

Seatbelts Yes ☐ No ☐ Not Known ☐ Vomited Yes ☐ No ☐ Alcohol Yes ☐ No ☐ Not known ☐

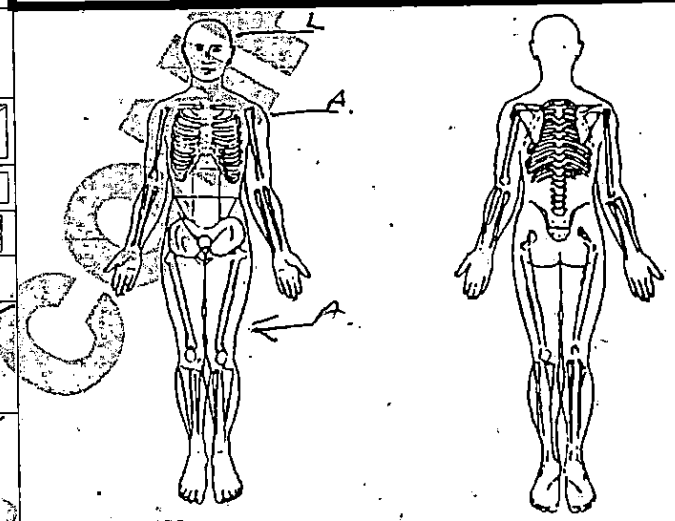
Crash Helmet Yes ☐ No ☐ Not Known ☐ Ko'd Yes ☐ No ☐ Trapped Yes ☐ No ☐ How long?

**FOR AIR AMBULANCE ONLY**

Turbulence: 1 = nil | 2 = slight | 3 = moderate | 4 = severe

Altitude: 1 = < 1500 ft. 2 = > 1500ft.

| OBSERVATIONS | | Time 031 1) | 2) 041 | 3) |
|---|---|---|---|---|
| Appearance | Pallid | ☐ | ☐ | ☐ |
| | Cyanosed | ☐ | ☐ | ☐ |
| Blood Loss | Slight | ☑ | ☐ | ☑ |
| | Moderate | ☐ | ☐ | ☐ |
| | Severe | ☐ | ☐ | ☐ |
| Blood Pressure | | | | |
| Pulse Rate | | 75 | | 75 |
| Respiratory | Rate | 17 | | 17 |
| | $O^2$ Sat % | | | |
| Convulsing | | ☐ | ☐ | ☐ |
| Eye Opening | Spontaneous 4 | ☑ | ☐ | ☑ |
| | To voice 3 | ☐ | ☐ | ☐ |
| | To pain 2 | ☐ | ☐ | ☐ |
| | Nil 1 | ☐ | ☐ | ☐ |
| Best Verbal Response | Orientated 5 | ☑ | ☐ | ☐ |
| | Confused 4 | ☐ | ☐ | ☐ |
| | Inappropriate 3 | ☐ | ☐ | ☐ |
| | Incomprehensible 2 | ☐ | ☐ | ☐ |
| | Nil 1 | ☐ | ☐ | ☐ |
| Motor Response | Obeys command 6 | ☑ | ☐ | ☑ |
| | Localised pain 5 | ☐ | ☐ | ☐ |
| | Withdrawal (pain) 4 | ☐ | ☐ | ☐ |
| | Flexion (pain) 3 | ☐ | ☐ | ☐ |
| | Extension (pain) 2 | ☐ | ☐ | ☐ |
| | Nil 1 | ☐ | ☐ | ☐ |
| Pupil scale (mm) | React R + − L | ☐ | ☐ | ☐ |
| | Size R | | | |
| | L | 2 | | |




**INJURIES**

C# Closed Fracture
O# Open Fracture
B Burn (shade area)
F Foreign Body
L Laceration
A Abrasion

**Bowel Sounds**

☐ Present
☐ Absent

**HISTORY/COMMENTS**

LACERATION TO L/SIDE OF HEAD. OBRASION TO L/LEG OBRASION. L/ARM.

| ACTION TAKEN | | Dose/Volume | Time |
|---|---|---|---|
| IV Fluids | ☐ Hartmans/N. Saline | | |
| | ☐ Haemaccel | | |
| | ☐ Other (specify) | | |
| Analgesia/ Drugs (specify) | ☐ Entonox | | |
| | ☐ | | |
| | ☐ | | |
| Cardiac Arrest | ☐ ECM | | |
| | ☐ Defib. | | |
| Airway | ☐ Airway | ☐ Oxygen | ☐ Suction |
| | ☐ Ventilated | ☐ Intubated | ☐ Mini Trac |
| Splints | ☐ Cx Collar | ☐ K.E.D. | ☐ Box |
| | ☐ Frac Straps | ☐ O.V.S. | ☐ Traction |
| | ☐ Other (specify) | | |

Signed SC Crew JM | Dr. | Nurse

**HOSPITAL FOLLOW UP** Hospital No.

Diagnosis A/E

Disposal D.O.A. ☐ Adm. ☐ O.P. ☐ Home ☐

Died Date Time

ROYAL ALEXANDRA HOSPITAL

ATIENT'S NAME ALEXANDER O'ROURKE WARD 30

DDRESS 25 BLACKSTOCK OVAL PAISLEY

SP. NO. TEL. NO

E 21 D.O.B. 4-12-70 SEX

NSULTANT RELIGION

ME KNOWN BY

XT OF KIN (Relationship) Mother

ME Mrs. O'Rourke

DRESS S/A

L. NO. Day Night

O ACCOMPANIED PATIENT

O MAY CONSENT TO TREATMENT

HOOL/WORK

ASON FOR ADMISSION Assault - ?? (L) parietal #

TIENT'S/RELATIVES PERCEPTION OF ADMISSION

E AND TIME OF ADMISSION 30-4-92 2-15 AM

PREVIOUS ILNESSES

HOSPITAL ADMISSIONS

RECENT CONTACT WITH INFECTIOUS DISEASES

IMMUNISATIONS RECEIVED

CURRENT MEDICATION

KNOWN ALLERGIES NONE

DENTURES (include crowns, plates, loose teeth)

OTHER PROSTHESIS

| | USUAL/NORMAL R[illegible] INES | NUR[illegible]G ASSESSMENT | |
|---|---|---|---|
| COMMUNICATING AND SPECIAL NEEDS | | | VITAL SIGNS |
| MAINTAINING A SAFE ENVIRONMENT | | | T. 364 P. 72 |
| BREATHING AND CIRCULATION | | | R. 20 B.P. 120/70 |
| EATING AND DRINKING | | | HT. WT. |
| ELIMINATING | | | URINALYSIS |
| POSTURE AND MOVEMENT | | | L.M.P. |
| REST AND SLEEP | | | CONDITION OF SKIN HAIR AND TEETH |
| PERSONAL HYGIENE | | | |
| DRESSING | | | |
| DIVERSIONAL THERAPY | | | |
| RELIGIOUS NEEDS | | | SIGNATURE OF ACCOUNTABLE NURSE |
| SOCIAL HISTORY | | | ..... |
| PATIENT/RELATIVES INTERVIEWED BY EG. CONSULTANT/ DOCTOR ETC. | | | ..... DATE AND TIME |

HOSPITAL _____

WARD 30

SURNAME O'ROURKE

FORENAMES Alexandra

UNIT No 21350

| Date | Progress/Evaluation | Signature |
|---|---|---|
| 30-4-92 | E/A at 2-15 AM. Assaulted earlier this evening - hit with baseball bat on Lead, (R) elbow & (L) knee. | |
| | ? LOC - alleges 'out' for 2 mins | |
| | Laceration (L) side of scalp - 4 sutures inserted. | |
| | X-ray skull - ?? (L) parietal # | |
| | X-ray (L) elbow - OBI but painful | |
| | (L) knee full R. of M. but haematoma back of knee - stiff & painfull. | |
| | O/A Alert & orientated to time, place & person. No. neurological deficit. | |
| | For neurobservations | RN |
| | 7AM Settled since admission - Neuro obs - stable & satis. | |
| am | settled morning | |
| | neuro obs stable | |
| | S/B Dr Kundu, can go home today. | |
| | Head injury instructions and G.P. letter for suture removal given on discharge | |

A4B0384 12.91

HOSPITAL _____

WARD _____

SURNAME

FORENAMES

UNIT No

| Date | Progress/Evaluation | Signature |
|---|---|---|
| | | |
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**ORTHOPAEDIC SERVICES:**
Mr J H Hay
Mr D A R Aaron
Mr I J Cartlidge
Mr S L Chitnis

**ACCIDENT & EMERGENCY SERVICES - HAND SURGERY SERVICES**
Mr C A Allister
Dr L Hislop

**Your Ref:**

**If telephoning please ask for**
**Mrs Williamson Ext. 4450**

**Our ref:** MP/MW/165288

**Date:** 19 May 1998

Dr Kirkwood
15 King Street
PAISLEY
PA1 2PS

Dear Dr Kirkwood

**ALEXANDER O'ROURKE, 4.12.70.**
**45B DARTWOOD CRESC, PAISLEY.**

Admitted: 10.05.98.
Diagnosis: Soft tissue injury right hip.
Management: Rest and analgesics.
Discharged: 11.05.98.

Mr O'Rourke fell and hurt his right hip. He was unable to weightbear. X-rays of pelvis and lumbosacral spine did not reveal any bony injury. He was admitted overnight for observation and rest. His pain settled and he mobilised quite well. He was discharged home in a satisfactory condition.

No follow-up appointment has been arranged.

Yours sincerely

**Mr M Pai**
**Locum Consultant Orthopaedic Surgeon**

NAME

# CLINICAL NOTES CONT'D

UNIT NUMBER

DATE

10/5/98 OBSVD SIAO

- 27 ♂

Transfer ward duty + Self dress 2-3 steps
No LOC No H-I
Able to stand, but ↓ unsteadiness.
C/O pain (R) Hip + (R) Lumbar region
No loss of Pwr - No loss of Sensation
No Incontinence

OE/ Undressed at present.
Spasms ++ pain (R) Lumbar region + muscles

No pain on compressing Vertebrae or Pelvis.

L-S- Spine : No Palpable Deformity
No Swelling
No Tenderness over bony Spine
Some Tenderness (R) Paravertebral muscles
No Sensory level

| | (R) | (L) |
|---|---|---|
| SLR : | ≤ 20° | ≤ 50° |

Tenderness (R) GT Trochanter

Now ↓ Passive + Int / Ext Rotation

| | (R) | (L) |
|---|---|---|
| T | ++ | ++ |
| P | S/S | S/S |
| R | ↓GT ++ ↓IT ++ | ↓GT ++ ↓IT ++ |
| S | (R) | (L) |

Medication ↓ to 1

# CLINICAL NOTES CONT'D

DATE

X Rays: Pelvis: No abnormality seen
Femoral Neck & Both Shafts —

LS Spine: No loss of Alignment / Collapse

Imp: Soft Tissue Injuries (R) Proximal thigh Muscles

— Advised 2! (Unable to determine if Contusion)
— Analgesics
— Advised Gradually

SG

DOT

Date & Time

## Clinical Notes

10/5/98
13:00 Fell over dog and down few stairs
Could stand afterwards but not walk.
O/E Distressed on movement lying flat
chest - few inspiratory wheezes
heart sounds I + II + 0
Abd soft no masses

no pain on compression pelvis
tender (R) greater trochanter area
SLR 10° (L) ⇄ 45° (R)
Int rotation (R) hip ✓
ext rotation painful ++
acutely painful posterior to hip joint on (R)
Tender ++ to lateral side (R) lumbar spine
normal speech and movement of upper limbs
can move toes and feet normally
no sensory loss in legs no paraesthesia
has torn off nail from (R) 5th toe.
Past history: on Methadone

Rx: lumbar spine and pelvis
? avulsion of flake from
acetabular edge on (R)
yCamm
SHO 126

IBUPROFEN 400mgm tid

14.20 Unable to sit up more than 30° and cannot turn without spasm. Refer to Orthopaedic for assessment
Dressing to (R) 5th toe
yCamm

Each Entry must be Signed

| Date & Time | Clinical Notes (cont'd) |
|---|---|
| | |

**Each Entry must be Signed**

| Date | Medicine & Dose | Time of Administration | Doctor's Signature | Given by - Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**DECLARATION**

*Against the advice of the Medical Officer responsible for my care, I have decided NOT to accept / continue the treatment offered. I have been advised by Doctor that my refusal may prejudice my improvement or recovery.*

My reason for refusal is:- .....

.....

Date: ..... Signed: .....

Witnessed by: ..... Medical Officer: .....

# ROYAL ALEXANDRA HOSPITAL NHS TRUST ACCIDENT & EMERGENCY DEPARTMENT

Corsebar Road, PAISLEY PA2 9PN — Telephone No: 0141 887 9111

018941/98

Name: O'ROURKE ALEXANDER

Addres 458 DARTWOOD CREC
PAISLEY

PA31JR

04/12/1970 MALE

018941/98 ARR. 12:36
REG. 12:36

A&

Typ 10/05/98
Inci OTHER

INCIDT.DATE
10/05/98

Cor INJURY
R/SIDE

INCIDT.TIME

Date of Bir 04/12/1970 27

M/S/W: MARRIED

Occupatio

School:

NOT STATED

Age:

Religion:

Nationali

N.O.K.:

G.P. Name:

Practice Ad DR. KIRKWOOD
THE SURGERY
15 KING STREET
PAISLEY

Tel. No.:

Referred SELF REFERRAL

Mode of AMBULANCE

NO ALLISTER
NO

Triage Nurse: Cyaelas Triage Time: 1255 hrs. Category: Mod Pain.

**TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT**

Dear Doctor

This patient attended Accident & Emergency Department today.

Diagnosis: Fall - pain (R) hip
(R) lumbar area

X-RAY Film / ECG Shows:

Treatment Given:

**DRUGS**

____ days supply of _____ has been given

TT Booster ____ HATI ____ (please tick)

Tetanus Prophylaxis ~~has~~ / has not been administered.
covered

Patient Details:

A' O'ROURKE ALEXANDER
458 DARTWOOD CREC
PAISLEY

PA31JR

Would you please arrange:

**DISPOSAL** (please tick)

| | | | | | |
|---|---|---|---|---|---|
| G.P. | ☐ | Admit Ward No. | ☐ | Died in Dept. | ☐ |
| No Follow up | ☐ | Transfer to Other Hospital | ☐ | D.O.A. | ☐ |
| Return to A & E Clinic | ☐ | Fracture Clinic | ☐ | Irregular Discharge | ☐ |
| Return to A & E Clinic (if necessary) | ☐ | Other Clinic | ☐ | Did Not Wait | ☐ |

**Medical Officer's Name** (in BLOCK CAPITALS)

J C AMERON

Consultant - St. Grade - Registrar - SHO - Clinical Asst. (please circle)

CODE 126

**Signature of Medical Officer**

J Cameron

Kalamazoo 10379630 c

| Observations | Time | BP | P | T | R | SAT 02 |
|---|---|---|---|---|---|---|
| 1 | 1300 | 137/77 | 51 | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| Alcometer | PEFR | BM | HCG | Urinalysis | | |
| | | | | | | |

Nursing Notes:

| | YES | NO |
|---|---|---|
| Clothing with Patient / Relatives | ☐ | ☐ |
| Valuables with Patient / Relatives | ☐ | ☐ |
| Relatives Informed of Admission | ☐ | ☐ |

Time of Discharge: ..... am / pm

Signature of Named Nurse: .....

DO NOT WRITE IN THIS SPACE

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

DEPARTMENT OF SURGERY

Consultant: Mr A A Renwick

Date: 05 September 2013
Dictated 05 September 2013
Ref: AAR/RR/165288

Sec: Rosalind
Direct ☎: 0141 314 6025
Fax: 0141 314 6834

Dr I Hamilton
St James Medical Centre
19 St James Street
PAISLEY

Dear Dr Hamilton

**ALEXANDER O'ROURKE – CHI 0412703297**
**64 DALSKEITH ROAD, PAISLEY**

I reviewed this gentleman today in the surgical clinic. As you will recall he has an incisional hernia in the superior aspect of a midline laparotomy wound, which was initially performed following an abdominal stabbing in April 2012. He was last seen in the clinic and laparoscopic repair was discussed with him, however, he was encouraged to lose weight before review at the clinic.

At this point his weight was 100kg with a BMI of 30. Unfortunately on review today his weight has increased to 108kg with a BMI of 33. On review he tells me that his incisional hernia is asymptomatic and he is only really bothered with the cosmetic appearance of this. I have reiterated how essential weight loss is prior to surgical intervention for his hernia and he is willing to give this another shot. We plan to review him again in six months time in the outpatient clinic and will let you know the outcome of this in due course.

Yours sincerely

**Mr Raymond Oliphant**
**Surgical ST6**

c.c. Dr James Curran, HMP Low Moss, Health Centre, Crosshill Road, BISHOPBRIGGS G64 2QB

111.3kg

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

DEPARTMENT OF SURGERY

Consultant: Mr A A Renwick

Date: 06 March 2013
Dictated 05 March 2013
Ref: AAR/RR/165288

Sec: Rosalind
Direct ☎: 0141 314 6025
Fax: 0141 314 6834

Dr I Hamilton
St James Medical Centre
19 St James Street
PAISLEY

Dear Dr Hamilton

**ALEXANDER O'ROURKE – CHI 0412703297**
**64 DALSKEITH ROAD, PAISLEY**

I reviewed Alexander at the clinic today. He is a 42 year old man who is presently an inmate at HMP Low Moss who has an incisional hernia from a laparotomy wound that was done for trauma in April 2012.

On examination there is a definite hernia in his upper abdominal wound, which is approximately 8 x 8cm. I think it would be appropriate for repair, however, he is on the hefty side at the moment having gained quite a significant amount of weight and have advised him to try and lose a stone and a half in weight, which will hopefully increase our chances of being able to do this by a keyhole method and also give him a higher chance of having a successful result. I shall review him again in six months time to assess how his weight loss is going.

Yours sincerely

**Mr Andrew A Renwick**
**Consultant Colorectal Surgeon**

**Glasgow City**
**Community Health Partnership**

**HMP Low Moss**
**Health Centre**
**Crosshill Road**
**Bishopbriggs**
**Glasgow**
**G64 2QB**

**Telephone: 0141 762 9689**

NHS
Greater Glasgow and Clyde

General Surgical
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN

| | |
|---|---|
| **Date** | 25 January 2013 |
| **Your Ref** | |
| **Our Ref** | JC/MD |
| **Direct Line** | 0141 762 9689 |
| **Fax** | 0141 762 9748 |
| **Email** | |

Dear Colleague

**Re: Alexander O'Rourke DOB: 04/12/1970 CHI: 0412703297 SPIN: 11932**

Please could you see this 42 year old man, he had a laparoscopy for trauma to the abdomen in April 2012 at the Royal Alexander Hospital. (Mr Renwick)

He appears to have developed an incisional hernia in the lower part of the wound which is noticeable.

I would be grateful if he could be seen to see if it requires repair.

Thank you

Please send all details of the appointment directly to the Medical Officer at HMP Low Moss, Health Centre, Crosshill Road, Bishopbriggs, Glasgow G64 2QB.

Yours sincerely

M. Harrison Davidson  Curran

Dr James Curran
Medical Officer

06 FEB 2013

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel No: 0141 887 9111

DEPARTMENT OF SURGERY

Consultant: Mr A A Renwick

| | | | |
|---|---|---|---|
| Date: | 23 April 2012 | Sec: | Rosalind |
| Dictated | 23 April 2012 | Direct ☎: | 0141 314 6025 |
| Ref: | AAR/NS/RR/165288 | Fax: | 0141 314 6834 |

Dr I Hamilton
St James Medical Centre
19 St James Street
PAISLEY

Dear Dr Hamilton

**ALEXANDER O'ROURKE – CHI 0412703297**
**64 DALSKEITH ROAD, PAISLEY**

| | | |
|---|---|---|
| **ADMITTED** | - | **08.03.12** |
| **DISCHARGED** | - | **16.03.12** |
| **DIAGNOSIS** | - | **ALLEGED ASSAULT WITH MULTIPLE INCISED WOUNDS** |
| **PROCEDURE** | - | **LAPAROTOMY WITH OVER SEWING OF BLEEDING LEFT GASTRO – COLIC VESSEL**<br>**WASHOUT, DEBRIDEMENT AND CLOSURE OF LEFT ELBOW LACERATION** |

The above patient was admitted after presenting to A&E following an alleged assault. He was found to have multiple incised wounds to his trunk and abdomen. He had a CT of his chest, abdomen and pelvis carried out soon after, which showed no evidence of free gas within his abdomen but some free intra abdominal fluid. There were no other significant findings on his CT. He was admitted to the high dependency unit for observation. He was kept under close review and in the morning it was felt necessary to take him theatre for laparotomy. There was evidence of bleeding within his abdomen, which was found to be coming from a gastro-colic artery. This was over sewn and his peritoneal cavity was washed out.

Following this the orthopaedic team washed out and debrided a large full thickness laceration to his left elbow. They also closed this wound at the same time.

Post operatively he was returned to HDU and kept under close observation. He made a good post operative recovery and was able to be set down to the normal ward on the 12.03.12. He was subsequently able to be discharged home on the 16.03.12.

(2)

I have not arranged any follow up for this patient.

Yours sincerely

**Natalie Scullion**
**GP ST1**

**Royal Alexandra Hospital**

**Corsebar Road**

**Paisley**

**PA2 9PN**

**Tel No: 0141 887 9111**

**DEPARTMENT OF SURGERY**

**Consultant: Mr E M Eltahir**

**Date:** 18 September 2008
**Dictated:** 16 September 2008
**Ref:** MM/MM/165288

**Sec:** Mrs Berrie
**Direct ☎:** 0141 314 7061
**Fax:** 0141 314 6834

Dr I J D Hamilton
St James Medical Centre
19 St James Street
PAISLEY

Dear Dr Hamilton

**REF: ALEXANDER O'ROURKE – D.O.B 04/12/1970**
**CHI: 0412703297**
**64 DALSKEITH ROAD, PAISLEY,**

ADMITTED: 12.09.08
DISCHARGE: 14.09.08
DIAGNOSIS:

Your patient was admitted on the above date after an alleged assault. On examination there was evidence of alcohol intoxification. There were two puncture wounds at the left interior chest and a few puncture wounds at the left flank which looked superficial. He remained haemodynamically stable throughout admission and the chest drain was removed after a satisfactory chest x-ray. He was kept for observation after his chest drain removal however, unfortunately, he discharged himself out of hospital, against medical advice. No routine follow up was arranged for him.

Kind regards

Yours sincerely

**Mr M Mansour**
**Speciality Registrar 3 to Mr Eltahir**

**DEPARTMENT OF SURGERY**

MR COLIN PORTEOUS
CONSULTANT SURGEON

Royal Alexandra Hospital
Corsebar Road
PAISLEY
PA2 9PN
Tel No: 0141 887 9111

Our ref: YB/RKS/165288

Enquiries: Rhona Struthers
Direct Line: 0141 314 6964
Fax: 0141 314 7046

Date: 10 SEPTEMBER 2008

Dr I J D Hamilton
St James Medical Centre
19 St James Street
Paisley

Dear Dr Hamilton

**ALEXANDER O'ROURKE CHI NO 0412703297**
**64 DALSKEITH ROAD PAISLEY**

Mr O'Rourke was admitted on 02 September 2008 following an alleged assault a couple of days previously. He sustained a stab wound to the right iliac fossa but did not attend A & E immediately after the incident as he felt well. Over the next couple of days his wound became increasingly painful and he developed a swelling underneath it. He also had some old blood discharging from the wound but no pus. He was feeling generally well, his bowels were moving normally and he was passing urine.

On examination his abdomen was soft although there was a 2 cm laceration in the right iliac fossa with a subcutaneous mass underneath this which was likely to be a haematoma. His inflammatory markers and temperature were normal. Therefore it was unlikely this was an abscess. We admitted him with a plan to get an ultrasound scan of this but he did not want to wait for this so took his own discharge later that same day.

We also noted on this admission that he had a marked sinus bradycardia with a heart rate of 42. He is on no medication that would have caused this but he was asymptomatic. There was nil else of note on his ECG so we did not investigate this any further. We have arranged no follow up for this gentleman.

Yours sincerely

YVONNE BRAMMA
Surgical FY2

GT/MH/165288

30th September, 1983.

Dr. S. Barua,
135 a Fergusiie Park Avenue,
PAISLEY.

Dear Dr, Barua,

Alex. O'Rourke, 4.12.70
4 Killoch Avenue, Paisley

Alexander had a left orchidopexy on 29th September, 1983. He made an excellent recovery and was discharged home on 24th September. We will see him again for review at the Clinic.

Yours sincerely,

GAVIN TAIT,
Surgical Registrar.

Postage will be paid by licensee

Do not affix Postage Stamp if posted in Gt. Britain, Channel Islands or N. Ireland

**BUSINESS REPLY SERVICE**
**Licence No. P.A. 52**

**Medical Superintendent (Appointments Office)**

Royal Alexandra Infirmary
Neilston Road
PAISLEY
Renfrewshire
PA2 6YY

2

FOLD BOTTOM FLAP AND SEAL HERE

TO THE PATIENT:

Please complete the lower part of this form, seal, stamp and post without delay.

Following receipt by the hospital a card will be forwarded giving you a date and a time to attend.

The attendance system is designed to avoid as far as possible any unnecessary waiting time in the Out-Patients Department. You can help with the smooth running of the system by completing this form correctly and by attending at the given time. Please do not attend before the time arranged.

| CLINIC | DATE | DAY | TIME | UNIT NO. |
|---|---|---|---|---|
| MR. FINDLAY | 13-11-74 | WED | 10·15 | 165288 |

ABOVE PORTION FOR HOSPITAL USE ONLY

## REQUEST FOR OUT-PATIENT CONSULTATION

Date 6.9.74

Dear Sir, _____

Please arrange for my patient to be seen at the Orthopaedic

Clinic of Mr./Dr. _____

Yours faithfully,

Name _____

Address _____

Dr. C. STEED - A. M. SUTHERLAND : S. HARRIS

2 CLEVIOT ROAD PAISLEY

Telephone No. _____

Telephone: 041-884 2774

**Please use Rubber Stamp if Available**

Name of Patient: Alexander O'Rourke Age: 3

History: Its second toe overrides the third. The condition is bilateral.

Would you please advise on his treatment?

IMPORTANT: PLEASE SEAL AND GIVE TO THE PATIENT SO THAT HE/SHE MAY COMPLETE THE LOWER PORTION.

FOLD AND STICK TOP OF FORM HERE

PLEASE WRITE PLAINLY OR PRINT

Patient's Surname: O'ROURKE

First Names: ALEXANDER

Date of Birth: 4.12.70

Address: 4 KILLOCH AVENUE, PAISLEY

Telephone No. (if any): _____

Occupation (if child give father's occupation): _____

Is patient Single/Married/Widowed: _____

Maiden Name: _____

Has patient ever been treated or X-rayed at this Hospital either as an In-Patient or Out-Patient? State Yes or No: No

If possible, state Ward or Clinic: _____

and Year: _____

AG 21629/73

JAF/HC.

13th November, 1974.

Dr. Sutherland,
2, Cheviot Road,
PAISLEY.

Unit No. 165288.

Dear Dr. Sutherland,

Alexander O'Rourke, 3 years,
4, Killoch Avenue,
Paisley.

I noted the overlapping of the second toe on the third in each foot in the above patient. This is only a cosmetic defect because it does not interfere with walking or running. It would be a mistake to try and straighten these toes because growth would stop in the epiphysis which would have to be excised. This has been explained to the mother. It is likely that the deformity will not get any worse in degree as growth progresses. If, however, function is interfered with, we should be pleased to see him again.

Yours sincerely,

J. A. Findlay,
Consultant Orthopaedic Surgeon.

bloods ECG urine

# Accident and Emergency Department
# Royal Alexandra Hospital, Corsebar Road,

A&E No. 08050763

0412703297

3

| | | | | | |
|---|---|---|---|---|---|
| **Surname** | O'ROURKE | **First Name** | ALEXANDER | **Title:** | |
| **Address:** | 64 Dalskeith Road<br>PAISLEY,<br>Renfrewshire | **Postcode**<br><br>**Telephone:** | PA3 1AT<br><br>N/A | | |
| **Date of Birth:** | 04.12.70 | **Sex:** | M | **Age:** | 37 yrs |

| | | | |
|---|---|---|---|
| **GP Name:** | KIRKWOOD WENDY | | |
| **Address:** | The Surgery<br>15 King Street<br>Paisley | **Postcode**<br><br>**Telephone:** | PA1 2PS<br><br>0141 889 3144 |

**Next of Kin**
**Relationship:**

**Address:** **Postcode**

**Telephone:**

**Primary Carer:**

**Date of Attendance:** 01.09.08 21:07
**Date of Incident:**
**Presenting Complaint:** ABDOM PAIN

**age** ALLEGED STAB WOUND TO ABDOMEN 3 DAYS AGO, AREA AROUND SAME HAS BECOME SWOLLEN AND PAINFUL, DECLINED ANALGESIA • MODERATE PAIN?

**Tetanus Cover:**

**Allergies:**

**P=** **BP=** / **RR=** **Sat=** **BM=**

**PF=** **GCS=E:** M: V: Total:

**Drugs Prescribed**

| Date | Drug | Dose | Route | Signature | Given By | Time |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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**CHILD ASSESSMENT QUESTIONNAIRE: Complete for all children under 16**

| | YES | NO |
|---|---|---|
| Previous attendance (consider any relevant trauma from previous presentations) | | |
| History variable between accounts | | |
| Examination not compatible with history/presentation | | |
| Delay in presentation | | |
| Fracture/head injury or significant bruising in baby or non-mobile toddler | | |

**Discuss with Senior Medical Staff/Nurse on duty any factors identified**

**DRUG PRESCRIPTIONS.**
**In Department & On discharge (Identify frequency for discharge drugs)**

| Date Given | Drug (Block capitals) | Dose | Frequency | Route Given | Time Given | Signature | Given by |
|---|---|---|---|---|---|---|---|
| 1/9/08 | AMOXICILLIN | 500MG | QDS | O | | | |
| " | METRONIDAZOLE | 400MG | TDS | O | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Seen By** V. BARKER-FLEMING **Consultant** F.W.

| Date/Time | |
|---|---|
| 1/9/8 | |
| 10:30pm | Allegedly 'stabbed' on friday night in Aberdeen. |
| | - unsure of weapon. |
| | - was fighting with another man |
| | - was under influence of alcohol. |
| | - Does not want police involved. |
| | - Nau - painful - 'throbbing' |
| | - painful to urinate + pain opening bowels |
| | - Bowels moving ☑ - last moved this am. |
| | - blood in stools. |
| | Usa - haemorrhoids. |
| | - constipation |
| | - Ciprofloxacin |
| | - Flagyl. |
| | - Excellence |
| | - meds/ [ Ranitidine |
| | Mebeverine - 55ml. |
| | Allergies - NKDA |

O/E

Body Part Stamp

obs/

BP – 135/75
P – 50.
RR – 12.
Sats – 99% on air

CVS/ – HS1 + 2 + 0
– JVP
– ↑ ankle swelling

RS/ – chest clear
– equal expansion.
– RR – 12
– sats – 99% on air

AS/
– Soft
– tender
– BS (N).

| Date | |
|---|---|
| SH/ | + lives i girlfriend.<br>+ smokes 10cig/day.<br>+ occasional alcohol. |
| FH/ | + nil |
| | – ensure no free fluid under diaphragm ☺. |
| Plan/ | + ~~AXR~~ CXR ✓<br>+ Bloods – CRP, FBC, U+E ✓<br>+ Surgical review<br>– ECG – Nil acute |
| 1/9/08 @ 23²⁰ | Surg. Cover (Nights)<br>. Late presentation of abdo. stabbing. Fighting last Fri night. Alc. involved. Can't remember: weapon, getting injured etc. Was wearing a t-shirt + had a hole in it Sat. AM<br>. Washed the wound + put a dry dressing on it himself Sat. Changed dressing today + notes 'dark' d/c ? pas |

Discharge Codes (please circle)

| | | | |
|---|---|---|---|
| 1. Discharge Home | 2. Refer GP | 3. A&E Clinic | 4. Fracture Clinic |
| 5. Other Clinic | 6. Transfer | 7. Admit Ward | 8. Patient Deceased |

| Time | | | | Time |
|---|---|---|---|---|
| COMA SCALE | Eyes open | Spontaneously | | Eyes closed by swelling = C |
| | | To speech | | |
| | | To pain | | |
| | | None | | |
| | Best verbal response | Oriented | | Endotrachael tube or tracheotomy = T |
| | | Confused | | |
| | | Inappropriate words | | |
| | | Incomprehensible sounds | | |
| | | None | | |
| | Best motor response | Obey commands | | Usually record the best arm response |
| | | Localise pain | | |
| | | Flexion to pain | | |
| | | Extension to pain | | |
| | | None | | |
| Pupil scale (mm) | 1 | Blood pressure and pulse rate | 240 | 40 |
| | | | 230 | 39 |
| | 1 | | 220 | 38 |
| | | | 210 | 37 |
| | 3 | | 200 | 36 Temperature |
| | | | 190 | 35 °C |
| | 4 | | 180 | 34 |
| | | | 170 | 33 |
| | 5 | | 160 | 32 |
| | | | 150 | 31 |
| | 6 | | 140 | 30 |
| | | | 130 | |
| | 7 | | 120 | |
| | | | 110 | |
| | 8 | | 100 | |
| | | | 90 | |
| | | | 80 | |
| | | | 70 | |
| | | | 60 | |
| | | | 50 | |
| | | | 40 | |
| | | | 30 | |
| | | | 20 | |
| | | Respiration | 10 | |
| Pupils | right | Size | | + reacts |
| | | Reaction | | – no reaction |
| | left | Size | | c. eye closed |
| | | Reaction | | |
| LIMB MOVEMENTS | ARMS | Normal power | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Spastic Flexion | | |
| | | Extension | | |
| | | No response | | |
| | LEGS | Normal power | | |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Extension | | |
| | | No response | | |

## Nursing Documentation

## Other Information Regarding Relatives, valuables & Ambulance Request

Against the advice of the Doctor or Nurse responsible for my care, I have decided not to accept/continue the treatment offered. I have been advised by the Doctor or Nurse that my refusal may prejudice my improvement or recovery.

My reason for refusal is:

Date: 1/9/08 Patient Signature:

Doctor / ~~Nurse~~ Signature: Second Witness:

# CLINICAL NOTES CONT'D

NAME Alexander O'Rourke.
0412703297.
UNIT NUMBER

DATE

2/9/18
10⁵⁰

Surgical (Cons: Mr Porteous)

37 ♂ - Alleged assault on Friday night.
- fight with another man.
- Stabbed in abdomen.
- Intoxicated at the time.

HPC
As above
Didn't see weapon.
Didn't attend ATE immediately following incident
felt well. (✓Took irreg d/c)
Came last night following swelling in abdomen
around wound, painful + tender to touch.
°bleeding/discharge from wound. Sweaty
Some dtd blood on dressings. °fevers
Otherwise well.
Bowels moving normally °blood
Passing urine °haematuria
Tolerating oral fluids °n+v.
Not hungry

No other injuries

PMHx
Previous IVDA - on Methadone programme
Otherwise nil of note.

DHx
NKDA
Methadone

SHx Smoker 10/day
Moderate alcohol intake.

O/E Alert.
A Maintaining own airway
B Chest clear Ⓑ = Ⓛ. RR 14
No injuries. °SOB/cough/CP. Sats 98% RA.
C Haemodynamically stable.
Bradycardia HR = 40 ? cause
Asymptomatic.

cont →

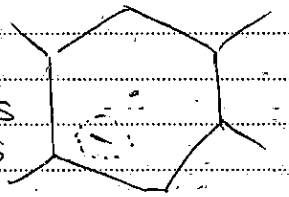
STY5302D

# CLINICAL NOTES CONT'D

DATE

2/9/18
cont.

Abdo



Multiple scars from previous assaults.

Soft Abdomen °peritonism.
1-2 cm laceration RIF
Swelling surrounding wound
? in abdominal wall.
fluctuant, soft, tender to touch
° erythema ° discharge
° cough impulse.

ECG
Sinus brady

Imp ? Haematoma under wound
? Collection of pus.
?? traumatic hernia.

CXR
° free air.
° Nil else.

Plan 1) Admit 24 / Bloods (done by A+E)
2) NBM until senior RIV.
3) ABx
4) USS of swelling
5) Senior RIV.
6) Regular obs, keep an eye on bradycardia.

BRAMMA
FY2
(6441)

DIW Medical SHO
→ Marked sinus brady
→ Nil of note else on ECG.
→ Observe

2/9/18

R RIV by Mr Porteous / Logue (ST4)

Above noted
Haemodynamically stable
Soft Abdomen.
Likely haematoma

Ⓟ USS

BRAMMA
FY2.

0412703297
O'ROURKE
ALEXANDER
04/12/1970 M
FLAT 2.1
PA2 6PB

# CLINICAL NOTES CONT'D

DATE

1/9/08 (Cont.)

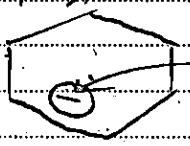
C/o 'Sweats' over last wk/2wks

O/E/

T° 37.2°C

P: 50 , BP: 135/75

Abdo:



Approx 1cm wound ⓇLQ
- Open
- Surrounded by soft ↔ tender swelling

Abdo otherwise soft
°Masses / LKK
BS: +

Imp: ? Intra-abdo collectn.

Ⓟ: 1. Offered admissⁿ.
↳ Refused - stuff @ Ⓗ to take care of
↳ Appreciates potential for septic shock + mortality
↳ Took Irreg D/c
2. Given oral Abx (Amox. + Flagyl)
3. Advised to return (may need I+D)

(O'SULLIVAN #6550, STI(GP))

STY5302D

# CLINICAL NOTES CONT'D

| DATE | |
|---|---|

# Accident and Emergency Department
# Royal Alexandra Hospital, Corsebar Road,

0412703297

A&E No. 08052852

| | | | | | |
|---|---|---|---|---|---|
| **Surname** | O'ROURKE | **First Name** | ALEXANDER | **Title:** | |
| **Address:** | 64 Dalskeith Road<br>PAISLEY<br>Renfrewshire | **Postcode**<br><br>**Telephone:** | PA3 1AT | | |
| **Date of Birth:** | 04.12.70 | **Sex:** | M | **Age:** | 37 yrs |

| | | | |
|---|---|---|---|
| **GP Name:** | KIRKWOOD WENDY | | |
| **Address:** | The Surgery<br>15 King Street<br>Paisley | **Postcode**<br><br>**Telephone:** | PA1 2PS<br>0141 889 3144 |

**Next of Kin**
**Relationship:**

**Address:**

**Postcode**

**Telephone:**

**Primary Carer:**

**Date of Attendance:** 12.09.08 22:33
**Date of Incident:**

**Presenting Complaint:** STAB WOUNDS

**Triage**

**Tetanus Cover:**

**Allergies:**

**P=** **BP=** / **RR=** **Sat=** **BM=**

**PF=** **GCS=E:** **M:** **V:** **Total:**

**Drugs Prescribed**

| Date | Drug | Dose | Route | Signature | Given By | Time |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| | YES | NO |
|---|---|---|
| ll children under 16 | | |
| n previous presentations) | | |
| esentation | | |
| part bruising in baby or non-mobile toddler | | |

discuss with Senior Medical Staff/Nurse on duty any factors identified

**DRUG PRESCRIPTIONS.**
**In Department & On discharge (Identify frequency for discharge drugs)**

| ...ent | Drug (Block capitals) | Dose | Frequency | Route Given | Time Given | Signature | Given by |
|---|---|---|---|---|---|---|---|
| | MORPHINE | 5mg | | IV | 2240 | | |
| | MORPHINE | 5mg | | IV | 2240 | | |
| | AMOXIL | 1g | | IV | 2205 | | |
| | FLAGYL | 500mg | | IV | 2205 | | |
| | MORPHINE | 7mg | | IV | 2340 | | |
| | | | | | | | |

n By MANDAN Consultant CM

| e/Time | |
|---|---|
| 2330 | 12/9 (Gravida) Standby call. |
| | 37 wks |
| | Alleged assault |
| | Stabbed c chronic implant - ? hole base |
| | female. Pt to A dept at 2300 |
| | Full trauma - standby for CCS |
| | c/o SOB |
| | Triaged to chronic tonight. |
| | MOA |
| | DH Antenatal |
| | Next check 2200 |
| | SOB (A) Pt to A. |
| | (B) A: (2) + (4) |
| | Trolley |
| | RR = 22 |
| | SpO2 95% on RA |
| | (C)2 - Tachypnoea - no apparent problems |

all children under 16

| YES | NO |
|---|---|

Rapid

ARTERIAL SAMPLE
12.09.2008
System Name RAPIDPoint
Patient ID 0417[illegible]
Last Name ORDINARY
Operator 1002

ACID/BASE 37.0 °C
H+ 49.21 nmol/L
pCO2 6.32 kPa
pO2 15.20 kPa
HCO3 act 23.2 mmol/L
BE(B) -3.3 mmol/L

CO-OXIMETRY
tHb 14.6 g/dL
FO2Hb 94.8 %
FCOHb 3.11 %
FMetHb 0.3 %
FHHb 1.8 %

[illegible] 36.9 °C
H+(T) 49.0 nmol/L
pCO2(T) 6.29 kPa
pO2(T) 15.12 kPa

[illegible] 113.0 mmol/L
[illegible] 3.491 mmol/L
16 mmol/L
[illegible] mmol/L

[illegible]
Glu [illegible] mmol/L
Lac [illegible] mmol/L

[illegible] 16.9 °C
[illegible] 758 mmHg

[illegible]

AR

ARTERIAL SAMPLE
[illegible].2008
System Name RAPIDPoint
[illegible]
Patient ID 0417[illegible]
Last Name ORDINARY
Operator 1002

ACID/BASE 37.0 °C
[illegible] 45.91 nmol/L
pCO2 5.93 kPa
pO2 9.70 kPa
HCO3 act 23.4 mmol/L
BE(B) 2.9 mmol/L

CO-OXIMETRY
tHb 14.3 g/dL
FO2Hb 91.31 %
FCOHb 2.34 %
FMetHb 0.3 %
FHHb 6.11 %

[illegible] 36.9 °C
H+(T) 45.8 nmol/L
pCO2(T) 5.91 kPa
pO2(T) 9.64 kPa

[illegible]
K+ 133.3 mmol/L
Ca++ 3.98 mmol/L
Cl- 106 mmol/L

METABOLITES
Glu 5.18 mmol/L
Lac 1.44 mmol/L

MANSUN

Body Part Stamp

(C) Cardiac GCS 3 words - clear
P- 104 ST BP 123/68. RS [illegible]

(D) GCS E4 M6 V5 20/20

Injuries:

2x wounds to LEFT anterior chest wall.
Clear edged.
Not expired. Inferior chest bleeding - dressed appropriately

| Date | |
|---|---|
| | 4 x 1cm wounds to LEFT face - dressed Steristrips |
| | 3 x wounds to LEFT arm - no obvious underlying |
| | Plan |
| (1) | Pelvis |
| (2) | Arms x 2 |
| (3) | Fractures/CXR/LFT/Abd/CT's |
| (4) | LEFT ICC clear - (5) days - asymptomatic |
| | Air asymptomatic - Surgery clear |
| (5) | Repeat chest xray - result - NAD 122 |
| (6) | Contusion - (1° wds) |
| (7) | Analgesia/Fluids |
| (8) | Morphine. |
| (9) | Needs 2° surg please |
| | Ref Spec - Trauma |

Discharge Codes (please circle)

| | | | |
|---|---|---|---|
| 1. Discharge Home / Other Clinic | 2. Refer GP | 3. A&E Clinic | 4. Fracture Clinic |
| | 6. Transfer | 7. Admit Ward | 8. Patient Deceased |

STY0435D

| Time | | | Time |
|---|---|---|---|
| COMA SCALE | Eyes open | Spontaneously<br>To speech<br>To pain<br>None | Eyes closed by swelling = C |
| | Best verbal response | Oriented<br>Confused<br>Inappropriate words<br>Incomprehensible sounds<br>None | Endotrachael tube or tracheotomy = T |
| | Best motor response | Obey commands<br>Localise pain<br>Flexion to pain<br>Extension to pain<br>None | Usually record the best arm response |
| Pupil scale (mm) | 1<br>1<br>3<br>4<br>5<br>6<br>7<br>8 | Blood pressure and pulse rate<br>Respiration | 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10<br>40 39 38 37 36 35 34 33 32 31 30<br>Temperature °C |
| Pupils | right | Size<br>Reaction | + reacts<br>– no reaction<br>c. eye closed |
| | left | Size<br>Reaction | |
| LIMB MOVEMENTS | ARMS | Normal power<br>Mild weakness<br>Severe weakness<br>Spastic Flexion<br>Extension<br>No response | Record right (R) and left (L) separately if there is a difference between the two sides |
| | LEGS | Normal power<br>Mild weakness<br>Severe weakness<br>Extension<br>No response | |

## Nursing Documentation

## Other Information Regarding Relatives, valuables & Ambulance Request

Against the advice of the Doctor or Nurse responsible for my care, I have decided not to accept/continue the treatment offered. I have been advised by the Doctor or Nurse that my refusal may prejudice my improvement or recovery.

My reason for refusal is:

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

Doctor / Nurse Signature: ..... Second Witness: .....

# CLINICAL NOTES CONT'D

0412703297
O'ROURKE
ALEXANDER
04/12/1970
MALE
SD:12/09/2008
ST:22:42

NAM
UNI

DATE

12.IX.08
2330

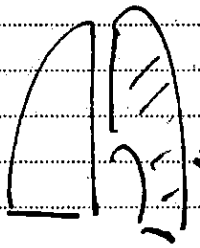
Resuscitation, SpR on call — Cons — EL TAHIR

38y ♂ Resus referral

A - talking, conscious

B - (L) intercostal drain

$SaO_2$ 98% on air RR 19



dull (L) side
2x puncture wounds
drain working
~ 2L on floor

C - covered in blood

warm / pink pulse

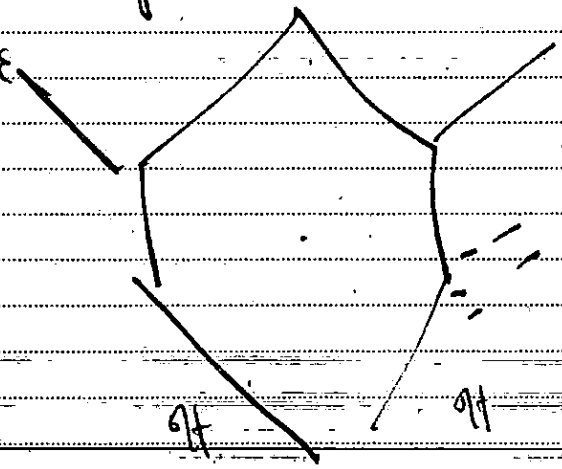
- SR 80s BP 120s/80s

alleged assault tonight

2x puncture wounds (L) axilla chest

5x puncture wounds (L) flank

? weapon



dull abdo
non-tender
BS normal

9/E

9/7

9/1

STY5302D

# CLINICAL NOTES CONT'D

DATE

hyp / (L) pneum : pentrating injury peritoneum not obviously breached

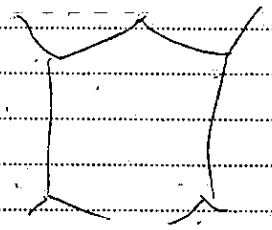
Man/ admit HDU with CVL hyp' / atdo analgesia O2 repeat CXR 2 mani

Name & GR HC100

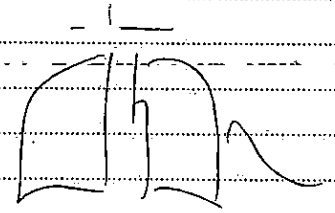
3.9.08. WR El-Tahan.

Multiple Stab Wounds to chest + Abdo.
Appyrexial overnight.
Drain into right left chest - 125mls Blood.

Haemodynamically stable.



Abdomen Soft
+ non tender.



swanging.

Plan

Repeat CXR
Physio - today
mobile
observe
Repeat Bloods.

Name
ST3
6450

# CLINICAL NOTES CONT'D

NAME Alexander O'Rourke.

UNIT NUMBER 04/12/70

| DATE | |
|---|---|
| 14/09/08 09-15 | WR/FET/W24<br>For repeat CXR. → to ~~chest~~ ~~clinic~~ check chest expansion<br>chest physio<br><br>A. McMunn FY2 |

STY5302D

# CLINICAL NOTES CONT'D

| DATE | |
|---|---|

# Accident and Emergency Department
# Royal Alexandra Hospital, Corsebar Road,

0412703297

A&E No. 11000018728

| | | | | |
|---|---|---|---|---|
| **Surname** | O'ROURKE | **First Name** | ALEXANDER | **Title:** MR |
| **Address:** | ~~H M Prison, Barlinnie Prison 81 Lee Avenue~~ ~~GLASGOW~~ | **Postcode** | ~~G33 2QX~~ | **CHI No:**0412703297 |
| | | **Telephone:** | 07707571224 | |
| **Date of Birth:** | 04.12.70 | **Sex:** | M | **Age:** 41 yrs |

64 Dalskeith Rd
Paisley
PA3 1LR

CHI Number: 0412703297

| | | | |
|---|---|---|---|
| **GP Name:** | LOWE KENNETH | | |
| **Address:** | The Surgery<br>3 Glasgow Road<br>Paisley | **Postcode** | PA1 3QS |
| | | **Telephone:** | 0141 889 2604 |

**Next of Kin**
**Relationship:**
**Address:**
**Postcode**
**Telephone:**
**Primary Carer:**

**Date of Attendance:** 08.03.12 22:37
**Date of Incident:** 08.03.12 22:00
**Presenting Complaint:** STAB WOUND

**Triage**
**Tetanus Cover:**
**Allergies:** ***ALERTS***

P= BP= / RR= Sat= BM=
PF= GCS=E: M: V: Total:

**Drugs Prescribed**

| Date | Drug | Dose | Route | Signature | Given By | Time |
|---|---|---|---|---|---|---|
| 9/3 | Morphine | 10mg | IV | | 5mg Stat | 01.16 |
| 9/3 | Cyclizine | 50mg | IV | | | 0139 |
| 9/3 | Coamoxiclav | 1.2mg | IV | | | 0138 |
| | Morphine | 10mg | IV | | NM | 2300 |
| | Morphine | 5mg | IV | | NM | 2330 |

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**CHILD ASSESSMENT QUESTIONNAIRE: Complete for all children under 16**

| | YES | NO |
|---|---|---|
| Previous attendance (consider any relevant trauma from previous presentations) | | |
| History variable between accounts | | |
| Examination not compatible with history/presentation | | |
| Delay in presentation | | |
| Fracture/head injury or significant bruising in baby or non-mobile toddler | | |

**Discuss with Senior Medical Staff/Nurse on duty any factors identified**

**DRUG PRESCRIPTIONS.**
**In Department & On discharge (Identify frequency for discharge drugs)**

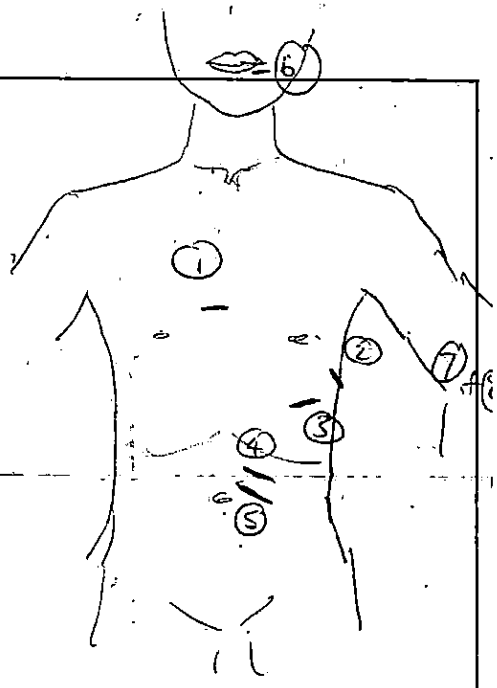
| Date Given | Drug (Block capitals) | Dose | Frequency | Route Given | Time Given | Signature | Given by |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Seen By** N. MAENNS **Consultant** N. MAENNS.

| Date/Time | |
|---|---|
| 8/3/12 22 05. | – Multiple stabbing to chest + abdo |
| | – (41) – allegedly assaulted Neb evening |
| | – Stabbed with knife ? ~ 5-10 inches blade |
| | – Drinking alcohol tonight ++. |
| | °PMH: Smoker: Ex heroin smoke |
| | °Meds |
| | °Allergies |
| | O/E: A – Intact / breathing / talking |
| | B – RR 16 $SaO_2$ 100% on trauma mask |
| | – AE L=R |
| | – Trachea central |
| | C – P82 BP HB 170/90 CRT 2 secs. |
| | – Stab wound to chest + abdo as over → |
| | – NS normal. |

Incised wounds to chest/abdo:

Body Part Stamp



(1) 3cm (R) 4th rib level

(2) 2cm (L) 5th rib post. ax. line

(3) 4cm (L) 5th rib ant. ax. line.

(4) & 2cm
(5) 4cm } (L) epigastrium.

Abdo: Soft. BS present
Localised tenderness around epigastric wounds & muscle wall haematoma.

D - GCS 15/15 PERL.

| Date | |
|---|---|
| | FAST scan by Dr M. Spiers :- No free fluid identified<br>- Sub costal pericardial views but no fluid seen |
| | ~~(L) arm: - 15cm incised longitudinal wound overlying olecranon + down to joint. Scn incised wound to:~~ |
| | Face: (6). 1-5 cm incised wound to (L) lower lip. |
| | (L) arm: (7) - 15 cm incised longitudinal wound to elbow overlying olecranon + looks to be down to joint:<br>(8) - 5 cm incised longitudinal wound overlying lateral epicondyle.<br>- Distally NV intact R/U M<br>- Tendons ✓. |
| | → see cont. sheet. |

Discharge Codes (please circle)

| | | | |
|---|---|---|---|
| 1. Discharge Home | 2. Refer GP | 3. A&E Clinic | 4. Fracture Clinic |
| 5. Other Clinic | 6. Transfer | 7. Admit Ward | 8. Patient Deceased |

| Time | | | | Time |
|---|---|---|---|---|
| COMA SCALE | Eyes open | Spontaneously<br>To speech<br>To pain<br>None | | Eyes closed by swelling = C |
| | Best verbal response | Oriented<br>Confused<br>Inappropriate words<br>Incomprehensible sounds<br>None | | Endotrachael tube or tracheotomy = T |
| | Best motor response | Obey commands<br>Localise pain<br>Flexion to pain<br>Extension to pain<br>None | | Usually record the best arm response |
| • 1<br>● 1<br>3<br>4<br>5<br>6<br>7<br>8<br>Pupil scale (mm) | | Blood pressure and pulse rate<br>Respiration | 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 | 40 39 38 37 36 35 34 33 32 31 30<br>Temperature ºC |
| Pupils | right | Size<br>Reaction | | + reacts<br>− no reaction<br>c. eye closed |
| | left | Size<br>Reaction | | |
| LIMB MOVEMENTS | ARMS | Normal power<br>Mild weakness<br>Severe weakness<br>Spastic Flexion<br>Extension<br>No response | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | LEGS | Normal power<br>Mild weakness<br>Severe weakness<br>Extension<br>No response | | |

## Nursing Documentation

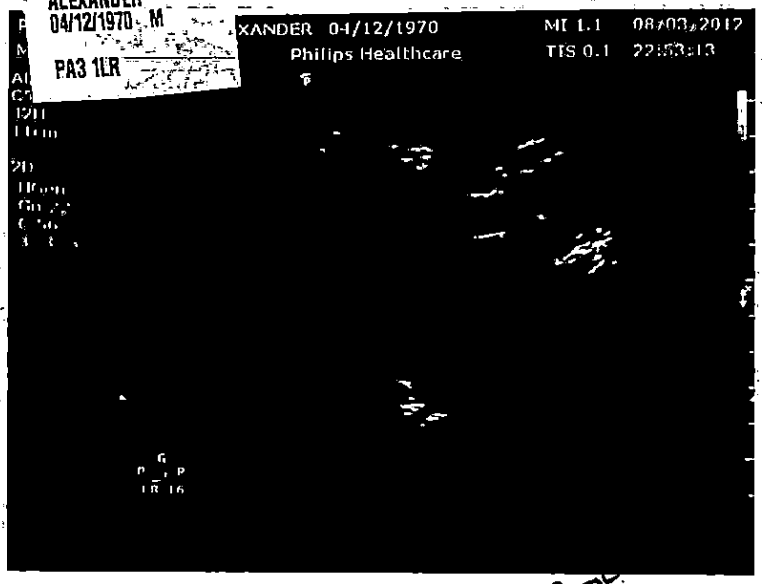
## Other Information Regarding Relatives, valuables & Ambulance Request

Against the advice of the Doctor or Nurse responsible for my care, I have decided not to accept/continue the treatment offered. I have been advised by the Doctor or Nurse that my refusal may prejudice my improvement or recovery.

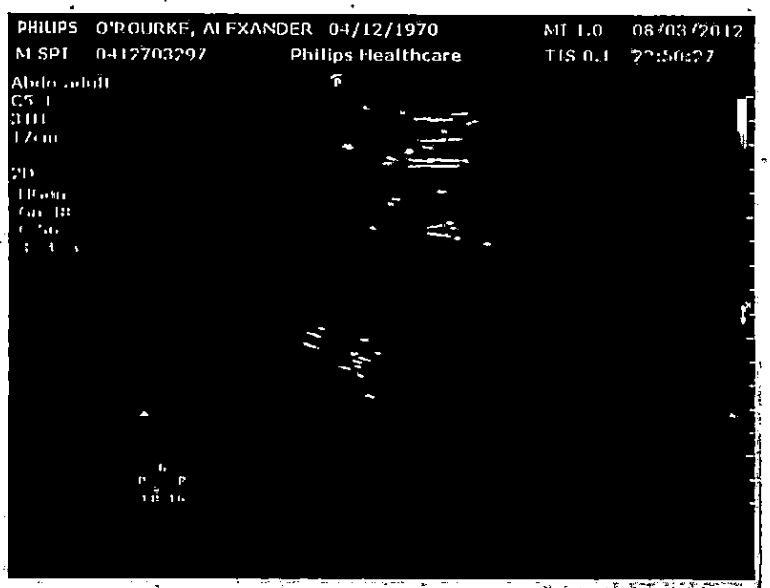
My reason for refusal is:

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

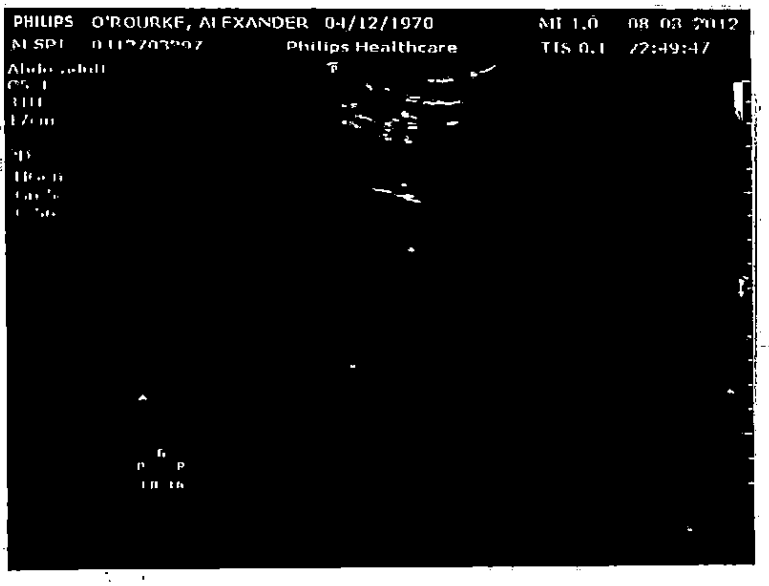
Doctor / Nurse Signature: ..... Second Witness: .....



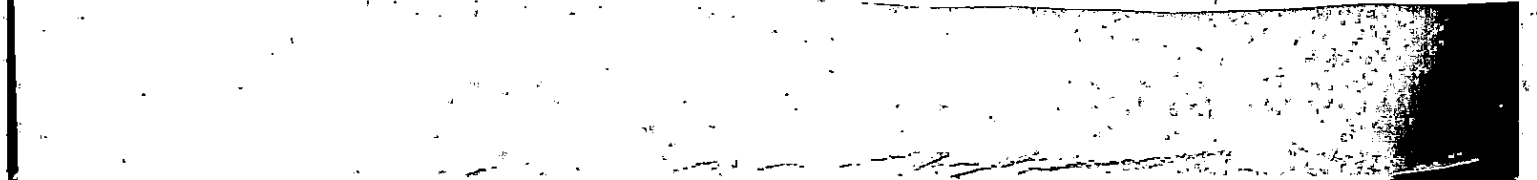

BLADDER




LUQ




RUQ



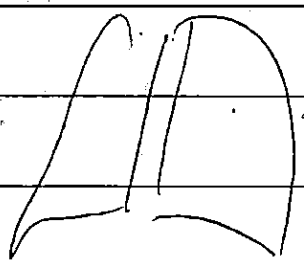
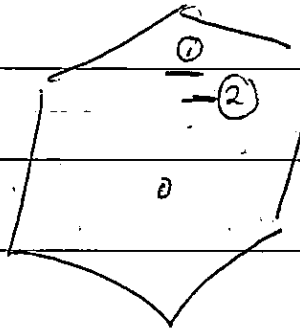
NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

Alexander O'Rourke
04/27/03297

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 8/3/12 | Continued. | |
| | Inj: - Multiple chest/abdo stabbing | |
| | - Stable tamponade + FAST -ve. | |
| | - Abdo soft. | |
| | - (L) arm wounds will require exploration by orthopaedics | |
| | → Refer ger. surg for admission. | |
| | SURGICAL REVIEW → MR RENWICK. | |
| 8/3/12 23.45 | (41) → Multiple stab wounds with night tonight. ? time | |
| | Says with knife unable to describe | |
| | Intoxicated. ETOH only | |
| | ° PMH | |
| | Smoker + heroine smoker. | |
| | (A) Maintaining own | |
| | (B) Sats 100% 15L Trauma mask | |
| | Sats 97% on air | |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| |  no surgical emphysema and ATE bilaterally No distress + percussion | |
| | CXR – no pneumo / haemothorax | |
| | (C) Warm peripheries strong radial pulses Blah | |
| | – BP 130/75 HR 80 RTS I + II 10 no muffling | |
| | Following 1.0L fluid resus | |
| | BP at 80/45 prior to resus | |
| | Catheter passed clear urine | |
| | FBC 151, Plts 245, WBC 8.2 | |
| | COAG (N) | |
| | Biochem (N). Trop I | |
| | ECG → Anterolateral T wave ↓ | |
| | | |
| | (D) GCS 15/15 Temp Apyrexial | |
| |  x 2 incised wounds (2) epigastrium. CBT over | |
| | | |
| | Abdomen soft mild tenderness epigastrium | |

NHS
Greater Glasgow and Clyde

ROYAL ALEXANDRA HOSPITAL
HIGH DEPENDENCY UNIT
**DAILY GOALS SHEET**

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH AVE
PAISLEY
PA3 1LR

DATE: 2
CONSULTANT: RENNICK | NUNN
DAY: 9/3/12.
PT'S NAME:
DOB:
CHI:

DIAGNOSIS: MULTIPLE STAB WOUNDS

CURRENT PROBLEMS:

1. 3.
2. 4

**DAILY PLAN:**

O2 Therapy _____ Goal: SaO2>94%_____Or_____

).V _____ ESCALATION TO NIV IF REQ.D Y / N

C _____ Goal: MAP>65mmgh ____Or_____

CVP>10 ___Or

Renal _____Goal: 0.5mls/kg/hr_____Or_____

Nutrition _____ Goal: NG/ PO/ NBM_____

DVT prophylaxis Y / N Exclusion _____

Ulcer prophylaxis Y / N Exclusion _____

Analgesia: Antibiotics 1. Day Of
2. Day Of
V nd/Drain: 3. Day Of

S na check:

BP: 126/69 PULSE: 84 SATS: 94% 2L RR: 20. Hb 130. 0554hrs 9/3.

SEPSIS MARKERS: TEMP 36.4 WCC 8.2 CRP <3

Days Central line in situ _____ ?Still required: YES_____ NO _____

Urinary Catheter in situ _____ ?Still required: YES_____ NO _____

Previous 24hr fluid balance: _____ Cumulative balance_____
(if applicable)

IV Fluids prescribed Y/N
Passed ward fit Y/N Transfer ward _____ Resus status Y / N

SENIOR NAME PRESENT AT DAILY REVIEW:

BEDSIDE NURSE PRESENT AT DAILY REVIEW J. SMITH SN:

ADDITIONAL COMMENTS:

↑ abdominal tenderness

For laparotomy thurs am

+ ortho exploration of (L) elbow

SCULLION

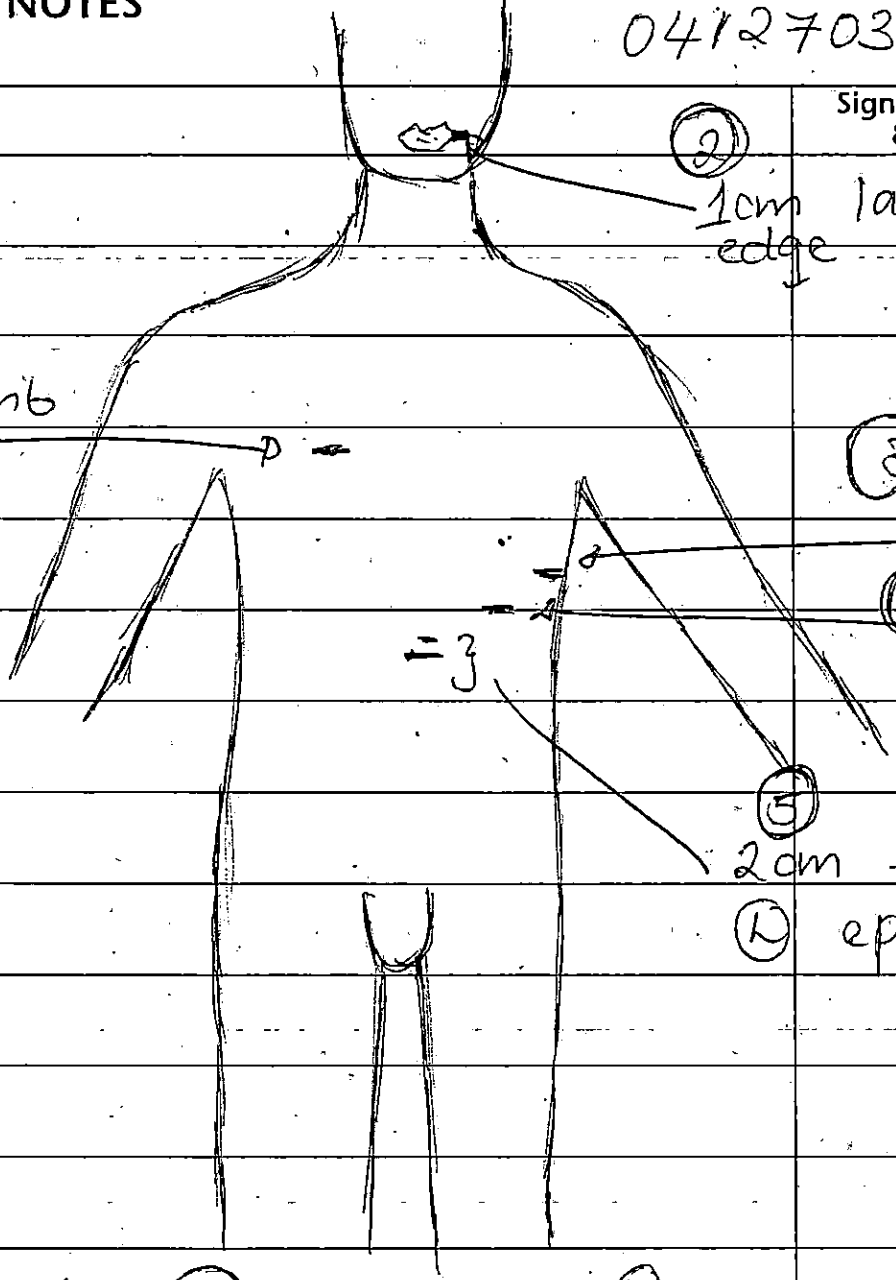
DAILY PLAN / DAILY GOALS:

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES

Alexander O'Rourke
0412703297

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|



(2) 1cm laceration edge of mouth

(1) 3cm (12) 4th rib parasternal

(3) 2cm anterior axillary line

(4) 2cm (L) 5 rib mid clavicular

(5) 2cm + (6) 4cm (12) epigastrium

~~(7)~~ (7) 12 cm (2) elbow down to bone

(8) superior to 7 above 4cm

d/w radiology → CT CAP Obondo ST3
d/w Mr Renwick will update him with the result. #6540

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 0145 | d/w Mr Renwick | |
| | CT - no free gas | |
| | Some free intra-abdominal | |
| | fluid. | |
| | I currently feel the pt is | |
| | stable. Maintained stable obs | |
| | last 2 hrs. (MR AR happy to attend if any change) | |
| | Abdomen unchange | |
| | HDU. I will review in 1h | |
| | Theatre if clinical deterioration | |
| | Abdo SR3 | |
| | #6540 | |
| | Serial review of abdomen | |
| | 2 am, 3 am, 4.30 and | |
| | 6 am. No significant | |
| | change. Pt stable. | |
| | Abdo SR3 | |
| | #6480 | |
| 9/8/14 | Theatre: Anwar/Abdo | |
| | - ~~Exploratory~~ laparotomy | |
| | - Bleeding from gastroepiploic | |
| | artery (x1) Tied off + wash out done. | |

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

ALEXANDER O'LOUGHLIN,
0412703297.

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 9/3/12 | Fy2 HAN surgery/ortho - BATTEN | |
| 0900 | | |
| | ATSP re 2x lacerations over extensor surface of Left Elbow. | |
| | Hx of multiple stab-wounds this evening fom alleged assault. Mainly overlying chest and abdomen but also 2x on elbow. | |
| | One is ~15cm in length. Deep extending down to bone. | |
| | Second is shorter ~5cm in length and not as deep. Unable to visualise bone. | |
| | Both dressed with a dear tegaderm. | |
| | Neurovascularly in-tact distal to lacerations. Ulnar, radial + median nerve motor function normal. Reports normal sensation. | |
| | Imp - Will likely require surgical exploration. Not for theatre at present as Pt stable. | |

93443

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER
64 DALSKEITH AVE
PAISLEY
PA3 1LR

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|

Fln

If situation changes and surgeons decide to operate - then ? for surg exploration at same time. Otherwise Monitor HAn and r/v made by consultant on-call.

#6550

Fu2

13/12 S/B Mr. Nunn Orthopaedic Consultant

Lacerations left Elbow.

NO neurovascular deficits.

For exploration / Repair lacerations left Elbow.

S Nunn

NHS
Greater Glasgow and Clyde

ROYAL ALEXANDRA HOSPITAL
HIGH DEPENDENCY UNIT
**DAILY GOALS SHEET**

0412701297
ROURKE
ALEXANDER
04 12 1978 M

DATE: 10/3/12
CONSULTANT: RENWICK
DAY: 1

PT'S NAME:
DOB:
CHI:

DIAGNOSIS:

CURRENT PROBLEMS:

1. 3.
2. 4

**DAILY PLAN:**

O2 Therapy _____ Goal: SaO2>94%_____Or_____

V _____ ESCALATION TO NIV IF REQ.D Y / N

C _____ Goal: MAP>65mmgh ____Or_____

CVP>10 ___Or

Renal _____Goal: 0.5mls/kg/hr_____Or_____

Nutrition _____ Goal: NG/ PO/ NBM_____

DVT prophylaxis Y / N Exclusion _____

Ulcer prophylaxis Y / N Exclusion _____

Analgesia: Antibiotics 1. Day Of
2. Day Of
V nd/Drain: 3. Day Of

S na check:

BP : PULSE : SATS : RR :

SEPSIS MARKERS: TEMP _____ WCC _____ CRP _____

Days Central line in situ _____ ?Still required: YES_____ NO _____

Urinary Catheter in situ _____ ?Still required: YES_____ NO _____

Previous 24hr fluid balance: _____ Cumulative balance_____
(if applicable)

IV Fluids prescribed Y/N
Passed ward fit Y/N Transfer ward _____ Resus status Y / N

SENIOR NAME PRESENT AT DAILY REVIEW:

BEDSIDE NURSE PRESENT AT DAILY REVIEW

## ADDITIONAL COMMENTS:

WR VELLA

NO COMPLAINTS

OBS STAB

GOOD URINE OUTPUT (POSM) +3L

↑ T° LAST NIGHT 38.1

↘ ON CO-AMOXICLAV

(P) ANALGESIA
BAD
Fluids
Continue ABx

MSCM 516152

## DAILY PLAN / DAILY GOALS:

NHS
Greater Glasgow and Clyde

ROYAL ALEXANDRA HOSPITAL
HIGH DEPENDENCY UNIT
**DAILY GOALS SHEET**

0412763297
ROURKE
ALEXANDER
1970 M

DATE: 11/3/12
CONSULTANT: Mr Renwick
DAY: 3

PT'S NAME:
DOB:
CHI:

DIAGNOSIS: MULTIPLE STAB WOUNDS

CURRENT PROBLEMS:

1.
2.
3.
4

**DAILY PLAN:**

O2 Therapy _____ Goal: SaO2>94%_____Or_____

I.V _____ ESCALATION TO NIV IF REQ.D Y / N

[illegible] _____ Goal: MAP>65mmgh ____Or_____

CVP>10 ___Or

Renal _____Goal: 0.5mls/kg/hr_____Or_____

Nutrition _____ Goal: NG/ PO/ NBM_____

DVT prophylaxis Y / N Exclusion _____

Ulcer prophylaxis Y / N Exclusion _____

Analgesia: Antibiotics 1. Day Of
2. Day Of
V [illegible]nd/Drain: 3. Day Of

S[illegible]a check:

BP : PULSE : SATS : RR :

SEPSIS MARKERS: TEMP _____ WCC _____ CRP _____

Days Central line in situ _____ ?Still required: YES_____ NO _____

Urinary Catheter in situ _____ ?Still required: YES_____ NO _____

Previous 24hr fluid balance: _____ Cumulative balance_____ (if applicable)

IV Fluids prescribed Y/N
Passed ward fit Y/N Transfer ward _____ Resus status Y / N

SENIOR NAME PRESENT AT DAILY REVIEW:

BEDSIDE NURSE PRESENT AT DAILY REVIEW

ADDITIONAL COMMENTS:

DAILY PLAN / DAILY GOALS:

WR MR VELA 11/3/12
FOR CREST PM150 + PWEM DRAG RAILS
TO T. MAINE DISTRICT. OBS STABLE

PETE HOWE
F11

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - ~~NURSING~~ MEDICAL

Alexander O-Rourke
04127032797

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 13/3/12 | WR Brown | |
| | Eating an issue | |
| | Catheter out yesterday - has PO | |
| | Expressed concerns - hearing | |
| | Pain ⊕ | |
| | ) Comfort | |
| 14/3/12 | WR. Renwick. | |
| | Obs stable. complaining of itchy rash back. | |
| | ~~Eating~~ Bloods improving CRP ↓ | |
| | Plan: Eat & drink | |
| | mobilise. | |
| | Piriton for itchy rash. | |
| | | Cruse RMN |
| 15/3/12 | WR renwick | |
| | Patient eating & drinking | |
| | mobilise. | |
| | | Cruse RMN |
| 16/3/12 | WR AR. | |
| | Home when social circumstances in place | |
| | | Cruse RMN |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | | |
| 5/09/13 | | |
| | | |
| | | |
|

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - [redacted]

SURGICAL

165288
RAH General Medical Record
O'ROURKE
Alexander
CHI: 0412703297

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 4/3/13 | | |
| | | |
| | | |
|

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | | |
| | | |
| | | |

ROYAL ALEXANDRA HOSPITAL NHS TRUST - RADIOLOGY DEPARTMENT 165288.

Surname : OROURKE
First Name : ALEXANDER
Sex : Male
D.O.B. : 04/12/70 Age : 27

Source : WARD 21
Specialty : ACCIDENT & EME
Consultant : AECONSULTANT

X-Ray No. : 494658
Hosp Num :

WD 24



HISTORY: Fall. Mechanism unclear. Tender over right side of lumbar spine. ? fractured transverse process. Tender over greater trochanter. ? hip injury.

LUMBAR SPINE; The vertebral body heights, alignment and disc spaces appear satisfactory with no fracture demonstrated. SI joints appear within normal limits.

PELVIS; The bony pelvis appears intact with no fractured pelvic ring demonstrated. Symphysis pubis is normal. No evidence of fracture at either hip.

ROYAL ALEXANDRA HOSPITAL MEDICAL RECORDS 15 MAY 1998

Authorised by: MJS Reported by: A.D.WALLACE Report Date: 11/05/98

Exam: PELVIS, SPINE-LUMBAR, Exam Date : 10/05/98

ROYAL ALEXANDRA HOSPITAL NHS TRUST - RADIOLOGY DEPARTMENT

Surname : OROURKE
First Name : ALEXANDER
Sex : Male
D.O.B. : 04/12/70 Age : 31

Source : [redacted]
Specialty : ACCIDENT & EME
Consultant : AECONSULTANT

X-Ray No : 979690
Hosp Num : [redacted]



HISTORY: Cough for one week. Haemoptysis. Wheeze + + +

CHEST: Normal heart and mediastinum. The lung fields are clear.

Authorised by: MD Reported by: M-L.DAVIES Report Date: 24/09

Exam: CHEST, Exam Date : 21/09

## Royal Alexandra Hospital: Clinical Report



Patient: **O'ROURKE, Alexander** DOB: **04/12/1970**

Referrer: Unknown Consultant
Ref Loc: RAH RESUSCITATION 24
Ref Src: Royal Alexandra Hospital, Corsebar Road, Paisley, , PA2 9PN,

HospNo: RAH165288

CHI No: 0412703297
CRIS No: 20116456

**Clinical History :** Stabbing. ? pneumothorax.

**XR Chest :**

AP film.

The heart size cannot be accurately assessed.
The left hemidiaphragm is partially obscured and appears a little high. Appearances suggest some left sided pleural fluid and therefore an intrathoracic injury is certainly possible here.
The appearances have change when compared with the previous radiograph dated 01/09/08.

**VERIFIED**

Reported By: **Dr Douglas McCarter**
2nd Reporter:
Verified By: **Dr Douglas McCarter**

E-20520321
Exams: **XR Chest**

Exam Date: 12/09/08

## Royal Alexandra Hospital: Clinical Report



Patient: **O'ROURKE, Alexander** DOB: **04/12/1970**

Referrer: Unknown Consultant
Ref Loc: RAH AE
Ref Src: Royal Alexandra Hospital, Corsebar Road, Paisley, , PA2 9PN,

HospNo: RAH165288

CHI No: 0412703297
CRIS No: 20116456

This attendance is part of a series
Please see the report for event url=cris:E-20520687|20520687).
**XR Chest :** Comparison made with film taken at 10:00am on the same day.
The lungs are hyperinflated. Cardiomediastinal contours within normal limits. There is a left-sided chest drain in situ. There has almost been complete reinflation of the left lung with only a small residual left apical pneumothorax remaining. No focal lung abnormality is demonstrated. Bilateral costophrenic angle blunting persists.

**VERIFIED**

Reported By: **Dr Calum Adams**
2nd Reporter:
Verified By: **Dr Calum Adams**

24

E-20520662
Exams: **XR Chest**

Exam Date: 14/09/08

## Royal Alexandra Hospital: Clinical Report



Patient: **O'ROURKE, Alexander** DOB: **04/12/1970**

Referrer: S Hearns
Ref Loc: RAH AE
Ref Src: Royal Alexandra Hospital, Corsebar Road, Paisley, , PA2 9PN,

HospNo: RAH165288

CHI No: 0412703297
CRIS No: 20116456

**Clinical History :** Alleged assault 7 weeks ago when someone jumped on right thumb. Deformity at thumb MCP joint and tender proximal phalanx.

**XR Thumb Rt :** The appearances suggest that there is a small chip fracture from the base of the distal phalanx of the thumb as indicated by the radiographer. I suspect this would have been an intra-articular injury at the time but, given the time from injury, it is partially healed with a normal articular contour. Obviously, it may have involved one of the collateral ligaments.

**VERIFIED**

Reported By: **Dr Alex Maclennan**
2nd Reporter:
Verified By: **Dr Alex Maclennan**

E-20653873
Exams: **XR Thumb Rt**

Exam Date: 04/05/09

## Royal Alexandra Hospital: Clinical Report



Patient: **O'ROURKE, Alexander** DOB: **04/12/1970**

Referrer: E M Eltahir
Ref Loc: RAH WARD 24
Ref Src: Royal Alexandra Hospital, Corsebar Road, Paisley, , PA2 9PN,

HospNo: RAH165288

CHI No: 0412703297
CRIS No: 20116456

**Clinical History :** Pneumothorax.

**XR Chest :** A series of chest examinations from 12/09/2008 and 14/09/2008. On the last, the left-sided chest drain has been removed. There is still a small right apical pneumothorax which shows no significant deterioration compared with the previous examination. There is some blunting of both costophrenic recesses. There is some streaky shadowing in the left mid-zone, probably contusion relating to the recent presence of the chest drain.

**VERIFIED**

Reported By: **Dr Calum Adams**
2nd Reporter:
Verified By: **Dr Calum Adams**

E-20520687
Exams: **XR Chest**

Exam Date: 14/09/08

# ROYAL ALEXANDRA HOSPITAL

NHS Greater Glasgow and Clyde

## *Nursing Admission Assessment Form*

ADMISSION TYPE: EMERGENCY ☐ ARRANGED ☐ DAY CASE ☐
(Tick box as appropriate)

Case worker / drugs A

### ADMISSION DETAILS

Title: Mr [redacted]

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH AVE
PAISLEY
PA3 1LR

Patient's Na[redacted]

Address: [redacted]

Occupation: _____

Religion: _____

1st: N.O.K./Contact: Ann O'Rourke.

Relationship: Mother.

Address: _____

Phone No: 889- 5811.

N.O.K. Informed of admission: Yes ☑ No ☐

Hosp No: _____

Consultant: Mr Rennie

Admitting Named Nurse: Gail Stark.

Date of Birth: _____ Age: 41

Date: 9/3/12 Time: 03:15

Admitting Ward: HDU

2nd: N.O.K./Contact: Catherine

Relationship: Sister.

Address: _____

Phone No: _____

### PATIENT MEDICAL SUMMARY

Reason for admission: multiple stab wounds.

Patient's perception of illness: 'Stabbed'

Patient informed of diagnosis: Yes: ☑ Date: 9/3/12 No: ☐

Past medical history: ex heroin smoker.

Allergies: No: ☑ Yes: ☐ If Yes give details: _____

Information given by: Patient: ☑ Relative: ☐ Carer: ☐

### OBSERVATIONS

Temperature: 36.5 °C Pulse: 87 SR BPM

Urinalysis: _____

L.M.P: _____ B.M: _____ mmols

B.P: 123/81 mm/hg Resps: 11

Weight: 100 kg Height: 5ft 10 m

Waterlow Score: _____ $O_2$ Sats 95 % AIR.

### MEDICATION

Not on Medication ☑

Drugs in Ward ☐

Drugs Taken Home ☐

No Drugs Brought In ☑

# ACTIVITIES OF DAILY LIVING

## HOME CIRCUMSTANCES/SOCIAL SUPPORT

Lives Alone ☐
Lives with Family ☑
Specify: Mother.
Family Support ☐
Specify:
Type of Accommodation:
Specify:
Stairs: Internal ☐ External ☐
Nursing Home ☐
Residential Care ☐
Sheltered Housing ☐
District Nurse: ☐
Home Help: ☐
Services Cancelled: ☐
Other Services: ☐
Specify:

## NUTRITION

Normal Diet ☑
*Refer to dietician if any of the following are ticked*
Special Diet ☐
Difficulty Eating & Swallowing ☐
Recent Weight Changes ☐
Medical Disorders (e.g. Diabetes) ☐
Specify:

## BREATHING

No Symptoms ☑
Dyspnoeic on Minimal Exertion ☐
Dyspnoeic on Maximum Exertion ☐
Dyspnoeic at Rest ☐
Uses inhalers: Yes ☐ No ☐
Specify Type:
Peak Flow O/A

## SMOKING

Non Smoker ☐
Current Smoker ☑
Specify: 10 Per day
Ex Smoker ☐
Stopped: Ago

## MOBILITY

Fully Mobile & Independent ☑
Mobile with Aid ☐
Specify:
Limited Mobility ☐
Housebound ☐

## ELIMINATION

Bowels Regular ☑
Constipated ☐
Diarrhoea / Loose Stools ☐
Stoma: ☐
Colostomy ☐
Ileostomy ☐
Appliances Used:

Normal Micturition ☑
Previous UTI's ☐
Urinary Diversion ☐
Appliances Used:
Incontinent: ☐
Urine ☐ Faeces ☐ Both ☐
Day ☐ Night ☐ Stress ☐
Incontinence Aid: ☐
Specify:
Indwelling Catheter ☐
Type Used:

## SLEEP

Hours per Night: Varies
Takes Night Sedation: No ☐ Yes ☑
Specify: Zimovane 7.5mg.

## MENTAL STATE

Alert & Orientated ☑
In Pain ☐
Anxious & Distressed ☐
Confused & Disorientated ☐
Night ☐ Day ☐
Agressive & Abusive ☐
Unconscious ☐
Other:

# ACTIVITIES OF DAILY LIVING

## SENSES / AIDS

No Problems ☑
Spectacles ☐
Contact lenses ☐
Hearing Impaired ☐
Hearing Aid ☐
Right ☐ Left ☐
Dentures ☐
Upper ☑ Lower ☐ Full Set ☐

## ALCOHOL / SUBSTANCE ABUSE

Units of Alcohol per Week:
None ☐
Less Than 14 ☑
14 - 21 ☐
Over 21 ☐
*(1 unit = 1 measure of spirits / half pint of beer or lager / 1 glass of wine)*

Substance Abuse:
None ☑
Oral ☐
Intravenous ☐
Specify: ex heroin smoker.

## INVESTIGATIONS

| Details | Dates |
|---|---|
| ECG | |
| X-Rays | |
| U&E's | |
| FBC | |
| Sputum | |
| MSSU | |
| CSU | |
| Wound Swab | |
| Blood Cultures | |
| MRSA Screen | |
| Pregnancy Test | |
| | |

## HYGIENE

Self caring & Independent ☐
Bath ☐ Shower ☐
Requires assistance ☑
Specify: multiple wounds / help to mobilise.
Detail below any specific problems relating to personal hygiene:

## TRUST / WARD POLICIES

Patient & Relatives aware of:
Ward Layout ☐
Nurse Call System ☑
Named Nurse Concept ☐
Non-Smoking Policy ☑
Fire Policy ☐

## INFORMATION TO RELATIVES

Spoken to by:
Dates:
Spoken to by:
Dates:
Comments:

## REFERRALS

Specialist Nurse ☐
Specify: Date:
Social Worker ☐
Date:
Physiotherapist ☐
Date:
Dietician ☐
Date:
Occupational Therapist ☐
Date:
Other ☐
Date:

Profile Completed by: GAIL STARK Designation: SSN
Signed: Date: 9/3/12.

# ROYAL ALEXANDRA HOSPITAL

DISCHARGE TYPE: ELECTIVE ☐ TRANSFER ☐

## DISCHARGE PLANNING

| Boarding 1st 2nd 3rd | Signature | Time | Comments |
|---|---|---|---|
| Informed:<br>Ward ☐ ☐ ☐<br>Patient ☐ ☐ ☐<br>Relatives ☐ ☐ ☐ | | | |
| Date patient boarded:<br>1st: _____<br>2nd: _____<br>3rd: _____ | | | |

## DISCHARGE CHECKLIST

| | | | |
|---|---|---|---|
| Proposed discharge date: _____<br>Actual discharge date: _____ | | | |
| Medical consent ☐ | | | |
| Date discussed with patient: _____ | | | |
| Contact notified ☐ | | | |
| Transport:<br>Own ☐<br>Ambulance ☐ | | | |
| Ambulance ordered on: _____ | | | Type: _____<br>Code No: _____ |
| District Nurse form ☐ | | | |
| Practice Nurse form ☐ | | | |
| Home help ☐ | | | |
| Social Worker ☐ | | | |
| Discharge prescription ☐ | | | |
| Discharge letter ☐ | | | |
| Discharge dressings ☐ | | | |
| Patient information ☐ | | | |
| Valuables/Cashier ☐ | | | |
| Outpatient Follow Up Appt ☐ | | | |

Acute Services Division

# Discharge Checklist

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Patient's name: Alexander Crourke | Ward: 26 |
| Unit number: | Discharge destination: Home |
| CHI number: 0412703297 | **Estimated Discharge Date** (1) / / |
| *Apply addressograph label* | **Estimated Discharge Date** (2) / / |
| | Final date of discharge: 16/3/12 |

| Checklist | Yes | N/A | Initials | Comments |
|---|---|---|---|---|
| Patient informed | ✓ | | | |
| Relative/carer informed | | ✓ | | |
| Others informed: Care Home | | ✓ | | |
| **Transport arranged** | | | | |
| Own transport (preferred option) | ✓ | | | |
| Ambulance-1 man/ 2 man am/pm | | ✓ | | & FAMILY |
| Other: Flight, Air ambulance etc. | | ✓ | | |
| **Discharge medication** | | | | |
| Discharge prescription completed | ✓ | | | |
| Compliance aids e.g. Dossette Box. (involve pharmacist) | | ✓ | | |
| Medication received | ✓ | | | |
| Medication explained to patient and/or relative/carer | ✓ | | | |
| Own medication returned to patient | ✓ | | | |
| Dressings/continence aids. (7 day supply, ensure District Nurse referral completed) | ✓ | | | Dressings. |
| **Informed of discharge** | | | | |
| Social work/ Other agencies/Home help | | ✓ | | |
| Physiotherapist | | ✓ | | |
| Occupational Therapist | | ✓ | | |
| Dietician | | ✓ | | |
| Speech and Language Therapist | | ✓ | | |
| Clinical Nurse specialist e.g. Care Home Liaison | ✓ | | | SLW – complex discharges. |
| Liaison/ District Nurse/Practice Nurse | ✓ | | | TRN nurse (stitches) |
| **Other discharge items** | | | | |
| Access arrangements (e.g. keys, door entry) | ✓ | | | |
| Patients clothing available for day of discharge | ✓ | | | |
| Valuables e.g. cashier | | ✓ | | |
| Intravenous cannula removed | ✓ | | | |
| Equipment ordered (inc. walking aids) in place for discharge | | ✓ | | |
| Part 2 Discharge letter - Required | | ✓ | | |
| - Completed | | ✓ | | |
| **Out patient clinic appointment e.g. Anticoagulation clinic** | | | | |
| Arranged / To follow | | ✓ | | |
| If unknown at time of discharge state reason | | ✓ | | |
| **Additional information / leaflets / factsheets** | | ✓ | | |

**Time of Discharge:** 1500

**Nurse's signature:** [signature] **Designation:** S/N **Date:** 16/3/12

FORM NUMBER 0005752

# Adult Peripheral Venous Cannulation (PVC) Chart

*Please use 1 chart per PVC*

NHS Greater Glasgow and Clyde

10 cephalon for ATE

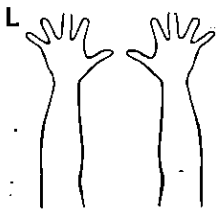
A CHI: 0412703297
RAH165288 04/12/1970
N O'ROURKE ALEXANDER M
64 DALSKEITH AVE
A PAISLEY
PA3 1LR
D

CHI number:

Hospital: RAH Ward: HDU

## PVC Insertion Information

*Ensure the PVC dressing has **date** and **time** of insertion written on it. This implies that appropriate technique has been used for insertion.*




Date: 8/3/12 (See IV Dressing)

Time: _____

Reason for Insertion: _____

Flushed on insertion ☐ (if known)

Other Site: (R) foot

## PVC Maintenance Information

### Modified V.I.P (Visual Infusion Phlebitis) Score

| | | | |
|---|---|---|---|
| IV site appears healthy | 0 | No Phlebitis | **Observe Cannula** |
| **ONE** of the following is evident:<br>- slight pain or redness near site | 1 | Possible first signs | **Observe Cannula** |
| **TWO** of the following are evident:<br>- pain -redness - swelling | 2 | Early stage of phlebitis | **Re-site Cannula** |
| **ALL** of the following are evident:<br>- pain - redness - hardening of the surrounding tissue | 3 | Phlebitis / Thrombophlebitis<br>**Re-site Cannula & Seek Further Advice** | |
| **As above including:** - palpable venous cord | 4 | | |
| **As above including:** - pyrexia | 5 | | |

### Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | Yes / No |
| 2. VIP Score? | ☐ |
| 3. PVC Dressing dry & intact? | Yes / No |
| 4. Was PVC dressing renewed? | Yes / No / NA |
| 5. Was PVC Removed? | Yes / No |

Removal Reason: _____

**Comments/Actions Taken:**

Date: Initials:

### Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | (Yes) / No |
| 2. VIP Score? | 0 |
| 3. PVC Dressing dry & intact? | (Yes) / No |
| 4. Was PVC dressing renewed? | Yes / (No) / NA |
| 5. Was PVC Removed? | Yes / (No) |

Removal Reason: _____

**Comments/Actions Taken:**

14hrs

Date: 10/3/12 Initials: AM

**After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:**

Date: Initials:

### Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | (Yes) / No |
| 2. VIP Score? | 0 |
| 3. PVC Dressing dry & intact? | (Yes) / No |
| 4. Was PVC dressing renewed? | Yes / (No) / NA |
| 5. Was PVC Removed? | Yes / (No) |

Removal Reason: _____

**Comments/Actions Taken:**

14h00

Date: 11/3/12 Initials: AM

### Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | Yes / No |
| 2. VIP Score? | ☐ |
| 3. PVC Dressing dry & intact? | Yes / No |
| 4. Was PVC dressing renewed? | Yes / No / NA |
| 5. Was PVC Removed? | Yes / No |

Removal Reason: _____

**Comments/Actions Taken:**

Date: Initials:

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER N
64 DALSKEITH AVE
PAISLEY
PA3 1LR

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 4/3/12 | Admitted from A+E non multiple Stab | |
| 0315 | wounds to torso, (L) elbow and (L) side | |
| | of lower lip. All wound. Tegaderm | |
| | insitu. | |
| | Well saturated on room air >95%. RR (N). | |
| | Apyrexial. 6° IV fluids insitu. Passing | |
| | 40–100 ml/hr urine. x1 PVC on (R) | |
| | foot. Hold To have FBC rpted. LH | |
| * | A+E nurse states that Alex has an alert | |
| | on portal system to say that he is | |
| | not allowed to be admitted to RAH | |
| | under his current bail conditions | |
| | unless it is a medical emergency. * | |
| 0700 | rpt bloods taken ~ Sam. | |
| | RB Surg Reg. Clinstore. NBM for diet, | |
| | can have sips meantime. | |
| | C/O discomfort from wounds – given | |
| | 50mg oral tramadol as prescribed. | |
| | wounds remain covered & unchanged. | |
| | Shall get ortho review today. | |
| | Remains C.V Stable. Well saturated | STARK SSN |
| | on air. GCS 15. Passing urine. | |
| 0930 | RB Mr Renwick & Mr Nunn. | |
| | for theatre for laparotomy | |
| | & exploration; also exploration | |
| | of Left elbow. Consented V. | |
| | Visited by CID to obtain | |
| | statement. | |
| | Now on 2L O2 via facemask. | |
| | All other obs stable. Hb 130. | |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | S/c Morphine given for pain | ~~Th~~ Smith |
| 10[15] | Transferred to O. theatre — | |
| | Nephew informed ——— | |

# Adult Peripheral Venous Cannulation (PVC) Chart

NHS Greater Glasgow and Clyde

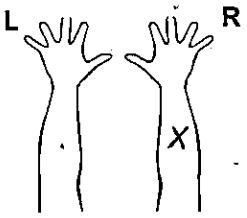
*Please use 1 chart per PVC*

10 CAREPLAN INSITU ON TRANSFER ~~WARD~~ FROM (TH) RECOVERY. 1530

Affi [illegible]
Nam KOURKE
Add K EXANDER
D.O 12 1970 M
CHI number:
Hospital: Ward:

## PVC Insertion Information 10/3/2012 @ 15

*Ensure the PVC dressing has **date** and **time** of insertion written on it. This implies that appropriate technique has been used for insertion.*




Date: (See IV Dressing)

Time:

Reason for Insertion:

Flushed on insertion ☐ (if known)

Other Site:

## PVC Maintenance Information

### Modified V.I.P (Visual Infusion Phlebitis) Score

| | | | |
|---|---|---|---|
| IV site appears healthy | 0 | No Phlebitis | **Observe Cannula** |
| **ONE** of the following is evident:<br>- slight pain or redness near site | 1 | Possible first signs | **Observe Cannula** |
| **TWO** of the following are evident:<br>- pain -redness - swelling | 2 | Early stage of phlebitis | **Re-site Cannula** |
| **ALL** of the following are evident:<br>- pain - redness - hardening of the surrounding tissue | 3 | Phlebitis / Thrombophlebitis<br>**Re-site Cannula & Seek Further Advice** | |
| **As above including:** - palpable venous cord | 4 | | |
| **As above including:** - pyrexia | 5 | | |

### Day 1 (24 hours after insertion)

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | Yes / No |
| 2. VIP Score? | ☐ |
| 3. PVC Dressing dry & intact? | Yes / No |
| 4. Was PVC dressing renewed? | Yes / No / NA |
| 5. Was PVC Removed? | Yes / No |

Removal Reason:

**Comments/Actions Taken:**

Dislodged x patient.

Date: 10/3/12. Initials: KB

### Day 2

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | Yes / No |
| 2. VIP Score? | ☐ |
| 3. PVC Dressing dry & intact? | Yes / No |
| 4. Was PVC dressing renewed? | Yes / No / NA |
| 5. Was PVC Removed? | Yes / No |

Removal Reason:

**Comments/Actions Taken:**

Date: Initials:

**After Day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain insitu:**

Date: Initials:

### Day 3

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | Yes / No |
| 2. VIP Score? | ☐ |
| 3. PVC Dressing dry & intact? | Yes / No |
| 4. Was PVC dressing renewed? | Yes / No / NA |
| 5. Was PVC Removed? | Yes / No |

Removal Reason:

**Comments/Actions Taken:**

Date: Initials:

### Day 4

All 5 questions below MUST be answered
The PVC must be monitored at least once per day

| | |
|---|---|
| 1. Continuing clinical indication for PVC? | Yes / No |
| 2. VIP Score? | ☐ |
| 3. PVC Dressing dry & intact? | Yes / No |
| 4. Was PVC dressing renewed? | Yes / No / NA |
| 5. Was PVC Removed? | Yes / No |

Removal Reason:

**Comments/Actions Taken:**

Date: Initials:

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

ALEXANDER O'ROURKE
64 DALSKEITH ROAD
PAISLEY

PA1 2XP

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 9/3 14:15 | Theatre: laparotomy, over sewing of gastric vessel and peritoneal lavage. also exploration washout and suturing laceration to left elbow, under GA. (Fentanyl 100mcg, Morphine 20mg, tramadol 100mg. amoxicillin 1g, metronidazole 500mg, gentamycin 240mg, hydrocortizone 100mg. Recovery: Transfered to recovery conscious and responsive, maintaining own airway, O2 therapy at 6L per min. SpO2 97%, Resp 24, BP 155/91, Pulse 102, Temp 36.4. IV Fluids via right hand, hartmens in progress From theatre at 100mls per hr, NBM eating and drinking; Pt catheterized pre-op. Diuresis satisfactory. Laparotomy wound dressed with tegaderm and blue swabs moderate staining present. Elbow dressed with iodine, blue swabs, and wool and crepe. No staining present on elbow, C&S-M intact. PCA in situ for pain relief (morphine sulphate 1mg/1ml). Pt using handset well. Flotron boots in situ. 14:45 pt is more settled and sleeping intermittently. Chest X-ray carried out in recovery, pt wheezy on extubation, reviewed by Dr Brown no action required. J Donnelly SP | |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| ~~13~~ 1530 | Pt returned from theatre @ 1530. | |
| 1830 | Well saturated on 5L O2 via facemask | |
| | Monitoring SR ST 80-105 bpm. | |
| | Slightly hypertensive. Apyrexial | |
| | IV fluids 100mls/hr. Sips | |
| | only orally at present - quite | |
| | drowsy; paracetamol withheld for | |
| | same reason. | |
| | Wounds all intact. Good | |
| | CSM to left fingers. | |
| | Good diuresis from urinary | |
| | catheter. No bowel activity | |
| | Morphine PCA effective for | |
| | pain. | |
| | Swelling to R umbilical | |
| | area. Surgical Reg paged | |
| | & asked to review | |
| | Visited by nephew & updated. | ~~JR Obsmith~~ |
| 03/12 0330 | Patient r/b ~~Dr Arth~~ surgical registrar | |
| | Dr Arthur re: swelling to umbilical area. | |
| | No issue at present - monitor & | |
| | report any change. Patient can eat | |
| | & drink as tolerated - GCS now 15/15. | |
| | Had toast & cups of tea x 3. | |
| | Changed to 5L n/c - $SPO^2$ ≥ 94% when | |
| | keeping ~~mask~~ O2 (KB) + $SPO^2$ probe on. | |
| | BP 130-150 systollic. Sinus rhythm/sinus | |
| | tachy 95-125bpm. Apyrexial. IVI now | |
| | 6'. U/O ≥ 35-75ml/hr. | |
| | Venflon in (R) hand dislodged - PCA | |
| | now attached to venflon in foot. | |
| | PCA renewed - 1mg bolus - no c/o pain | |
| | except when touching ~~wound~~ KB wound. | KB Brennan S/N |

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

2412703297
ROURKE
ALEXANDER
[illegible] 1976

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 10/3/12 Contd. | Oral paracetamol also. | |
| | Wounds intact. Alex was picking at wound dressings at start of shift - advised not to do this as increases risk of infection & pressure dressings need to remain insitu. | |
| | IV augmentin given this evening - for further dose this AM. | |
| | Seems ~~at~~ restless - slow to settle, slept for short spells. | K Bremner S/N |
| 0700 | Settled & slept following 04$^{00}$. | |
| | Awoke this AM - feeling sore in abdomen. | |
| | Encouraged to use PCA - only 3mg used since 01$^{00}$ this AM. | |
| | Changed to face mask # at 07$^{00}$ as $SpO_2$ ↓ 84%. ? trace. Now 97% on 5L face mask. ? for physio this AM. | K. Bremner S/N. |
| 0710 | TED stocking applied to (L) leg only as venflon in (R) foot. | K. Bremner S/N. |
| 0800 | Patient appears a bit 'wheezy' - Nebulised Salbutamol given, encouraged to deep breath & cough. - referred to physio - (see medical notes) | |
| | Temp ↑ 38' - Paracetamol 1g given orally. | |
| 0900 | S/B Surgical team plan :- | |
| | (1) Continue with analgesia | |
| | (2) Can Eat & Drink | |
| | (3) Continue with IV fluids & Antibiotics | |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 13hrs | Up to sit in chair, assisted wash given, wounds re dressed with Mepore dressings. | |
| 4hrs | Wheeze settled breathing better temp ↓ 36.2. Taking small amounts of diet & fluids | |
| | SAO2 96-99% on 6L N/C | |
| | RR 7-20 | |
| | HR 105-112 S/T | |
| | BP systolic 145-165 | |
| | Temp now Apyrexial 36.6. | |
| | Urinary output not great. 25-40ml/hr. | |
| | Encourage to drink | |
| 11.3.12 | Nursing 0300hrs | |
| | @ Settled & slept short spells. | |
| | Obs as charted @ maintains own airway. | |
| | Able to cough & expectorate Pen Nebs x1 overnight (saline) (B) SpO2 > 95% on 6L | |
| | O2 via FIM RR 10-20. (C) Apyrexial. | |
| | HR 80-120 SR1ST. BP systolic 135-145mHg | |
| | MAP 90-110mHg Medication as per Kardex. 9% PCA LMWH, & IV Abx oral | |
| | Meals as per Kardex | |
| | Plant C/N Analgesia, permit diet & fluids + IV Fluids & IV Abx | |
| | Permitted diet & fluids - oral fluids tolerated well overnight. No diet attempted. | |
| | No N+V. IVI cut currently 4°. | |
| | Up to sit early evening transfer back to bed c 1x assist. Sacrum not visualised - (B) heel discoloured, monitor indep & positional changes. Pt has removed own TED stocking (1x due to IV access) | |

Cont → DF S/N

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

0412703297
O'ROURKE
ALEXANDER
[illegible] 1970 M

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | c/o LMWM. Buzzer & bedsides in use | |
| 11/3/12 | Bowels inactive overnight:- monitor | |
| Cont | Urinary catheter insitu: patent vol:- | |
| 0300hrs | poor 10-20ml/hr overnight Surgical | |
| | team aware IVI ↑ 4° < 500ml | |
| | STAT Bag observe Cont to c/o | |
| | @ flank pain PCA & oral paracetamol | |
| | to good effect. Orientated to time | |
| | & place Pt remains restless & | |
| | uncompliant at times Removing O2 tubing | |
| | & Spg wire requiring constant reminding | |
| | of purpose of both Pt had dislodged | |
| | ortho dressing @ Elbow - redressed | |
| | c inadine, Swabs & Cepe bandage. | |
| | Pt advised against removing own | |
| | dodo dressing & touching wounds | |
| | c own hands ~~for infection purposes~~. | Alfiso Fraser SIN |
| 0830 | S/B Mr Vella & team plan:- | |
| | (1) Chest physio | |
| | (2) Push oral fluids (for urine output) | |
| | (3) Can go to ward when bed available | |
| | Up to sit in chair, assisted wash | |
| | dressings renewed. | |
| | Ortho doctor in ward (Sunny) checked | |
| | elbow wound - satisfied with same, | |
| | c/o "itch" - pescribed piriton 4mg | |
| | orally as once only given @ 0946. | |
| | routine bloods show phosphate now | |
| | normal limits phosphate Sandoz discontinued | |
| | K+ IV - 3-4 - prescribed IV N/Saline KC | |
| | 20mmol - KCL 6hrly x 2 | |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | SAO2 96% on 6L N/C cr F/M24% | |
| | RR 13-15 | |
| | BP systolic 148-155 | |
| | HR 98-105 S/R S/T | |
| | Apyrexial 36.2 | |
| | Urine output ≥ 30mls/hr | |
| | For transfer to ward 26 | |
| 1700 | Settled into ward 26. Venflon in foot leaking. Awaiting resiting. | |
| | PCAs not used meantime. Managing fluids and diet. | |
| | Very chatty with another parent in room. | I Korab8 / I KORAB8 (SSN) |
| 12/3/12 @ 05:00 | - Patient sitting up in chair last night. | |
| | when I went to speak with him he had blood | |
| | on his gown. Patient informed me that he | |
| | had disconnected his ~~venflon~~ fluids to get his | |
| | arm out of his gown and had reconnected it | |
| | himself, hence reason for blood on gown. I informed | |
| | patient he should not touch his venflon and | |
| | fluids and advised him to contact nursing staff | |
| | when he required help with this. Venflon in | |
| | foot removed. New syringe for PCA commenced | |
| | at 8pm last night. Patient informed us he would | |
| | need to sleep in chair as couldn't sleep in | |
| | bed. Nursing staff managed to get patient electric | |
| | bed and assisted him into clean gown and into | |
| | bed in sitting position. Had used 22mg of | |
| | morphine from 8pm - 3am. Patient's observations | |
| | satisfactory. At 3am became a bit breathless | |
| | and agitated. 5mg salbutamol nebuliser given | |
| | to good effect and patient given nasal cannula | |
| | on 2L $O^2$ for as saturations around 93% - 94% | |
| | At 4am went into see patient and noticed blood | |

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

Alexander O'Rourke.

CHI - 0412703297.

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | over gerri again, patient had pulled venflon out. PCA and fluids discontinued. HANS informed of need for new venflon. Patient given sleeping tablet quite late as this was requested around 11:15 but was not prescribed till after 1am. Patient has not slept very much at all. Patient had to be asked to quieten down as up chatting with other patient in room till small hours of the morning and causing disturbance for other patients. Was more settled after this. | D&Th DSMITH S.N |
| 5.55 pm | Up to sit for long spells today. PCA Discontinued. Catheter Removed. Urine passed. Ref to physio OT AND will Require SOCIAL WORK & Complex discharge TEAM input | S/Nelson |
| 13/3/12 @ 05³⁰ | - Patient dislodged venflon last night HANS contacted and came to resite however were unable to get access. HANS discontinued IV Co amoxiclav and prescribed oral which was given last night. Patient also given 5mg salbutamol nebuliser before bed and Zopiclone sleeping tablet. Once sat to bed settled and appears to have slept for most of the night. observations Stable, offering no complaints. I.V fluids discontinued as patient drinking well. | D&Th OSMIFF RGN. |
| 13/3/12 1500. | NO change from ward round, continue encouraging fluids and diet, Refered onto Social work as homeless | C Brown C BROWN RGN |

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| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 3/3/12 1500 | Wound redressed. No bowel motion. | C Brown RGN |
| 14/3/12 am | Slept for periods. Given night sedation. Patient requested Salbutamol Nebulise - given. Patient C/O rash medical staff aware but not done through day to be chased. re-treatment at ward round. Patient walks in pain, at left lumbar area. RR↑ ? panic attack. Given 5mg Morphine and reassurance on rechecking more comfortable and settled. | |
| | Observations stable Tolerating oral fluids overnight. Mood fair, engaging with staff | N. BRENNER |
| 0700 | Patient reported bowels opened during early morning | RN. B. SIN |
| | | RN. B. SIN |
| 6pm | Seen by medical staff, commenced on Piriton for itch and rash on back. Wound marked where mepore was in situ, dressing removed and exposed. Bowels active. For ~~home~~ discharge soon, will speak to Complex discharge tomorrow as patient homeless. Eating + drinking well | RN. O'Connor SIN |
| 15/3/12 am | Given night sedation slept for periods. Patient requested Salbutamol Nebuliser given. No C/O pain or nausea. Observations stable. Mood fair engaging with staff and other patients. Tolerating oral fluids overnight | N. BRENNER RN. B. SIN |
| | Seen by medical staff, for discharge home and present himself to Homeless Unit. GP on V3 does not match patients GP | |

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - NURSING

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | Complex discharge team aware of patient and Social Work referral made | |
| | Needs clips removed on day 10 post op by Practice Nurse. Wound remains exposed | |
| | Complaining of nausea and black loose stools. Lorer given and asked to leave a specimen | |
| | Not for Dermatology follow up regarding rash. | Adam LLAWN SN |
| 16/3/12 | Observations satisfactory No complaints of nausea. Late to settle, slept for long spells. | C Brown SN C BLOWN |
| 16/3/12 | Spoke with SW Paul Grahem - pt has money - pt mobile, independent therefore Alex to present himself to homeless unit @ Aberdeen Street before 4pm where homeless assessment will be carried out. Pt has Gp Dr have @ Glasgow road for future health care. | ahopper AHopper |
| 16/3/12 1900 | Patient fit for discharge home - observations are stable and patient given discharge script and T. Rw form to get stitches removed. No further follow up. | Allen HEAFFEY |

193443

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| | | |
| | | |
| | | |

Acute Services Division

Critical Care, High Dependency, Coronary Care

NHS
Greater Glasgow and Clyde

# Cannard Falls Risk Assessment Pack

CHI: 0412703297
Patient name: ..... RAH165288 04/12/1970 .....
O'ROURKE ALEXANDER M
64 DALSKEITH AVE
Ward: ..... PAISLEY .....
PA3 1LR

CHI number: ..... Unit/Hospital number .....

## Contents

1. Canard Falls Risk Assessment Scoring Form
2. Falls Assessment Care Plan
3. Glossary of terms used in risk assessment

**Notes: Risk assessment should be completed within 24 hours of admission to each ward.**

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Risk assessment and care plan reviewed monthly.

## Referral Criteria for Hospital Falls Prevention Co-ordinator

1. Cannard score of 18+.
2. Second or subsequent fall
3. Significant Injury caused by a fall. (Significant Injury defined as any fracture, significant bruising or laceration to head or body.)

The patient should be referred with any of the above criteria.

## General Safety Precautions

- Ensure patient has buzzer to hand
- Check patient has the manual dexterity and cognitive ability to operate buzzer
- Place personal items within easy reach
- Keep the bed in lowest position possible (use low bed if available)
- DO NOT leave patients with cognitive or mobility problems unattended on commodes, in toilets, baths or showers
- If noted that mobility / transfers are unsafe refer to physio / OT for assessment
- If patient wears glasses, ensure they are clean
- Ensure patient's footwear is adequate
- Lock wheels on all wheelchairs, beds, commodes and trolleys when in use
- Provide adequate lighting at night
- Request medication review if appropriate
- Clean up spills immediately
- Orientate patient to the ward environment

## Cannard Falls Risk Assessment

(Must be completed within 24 hours of admission to ward)

| SCORE ALL OPTIONS THAT APPLY IN EACH SECTION | | | | | | Date: 9/3/12<br>Ward: HM | Date:<br>Ward: | Date:<br>Ward: | Date;<br>Ward: | Date:<br>Ward: | Date:<br>Ward: | Date:<br>Ward: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **History of falls in the last 6 months** | At home<br>1 | In ward/ unit<br>2 | None<br>0 | | | 0 | | | | | | |
| **Sex** | Male<br>1 | Female<br>2 | | | | 1 | | | | | | |
| **Age** | 13-59<br>0 | 60-70<br>1 | 71-80<br>2 | 81+<br>1 | | 0 | | | | | | |
| **Sensory deficit** | Sight*<br>2 | Hearing*<br>1 | Balance*<br>2 | None<br>0 | | 0 | | | | | | |
| **Medication type **** | Medication for mental illness & drug / alcohol withdrawal<br>1 | Drugs for CVS Support Medication<br>1 | Sedatives / Analgesia / Night sedation<br>1 | None of these<br>0 | | 1 | | | | | | |
| **Medical history** | Cardiovascular Disease / Diabetes1 | Confusion<br>1 | Fits/ spasms<br>1 | Incontinent<br>1 | Inability to cooperate*<br>1 | | | | | | | |
| **Mobility** | Fully mobile<br>1 | Uses aids<br>2 | Restricted*<br>3 | Bed bound/ wheelchair<br>1 | | 3 | | | | | | |
| **Gait** | Steady<br>1 | Hesitant in initiating movement*<br>1 | Poor transfer*<br>3 | Unsteady<br>3 | | 3 | | | | | | |
| | | | | **TOTAL SCORE** | | 8 | | | | | | |
| | | | | **ACTION(S) TAKEN**<br>**Enter action code(s) from Care Plan below** | | | | | | | | |
| **SCORE 13+ = HIGH RISK**<br>**If patient unconscious score as N/A until patient status improves.** | | | | NURSE SIGNATURE | | | | | | | | |

**Please see back page for glossary of terms relating to the assessment above.**

# Falls Assessment Care Plan

**Please tick all applicable nursing interventions**

| | NURSING INTERVENTIONS | Date: 9/3 Ward: HDU | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: |
|---|---|---|---|---|---|---|---|---|
| Action code | | | | | | | | |
| 1 | Prevention and general safety precautions discussed with patient and family. | ✓ | | | | | | |
| 2 | Move to more observable area of ward to optimise supervision. | | | | | | | |
| 3 | Advise patient they may experience dizziness when they mobilise initially. | ✓ | | | | | | |
| 4 | Two nurses to assist mobilisation if patient recovering from epidural. | | | | | | | |
| 5 | Observe trip hazard due to invasive lines, drains and catheters. | ✓ | | | | | | |
| 6 | Do not leave patient unattended when using commode. toilet or shower. | ✓ | | | | | | |
| 7 | If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT. | | | | | | | |
| 8 | Monitor lying and standing/ sitting BP and pulse. | | | | | | | |
| 9 | A. Patient requires footwear or podiatry referral. (Date referred: / requested : )<br>B. Request family / carer to provide suitable footwear. | | | | | | | |
| 10 | Commence continence assessment, refer to chart if appropriate. | | | | | | | |
| 11 | Refer to Physiotherapist. | | | | | | | |
| 12 | Request medication review. | | | | | | | |
| 13 | Select suitable seating (refer to policy). | | | | | | | |
| 14 | Review Transfer techniques. | | | | | | | |
| 15 | Bed rails/bumpers to be used (refer to policy). | ✓ | | | | | | |
| 16 | Falls map in use for seven days for patients who have had second or subsequent falls. | | | | | | | |
| 17 | Bed/chair monitor in use. | | | | | | | |
| 18 | Patient requires low bed / mattress on the floor (refer to policy). | | | | | | | |
| 19 | Patient requires one to one nursing care. | | | | | | | |
| 20 | Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover). | | | | | | | |
| 21 | Other interventions. nurse call system available | | | | | | | |
| | SIGNATURE | [signature] | | | | | | |

Review Cannard score weekly / monthly as per policy. Enter action code(s) selected in action taken section on Falls Risk Assessment.

# Cannard Falls Risk Assessment

## Glossary of terms used in risk assessment

**SIGHT DEFICIT** means patient cannot see well even when wearing glasses or is registered blind.

**HEARING DEFICIT** means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

**BALANCE DEFICIT** means person is unable to stand without the support of another person or a walking frame.

**MEDICINES FOR SOME MENTAL ILLNESSES** include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevrin), antidepressants, Diazepam, Lorazepam and Amitriptyline.

**CARDIOVASCULAR SYSTEM MEDICATION** all antihypertensive medication and inotropes including Captopril, atenolol and many others.

**WATER TABLETS (DIURETICS)** are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

**SEDATIVES / ANALGESIA AT NIGHT** include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane) Morphine PCA, Fentanyl, Tramadol and Oxcycontin.

**INABILITY TO CO-OPERATE** includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

**RESTRICTED MOBILITY** means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid).

**HESITANT IN INITIATING MOVEMENT** means difficulty in starting to walk.

**POOR TRANSFER** means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

**MEDICINE** **PRESCRIPTION FORM** Hospital Name: .....

## MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

| Date and time this form prepared: | Sheet No | 2nd Prescription in use |
|---|---|---|
| __/__/__ Time: _____ | ..... | YES ☐ NO ☐ |

## DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

with the following exceptions: _____

Print & Sign: _____ Date: _____

## COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

## PATIENT DETAILS

| | |
|---|---|
| Hospital Number: | Height: |
| DOB: | Weight: |
| Date of Admission: __/__/__ | Surface area: |
| Consultant Name: | Ward: |

Name Alexander O'Rourke
CHI No 0412703297

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME (24hr) | PRESCRIBER (PRINT & SIGN) | GIVEN BY | TIME GIVEN (24hr) |
|---|---|---|---|---|---|---|---|
| 9/3/12 | AMOXICILLIN | 1g | IV | 1120 | (illegible) | DL | 1120 |
| 9/3/12 | METRONIDAZOLE | 500mg | IV | | (illegible) | | |
| 9/3/12 | GENTAMICIN | 240mg | IV | 1130-1200 | (illegible) | DV | 1130-1200 |
| 9/3/12 | HYDROCORTISONE | 100mg | IV | 1130 | (illegible) | RW | 1130 |
| 9/3/12 | Morphine | 3mg | IV | Recovery Only | (illegible) | | |
| 9/3/12 | Morphine | 2mg | IV | | | | |
| 9/3/12 | Morphine | 1mg | IV | | | | |
| 11/3/12 | DIAZEPAM | 4mg | O | 0900 | (illegible) | dr | 0945 40 |
| 11/3/12 | Zopiclone | 3.75mg | PO | 2350 | Switch. | Staff | 0130 |
| 12/3 | Zopiclone | 7.5mg | PO | 23[illegible] | (illegible) | [illegible] | 0000 MN |
| 13/3 | ZOPICLONE | 7.5mg | PO | 2245 | (illegible) | NB | 2300 |
| 14/3 | Zopiclone | 7.5mg | PO | | | NB | 2250 |
| 15/3 | Zopiclone | 7.5mg | PO | | | OB | 2240 |

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

| DATE | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|
| MONTH | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

**RECORD OF THROMBOPROPHYLAXIS ASSESSMENT** (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

## Parenteral Drugs : Regular Prescription

Patient's Own Medicine

**A** DRUG: MORPHINE PCA

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DOSE: 1mg-1 ROUTE: IV DATE: 9/3/12 STOPPED DATE: INITIALS: WRG

PRESCRIBER (PRINT & SIGN): WRG

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: as chart

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

| Time | |
|---|---|
| Other time | |
| 0700-0900 | |
| 1200-1400 | 8/1.5 |
| 1600-1800 | // |
| 2200-2400 | ✓ |
| Other time | Stop KB |

**B** DRUG: ENOXAPARIN

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DOSE: 20mg ROUTE: SC DATE: 9/3/12 STOPPED DATE: INITIALS: WRG

PRESCRIBER (PRINT & SIGN): WRG

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

| Time | |
|---|---|
| Other time | |
| 0700-0900 | |
| 1200-1400 | |
| 1600-1800 | // ↓ RB CB IK DS |
| 2200-2400 | DS |
| Other time | |

**C** DRUG: CO-AMOXICLAV

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 1.2g ROUTE: IV DATE: 9/3/12 STOPPED DATE: INITIALS: WRG

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Poor IV access

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

| Time | |
|---|---|
| Other time | |
| 0700-0900 | X KB IK DS |
| 1200-1400 | X CB |
| 1600-1800 | |
| 2200-2400 | KB DS (12) |
| Other time | |

**REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)**

## Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

**D** DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**E** DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**F** DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**G** DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.**

Name: Alexander O'Rourke

CHI No: 0412703297

**Drug Allergies / Sensitivities** None Known ☑ Yes ☐ (provide details below)

## Oral and Other Drugs: Regular Prescription

DATE: 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16
MONTH: 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3

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

Patient's Own Medicine

**H** — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑

DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 9/3
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED — DATE: — INITIALS:

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**J** — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: BISOPROLOL FUMARATE
DOSE: 2 | ROUTE: PO | DATE: 10/9/12
PRESCRIBER (PRINT & SIGN): JR
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED — DATE: 11/6 — INITIALS: IPR

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**K** — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: Augmentin
DOSE: 625mg | ROUTE: PO | DATE: 13/3
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: CO Amoxiclav IV Stopped 13/3 Noaccess
STOPPED — DATE: — INITIALS:

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

**L** — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: Ferrous Sulphate
DOSE: 200mg | ROUTE: PO | DATE: 13/3
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED — DATE: — INITIALS:

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

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

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**M** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**N** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**P** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

**R** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name: Alexander O'Rourke

CHI No: 0412703297

**Drug Allergies / Sensitivities** None Known ☑ Yes ☐ (provide details below)

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

**S** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

**T** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

**V** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

**W** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

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

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

---

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name Alexander O'Rourke

CHI No 0412703297

Drug Allergies / Sensitivities · None Known ☑ Yes ☐ (provide details below)

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

---

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

**CC** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

**DD** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

**EE** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

**FF** DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

---

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

## Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

---

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name Alexander O'Rourke

CHI No 0412703297

Drug Allergies / Sensitivities None Known ☑ Yes ☐ (provide details below)

## All Routes: As Required Prescriptions

**LL** — DRUG: TRAMADOL — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 50 mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): | MAX.FREQ.: | DATE: 9/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: MAX 400 mg in 24/24

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 12/13 | 13/13 | 13/13 | 13/13 | 13/13 | 13/13 | 13/13 | 14/13 | 14/13 | 14/13 | 14/13 | 15/13 | 15/13 | 15/13 | 15/13 | 16/13 | | | | | | | |
| TIME | 8AM | 12N | 1800 | 0000 | 12 | 1700 | 2200 | 0800 | 12 | 2200 | 0800 | 13 | 1700 | 2200 | 0800 | | | | | | | | |
| DOSE | 50 | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | 50 mg | | | | | | | |
| GIVEN BY | SS | CB | CB | CB | CB | SS | CB | CB | CB | CB | CB | CB | CB | CB | CB | CB | | | | | | | |

**MM** — DRUG: CYCLIZINE — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 50 mg | ROUTE: PO/IV | INDICATION: N/V
PRESCRIBER (PRINT & SIGN): | MAX.FREQ.: TDS | DATE: 9/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 14/13 | 6/13 | 15/13 | 16/13 | | | | | | | | | | | | | | | | | | | |
| TIME | 2226 | 1310 | 1725 | 10-15 | | | | | | | | | | | | | | | | | | | |
| DOSE | 50 mg | 100 mg | 50 mg | 50 mg | | | | | | | | | | | | | | | | | | | |
| GIVEN BY | D | D | SS | HR | | | | | | | | | | | | | | | | | | | |

**NN** — DRUG: MORPHINE — STOPPED DATE: 13/12 — INITIALS: JW
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 2.5-5mg | ROUTE: S/C | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): | MAX.FREQ.: PRN | DATE: 9/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 9/12 | 14/12 | | | | | | | | | | | | | | | | | | | | | |
| TIME | 0830 | 0350 | | | | | | | | | | | | | | | | | | | | | |
| DOSE | 2.5 mg | 5mg | | | | | | | | | | | | | | | | | | | | | |
| GIVEN BY | RN | RN | | | | | | | | | | | | | | | | | | | | | |

**PP** — DRUG: ONDANSETRON — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 4mg | ROUTE: PO/IV | INDICATION: N/V
PRESCRIBER (PRINT & SIGN): VOL | MAX.FREQ.: 8hly | DATE: 9/13/12
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 6/13 | | | | | | | | | | | | | | | | | | | | | | |
| TIME | 1730 | | | | | | | | | | | | | | | | | | | | | | |
| DOSE | 4 mg | | | | | | | | | | | | | | | | | | | | | | |
| GIVEN BY | SS | | | | | | | | | | | | | | | | | | | | | | |

Patient's Own Medicine

| | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm. |
|---|---|---|---|---|---|
| LL | | | | | |
| MM | | | | | |
| NN | | | | | |
| PP | | | | | |

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

| | | |

## Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

| DATE | DRUG | DOSE | ROUTE | TIME (24hr) | NURSE (PRINT & SIGN) | GIVEN BY | TIME GIVEN (24hr) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

Milligram = mg | Gram = g
Millilitre = ml | Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

| | | | |
|---|---|---|---|
| O | = oral | ID | = intradermal |
| IM | = intramuscular | SL | = sublingual |
| SC | = subcutaneous | PR | = per rectum |
| NG | = nasogastric | PEG | = percutaneous endoscopic gastrostomy |
| PV | = per vagina | RIG | = radiologically inserted gastrostomy |
| NJ | = nasojejunostomy | PEJ | = percutaneous endoscopic jejunostomy |
| TOP | = topical | ETT | = endotracheal |
| NEB | = nebulised | INHAL | = inhaled |
| IV | = intravenous | | |

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

## Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010

# NEWS – NHS Early Warning Score

NHS
Greater Glasgow and Clyde

Name
Address

0412703297
ROURKE
ALEXANDER
04/12/1970 M

CHI No.
DoB

| | Date | Ward | Consultant |
|---|---|---|---|
| Admitted | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

## Standard for Patient Observations

- All patients must have NEWS calculated every time vital signs are recorded.
- All patients must have NEWS calculated on admission or transfer to clinical area.

For full details, refer to Standard for Adult Patient Observation.

| Frequency of Observation | | |
|---|---|---|
| hourly Sign: | hourly Sign: | hourly Sign: |
| hourly Sign: | hourly Sign: | hourly Sign: |
| hourly Sign: | hourly Sign: | hourly Sign: |

## Oxygen Management Plan

Does the patient have Type 2 Respiratory Failure? Yes ☐ No ☐

*Tick below as appropriate or insert selection*

| Target Oxygen Saturation | ☐ Non Re-Breath Clinical emergencies > 80% (Short-term use only) | Humidified Oxygen | ☐ Venturi Mask Minimum allowed flow indicated | ☐ Simple Face Mask | ☐ Nasal Prongs Best suited for chronic use; $FiO_2$ can vary | Proposed Oxygen Therapy |
|---|---|---|---|---|---|---|
| 88-92% ☐<br>94-98% ☐<br>Other:<br>_____% | 15 L/min. | _____%<br>_____L/min | Concentration flow<br>24%/2L ☐<br>28%/4L ☐<br>35%/8L ☐<br>40%/10L ☐<br>60%/15L ☐ | _____ L/min | L/min<br>1L ☐<br>2L ☐<br>3L ☐<br>4L ☐ | ☐ Continuous<br>☐ As required |

Nebuliser: YES ☐ NO ☐

Drs (Print) _____ Drs (Sign) _____ Date _____

Home Oxygen: None ☐ As required ☐ ☐ >15 hours night Smoker: YES ☐ NO ☐

| | | | | | | |
|---|---|---|---|---|---|---|
| 88-92% ☐<br>94-98% ☐<br>Other:<br>_____% | 15 L/min | _____%<br>_____L/min | Concentration flow<br>24%/2L ☐<br>28%/4L ☐<br>35%/8L ☐<br>40%/10L ☐<br>60%/15L ☐ | _____ L/min | L/min<br>1L ☐<br>2L ☐<br>3L ☐<br>4L ☐ | ☐ Continuous<br>☐ As required |
| Reason for change: | | | | | Date: | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 88-92% ☐<br>94-98% ☐<br>Other:<br>_____% | 15 L/min | _____%<br>_____L/min | Concentration flow<br>24%/2L ☐<br>28%/4L ☐<br>35%/8L ☐<br>40%/10L ☐<br>60%/15L ☐ | _____ L/min | L/min<br>1L ☐<br>2L ☐<br>3L ☐<br>4L ☐ | ☐ Continuous<br>☐ As required |
| Reason for change: | | | | | Date: | |

NAME: D.o.B: AGE:

DATE: 11/3 12 11/3 12/3 12/3 13/3 13/3 13/3 14/3 14/3 15/3 16/3

TIME: 11⁰⁰ 14⁰⁰ 21⁰⁰ 01⁰⁰ 9⁰⁰ 13³⁵ 23⁰⁰ 07⁰⁰ 14³⁰ 16⁰⁰ 21³⁰ 10 22⁰⁰ 15⁰⁰ 11³⁰

## Resp. Rate
Mark: •

≥ 36 / 24-35 / 21-23 / 12-20 / 9-11 / ≤ 8

## $SpO_2$
(Enter Value)

≥ 96 / 94-95 / 92-93 / ≤ 91

97 98 93 97 98 96 97 96 98 97 92 97 97

## Supplemental $O_2$ %
Room air

5L 5L A A A A A A A A ✓ Air ✓ ✓ ✓

## Temp.
Mark: X

≥ 39° / 38.1-38.9° / 36.1-38° / 35.1-36° / ≤ 35°

## Blood Pressure
Mark: ^ v

## NEWS SCORE
using Systolic BP

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

## Pulse
Mark: •

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

## Concious Level
Mark: •

Alert ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ • • • •

Verbal

Pain

Unresp

## Total NEW Score
(with all obs)

3 3 0 0 0 0 1 1 1 1 1 0 0 1 0

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BM | | | | | | | | | | | | | | | | | | BM |
| Pain | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | Pain |
| Nausea | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | | | Nausea |
| Initials | AM | M | PS | DS | GS | LA | DJ | DJ | LA | GS | DJ | DJ | DS | PS | NL | | | Initials |

## NEWS – NHS Early Warning Score

| Physiological Parameter | | | 1 | | | |
|---|---|---|---|---|---|---|
| Respiration Rate | | | [illegible] | 12-20 | [illegible] | 21-23 | [illegible] |
| Oxygen Saturations | [illegible] | 92-93 | [illegible] | 96 | | | |
| Supplemental Oxygen | | Yes | | No | | | |
| Temperature | [illegible] | | [illegible] | 36.1-38.0° | [illegible] | ≥39° | |
| Systolic BP | [illegible] | 91-100 | [illegible] | 111-219 | | | [illegible] |
| Pulse | [illegible] | | [illegible] | 51-90 | [illegible] | 111-129 | [illegible] |
| Conscious Level | | | [illegible] | A | | | [illegible] |

## Pain Score

**Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | |

| Post Op Nausea and Vomiting | |
|---|---|
| 0 | = None |
| 1 | = Mild (*Not distressing – no retching/vomiting*) |
| 2 | = Moderate (*Troublesome – occasional retching/vomiting*) |
| 3 | = Severe (*Distressing – frequent retching/vomiting*) |

## Neurological Observations

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMA SCALE | E Eyes open | Spontaneously | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | To speech | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | V Best Verbal response | Orientated | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Confused | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Inappropriate words | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Incomprehensible sounds | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M Best motor response | Obeys | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Localises | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - withdrawal | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - abnormal | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension to pain | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL SCORE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUPILS | R | Size | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | Size | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LEGS | Normal power | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | | | | | | |

Eyes closed by dwelling = C

Endotracheal tube or tracheostomy = T

Usually record the best arm response

+ reacts – no reaction c. eyes closed

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

### Glasgow Coma Scale

Pupil size (mm)

1 2 3 4 5 6 7 8

See NEWS Actions Reference Tool for local escalation policy

| NEWS Score | Frequency of Monitoring | Clinical Response |
|---|---|---|
| 0 | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations. |
| Aggregate 1-3 | Minimum 4 hourly | • Inform trained nurse.<br>• Trained Nurse assessment:<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate. |
| Aggregate 4 or more or 3 in one parameter | Increased frequency to a minimum of 1 hourly | • Trained Nurse assessment.<br>• Inform medical team caring for the patient.<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients.<br>• Consider level of monitoring required in relation to clinical care. |
| Aggregate 6 or more | Continuous monitoring of vital signs | • Trained Nurse assessment.<br>• Inform medical team caring for the patient – this should be at least senior medical staff level.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills.<br>• Consider referral to high dependency or ITU. |

**NEWS should not replace sound clinical judgement. Any concerns regarding patient's condition should be appropriately escalated.**

Use **SBAR** to communicate clinical concerns (**S**–**S**ituation; **B**–**B**ackground; **A**–**A**ssessment; **R**–**R**ecommendation)

| Date and Time | Actions following SBAR | ☐ A&E use ☐ Ward use | Sign |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# NEWS – NHS Early Warning Score

NHS
Greater Glasgow and Clyde

Name

0412708297
O'ROURKE
MR ALEXANDER
04/12/1970 M

| | Date | Ward | Consultant |
|---|---|---|---|
| Admitted | | | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

## Standard for Patient Observations

- All patients must have NEWS calculated every time vital signs are recorded.
- All patients must have NEWS calculated on admission or transfer to clinical area.

For full details, refer to Standard for Adult Patient Observation.

| Frequency of Observation | | |
|---|---|---|
| Sign: hourly | Sign: hourly | Sign: hourly |
| Sign: hourly | Sign: hourly | Sign: hourly |
| Sign: hourly | Sign: hourly | Sign: hourly |

## Oxygen Management Plan

Does the patient have Type 2 Respiratory Failure? Yes ☐ No ☐

*Tick below as appropriate or insert selection*

| Target Oxygen Saturation | ☐ Non Re-Breath Clinical emergencies > 80% (Short-term use only) | Humidified Oxygen | ☐ Venturi Mask Minimum allowed flow indicated | ☐ Simple Face Mask | ☐ Nasal Prongs Best suited for chronic use; $FiO_2$ can vary | Proposed Oxygen Therapy |
|---|---|---|---|---|---|---|
| 88-92% ☐<br>94-98% ☐<br>Other:<br>_____% | 15 L/min | _____%<br>_____L/min | Concentration flow<br>24%/2L ☐<br>28%/4L ☐<br>35%/8L ☐<br>40%/10L ☐<br>60%/15L ☐ | _____ L/min | L/min<br>1L ☐<br>2L ☐<br>3L ☐<br>4L ☐ | ☐ Continuous<br>☐ As required |

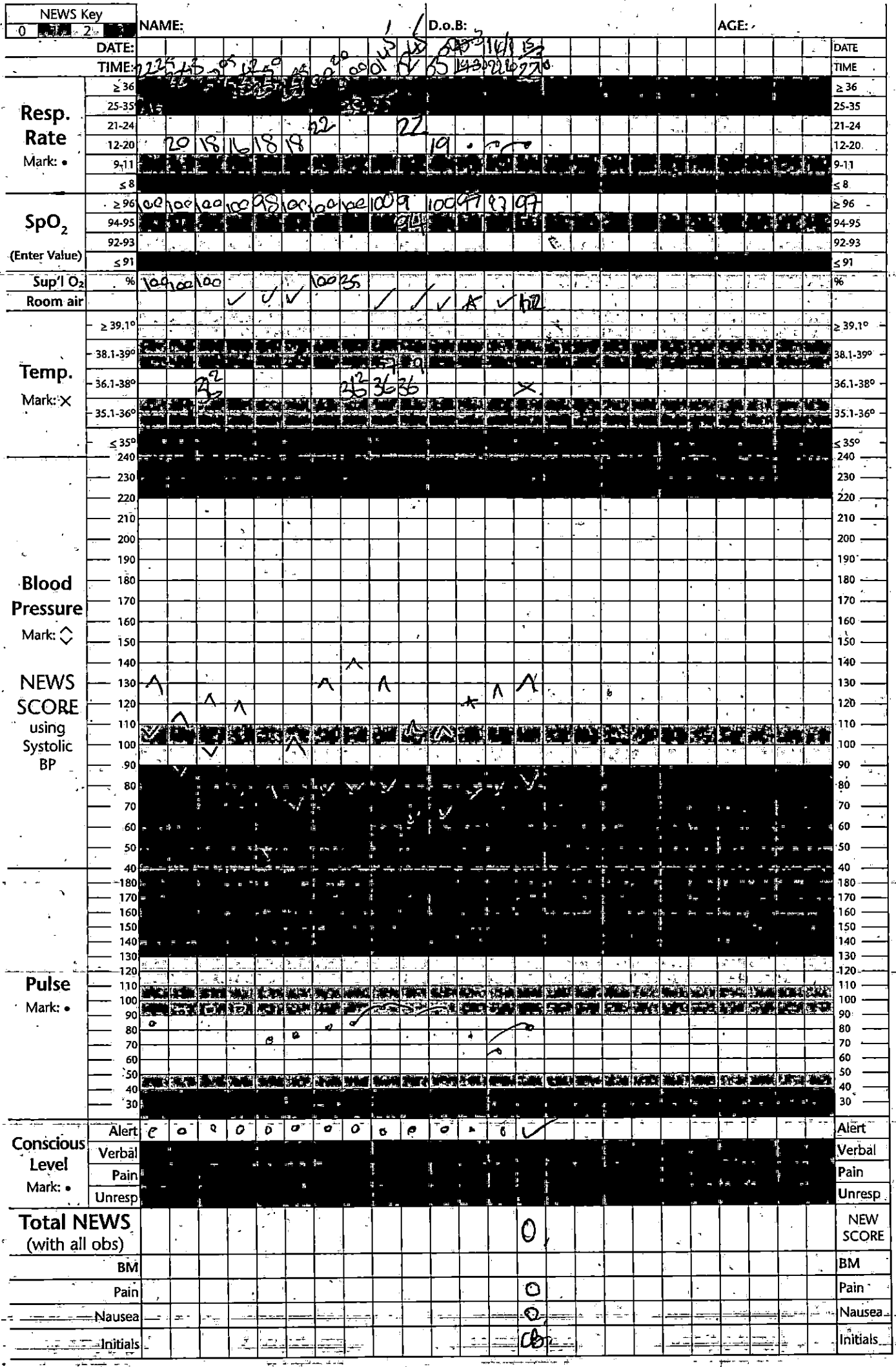
Nebuliser: YES ☐ NO ☐

Drs (Print) _____ Drs (Sign) _____ Date _____

Home Oxygen: None ☐ As required ☐ ☐ >15 hours night Smoker: YES ☐ NO ☐

| | | | | | | |
|---|---|---|---|---|---|---|
| 88-92% ☐<br>94-98% ☐<br>Other:<br>_____% | 15 L/min | _____%<br>_____L/min | Concentration flow<br>24%/2L ☐<br>28%/4L ☐<br>35%/8L ☐<br>40%/10L ☐<br>60%/15L ☐ | _____ L/min | L/min<br>1L ☐<br>2L ☐<br>3L ☐<br>4L ☐ | ☐ Continuous<br>☐ As required |
| Reason for change: | | | | | Date: | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 88-92% ☐<br>94-98% ☐<br>Other:<br>_____% | 15 L/min | _____%<br>_____L/min | Concentration flow<br>24%/2L ☐<br>28%/4L ☐<br>35%/8L ☐<br>40%/10L ☐<br>60%/15L ☐ | _____ L/min | L/min<br>1L ☐<br>2L ☐<br>3L ☐<br>4L ☐ | ☐ Continuous<br>☐ As required |
| Reason for change: | | | | | Date: | |


NEWS Key
0 2
NAME:
D.o.B:
AGE:
DATE:
TIME:
Resp. Rate
Mark: •
SpO2
(Enter Value)
Sup'l O2
Room air
Temp.
Mark: X
Blood Pressure
Mark:
NEWS SCORE using Systolic BP
Pulse
Mark: •
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
NEW SCORE
BM
Pain
Nausea
Initials

| Physiological Parameter | NEWS – NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | | | | 12-20 | | 21-24 | |
| Oxygen Saturations | | 92-93 | | ≥96 | | | |
| Supplemental Oxygen | | Yes | | No | | | |
| Temperature | | | | 36.1-38.0° | | ≥39.1° | |
| Systolic BP | | 91-100 | | 111-219 | | | |
| Pulse | | | | 51-90 | | 111-130 | |
| Conscious Level | | | | A | | | |

## Pain Score

**Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | |

| Post Op Nausea and Vomiting | |
|---|---|
| 0 | = None |
| 1 | = Mild (*Not distressing – no retching/vomiting*) |
| 2 | = Moderate (*Troublesome – occasional retching/vomiting*) |
| 3 | = Severe (*Distressing – frequent retching/vomiting*) |

## Neurological Observations

| | | | | | |

**See NEWS Actions Reference Tool for local escalation policy**

| NEWS Score | Frequency of Monitoring | Clinical Response |
|---|---|---|
| 0 | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations. |
| Aggregate 1–3 | Minimum 4 hourly | • Inform trained nurse.<br>• Trained Nurse assessment:<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate. |
| **Aggregate 4 or more or 3 in one parameter** | Increased frequency to a minimum of 1 hourly | • Trained Nurse assessment.<br>• Inform medical team caring for the patient.<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients.<br>• Consider level of monitoring required in relation to clinical care. |
| Aggregate 6 or more | Continuous monitoring of vital signs | • Trained Nurse assessment.<br>• Inform medical team caring for the patient – this should be at least senior medical staff level.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills.<br>• Consider referral to high dependency or ITU. |

**NEWS should not replace sound clinical judgement. Any concerns regarding patient's condition should be appropriately escalated.**

**Use SBAR to communicate clinical concerns (S–Situation; B–Background; A–Assessment; R–Recommendation)**

| Date and Time | Actions following SBAR ☐ A&E use ☐ Ward use | Sign |
|---|---|---|
| 8/3/12 2225 | Stand-by call re 39 year old male alleged stabbing. | |
| | ABCDE:- A - Maintaining own airway Talking. 100% $O_2$ via Hudy | |
| | B - Spont breathing. Resps 26 ? ↓ AE (R) lung. | |
| | C - Spont. output. IV access 18G cannula Rate 84 bpm (L) ankle. Not compressed | |
| | D - (A) V P U E - x 1 (L) chest wound x 2 (R) lateral chest wounds x 2 (L) epigastric stab wounds | |
| 2242 | c/xR c/o IV fluids @ 2230 | |
| 2250 | Morphine Sulphate 5mg IV ✓ | Miller |
| 2342 | Surg SpR in - aware of above | |
| 2350 | Pt ↓ resps hyperventilating on RS via IV fluids encouraged. AE consultant made aware. | |
| 0020 | Resps does not ↑ IV fluids continued re catheterised for catheter, residual volume 70mls. Further 3mg IV morphine given | 0120 16 |

| Physiological Parameter | NEWS – NHS Early Warning Score | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiration Rate | | | | 12-20 | | 21-24 | |
| Oxygen Saturations | | 92-93 | | ≥96 | | | |
| Supplemental Oxygen | | Yes | | No | | | |
| Temperature | | | | 36.1-38.0° | | ≥39.1° | |
| Systolic BP | | 91-100 | | 111-219 | | | |
| Pulse | | | | 51-90 | | 111-130 | |
| Conscious Level | | | | A | | | |

## Pain Score

**Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | Mild Pain | | | Moderate Pain | | | Severe Pain | | | |

| Post Op Nausea and Vomiting | |
|---|---|
| 0 | = None |
| 1 | = Mild (*Not distressing – no retching/vomiting*) |
| 2 | = Moderate (*Troublesome – occasional retching/vomiting*) |
| 3 | = Severe (*Distressing – frequent retching/vomiting*) |

## Neurological Observations

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | | | | | | | | | | | | | | | |
| COMA SCALE | E Eyes open | Spontaneously | 4 | | | | | | | | | | | | | | | | | | | | Eyes closed by dwelling = C |
| | | To speech | 3 | | | | | | | | | | | | | | | | | | | | |
| | | To pain | 2 | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | |
| | V Best Verbal response | Orientated | 5 | | | | | | | | | | | | | | | | | | | | Endotracheal tube or tracheostomy = T |
| | | Confused | 4 | | | | | | | | | | | | | | | | | | | | |
| | | Inappropriate words | 3 | | | | | | | | | | | | | | | | | | | | |
| | | Incomprehensible sounds | 2 | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | |
| | M Best motor response | Obeys | 6 | | | | | | | | | | | | | | | | | | | | Usually record the best arm response |
| | | Localises | 5 | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - withdrawal | 4 | | | | | | | | | | | | | | | | | | | | |
| | | Flexion - abnormal | 3 | | | | | | | | | | | | | | | | | | | | |
| | | Extension to pain | 2 | | | | | | | | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | | | | | | | | |
| | TOTAL SCORE | | | | | | | | | | | | | | | | | | | | | | |
| PUPILS | R | Size | | | | | | | | | | | | | | | | | | | | | + reacts – no reaction c. eyes closed |
| | | Reaction | | | | | | | | | | | | | | | | | | | | | |
| | L | 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 | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | |
| | LEGS | Normal power | | | | | | | | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | | | | | | | | |

### Glasgow Coma Scale

Pupil size (mm)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

**See NEWS Actions Reference Tool for local escalation policy**

| NEWS Score | Frequency of Monitoring | Clinical Response |
|---|---|---|
| 0 | Minimum 12 hourly | • Continue routine NEWS monitoring with every set of observations. |
| Aggregate 1-3 | Minimum 4 hourly | • Inform trained nurse.<br>• Trained Nurse assessment:<br>- Assess the patient<br>- Review frequency of monitoring required<br>- Assess need for escalation of clinical care and direct as appropriate. |
| **Aggregate 4 or more or 3 in one parameter** | Increased frequency to a minimum of 1 hourly | • Trained Nurse assessment.<br>• Inform medical team caring for the patient.<br>• Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients.<br>• Consider level of monitoring required in relation to clinical care. |
| Aggregate 6 or more | Continuous monitoring of vital signs | • Trained Nurse assessment.<br>• Inform medical team caring for the patient – this should be at least senior medical staff level.<br>• Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills.<br>• Consider referral to high dependency or ITU. |

**NEWS should not replace sound clinical judgement. Any concerns regarding patient's condition should be appropriately escalated.**

**Use SBAR to communicate clinical concerns (S–Situation; B–Background; A–Assessment; R–Recommendation)**

| Date and Time | Actions following SBAR ☐ A&E use ☐ Ward use | Sign |
|---|---|---|
| 9/3/12 0100 | R. referred to dept Rcon CT scan. Awai. Recad report CT dissolvable. 2mg - IV morphine sulphate admin - in CT scan waiting. | |
| 0107 | IV Cleocin now discontinued. R. increasingly tachypnoeic ? due to increased pain abdo (D) dressing walls | |
| 0220 | for transfer to HDU. VS ✓ | |
| 0245 | SpO2 ↓ 94% on air. Put 8L O2 via venturi mask | |
| 0300 | Transferred to HDU. | |
| | | |
| | | |
| | | |

CHI: 0412703297
RAH165288 04/12/1970 M
O'ROURKE ALEXANDER
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

# NHS GREATER GLASGOW & CLYDE
# ROYAL ALEXANDRA HOSPITAL
## *Patient Controlled Analgesia Chart*

**Patient Details**

Name: ALEXANDER O'ROURKE
Age: 41
Unit No: 04 12 70 3297
Ward: HDU
Operation: LAPAROTOMY
Anaesthetist: URB/GRANT
Surgeon: RG/SLORK
Consultant:

**Peri-operative Analgesia Drugs & Dose**

Opioids: Morphine 20 Tramadol 100mg
Anti-emetics: ONDANSETRON 4mg
NSAIDs: /
Local Anaesthetics: /

**Section 1 - PCA Prescription**

| Date | Time | Route | Drug | Total Amount of Drug (mg) | Drug Concentration (mg/ml) | Patient Bolus (mg) | Lockout (minutes) | Continuous Infusion (mg/hr) | Prescribed By | Discontinued By |
|---|---|---|---|---|---|---|---|---|---|---|
| 4/3/12 | 1180 | IV | Morphine | 50mg | 1mg/ml | 1mg | 5mins | / | [signature] | |
| | | IV | | | | | | | | |
| | | IV | | | | | | | | |
| | | IV | | | | | | | | |

**Section 2 - PCA Preparation**

| Date | Time | Drug | Total Amount of Drug (mg) | Total Volume Drugs & Diluent (ml) | Batch Number Drug | Prepared By | Checked By | Pump No. |
|---|---|---|---|---|---|---|---|---|
| 9/3/12 | 12 | MORPHINE | 50 | 50 | 00473 | [signature] | [signature] | 017502 |
| 10/3/12 | 01:15 | Morph | 50 mg | 50 mls | 00473 | [signature] | [signature] | |
| 10/3/12 | 16h40 | Morphine | 50 mg | 50ml | 00473 | [signature] | [signature] | " " |
| 11/3/12 | 0615 | MORPHINE SULPHATE | 50mg | 50ml | 00473 | [signature] | [signature] | " " |
| 11/3/12 | 1945 | MORPHINE SULPHATE | 50mg | 50mls | 00473 | [signature] | [signature] | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**Section 3 - Clinician Over-ride Doses**

| Date | Time | Drug | Dose | Given By | Checked By |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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**Please Note**

All wards should have copies of the information on PCA. This should be read by any Nurse or Doctor who has not previously used the system. Copies can be obtained from:- A. Williams, Pain Sister Pager 56285.

41624

# ROYAL ALEXANDRA HOSPITAL

## Patient Controlled Analgesia Observation Chart

**Observations** - Recovery: every 15 minutes

**Ward:** Hourly for 4 hours then 4 hourly

**The information at the foot of this sheet will help you fill this section correctly**

| Date | Time | Pain Score | Sedation Score | Nausea Score | Resp Rate | IV Site | Total/Good Demands | Total Dose (mg) | PCA Volume Remaining (ml) | Started by/ Checked by (initials) |
|---|---|---|---|---|---|---|---|---|---|---|
| 9/3/12 | 1340 | (PCA | checked | | + | corrected | | | 48ml | [illegible] |
| | 1355 | 0-1 | 1 | 0 | 26 | ✓ | 3:3 | 3 | 45 ml | OD |
| | 1400 | 0-1 | 1 | 0 | 26 | ✓ | 3:3 | 3 | 45 ml | OD |
| | 1450 | 0 | 0 | 0 | 15 | ✓ | 4:4 | 4 | 40ml | OD |
| | 1600 | 1 | 0-1 | 0 | 18 | ✓ | 13/8 | 8mg | 40mls | [illegible] |
| | 1700 | 1 | 1 | 0 | 14 | ✓ | 14/9 | 9mg | 29mls | [illegible] |
| | 1800 | 1 | 1 | 0 | 16 | ✓ | 31/13 | 13mg | 35mls | [illegible] |
| | 2030 | 1 | 0 | 0 | 18 | ✓ | 65/22 | 22mg | 26mls. | KBremner |
| | 2300 | 1 | 0 | 0 | 10 | ✓ | 89/31 | 31mg | 17mls | KBremner. |
| | 0115 | 1 | 0 | 0 | 14 | ✓ | 123/47 | 46.87 | 50mls | [illegible] (new syringe) |
| | 0600 | | S | | 11 | ✓ | 127/51 | 50.26mg | 48mls. | KBremner |
| | 0935 | 0 | 0 | 0 | 11 | ✓ | 151/69 | 68.26 | 30 | A Mackie |
| | 1330 | 0 | 0 | 0 | 14 | ✓ | 167/83 | 82.26 | 16 | AMm |
| | 1645 | 2 | 0 | 0 | 24 | ✓ | 194/99 | 97.26 | 50ml | new syringe etc |
| | 2230 | 1 | 0 | 0 | 17 | ✓ | 240/125 | 123.1 | 24ml/s | [illegible] DF |
| | 0000 | 1 | 0 | 0 | 23 | ✓ | 252/131 | 129.4 | 18ml/s | DF |
| | 0200 | S | S | S | 13 | ✓ | 254/133 | 131.4 | 16ml/s | DF |
| | 0400 | S | S | S | 13 | ✓ | 279/139 | 137.4 | 16ml/s | DF |
| | 0600 | 1 | 0 | 0 | 12 | ✓ | 293/145 | 143.4 | 4ml/s | DF |
| | 0630 | S | S | S | 15 | — | 297/146 | 144.4 | 3mls destroyed | DF |
| | 0630 | S | S | S | 15 | — | 297/146 | 144.4 | 50mls | DF |
| | 1030 | 0 | 0 | 0 | 16 | — | 287/156 | 154.4 | 40. | AMm |
| | 1430 | 0 | 0 | 0 | 10 | — | 378/182 | 180.4 | 16. | AMm |
| | 1640 | 0 | 0 | 0 | 13 | ✓ | 396/196 | 196.1 | 0 | DF. |
| | 1900 | 0 | 0 | 0 | 14 | — | 396/196 | 196.1 | 50mls New Syringe | DSmith |
| 12/3 | 0300 | 0 | S | 0 | 14 | ✓ | 423/219 | 217.1 | 28mls | DSmith |

**1. Pain Score**

| | |
|---|---|
| Score 0= | No pain at rest<br>No pain on movement |
| Score 1= | No pain at rest<br>Slight pain on movement |
| Score 2= | Intermittent pain at rest<br>Moderate pain on movement |
| Score 3= | Continuous pain at rest<br>Severe pain on movement |

If pain relief is inadequate, encourage patient to press button and check IV site. Inform resident doctor if there is continuing inadequate pain relief.

**2. Sedation Score**

| | |
|---|---|
| Score 0= | None (patient alert) |
| Score 1= | Mild (occasional drowsy; easy to arouse) |
| Score 2 = | Moderate (frequently drowsy; easy to arouse) |
| Score 3 = | Severe (somnolent; difficult to arouse) |
| Score S= | Sleep (normal sleep; easy to arouse) |

**3. Nausea Score**

| | |
|---|---|
| Score 0= | None |
| Score 1= | Mild (Not distressing. No retching/vomiting) |
| Score 2 = | Moderate (Troublesome. Occasional retching/vomiting) |
| Score 3 = | Severe (Distressing. Frequent retching/vomiting) |

**4. Respiratory Rate:**

If respiratory rate is less than 10/min - inform resident doctor
If respiratory rate is less than 8/min - **stop pump** and inform resident doctor } Give $O_2$ 6L/min

**5. IV Site:**

Check for leaks, obstructions of tubing or tissuing - inform resident doctor.

**6. Total/Good Demands**

This information is continuously displayed on screen.

**7. Total Dose**

This information is continuously displayed on screen.

**8. Volume Remaining**

Amount remaining in syringe.

NHS
Greater Glasgow and Clyde

# Nutrition Profile

| | |
|---|---|
| Name: <br> CHI: 0412703297 <br> RAH165288 04/12/1970 <br> O'ROURKE ALEXANDER M <br> 64 DALSKEITH AVE <br> PAISLEY <br> PA3 1LR | Date of admission: 9/3/12 |
| Address: | Time: 0400 |
| | HOSPITAL: RAH |
| DoB: | Ward: HDU |
| CHI number: | |
| *Affix patient data label* | |

**To be recorded within 24 hours of admission***

Height: 5ft 10 m/ft Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 100 kg/stones Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

No food allergies. No particular likes or dislikes.

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

*Please state:*

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental?** Yes ☑ No ☐

*Please specify all factors:*

wound R (L) side of lower lip ; painful.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

*Please state:*

Profile completed by: Name (PRINT): GAIL STARK Signature: GStark Date: 9/3/12

**NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.**

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

## Malnutrition Universal Screening Tool ('MUST')

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Date | 9/3/12 | | | | | | | | | |
| Initials | gp | | | | | | | | | |
| Height (see page 1) 5ft 10 — Weight | 100 kg | | | | | | | | | |
| Oedema or ascites present Y/N | N | | | | | | | | | |
| BMI | 32 | | | | | | | | | |

### 'MUST'

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Step 1: BMI Score** (refer to chart on page 4)<br>>20 (>30 = Obese) ..... 0<br>18.5 - 20 ..... 1<br><18.5 ..... 2 | 0 | | | | | | | | | |
| **Step 2: Weight Loss Score**<br>Unplanned weight loss in past 3-6 months:<br><5% ..... 0<br>5-10% ..... 1<br>>10% ..... 2 | 0 | | | | | | | | | |
| **Step 3: Acute Disease Effect Score**<br>If patient is acutely ill **and** there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2<br>Not applicable ..... Score 0 | 0 | | | | | | | | | |
| **Step 4: Overall Risk of Malnutrition** Total: | 0 | | | | | | | | | |

### Step 5: Management Guidelines

| Score of Overall Risk of Malnutrition | Action Required |
|---|---|
| 0 | **LOW RISK** - *Routine Clinical Care*<br>• Repeat screening.<br>Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly |
| 1 | **MEDIUM RISK** - *Observe*<br>• Document dietary intake for 3 days on a Food Record Chart.<br>• If no improvement in intake:<br>- Encourage oral intake.<br>- Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals.<br>• Repeat screening weekly. |
| 2 or more | **HIGH RISK** - *Treat**<br>• Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart.<br>• Encourage oral intake.<br>• Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals.<br>• Monitor **and** review Care Plan weekly.<br>* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death. |

## Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).

## Referral Services

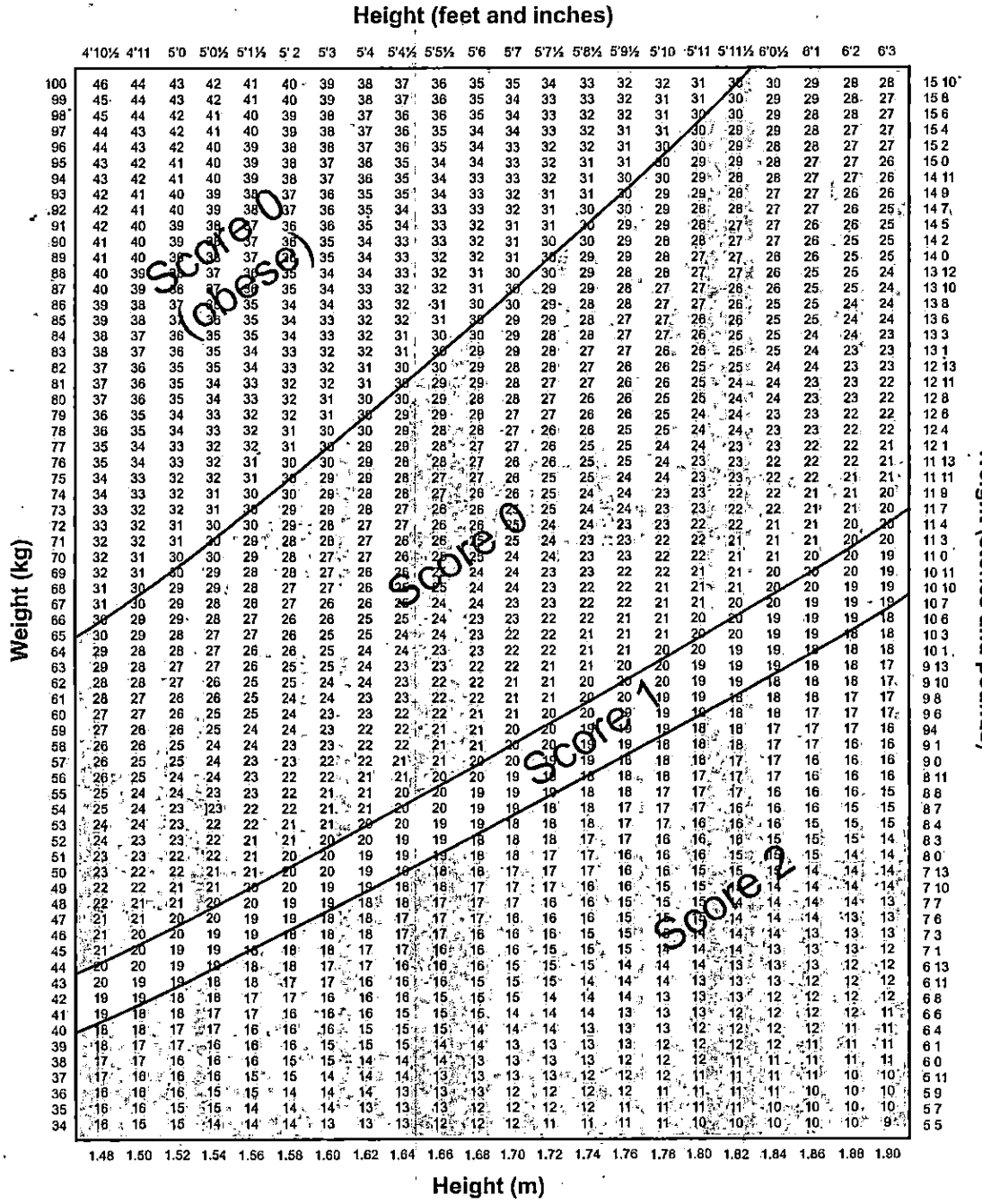
| | | |
|---|---|---|
| Dietitian | Date: / / | Outcome: |
| Speech and Language Therapy | Date: / / | Outcome: |
| Occupational Therapy | Date: / / | Outcome: |
| Dental Service | Date: / / | Outcome: |

## Multidisciplinary Nutrition Care Plan

| Date | Overall Risk | Action | Review date | Name (PRINT) Signature/Designation |
|---|---|---|---|---|
| 9/3 | 0 | Fluids only | 10/3 | [illegible] |
| 10/3 | 0 | Can eat & drink as tolerated. | ~~10/3~~ DRV | KBremner |
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N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

## Step 1 - BMI Score




## Step 2 - Weight Loss Score

| Weight before weight loss (kg) | Score 0 Wt loss <5% | Score 1 Wt loss 5-10% | Score 2 Wt loss >10% |
|---|---|---|---|
| 34 kg | <1.7 kg | 1.7-3.4 kg | >3.4 kg |
| 36 kg | <1.8 kg | 1.8-3.6 kg | >3.6 kg |
| 38 kg | <1.9 kg | 1.9-3.8 kg | >3.8 kg |
| 40 kg | <2 kg | 2-4 kg | >4 kg |
| 42 kg | <2.1 kg | 2.1-4.2 kg | >4.2 kg |
| 44 kg | <2.2 kg | 2.2-4.4 kg | >4.4 kg |
| 46 kg | <2.3 kg | 2.3-4.6 kg | >4.6 kg |
| 48 kg | <2.4 kg | 2.4-4.8 kg | >4.8 kg |
| 50 kg | <2.5 kg | 2.5-5 kg | >5 kg |
| 52 kg | <2.6 kg | 2.6-5.2 kg | >5.2 kg |
| 54 kg | <2.7 kg | 2.7-5.4 kg | >5.4 kg |
| 56 kg | <2.8 kg | 2.8-5.6 kg | >5.6 kg |
| 58 kg | <2.9 kg | 2.9-5.8 kg | >5.8 kg |
| 60 kg | <3 kg | 3-6 kg | >6 kg |
| 62 kg | <3.1 kg | 3.1-6.2 kg | >6.2 kg |
| 64 kg | <3.2 kg | 3.2-6.4 kg | >6.4 kg |
| 66 kg | <3.3 kg | 3.3-6.6 kg | >6.6 kg |
| 68 kg | <3.4 kg | 3.4-6.8 kg | >6.8 kg |
| 70 kg | <3.5 kg | 3.5-7 kg | >7 kg |
| 72 kg | <3.6 kg | 3.6-7.2 kg | >7.2 kg |
| 74 kg | <3.7 kg | 3.7-7.4 kg | >7.4 kg |
| 76 kg | <3.8 kg | 3.8-7.6 kg | >7.6 kg |
| 78 kg | <3.9 kg | 3.9-7.8 kg | >7.8 kg |
| 80 kg | <4 kg | 4-8 kg | >8 kg |
| 82 kg | <4.1 kg | 4.1-8.2 kg | >8.2 kg |
| 84 kg | <4.2 kg | 4.2-8.4 kg | >8.4 kg |
| 86 kg | <4.3 kg | 4.3-8.6 kg | >8.6 kg |
| 88 kg | <4.4 kg | 4.4-8.8 kg | >8.8 kg |
| 90 kg | <4.5 kg | 4.5-9 kg | >9 kg |
| 92 kg | <4.6 kg | 4.6-9.2 kg | >9.2 kg |
| 94 kg | <4.7 kg | 4.7-9.4 kg | >9.4 kg |
| 96 kg | <4.8 kg | 4.8-9.6 kg | >9.6 kg |
| 98 kg | <4.9 kg | 4.9-9.8 kg | >9.8 kg |
| 100 kg | <5 kg | 5-10 kg | >10 kg |
| 102 kg | <5.1 kg | 5.1-10.2 kg | >10.2 kg |
| 104 kg | <5.2 kg | 5.2-10.4 kg | >10.4 kg |
| 106 kg | <5.3 kg | 5.3-10.6 kg | >10.6 kg |
| 108 kg | <5.4 kg | 5.4-10.8 kg | >10.8 kg |
| 110 kg | <5.5 kg | 5.5-11 kg | >11 kg |
| 112 kg | <5.6 kg | 5.6-11.2 kg | >11.2 kg |
| 114 kg | <5.7 kg | 5.7-11.4 kg | >11.4 kg |
| 116 kg | <5.8 kg | 5.8-11.6 kg | >11.6 kg |
| 118 kg | <5.9 kg | 5.9-11.8 kg | >11.8 kg |
| 120 kg | <6 kg | 6-12 kg | >12 kg |
| 122 kg | <6.1 kg | 6.1-12.2 kg | >12.2 kg |
| 124 kg | <6.2 kg | 6.2-12.4 kg | >12.4 kg |
| 126 kg | <6.3 kg | 6.3-12.6 kg | >12.6 kg |

| Weight before weight loss (st/lb) | Score 0 Wt loss <5% | Score 1 Wt loss 5-10% | Score 2 Wt loss >10% |
|---|---|---|---|
| 5st 4lb | <4lb | 4lb-7lb | >7lb |
| 5st 7lb | <4lb | 4lb-8lb | >8lb |
| 5st 11lb | <4lb | 4lb-8lb | >8lb |
| 6st | <4lb | 4lb-8lb | >8lb |
| 6st 4lb | <4lb | 4lb-9lb | >9lb |
| 6st 7lb | <5lb | 5lb-9lb | >9lb |
| 6st 11lb | <5lb | 5lb-10lb | >10lb |
| 7st | <5lb | 5lb-10lb | >10lb |
| 7st 4lb | <5lb | 5lb-10lb | >10lb |
| 7st 7lb | <5lb | 5lb-11lb | >11lb |
| 7st 11lb | <5lb | 5lb-11lb | >11lb |
| 8st | <6lb | 6lb-11lb | >11lb |
| 8st 4lb | <6lb | 6lb-12lb | >12lb |
| 8st 7lb | <6lb | 6lb-12lb | >12lb |
| 8st 11lb | <6lb | 6lb-12lb | >12lb |
| 9st | <6lb | 6lb-13lb | >13lb |
| 9st 4lb | <7lb | 7lb-13lb | >13lb |
| 9st 7lb | <7lb | 7lb-13lb | >13lb |
| 9st 11lb | <7lb | 7lb-1st | >1st |
| 10st | <7lb | 7lb-1st | >1st |
| 10st 4lb | <7lb | 7lb-1st | >1st |
| 10st 7lb | <7lb | 7lb-1st 1lb | >1st 1lb |
| 10st 11lb | <8lb | 8lb-1st 1lb | >1st 1lb |
| 11st | <8lb | 8lb-1st 1lb | >1st 1lb |
| 11st 4lb | <8lb | 8lb-1st 2lb | >1st 2lb |
| 11st 7lb | <8lb | 8lb-1st 2lb | >1st 2lb |
| 11st 11lb | <8lb | 8lb-1st 3lb | >1st 3lb |
| 12st | <8lb | 8lb-1st 3lb | >1st 3lb |
| 12st 4lb | <9lb | 9lb-1st 3lb | >1st 3lb |
| 12st 7lb | <9lb | 9lb-1st 4lb | >1st 4lb |
| 12st 11lb | <9lb | 9lb-1st 4lb | >1st 4lb |
| 13st | <9lb | 9lb-1st 4lb | >1st 4lb |
| 13st 4lb | <9lb | 9lb-1st 5lb | >1st 5lb |
| 13st 7lb | <9lb | 9lb-1st 5lb | >1st 5lb |
| 13st 11lb | <10lb | 10lb-1st 5lb | >1st 5lb |
| 14st | <10lb | 10lb-1st 6lb | >1st 6lb |
| 14st 4lb | <10lb | 10lb-1st 6lb | >1st 6lb |
| 14st 7lb | <10lb | 10lb-1st 6lb | >1st 6lb |
| 14st 11lb | <10lb | 10lb-1st 7lb | >1st 7lb |
| 15st | <11lb | 11lb-1st 7lb | >1st 7lb |
| 15st 4lb | <11lb | 11lb-1st 7lb | >1st 7lb |
| 15st 7lb | <11lb | 11lb-1st 8lb | >1st 8lb |
| 15st 11lb | <11lb | 11lb-1st 8lb | >1st 8lb |
| 16st | <11lb | 11lb-1st 8lb | >1st 8lb |
| 16st 4lb | <11lb | 11lb-1st 9lb | >1st 9lb |
| 16st 7lb | <12lb | 12lb-1st 9lb | >1st 9lb |
| 16st 11lb | <12lb | 12lb-1st 9lb | >1st 9lb |

- STORES ORDER CODE 41850
VI MEDICAL ILLUSTRATION • NUTRITION & DIET • 12366/01.09.08

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

W
S CHI: 0412703297 .....
RAH165288 04/12/1970
F O'ROURKE ALEXANDER M.....
64 DALSKEITH AVE
D PAISLEY
PA3 1LR
L .....

# ADAPTED WATERLOW PRESSURE AREA RISK ASSESSMENT CHART

More than one score/category can be used: **10+= 'At Risk': 15+= 'High Risk': 20+= 'Very High Risk'**

Complete assessment on admission/1st visit, if there is a change in individuals condition and repeat regularly according to local protocol

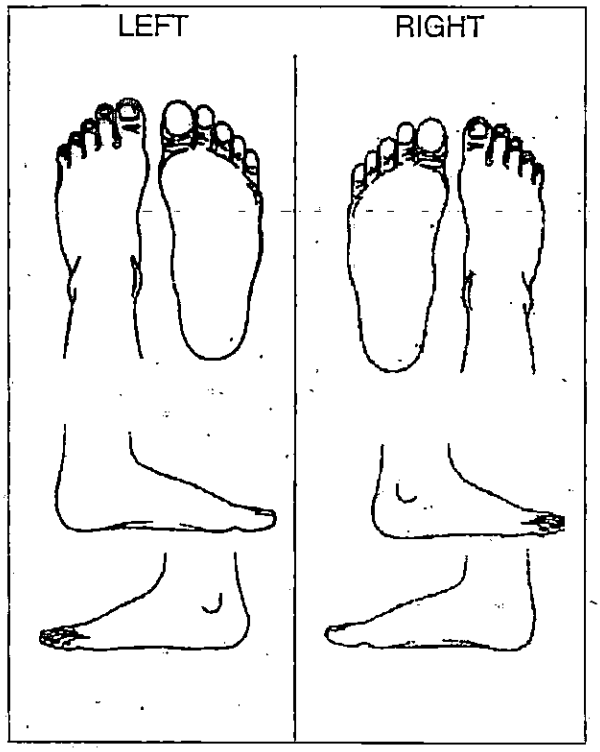
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***Sex*** | | | | | | | | | |
| Male | 1 | 1 | | | | | | | |
| Female | 2 | | | | | | | | |
| ***Age*** | | | | | | | | | |
| 14 -49 | 1 | 1 | | | | | | | |
| 50 -64 | 2 | | | | | | | | |
| 65 - 74 | 3 | | | | | | | | |
| 75 - 80 | 4 | | | | | | | | |
| 81+ | 5 | | | | | | | | |
| ***Build/Weight for Height (BMI=weight in Kg/height in m²)*** | | | | | | | | | |
| Average - BMI 20-24.9 | 0 | | | | | | | | |
| Above average - BMI 25-29.9 | 1 | | | | | | | | |
| Obese - BMI > 30 | 2 | 2 | | | | | | | |
| Below average - BMI < 20 | 3 | | | | | | | | |
| ***Continence*** | | | | | | | | | |
| Complete/catheterised | 0 | 0 | | | | | | | |
| Incontinent urine | 1 | | | | | | | | |
| Incontinent faeces | 2 | | | | | | | | |
| Doubly incontinent (urine & faeces) | 3 | | | | | | | | |
| ***Skin Type - Visual Risks Area*** | | | | | | | | | |
| Healthy | 0 | 0 | | | | | | | |
| Tissue paper (thin/fragile) | 1 | | | | | | | | |
| Dry (appears flaky) | 1 | | | | | | | | |
| Oedematous (puffy) | 1 | | | | | | | | |
| Clammy (moist to touch)/pyrexia | 1 | | | | | | | | |
| Discoloured (bruising/mottled) | 2 | | | | | | | | |
| Broken (established ulcer) | 3 | | | | | | | | |
| ***Mobility*** | | | | | | | | | |
| Fully mobile | 0 | | | | | | | | |
| Restless/fidgety | 1 | | | | | | | | |
| Apathetic (sedated/depressed/reluctant to move) | 2 | | | | | | | | |
| Restricted (restricted by sever pain or disease) | 3 | 3 | | | | | | | |
| Bedbound (unconscious/unable to change position/traction) | 4 | | | | | | | | |
| Chairbound (unable to leave chair without assistance) | 5 | | | | | | | | |
| ***Nutritional Element*** | | | | | | | | | |
| Unplanned weight loss in past 3-6 months | | | | | | | | | |
| <5% Score **0**, 5-10% Score **1**, >10% Score **2** | 0-2 | | | | | | | | |
| BMI > 20 Score **0**, BMI 18.5-20 Score **1**, BMI < 18.5 Score **2** | 0-2 | | | | | | | | |
| Patient acutely ill or no nutritional intake > 5 days | 2 | | | | | | | | |
| ***Special Risks - Tissue Malnutrition*** | | | | | | | | | |
| Multiple organ failure/terminal cachexia | 8 | | | | | | | | |
| Single organ failure e.g. cardiac, renal, respiratory | 5 | | | | | | | | |
| Peripheral vascular disease | 5 | | | | | | | | |
| Anaemia = Hb < 8 | 2 | | | | | | | | |
| Smoking | 1 | 1 | | | | | | | |
| ***Special Risks - Neurological Deficit*** | | | | | | | | | |
| Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6* | 4-6 | | | | | | | | |
| ***Special Risks - Surgery/Trauma*** | | | | | | | | | |
| On table > 6 hours | 8 | | | | | | | | |
| Orthopaedic/below waist/spinal (up to 48 hours post op) | 5 | | | | | | | | |
| On table > 2 hours (up to 48 hours post op) | 5 | | | | | | | | |
| ***Special Risks - Medication*** | | | | | | | | | |
| Cytotoxic, anti-inflammatory, long term/high dose steroid *Max 4* | 4 | | | | | | | | |
| **Total Score** | | 8 | | | | | | | |
| **Date** | | 9/3 | | | | | | | |
| **Initials** | | SM | | | | | | | |
| **Time** | | 04:00 | | | | | | | |

83826

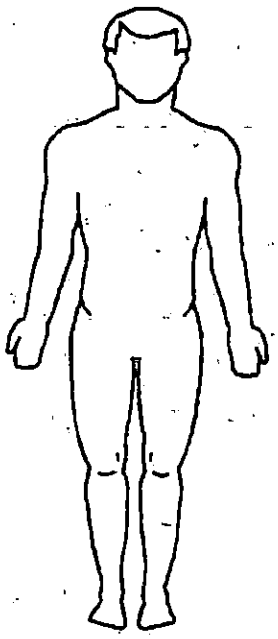
Ensure plan of care is implemented / reviewed for all identified areas of concern.

# PRESSURE ULCER RECORD

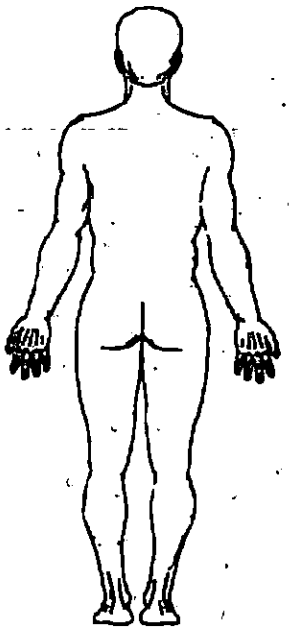
**Indicate by circling and numbering all pressure damage on diagrams, then complete box below. Indicate care plan/wound assessment chart.**




Anterior view



Posterior view



## SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

**GRADE 1** Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.

**GRADE 2** Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

**GRADE 3** Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

**GRADE 4** Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

| DATE | NUMBER OF ULCER(S) | LOCATION OF ULCER(S) | GRADE OF ULCER(S) | LOCATION OF ULCER(S) |
|---|---|---|---|---|
| | | | | |
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**Pressure Ulcers may deteriorate from Grade 1 to Grade 4, but can not be reversed and should be documented as a healing grade of pressure ulcer, eg healing grade 4.**

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

**AFFIX ADDRESSOGRAPH LABEL** Alex O'Rourke

RATE OF FLOW (Drops/Min.) = VOL. of FLUID (ml) x 15 (ml) = 15 drops
(Standard Giving Set) Duration (mins)

APPROXIMATE RATE for 500 ml

| | | | |
|---|---|---|---|
| 1hr. | = 120 drops/min. | 6hr. | = 22 drops/min. |
| 4hr. | = 30 drops/min. | 8hr. | = 15 drops/min. |

| | PRESCRIPTION | | | | | | | | PREPARATION | | | | ADMINST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DATE | FLUID (use BLOCK LETTERS) | VOL. (ml) | ADDITIVE MEDICINE | DOSE (mg) | ROUTE of ADMIN. | DURn. of ADMIN. | PRESCRIBER'S SIGN | SERIAL OR BATCH No. | MEDICINE ADDED BY / CHECKED BY | TIME AND DATE ADDED | TIME BEGUN | ADMINST. BY |
| A | | (N) Saline | 500ml | | | Stat | IV | | 12A0 3T4D | | 8/3/12 | 2239 | |
| B | | (N) Saline | 500ml | | | Stat | IV | | 12A0 3T4D | | 8/3/12 | 0002 | |
| C | | Hartmanns | 500ml | | | Str | IV | | 11L0 7T4B | | 9/3/12 | 0020 | |
| D | | ~~Hartmanns~~ (N) Saline | 1000ml | | | 6° | IV | | 9152 0T3G | | 9/3/12 | 0155 | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

STY5387D

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

**AFFIX ADDRESSOGRAPH LABEL**

0412753297
ROURKE
LEXANDER
12/1970 M

RATE OF FLOW (Drops/Min.) = VOL. of FLUID (ml) x 15 (ml) = 15 drops
(Standard Giving Set) Duration (mins)

APPROXIMATE RATE for 500 ml

| | | | |
|---|---|---|---|
| 1hr. | = 120 drops/min. | 6hr. | = 22 drops/min. |
| 4hr. | = 30 drops/min. | 8hr. | = 15 drops/min. |

| | PRESCRIPTION | | | | | | | | PREPARATION | | | | ADMINST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DATE | FLUID (use BLOCK LETTERS) | VOL. (ml) | ADDITIVE MEDICINE | DOSE (mg) | ROUTE of ADMIN. | DURn. of ADMIN. | PRESCRIBER'S SIGN | SERIAL OR BATCH No. | MEDICINE ADDED BY / CHECKED BY | TIME AND DATE ADDED | TIME BEGUN | ADMINST. BY |
| A | | W SALINE | 500 | 20mmol | KCl | IV | 6° | | HK11E3C | | 11/3/12 | 14:20 | |
| B | | NS SALINE | 500 | 20mmol | KCl | IV | 6° | | | | 11/3/12 | 2145 | |
| C | 12/3 | (N) Saline | 500 | | | IV | 6° | Swilson | | | 12/3/12 | 1350 | |
| D | | 5% dextrose | 500 | 20mmol | KCL | IV | 6° | Swilson | | | 12/3/12 | 7pm | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

STY5387D

NHS
Greater Glasgow and Clyde

2/2

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| O'ROURKE | ALEXANDER | |

Date 11/3/12 Ward 26

| INTAKE | | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| X | O/N from HDU | 4.40 | X | | | | |
| 300ml | | 9.30 | | | | | |
| | 500mls (N) Saline | | | | | | |
| | 100mls CO Amox. | MN | 1100 | | | | |
| | 100mls (N) Saline | | | | | | |
| 300ml | 700mls | | | | | | |

2/2

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| O'Rourke | Alexander | |

Date 12/3/12 Ward 26

PD 300ml **INTAKE** 700mls | PD 1100 **OUTPUT**

| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
|---|---|---|---|---|---|---|---|
| | 9F 400mls (N) Sche + 20mmol KCl | | | | | | |
| | | | | | | | |
| 100 | | 9/n | 500 | | | | Leaks out |
| 250 | | 09[45] | | | | | |
| 100 | | 10[30] | | | | | |
| 50 | | 11[15] | | | | | |
| / | 100mls N ABx | 12[45] | | | | | |
| 50 | 500mls Na Cl | 13[50] | | | | | |
| / | | 14[00] | | | | | |
| 250 | | 14[55] | 400 | | | | Bottle |
| 200 | | 15[30] | | | | | |
| 150 | | 16[30] | | | | | |
| 200 | | 17[45] | | | | | |
| 80 | | 18[30] | | | | | |
| | 500mL 5% Glucose 80 Rt | 7pm | | | | | |
| 200. | | 9[25] | Pu- | | | | |
| | | | | | | | |
| | | | | | | | |
| 1600. | 1500mls | | 900 | | | | |

TY5226D

NHS
Greater Glasgow and Clyde

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| O'Rourke | Alex | |

Date..... Ward

| INTAKE | | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| | | | | | | | |
| | 500mls N/Saline | 2230 | | | | | Discontinued @ 22 45. Cleansed by |
| | | 2345 | | | | | Recommenced @ |
| | 500mls Hcl 0.9% | 0002 | | | | | Usual. |
| | 500ml Hartmans | 0020 | 70mls | | | | Catheterised |
| | Sol 500 | 0135 | | | | | |

STY5226D

# FLUID BALANCE CHART

| urname | Christian Names | Unit No. |
|---|---|---|
| Date ..... | | Ward |

| INTAKE | | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| | | | | | | | |
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NHS
Greater Glasgow and Clyde

2/2

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| O'Rourke | Alexander | |

Date 13/3/12 Ward 26

PD 1600. **INTAKE** 1500 PP 900++ - **OUTPUT**

| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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# FLUID BALANCE CHART

| ırname | Christian Names | Unit No. |
|---|---|---|
| Date ..... | | Ward |

| INTAKE | | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| | | | | | | | |
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# Immediate Discharge and Medicine Prescription Form - Confidential

Royal Alexandra Hospital
Corsebar Road, Paisley PA2 9PN
Telephone: 0141 887 9111

[redacted] 212 884-2604

Ref. No: 156133

NHS Greater Glasgow and Clyde

Name of GP
Surgery/Health Centre

Fix ID label to all 4 copies

Patient: Alexander O'Rourke
Address: 64 DALSKEITH AVENUE PAISLEY
Post Code PA3 7LR
DOB: 04/12/70 Unit no:
Weight CHI no: 0412703297

Ward: 26 Tel:
Consultant: Renwick
Named Nurse:
Specialty:
Admission date: 9/3/12
Mode of admission: Elective ☐ Emergency ☑ Transfer ☐
Source of Admission
Discharge date: 15/3/12

**NURSE TO COMPLETE**

Out Patient appointment date
Diagnosis informed (circle) Patient Relative
**Circle support services set up:**
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

**WARD USE ONLY**

Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date:
Signature of Recipient:

**All known drug sensitivities / adverse reactions:**

| Reason for Admission, Diagnosis | Treatment, Investigations, Operations | Complications |
|---|---|---|
| Multiple stab wounds to chest/abdomen | | |

| New Drug | New Dose | MEDICINE | Form | Dose | TIMES FOR ADMINISTRATION: am 8 | md 12 | pm 2 | pm 6 | pm 10 | Other times | Course length |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ✓ | | Paracetamol | PO | 1g | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| ✓ | | Ferrous Sulphate | PO | 200mg | ✓ | ✓ | | | ✓ | | |
| | | | | | | | | | | | |
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| Medicines Discontinued | Reason if known e.g. side effect | Other Information |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Prescribers name: DAVID Comrisky Signature: D Comrisky Date 15/3/12
Designation: FY1 Pager number: 5175

**PHARMACY USE ONLY**

Clinical Pharmacy Check ☐ Professional Check ☑

| Quantity supplied | Dispensing Details |
|---|---|
| 10g | MHA |
| 21 | Calvary |

Dispensed by: CA Date: 15/3/12
Checked by: Alison Grey

Non-childproof containers required: Yes ☑ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Medication Collected by:

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

**You must use a ballpoint pen and fully comple[illegible]is form or the prescription will not be dispensed**

# HIGH DEPENDENCY UNIT – RAH

## PATIENT CARE PLAN



**NAME:** CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M

**UNIT NUMBER:** 64 DALSKEITH AVE **DOB:** .....
PAISLEY
PA3 1LR

**CONSULTANT:**

**ADMISSION DATE:** .....

**REASON FOR ADMISSION/ DIAGNOSIS:**

Multiple Stab wounds.

## MICROBIOLOGY RECORD

**MRSA** SCREENING – (Initial please)

| DATE | AREA SCREENED | ADMISSION (√) | DISCHARGE (√) | DATE |
|---|---|---|---|---|
| | | | | |

Date: 9.3.12 Ward: Ham

MRSA Screening:

A: Clinical Risk Assessment (CRA)- for patients >23 hours — YES / NO

1. Has the patient ever had a previous positive MRSA result? ☐ ☐
2. Has the patient been admitted from a care home/ institutional setting or another hospital? ☐ ☐
3. Does the patient have a wound/ulcer or invasive device which was present prior to admission? ☐ ☐

If 'Yes' to any question or if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

*Orthopaedics / Vascular / Renal / Critical Care [please circle]

B: MRSA Lab Test: Nose ☑ Perineum ☑

Other (s)..... Patient refused ☐

**SPECIM**

| DATE | IGNATURE |
|---|---|
| | |

## 1.RESPIRATORY

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Maintaining $SpO^2 \geq 94\%$ on air | ✓ | gs 9/3 |
| b. Maintaining $SpO^2 \geq 94\%$ $\leq 40\%$ | | |
| c. Maintaining $SpO^2 \geq 94\%$ $> 40\%$ | | |
| d. High flow $O^2 \geq 98\%$ / CPAP / BIPAP | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 2. CARDIOVASCULAR

| | TICK APPLICABLE | DATE &INITIAL |
|---|---|---|
| a. N.I.B.P, pulse and ECG monitoring | ✓ | gs 9/3 |
| b. Invasive BP monitoring via arterial line | | |
| c. CVP monitoring via central line | | |
| d. Requiring inotropic support | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 3. ELECTROLYTES/ HAEMATOLOGY/ MICROBIOLOGY

| | TICK APPLICABLE | DATE &INITIAL |
|---|---|---|
| a. Within normal parameters | | |
| b. Haematology imbalance requiring monitoring ± correction | | |
| c. Biochemistry imbalance requiring monitoring ± correction | | |
| d. Positive microbiology culture requiring monitoring ± intervention | | |
| e. Drug level monitoring | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 4. NUTRITION/ HYDRATION

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. I.V fluids ± restricted oral intake | | |
| b. Enteral feeding via fine bore naso-gastric tube. (Secured at cms) | | |
| c. Parenteral nutrition via peripheral or central access. | | |
| d. Free fluids ± oral diet | | |
| e. MUST - Nutrition Profile | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 5a. ELIMINATION

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Normal bladder function | | |
| b. Urinary catheter with hourly volumes | ✓ | gs 9/3 |
| c. Oliguric/anuric ±intervention | | |
| d. Polyuria ± intervention | | |
| e. Urostomy | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 5b. ELIMINATION

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Normal bowel function | | |
| b. Constipated ± intervention | | |
| c. Loose stools ± infective cause | | |
| d. Colostomy/ileostomy | | |

## Specifics of care

| DATE | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 6a. PAIN SCORE

| Pain score | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| **0** - No pain at rest/on movement | | |
| **1** - No pain at rest/ slight pain on movement | ✓ | ys 9/3. |
| **2** – Intermittent pain at rest / Mod pain on movement | | |
| **3** – Continuous pain at rest/ severe pain on movement | | |

## 6b. ANALGESIA

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Oral analgesia | ✓ | ys 9/3. |
| b. S/C ± IV analgesia | ✓ | |
| c. P.C.A | | |
| d. Epidural | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 7. SEDATION

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. None (alert & orientated) | ✓ | ys. 9/3 |
| b. Associated post-op sedation ±intervention | | |
| c. Associated analgesic sedation ± intervention | | |
| d. Requiring sedation/CIWA | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 8. NEUROLOGICAL

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Alert & Orientated | ✓ | Gs 9/3 |
| b. Recognised altered neurological state | | |
| c. Requires GCS assessment | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| 9/3. | Sleepy - had 25mg morphine in A+E and drinking alcohol prior to hospital admission. |
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## 9. COMMUNICATION

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Communicates verbally | | |
| b. Communicates non-verbally | | |
| c. Identified communication barrier | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 10. MOBILITY

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Mobile with minimal assistance | | |
| b. Mobile with assistance ± equipment aids | ✓ | gs 9/3 |
| c. Maximum assistance required ± use of hoist | | |
| d. Bed rest | | |
| e. Cannard Fall Risk assessment | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 11. TISSUE VIABILITY

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. Waterlow score implemented | ✓ | gs 9/3 |
| b. Pressure areas clean & intact | ✓ | |
| c. Blanching or non-blanching hyperaemia | | |
| d. Discoloured/Broken area requiring frequent positional turns ± therapy mattress | | |
| e. Requires therapy aid | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 12. Wound Care

| | TICK APPLICABLE | DATE & INITIAL |
|---|---|---|
| a. No wound | | |
| b. Uncomplicated wound | | |
| c. Complicated wound ± Wound Assessment Chart | ✓ | gs 9/3. |
| d. Tissue viability Nurse assessment required | | |
| e. Infection suspected | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
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## 13. DRAINS

| | TICK APPLICABLE | DATE AND INITIAL |
|---|---|---|
| a. No drains | | |
| b. Wide-bore nasogastric tube ± low wall suction. (100-150mmHg) | | |
| c. Wound drain(s) insitu | | |
| d. Chest drain(s) insitu ± low wall suction (100-150mmHg) | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 14. LINE MANAGEMENT

| | Tick applicable | Date & initial |
|---|---|---|
| a. Peripheral access | ✓ | gp 9/3 |
| b. Arterial line insitu | | |
| b. Central line insitu | | |
| c. Hickman line / Nutricath insitu | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 15. PERSONAL HYGIENE

| | Tick applicable | Date & initial |
|---|---|---|
| a. Minimal assistance required with: bed-bathing or showering | | |
| b. Maximum assistance required with: bed-bathing or showering | ✓ | gs 9/3 |
| d. Requires nurse assisted mouth care/eye care. | | |
| d. Independent | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| | |
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## 16. RELATIVES

| | Tick applicable | Date & initial |
|---|---|---|
| a. Updated on current condition and treatment daily and as requested. | | |
| b. Relative communication notes commenced. | | |
| c. Relatives updated by Medical staff. | | |

## Specifics of care

| Date | Assess, plan, implement & evaluate |
|---|---|
| 9/3 | No family with patient o/a to hospital |
| | |
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## SPECIFICS OF CARE CONT'D

| Date | Assess, plan, implement & evaluate |
|---|---|
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## SPECIFICS OF CARE CONT'D

| Date | Assess, plan, implement & evaluate |
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# LINE CHANGE CHART

| **Week Beginning:** ..... | Date Due change | Date Due change | Date Due change | Date Due change | Date Due change | Date Due change | Date Due change |
|---|---|---|---|---|---|---|---|
| Respiflow + oxygen mask/prongs **Daily** | | | | | | | |
| Trauma mask **Daily** | | | | | | | |
| Tracheostomy tube **7/28days** | | | | | | | |
| Nebuliser **Daily** | | | | | | | |
| Central line **7 days** | | | | | | | |
| Central line transducer **3 days** | | | | | | | |
| Arterial line **7 days** | | | | | | | |
| Arterial line transducer **3 days** | | | | | | | |
| Urinary catheter **4 weeks** | | | | | | | |
| Urinary catheter bag **7 days** | | | | | | | |
| Wide bore NG tube **7 days** | | | | | | | |
| Fine Bore NG tube ~~??~~ 6 WEEKS | | | | | | | |
| Feeding pump giving set **24hrs** | | | | | | | |
| Baxter's IV admin set **3 days** | | | | | | | |
| Drug infusions **(daily)** 1. 2. 3. | | | | | | | |
| Bipap/Cpap circuits **??** | | | | | | | |



RMK/MB

**ir Entry**

- Present
- Harsh
- Quiet
- Dull
- Dull to base
- Wheeze

**ain Score**

- No pain at rest
  No pain on movement
- No pain at rest
  Slight pain on movement
- Intermittent pain at rest
  Moderate pain on movement
- Continuous pain at rest
  Severe pain on movement

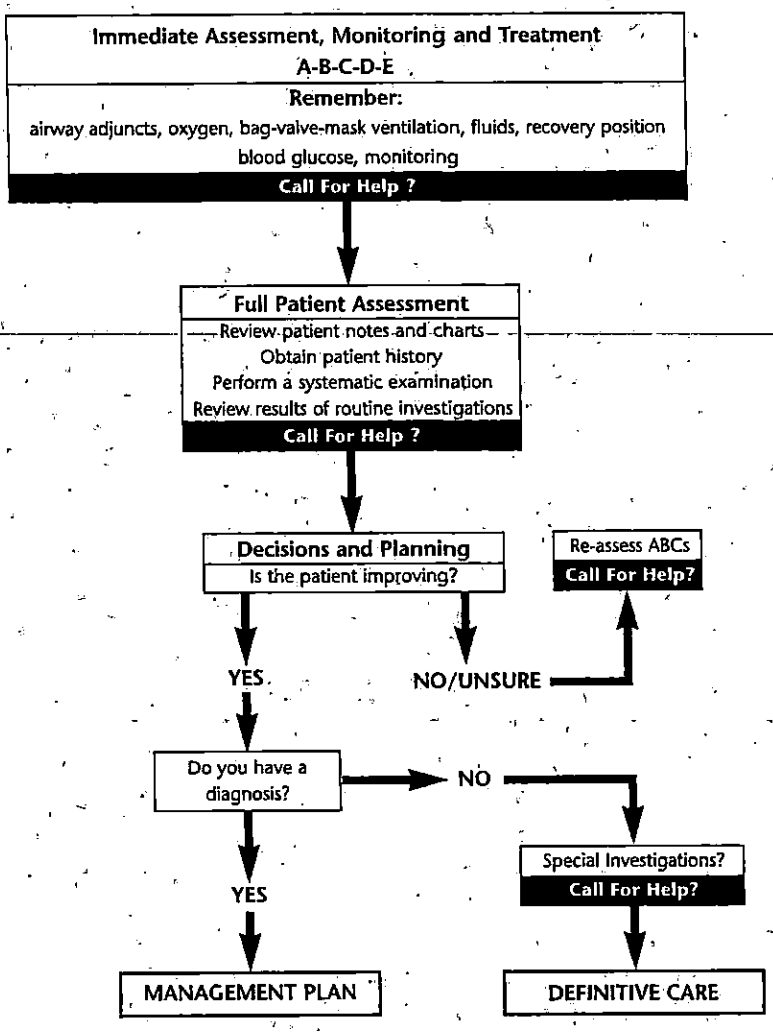
**Sedation Score**

- 0 None (pt. alert)
- 1 Mild (occasionally drowsy - easy to rouse)
- 2 Moderate (frequently drowsy - easy to rouse)
- 3 Severe (somnolent - difficult to rouse)
- S Sleep (normal sleep - easy to rouse)

**Nausea Score**

- 0 None
- 1 Mild (not distressing - no retching / vomiting)
- 2 Moderate (troublesome - occasional retching / vomiting)
- 3 Severe (distressing - frequent retching / vomiting)

ALERT™ Plan of Assessment



## FLUID ADMINISTRATION

| FLUID | VOL (ml) | ADDITIVE / AMT | RATE | PRESC SIGN | START TIME | GIVEN BY | CHECKED BY | BATCH NO |
|---|---|---|---|---|---|---|---|---|
| HARTMANNS | 500 | | 60 | | 1835 | | ✓ | 111077GB |
| HARTMANNS | 500 | | 60 | | 2345 | | ✓ | 111077GB |
| HARTMANNS | 500 | | 60 | | 0600 | NF | ✓ | 111077GB |

## ADDITIONAL REQUIREMENTS / INSTRUCTIONS

## NUTRITION

| PARENTERAL | ENTERAL |
|---|---|
| VOL /24 HRS | TYPE<br>VOL /20 HRS |
| PRESCRIPTION SIGNATURE | PRESCRIPTION SIGNATURE |

| BATCH NO. | GIVEN BY | CHECKED BY | START TIME | BATCH NO. | GIVEN BY | CHECKED BY | START TIME |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | NC FM | NC | NC | NC | NC | NC | | NC | NC | NFM |
| | | 5L | 5L | 5L | 5L | 5L | 5L | | 5L | 5L | 6L |
| | | 12 | 18 | 18 | 17 | 13 | 15 | | 16 | 12 | 14 |
| | | 98/ | 95/ | 96/ | 97 | 98/ | 97/ | | 98/ | 96/ | V84/ 97/ |
| | | 1 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | 0 | 0 | 0 | 1 | 0 | 1 | | | 5 | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | | | 36.5 | | | | | | | 36.5 | |
| | | SR | SR | SR | ST | SR | SR | | | SR | |
| | 100 | 100 | 100 | ~~100~~ 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 |
| | | | 400 | 20 | | | | | | 20 | |
| | 2499 | 2599 | 3099 | 4152 | 4235 | 4318 | 4401 | 4484 | 4567 | 4670 | 4753 |
| | 130 | 25 1385 | 50 1435 | 50 1485 | 40 1525 | 25 1600 | 35 1635 | | | 160 1795 | |

TRACHEAL SUCTION / SPUTUM

1=Scanty M=Mucoid
2=Moderate B=Blood Stained
3=Profuse P=Purulent

CARE, POSITION & INTERVENTION

E=Eye M=Mouth N=Nebuliser P=Physio

Rt=Right tilt Lt=Left tilt B=Back

Pt Assessment
Safety Checks
* Morphine 2.5mg IV

9 21

10 To Theatre. 22

11 23 P Change.

12 24

13 01

14 02

15 03

16 Return to HDU 04

17 05

18 06

19 07

| | 40 |
|---|---|
| | 180 |
| | 39 |
| | 160 |
| | 38 |
| | 140 |
| | 37 |
| | 120 |
| | 36 |
| | 100 |
| | 35 |
| | 80 |
| | 34 |
| | 60 |
| | 33 |
| | 40 |

FLUID BALANCE

| | CRYST | INTAKE |
|---|---|---|
| ~~BLOOD~~ | | 3313 |
| COLLOID | | # |
| TPN | | |
| DRUGS | | 40 |
| ORAL/NG | | 450 |
| TOTAL | | |

OUTPUT

| | |
|---|---|
| URINE | |
| GASTRIC | |
| DRAIN/S | |
| OTHER | |
| TOTAL | |

BALANCE +Ve 2958mls.

PREV 24hr BALANCE

ROYAL ALEXANDRA HOSPITAL

# Blood Pressure, Pulse & Pain Assessment Chart

| Date | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | | | | | | | | | | | |
| 260 | | | | | | | | | | | |
| 250 | | | | | | | | | | | |
| 240 | | | | | | | | | | | |
| 230 | | | | | | | | | | | |
| 220 | | | | | | | | | | | |
| 210 | | | | | | | | | | | |
| 200 | | | | | | | | | | | |
| 190 | | | | | | | | | | | |
| 180 | | | | | | | | | | | |
| 170 | | | | | | | | | | | |
| 160 | | | | | | | | | | | |
| 150 | | | | | | | | | | | |
| 140 | | | | | | | | | | | |
| 130 | | | | | | | | | | | |
| 120 | | | | | | | | | | | |
| 110 | | | | | | | | | | | |
| 100 | | | | | | | | | | | |
| 90 | | | | | | | | | | | |
| 80 | | | | | | | | | | | |
| 70 | | | | | | | | | | | |
| 60 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |
| 40 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| Pain Score | | | | | | | | | | | |
| Sedation Score | | | | | | | | | | | |
| Nausea Score | | | | | | | | | | | |
| Resp. | | | | | | | | | | | |
| $O_2$Sat | | | | | | | | | | | |
| CVP | | | | | | | | | | | |

| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESP MODE | Spont | FM | FM | | | | FM | FM | FM | FM | TM | FM |
| NASAL AIRWAY | Air | | | | | | | | | | | |
| $F_iO_2$ | ~~21~~ | 2L | 2L | | | | 6L | 6L | 6L | 6L | 4 5L | 5L |
| PEEP | | | | | | | | | | | | |
| RESP. RATE | 20 | 18 | 20 | | | | 26 | 26 | 18 | 14 | 16 | 14 |
| AIR ENTRY | | | | | | | | | | | | |
| SUCTION | | | | | | | | | | | | |
| OXYGEN SAT | 94% | 98% | 98% | | | | 97% | 98% | 98% | 98% | 98% | 98% |
| $PO_2$ | | | | | | | | | | | | |
| $PCO_2$ | | | | | | | | | | | | |
| $H^+$ | | | | | | | | | | | | |
| $HCO_3$ | | | | | | | | | | | | |
| BE | | | | | | | | | | | | |
| PAIN SCORE | 2 | | 0-1 | | | | 0-1 | 3 | 1-2 | 1 | 1 | 0-1 |
| SEDATION SCORE | 0 | 2 | 0 | | | | 0 | 1 | 0 | 0-1 | 1 | 1 |
| NAUSEA SCORE | 0 | | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| ALARM CHECK | ✓ ff | | | | | | | | ✓ ff | | | |
| CVS | 36.4 | | 36.7 | | | | 37.2 | 36.8 | 36.9 | 36.5 | 36.4 | |
| TEMP °C | | | | | | | | | | | | |
| •PERIPH (Black) | | | | | | | | | | | | |
| •TYMP (Green) | | | | | | | | | | | | |
| •PULSE (Red) | | | | | | | | | | | | |
| BP ▲ cuff | | | | | | | | | | | | |
| ^ artline | | | | | | | | | | | | |
| X mean | | | | | | | | | | | | |
| CVP | | | | | | | | | | | | |
| RHYTHM | SR | SR | SR | | | | SR | SR | ST | SR | SL | SR |
| WOUND CHECK | ✓ | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| BM | | | | | | | | | | | | |
| DRUGS | | | | | | | | | | | | |
| FLUID INTAKE CRYST | 83 | 83 | 83 | | | (NaCl) | 1500 | 100 | 100 | 100 | 100 | 100 |
| BLOOD | | | | | | | | | | | | |
| COLLOID | | | | | | | | | | | | |
| TPN | | | | | | | | | | | | |
| DRUGS | | | | | | | | | | | | |
| ORAL | | | | | | | | | | | | |
| NG | | | | | | | | | | | | |
| CUMULATIVE TOTAL | 83 | 166 | 249 +83 | | | | 1749 | 1849 | 1949 | 2049 | 2149 +1057 | 2249 |
| FLUID OUTPUT DRAINAGE URINE | 60 60 | 60 120 | 60 180 | | | (FM) | 80 100 | 100 800 | 180 980 | 70 1050 | 40 1090 | 60 1150 |
| GASTRIC | | | | | | | | | | | | |
| BOWELS | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | |
| CUMULATIVE TOTAL | | | | | | | | | | | | |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |

# ROYAL ALEXANDRA HOSPITAL
## HIGH DEPENDENCY UNIT

DATE: 9/3/12 DAY No: 8
DATE OF ADMISSION 9/3/12

SURNAME:
FIRST NAME:

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH AVE
PAISLEY
PA3 1LR

LHB 781 (Rev)

CONSULTANT: MR RONNIE.

| | | DATE INSERTED | DATE CHANGED | TRANSDUCER CHANGED |
|---|---|---|---|---|
| NASAL AIRWAY Size: | | | | |
| TRACHEOSTOMY: | CENTRAL LINE SITE: | | | |
| TUBE TYPE: Size: | PERIPHERAL LINES - SITE: (1) sec PVC cannula | | | |
| TUBE LAST CHANGED | (2) | | | |
| | ARTERIAL LINE SITE: | | | |
| | URINARY CATHETER SIZE: ✓ | 8/3/12 | | |

## INVESTIGATIONS

| HAEMATOLOGY | BIOCHEMISTRY | BACTERIOLOGY | DRUG LEVELS | X-RAY | ECG | OTHER |
|---|---|---|---|---|---|---|
| FBC ☐ | GLUCOSE ☐ | | Gent ☐ | | | |
| COAG ☐ | U & Es ☐ | | Vanc ☐ | | | |
| INR ☐ | LFTs ☐ | | Dig ☐ | | | |
| | Ca ☐ | | | | | |
| | PO4 ☐ | | | | | |
| | CK ☐ | | | | | |
| | Thyroid funct ☐ | | | | | |
| | CRP ☐ | | | | | |
| | Mg ☐ | | | | | |
| | Other: | | | | | |

## DAILY PLAN / WARD ROUND

| RESPIRATORY | CVS | INTAKE / OUTPUT / NUTRITION | DRUGS | INITIALS |
|---|---|---|---|---|
| | | | | |

## GENERAL CARE / COMMENTS

| | INITIALS |
|---|---|
| | |

| | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 15 | Sput | Sput | SPUT | Sput | Sput |
| | | | | | | | | AIR | AIR | AIR. | AIR | AIR |
| | | | | | | | | 17 | 11 | 13. | 15. | 22 |
| | | | | | | | | 95% | 95% | 97%. | 96% | 94% |
| | | | | | | | | 1 | | 0 | 0 | |
| | | | | | | | | 0 | 5 | 1 | 0 | |
| | | | | | | | | 0 | | 0 | 0 | |
| | | | | | | | | Op | | | | |
| 40 | | | | | | | | | | | | 36.4 |
| 180 | | | | | | | | 36.8 | | | | |
| 39 | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | |
| 120 | | | | | | | | A | A | A | A | A |
| 36 | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | |
| 35 | | | | | | | | x | x | | | x |
| 80 | | | | | | | | e | e | | | |
| 34 | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | |
| 33 | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | |
| | | | | | | | | SR | SR | SR | SR | SR |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | (ATE | 1500) | | 125 | 83 | 83. | 83 | 83 |
| | | | | | | 1500 | | 1625 | 1708 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | 1500 | | 1625 | 1708 | 1791 | 1874 | |
| | | | | | 70 | 70 | | 60 | 130 | 40 | 170 | 40 |
| | | | | | Colostrum | | | | | | | |

| | 210 | 100 | 310 | 60 |
|---|---|---|---|---|
| | | | | |

TRACHEAL SUCTION / SPUTUM

1=Scanty M=Mucoid
2=Moderate B=Blood Stained
3=Profuse P=Purulent

CARE, POSITION & INTERVENTION

E=Eye M=Mouth N=Nebuliser P=Physic

Rt=Right tilt Lt=Left tilt B=Back

| | |
|---|---|
| 8 | 20 |
| 9 | 21 |
| 10 | 22 |
| 11 | 23 |
| 12 | 24 |
| 13 | 01 |
| 14 | 02 |
| 15 | 03 INTO HDU |
| 16 | 04 |
| 17 | 05 |
| 18 | 06 |
| 19 | 07 |

FLUID BALANCE

INTAKE

BLOOD
COLLOID
TPN
DRUGS
ORAL/NG
TOTAL

OUTPUT

URINE
GASTRIC
DRAIN/S
OTHER
TOTAL

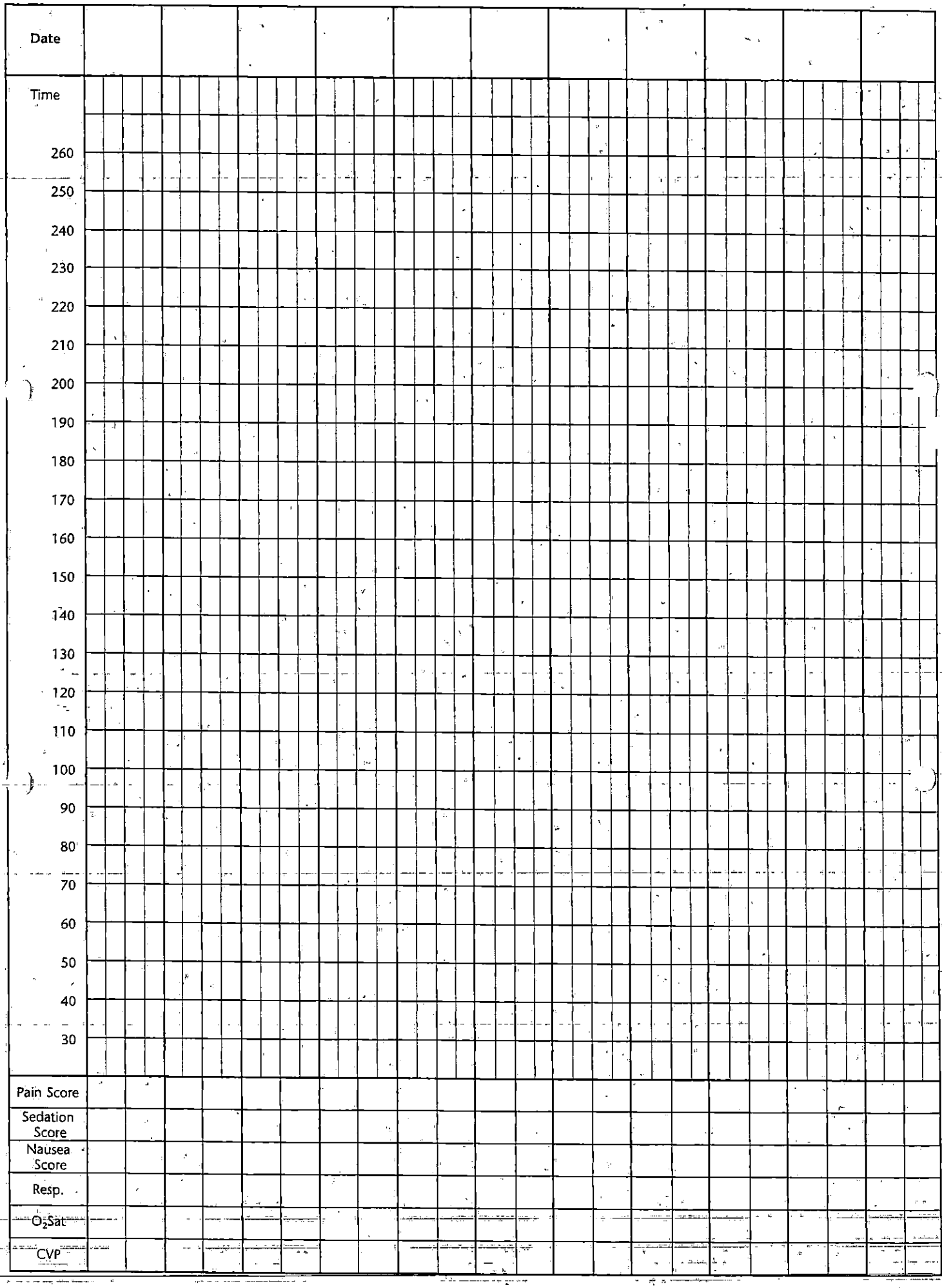
BALANCE

PREV 24hr BALANCE

21 22 23 24 01 02 03 04 05 06 07 08

ROYAL ALEXANDRA HOSPITAL

# Blood Pressure, Pulse & Pain Assessment Chart



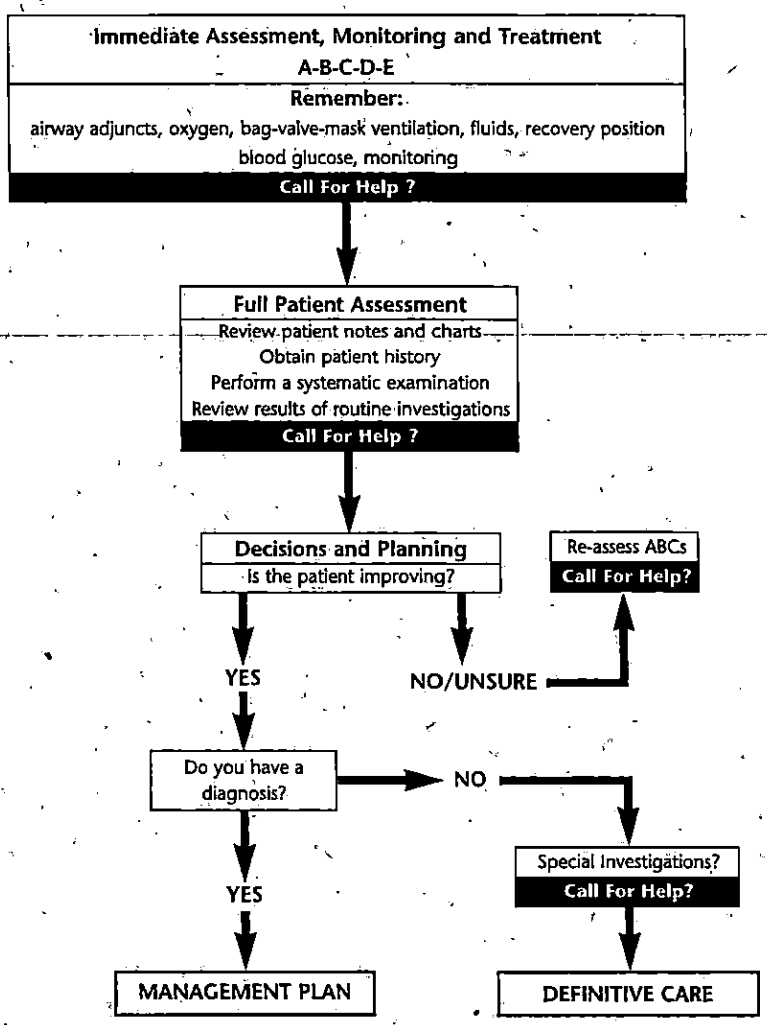
**ir Entry**

- Present
- Harsh
- Quiet
- Dull
- Dull to base
- Wheeze

**ain Score**

- No pain at rest
- No pain on movement
- No pain at rest
- Slight pain on movement
- Intermittent pain at rest
- Moderate pain on movement
- Continuous pain at rest
- Severe pain on movement

**ALERT™ Plan of Assessment**




**ɜedation Score**

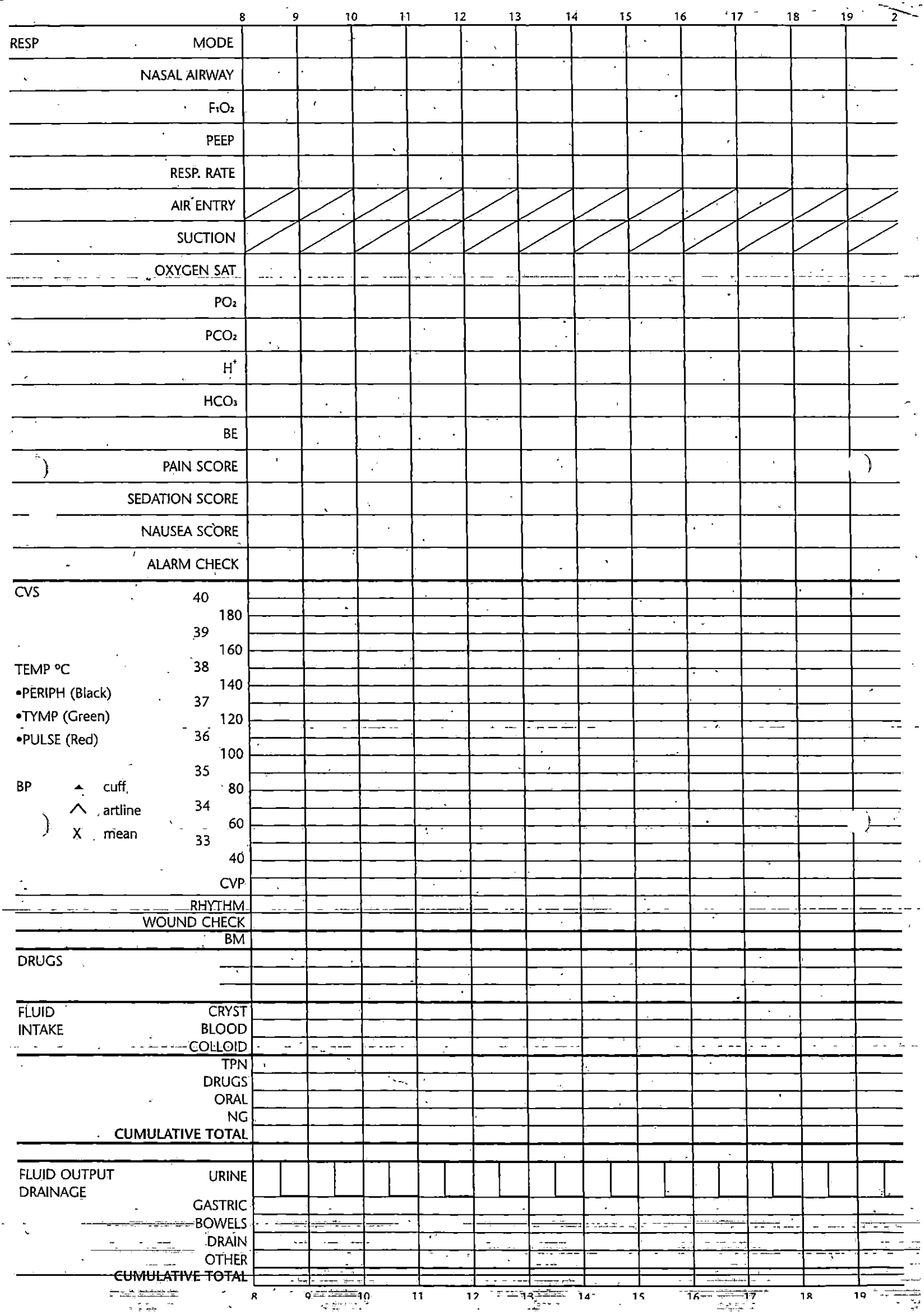
- None (pt. alert)
- Mild (occasionally drowsy - easy to rouse)
- Moderate (frequently drowsy - easy to rouse)
- Severe (somnolent - difficult to rouse)
- Sleep (normal sleep - easy to rouse)

**Nausea Score**

- None
- Mild (not distressing - no retching / vomiting)
- Moderate (troublesome - occasional retching / vomiting)
- Severe (distressing - frequent retching / vomiting)

## FLUID ADMINISTRATION

| FLUID | VOL (ml) | ADDITIVE / AMT | RATE | PRESC SIGN | START TIME | GIVEN BY | CHECKED BY | BATCH NO |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |


8 9 10 11 12 13 14 15 16 17 18 19 2
RESP MODE
NASAL AIRWAY
$F_IO_2$
PEEP
RESP. RATE
AIR ENTRY
SUCTION
OXYGEN SAT
$PO_2$
$PCO_2$
$H^+$
$HCO_3$
BE
PAIN SCORE
SEDATION SCORE
NAUSEA SCORE
ALARM CHECK
CVS
40
180
39
160
TEMP °C
38
140
•PERIPH (Black)
37
•TYMP (Green)
120
•PULSE (Red)
36
100
35
BP
cuff
80
artline
34
60
mean
33
40
CVP
RHYTHM
WOUND CHECK
BM
DRUGS
FLUID INTAKE
CRYST
BLOOD
COLLOID
TPN
DRUGS
ORAL
NG
CUMULATIVE TOTAL
FLUID OUTPUT DRAINAGE
URINE
GASTRIC
BOWELS
DRAIN
OTHER
CUMULATIVE TOTAL
8 9 10 11 12 13 14 15 16 17 18 19

# ROYAL ALEXANDRA HOSPITAL
## HIGH DEPENDENCY UNIT

DATE 9/3/12 DAY No:
DATE OF ADMISSION 9/3/12

SURNAME:
FIRST NAME:



CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH AVE
PAISLEY
PA3 1LR

LHB 781 (Rev)

CONSULTANT: MR RENWICK.

NASAL AIRWAY Size:
TRACHEOSTOMY:
TUBE TYPE: Size:
TUBE LAST CHANGED

| | DATE INSERTED | DATE CHANGED | TRANSDUCER CHANGED |
|---|---|---|---|
| CENTRAL LINE SITE: | | | |
| PERIPHERAL LINES - SITE: (1) (2) | | | |
| ARTERIAL LINE SITE: | | | |
| URINARY CATHETER SIZE: | | | |

## INVESTIGATIONS

| HAEMATOLOGY | BIOCHEMISTRY | BACTERIOLOGY | DRUG LEVELS | X-RAY | ECG | OTHER |
|---|---|---|---|---|---|---|
| FBC ☐ | GLUCOSE ☐ | | Gent ☐ | | | |
| COAG ☐ | U & Es ☐ | | Vanc ☐ | | | |
| INR ☐ | LFTs ☐ | | Dig ☐ | | | |
| | Ca ☐ | | | | | |
| | PO4 ☐ | | | | | |
| | CK ☐ | | | | | |
| | Thyroid funct ☐ | | | | | |
| | CRP ☐ | | | | | |
| | Mg ☐ | | | | | |
| | Other: | | | | | |

## DAILY PLAN / WARD ROUND

| RESPIRATORY | CVS | INTAKE / OUTPUT / NUTRITION | DRUGS | INITIALS |
|---|---|---|---|---|
| | | | | |

## GENERAL CARE / COMMENTS

| | INITIALS |
|---|---|
| | |

**Air Entry**

| | |
|---|---|
| ✓ | Present |
| H | Harsh |
| Q | Quiet |
| D | Dull |
| ↓ | Dull to base |
| W | Wheeze |

**Pain Score**

| | |
|---|---|
| 0 | No pain at rest<br>No pain on movement |
| 1 | No pain at rest<br>Slight pain on movement |
| 2 | Intermittent pain at rest<br>Moderate pain on movement |
| 3 | Continuous pain at rest<br>Severe pain on movement |

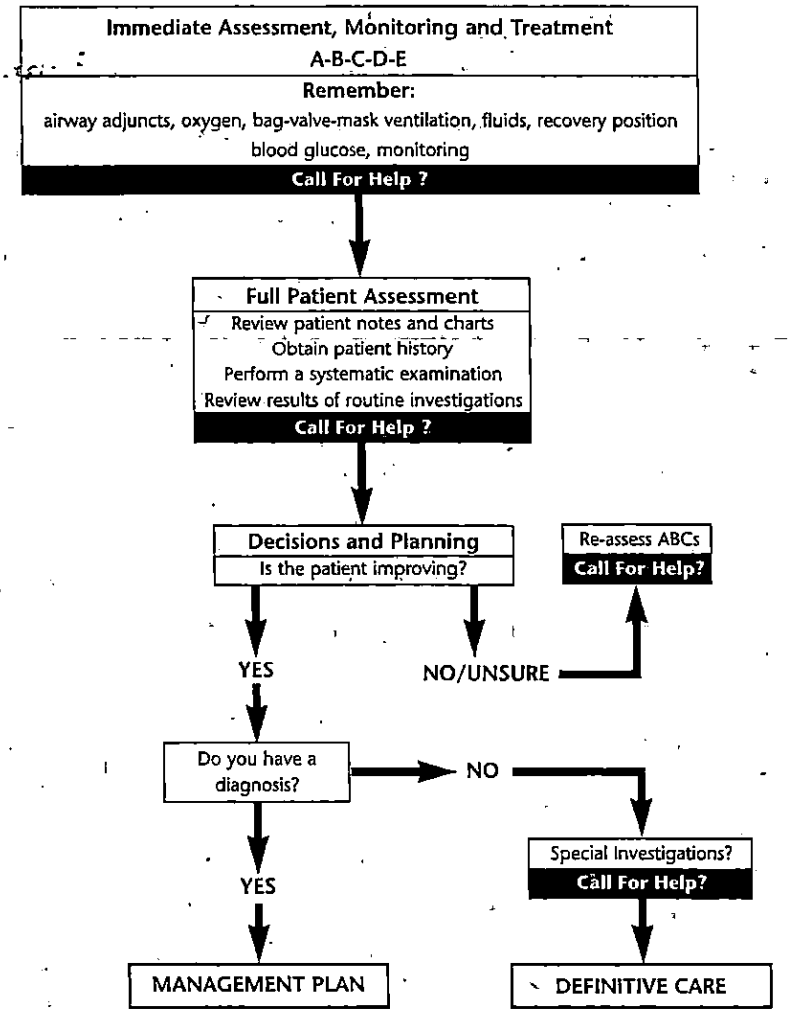
**Sedation Score**

| | |
|---|---|
| 0 | None (pt. alert) |
| 1 | Mild (occasionally drowsy - easy to rouse) |
| 2 | Moderate (frequently drowsy - easy to rouse) |
| 3 | Severe (somnolent - difficult to rouse) |
| | Sleep (normal sleep - easy to rouse) |

**Nausea Score**

| | |
|---|---|
| 0 | None |
| 1 | Mild (not distressing - no retching / vomiting) |
| 2 | Moderate (troublesome - occasional retching / vomiting) |
| 3 | Severe (distressing - frequent retching / vomiting) |

ALERT™ Plan of Assessment



## FLUID ADMINISTRATION

| FLUID | VOL (ml) | ADDITIVE / AMT | RATE | PRESC SIGN | START TIME | GIVEN BY | CHECKED BY | BATCH NO |
|---|---|---|---|---|---|---|---|---|
| 0.9% SALINE | 500 | — | 8° | | 1215 | AM | ✓ | |
| 5% DEXTROSE | 500 | — | 84 | | 1920 | AM | | |
| HARTMANNS | 500 | | stat. | DE | 0100 | DF | ✓ | |
| HARTMANNS | 500 | | 4 | DE | ~~0140~~ 0245 | ~~DF~~ DF | ✓ | 11LOF14B |
| HARTMANNS | 500 | | 4 | DE | 0730 | DF | ✓ | 〃 |

## ADDITIONAL REQUIREMENTS / INSTRUCTIONS

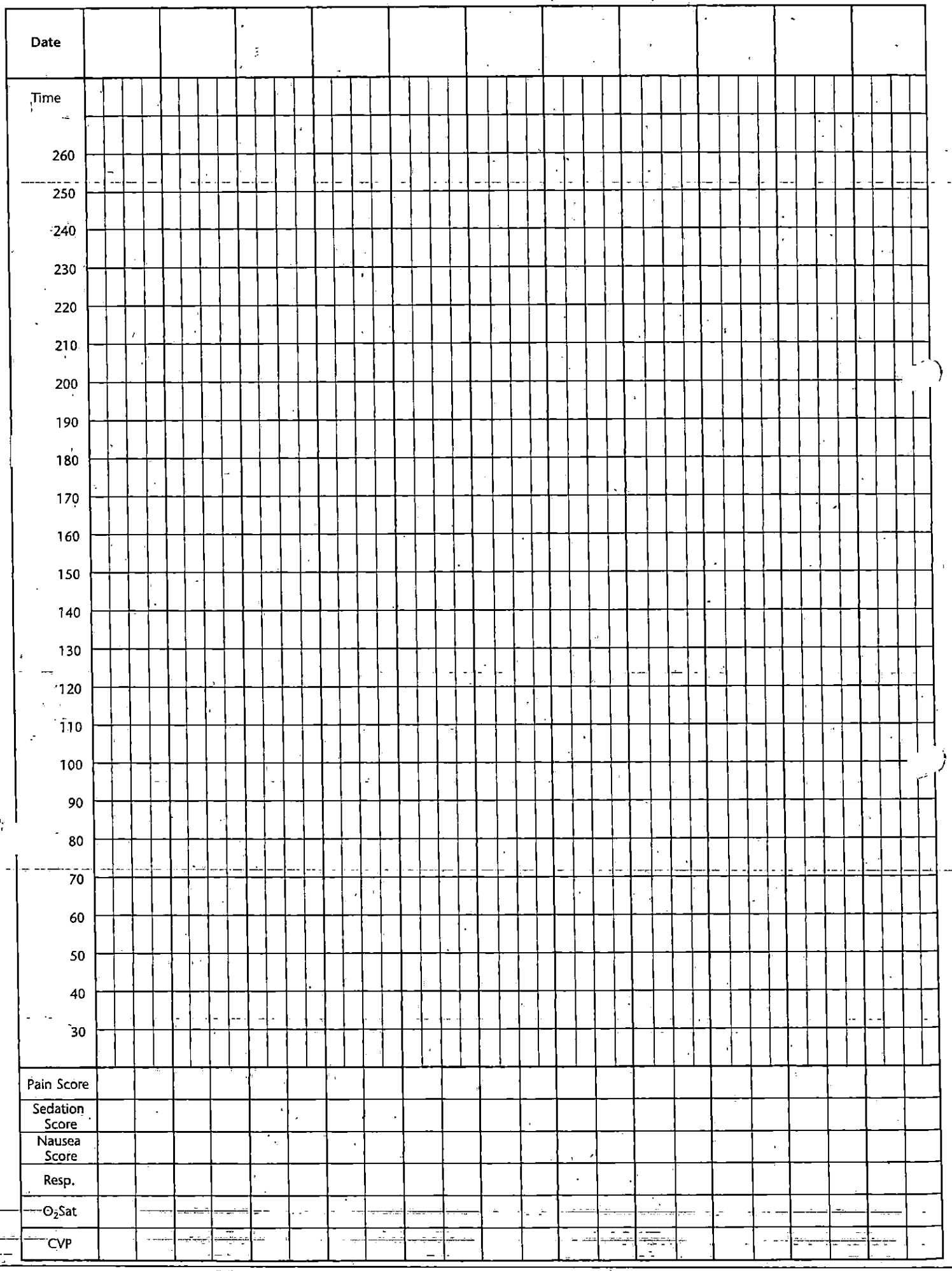
## NUTRITION

| PARENTERAL | ENTERAL |
|---|---|
| VOL /24 HRS | TYPE<br>VOL /20 HRS |
| PRESCRIPTION SIGNATURE | PRESCRIPTION SIGNATURE |

| BATCH NO. | GIVEN BY | CHECKED BY | START TIME | BATCH NO. | GIVEN BY | CHECKED BY | START TIME |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

ROYAL ALEXANDRA HOSPITAL

# Blood Pressure, Pulse & Pain Assessment Chart



| 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | FM | | FM | | FM | | FM | | FM | | |
| | 6L | | 6L | | 6L | | 6L | | 6L | | |
| | 19 | | 14 | | 10 | | 13 | | 9 | | |
| | 96% | | 95 | | 96% | | 97% | | 94% | | |
| | 1 | | 1 | | S | | S | | S | | |
| | 0 | | 0 | | S | | S | | S | | |
| | 0 | | 0 | | S | | S | | S | | |
| | VDF | | | | | | | | | | |
| | (37) | | | | (20) | | | | (35) | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | SR (VDF) | | SR | | SR | | SR | | SR | | |
| 24 | 85 | 85 | 85 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 1000 |
| | | | | | 350 | | | | | | 350 |
| | | 30 | | | | | | | | 30 | 60 |
| | | 400 | | | | | | | | | 400 |
| 79 | 1661 | 1745 | 2280 | 2535 | 2885 | 2963 | 3088 | 3763 | 3356 | 3463 | 3618 |
| | | 35 | 35 | | 35 | | 10 | 10 | | 35 | |
| | | W | S | | S | | S | G | | G | |
| | | WD | SS | | SS | | SS | S | | SS | |

| 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|

TRACHEAL SUCTION / SPUTUM

1=Scanty M=Mucoid
2=Moderate B=Blood Stained
3=Profuse P=Purulent

CARE, POSITION & INTERVENTION

E=Eye M=Mouth N=Nebuliser P=Physio

Rt=Right tilt Lt=Left tilt B=Back

| | |
|---|---|
| 8 | 20 |
| 9 | 21 |
| 10 | 22 |
| 11 | 23 |
| 12 | 24 |
| 13 | 01 |
| 14 | 02 |
| 15 | 03 |
| 16 | 04 |
| 17 | 05 |
| 18 | 06 |
| 19 | 07 |

40 180 39 160 38 140 37 120 36 100 35 80 34 60 33 40

FLUID BALANCE

| INTAKE | |
|---|---|
| BLOOD | |
| COLLOID | |
| TPN | |
| DRUGS | |
| ORAL/NG | |
| TOTAL | 3618 |

| OUTPUT | |
|---|---|
| URINE | |
| GASTRIC | |
| DRAIN/S | |
| OTHER | 635 |
| TOTAL | |

BALANCE (2983 +ve)

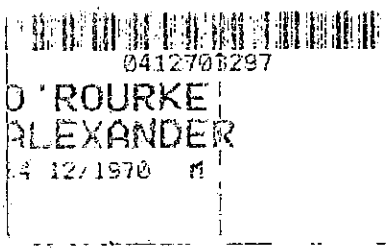
PREV 24hr BALANCE

| | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESP | MODE | FM | NC | NC | | NC | | NC | | NC | | | NC |
| | NASAL AIRWAY | | | | | | | | | | | | |
| | $F_IO_2$ | 6L | 6L | 6L | | 6L | | 6L | | 6L | | | 6L |
| | PEEP | | | | | | | | | | | | |
| | RESP. RATE | 15 | 7 | 8 | | 20 | | 14 | | 16 | | | 14 |
| | AIR ENTRY | | | | | | | | | | | | |
| | SUCTION | | | | | | | | | | | | |
| | OXYGEN SAT | 96 | 97 | 96 | | 97 | | 97 | | 99 | | | 98 |
| | $PO_2$ | | | | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | | | | |
| | $H^+$ | | | | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | | | | |
| | BE | | | | | | | | | | | | |
| | PAIN SCORE | 0-1 | 0-1 | 1-2 | | 1 | | 1 | | 1-2 | | | 1 |
| | SEDATION SCORE | 0 | 0 | 0 | | 0 | | 0 | | 0 | | | 0 |
| | NAUSEA SCORE | 0 | 0 | 0 | | 0 | | 0 | | 0 | | | 0 |
| | ALARM CHECK | | | | | | | | | | | | |
| CVS | 40 | 36.1 | 36.9 | 36.9 | | 36.4 | | | | 36.2 | | | 36.4 |
| | 39 | | | | | | | | | | | | |
| TEMP °C | 38 | | | | | | | | | | | | |
| •PERIPH (Black) | 37 | | | | | | | | | | | | |
| •TYMP (Green) | 36 | | | | | | | | | | | | |
| •PULSE (Red) | 35 | | | | | | | | | | | | |
| BP ▲ cuff | 34 | | | | | | | | | | | | |
| ^ artline | 33 | | | | | | | | | | | | |
| X mean | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | |
| | CVP | | | | | | | | | | | | |
| | RHYTHM | ST | ST | ST | | ST | | ST | | ST | | | ST |
| | WOUND CHECK | | | | | | | | | | | | |
| | BM | | | | | | | | | | | | |
| DRUGS | | | | | | | | | | | | | |
| FLUID INTAKE | CRYST | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 |
| | BLOOD | | | | | | | | | | | | |
| | COLLOID | | | | | | | | | | | | |
| | TPN | | | | | | | | | | | | |
| | DRUGS | | | | | | | | | | | | |
| | ORAL | | | 50 | | 150 | | | | 150 | | 150 | |
| | NG | | | | | | | | | | | | |
| | CUMULATIVE TOTAL | 83 | 166 | 299 | 382 | 615 | 698 | 781 | 1014 | 1097 | 1330 | 1415 | 1498 |
| FLUID OUTPUT DRAINAGE | URINE | 100 | 100 | 50 | 150 | 45 | 195 | 80 | 275 | 85 | 319 | 50 | 369 | 85 |
| | GASTRIC | | | | | | | | | | | | |
| | BOWELS | | | | | | | | | | | | |
| | DRAIN | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | |
| | CUMULATIVE TOTAL | | | | | | | | | | | | |
| | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |

# ROYAL ALEXANDRA HOSPITAL
## HIGH DEPENDENCY UNIT

DATE: 10/3/12 DAY No: 2
DATE OF ADMISSION 9/3/12

SURNAME:
FIRST NAME:




LHB 781 (Rev)

CONSULTANT: RENWICK.

| | | DATE INSERTED | DATE CHANGED | TRANSDUCER CHANGED |
|---|---|---|---|---|
| NASAL AIRWAY Size: | | | | |
| TRACHEOSTOMY: | CENTRAL LINE SITE: | | | |
| TUBE TYPE: Size: | PERIPHERAL LINES - SITE: (1) See PVC Chart. (2) | | | |
| TUBE LAST CHANGED | ARTERIAL LINE SITE: | | | |
| | URINARY CATHETER SIZE: | 9/3/12 | | |

## INVESTIGATIONS

| HAEMATOLOGY | | BIOCHEMISTRY | | BACTERIOLOGY | DRUG LEVELS | | X-RAY | ECG | OTHER |
|---|---|---|---|---|---|---|---|---|---|
| FBC | ☒ | GLUCOSE | ☒ | | Gent | ☐ | | | |
| COAG | ☒ | U & Es | ☒ | | Vanc | ☐ | | | |
| INR | ☐ | LFTs | ☒ | | Dig | ☐ | | | |
| | | Ca | ☒ | | | | | | |
| | | PO4 | ☒ | | | | | | |
| | | CK | ☐ | | | | | | |
| | | Thyroid funct | ☐ | | | | | | |
| | | CRP | ☒ | | | | | | |
| | | Mg | ☒ | | | | | | |
| | | Other: | | | | | | | |

## DAILY PLAN / WARD ROUND

| RESPIRATORY | CVS | INTAKE / OUTPUT / NUTRITION | DRUGS | INITIALS |
|---|---|---|---|---|
| | | | | |

## GENERAL CARE / COMMENTS

| | INITIALS |
|---|---|
| | |

**Air Entry**

- Present
- Harsh
- Quiet
- Dull
- Dull to base
- Wheeze

**Pain Score**

- 0 — No pain at rest; No pain on movement
- 1 — No pain at rest; Slight pain on movement
- 2 — Intermittent pain at rest; Moderate pain on movement
- 3 — Continuous pain at rest; Severe pain on movement

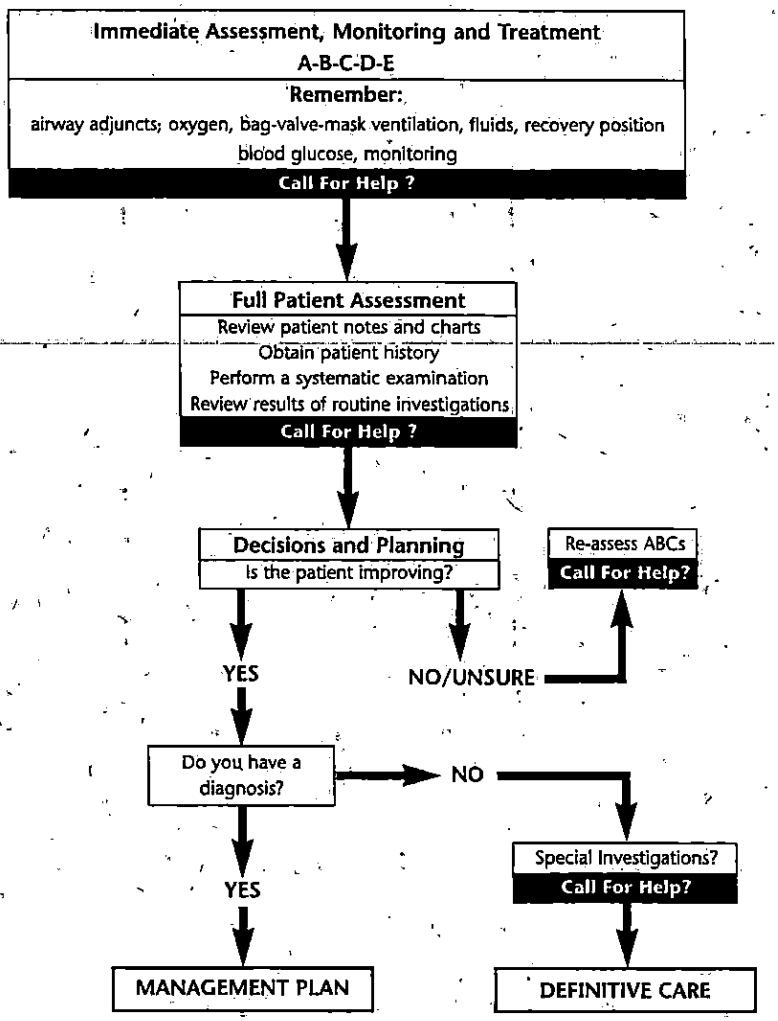
**Sedation Score**

- 0 — None (pt. alert)
- 1 — Mild (occasionally drowsy - easy to rouse)
- 2 — Moderate (frequently drowsy - easy to rouse)
- 3 — Severe (somnolent - difficult to rouse)
- S — Sleep (normal sleep - easy to rouse)

**Nausea Score**

- 0 — None
- 1 — Mild (not distressing - no retching / vomiting)
- 2 — Moderate (troublesome - occasional retching / vomiting)
- 3 — Severe (distressing - frequent retching / vomiting)

ALERT™ Plan of Assessment

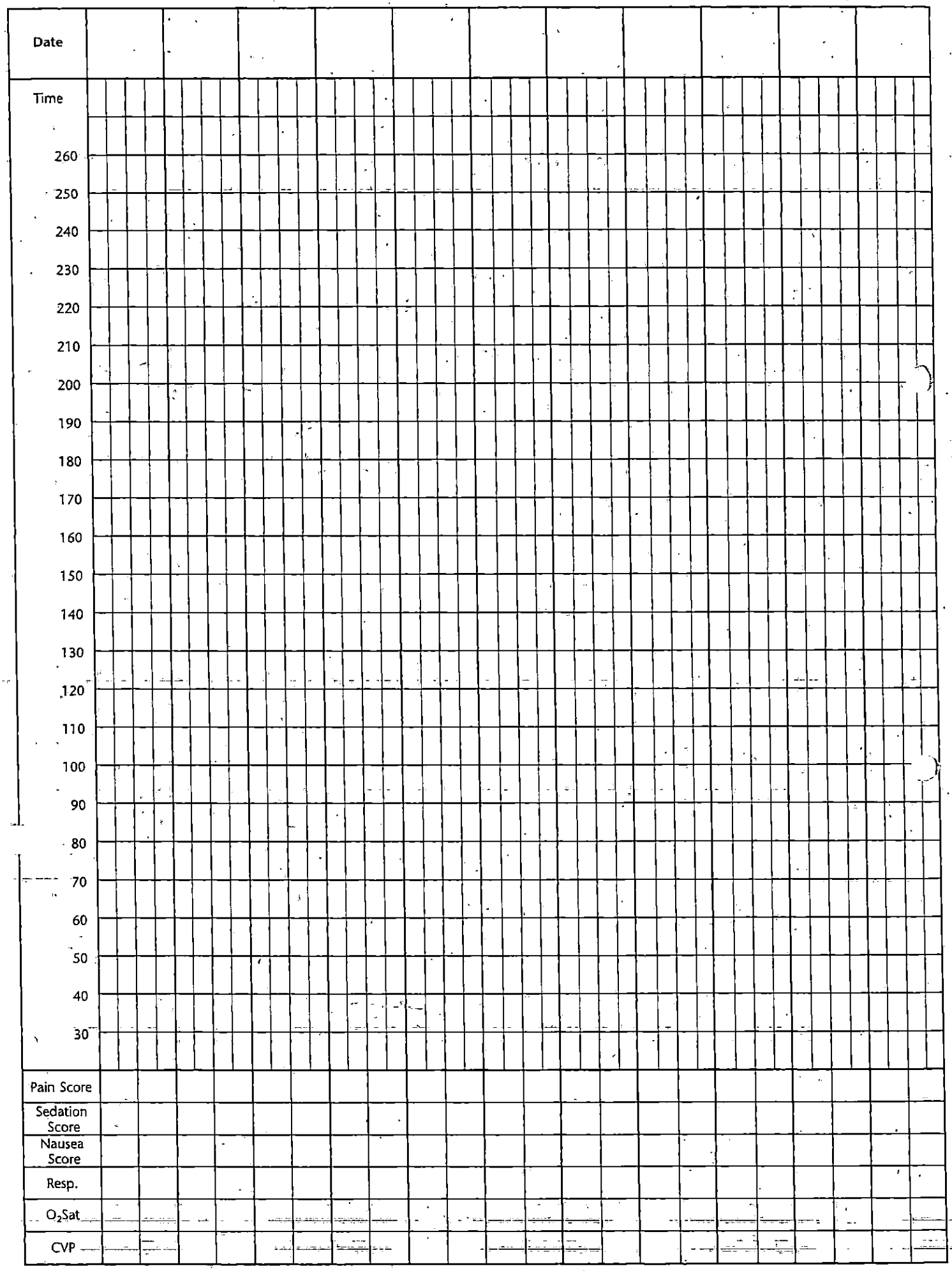


## FLUID ADMINISTRATION

| FLUID | VOL (ml) | ADDITIVE / AMT | RATE | PRESC SIGN | START TIME | GIVEN BY | CHECKED BY | BATCH NO |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

ROYAL ALEXANDRA HOSPITAL

# Blood Pressure, Pulse & Pain Assessment Chart



21 22 23 24 01 02 03 04 05 06 07 08

40
180
39
160
38
140
37
120
36
100
35
80
34
60
33
40

TRACHEAL SUCTION / SPUTUM

1=Scanty M=Mucoid
2=Moderate B=Blood Stained
3=Profuse P=Purulent

CARE, POSITION & INTERVENTION

E=Eye M=Mouth N=Nebuliser P=Physio

Rt=Right tilt Lt=Left tilt B=Back

8 20
9 21
10 22
11 23
12 24
13 01
14 02
15 03
16 04
17 05
18 06
19 07

FLUID BALANCE

INTAKE

BLOOD
COLLOID
TPN
DRUGS
ORAL/NG
TOTAL

OUTPUT

URINE
GASTRIC
DRAIN/S
OTHER
TOTAL

BALANCE

PREV 24hr BALANCE

21 22 23 24 01 02 03 04 05 06 07 08

| | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESP | MODE | FM/NC | | | N/C | | | N/C | | | | | |
| | NASAL AIRWAY | | | | | | | | | | | | |
| | $F_iO_2$ | 6L | | | 5L | | | 5L | | | | | |
| | PEEP | | | | | | | | | | | | |
| | RESP. RATE | 13 | | | 15 | | | 13 | | | | | |
| | AIR ENTRY | | | | | | | | | | | | |
| | SUCTION | | | | | | | | | | | | |
| | OXYGEN SAT | 98 | | | 98 | | | 99 | | | | | |
| | $PO_2$ | | | | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | | | | |
| | $H^+$ | | | | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | | | | |
| | BE | | | | | | | | | | | | |
| | PAIN SCORE | 0-1 | | | 0-1 | | | 0 | | | | | |
| | SEDATION SCORE | 0 | | | 0 | | | 0 | | | | | |
| | NAUSEA SCORE | 0 | | | 0 | | | 0 | | | | | |
| | ALARM CHECK | | | | | | | | | | | | |
| CVS | 40 / 180 | 36.0 | | | 36.1 | | | | | | | | |
| | 39 / 160 | | | | | | | | | | | | |
| TEMP °C | 38 / 140 | | | | | | | | | | | | |
| •PERIPH (Black) | 37 / 120 | | | | | | | | | | | | |
| •TYMP (Green) | 36 / 100 | | | | | | | | | | | | |
| •PULSE (Red) | 35 / 80 | | | | | | | | | | | | |
| BP ▲ cuff | 34 / 60 | | | | | | | | | | | | |
| ^ artline | 33 / 40 | | | | | | | | | | | | |
| X mean | CVP | | | | | | | | | | | | |
| | RHYTHM | ST | | | SR | | | SR | | | | | |
| | WOUND CHECK | | | | | | | | | | | | |
| | BM | | | | | | | | | | | | |
| DRUGS | | | | | | | | | | | | | |
| FLUID INTAKE | CRYST | 125 | 125 | 125 | 125 | 125 | 125 | 83 | | | | | |
| | BLOOD | | | | | | | | | | | | |
| | COLLOID | | | | | | | | | | | | |
| | TPN | | | | | | | | | | | | |
| | DRUGS | | | | | | | | | | | | |
| | ORAL | | 150 | | 150 | 300 | | | 150 | | | | |
| | NG | | | | | | | | | | | | |
| | CUMULATIVE TOTAL | | | | | | | | | | | | |
| FLUID OUTPUT DRAINAGE | URINE | 100 | 60 | | 60 | | | 100 | | | | | |
| | GASTRIC | | | | | | | | | | | | |
| | BOWELS | | | | | | | | | | | | |
| | DRAIN | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | |
| | CUMULATIVE TOTAL | | | | | | | | | | | | |
| | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |

# ROYAL ALEXANDRA HOSPITAL
## HIGH DEPENDENCY UNIT

DATE: 11/3/12 DAY No: 3
DATE OF ADMISSION 09/3/12

Multiple stab wounds

SURNAME: [redacted]
FIRST NAME: [redacted]

0412703297
D ROURKE
ALEXANDER
04/12/1970 M

LHB 781 (Rev)

CONSULTANT: Mr Renwick

NASAL AIRWAY Size:
TRACHEOSTOMY:
TUBE TYPE: Size:
TUBE LAST CHANGED

| | DATE INSERTED | DATE CHANGED | TRANSDUCER CHANGED |
|---|---|---|---|
| CENTRAL LINE SITE: | | | |
| PERIPHERAL LINES - SITE: (1) see PVC. | | | |
| (2) | | | |
| ARTERIAL LINE SITE: | | | |
| URINARY CATHETER SIZE: ✓ | 9/3/12 | | |

## INVESTIGATIONS

| HAEMATOLOGY | | BIOCHEMISTRY | | BACTERIOLOGY | DRUG LEVELS | | X-RAY | ECG | OTHER |
|---|---|---|---|---|---|---|---|---|---|
| FBC | ☒ | GLUCOSE | ☒ | | Gent | ☐ | | | |
| COAG | ☒ | U & Es | ☒ | | Vanc | ☐ | | | |
| INR | ☐ | LFTs | ☒ | | Dig | ☐ | | | |
| | | Ca | ☒ | | | | | | |
| | | PO4 | ☒ | | | | | | |
| | | CK | ☒ | | | | | | |
| | | Thyroid funct | ☐ | | | | | | |
| | | CRP | ☒ | | | | | | |
| | | Mg | ☒ | | | | | | |
| | | Other: | | | | | | | |

## DAILY PLAN / WARD ROUND

| RESPIRATORY | CVS | INTAKE / OUTPUT / NUTRITION | DRUGS | INITIALS |
|---|---|---|---|---|
| | | | | |

## GENERAL CARE / COMMENTS

| | INITIALS |
|---|---|
| | |

Acute Services Division

NHS Greater Glasgow and Clyde

# Part 2 Discharge Letter / Transfer Plan

- ☐ Glasgow Royal Infirmary 0141 211 4000
- ☐ Stobhill Hospital 0141 201 3000
- ☐ Western Infirmary 0141 211 2000
- ☐ Southern General Hospital 0141 201 1100
- ☐ Victoria Infirmary 0141 201 6000
- ☐ Mansionhouse Unit 0141 201 6101
- ☐ Gartnavel General Hospital 0141 211 3000
- ☐ Blawarthill Hospital 0141 211 9000
- ☐ Drumchapel Hospital 0141 211 6000
- ☐ Lightburn Hospital 0141 211 1500
- ☐ Vale of Leven Hospital 01389 754 121
- ☐ Royal Alexandra Hospital 887 9111
- ☐ Inverclyde Royal Hospital 01475 633777
- ☐ Other:

Name: Alexander O'Rourke

Address: c/o Abercorn St
Homeless Unit

Discharge Address:

CHI number: 0412703297

Unit number: 165288 D.O.B. 4/12/70

Telephone: NIL

Next of kin: Ann O'Rourke

Relationship: Mother

Address: 889 5811

Telephone:

Ward: 26

Telephone: 0141/ 314 /7026

Admission date: 9/3/12.

Final discharge/transfer date: 16/3/12

Named Nurse:

Consultant: Mr Renwick

G.P.: Dr Lowe

Address: Glasgow Road

Telephone:

**Post Discharge Services Arranged** (e.g. District Nurse, CPN, Day Hospital, Home Care)
State package requested and time of first visit.

| | |
|---|---|
| Service: Practice Nurse. | Service: |
| Contact number: 014 889 2604 | Contact number: |
| Service details: Clip removal on Tuesday 20th. | Service details: |

**Additional/Transfer Information** (including equipment/adaptions)

Multiple stab wounds

**Patient Assessment/Comments**

Mobility: Independant

Personal hygiene/Dressing: Independant

Continence: Catheter in situ: Yes ☐ No ☑ Continence details: —

Type: Size:

Date of change:

Dietary requirements: No special requirements

Communication / Swallowing: No issues

Mental state: Alert

Skin condition/Waterlow Score: Intact

Wound care/Stoma care: Exposed.

**Special Instructions for Patient** (e.g. Exercise , Diet, Wounds, Others)

Others/Follow-up arrangements

No follow up

Progress discussed with patient: Yes☐ No☐

Progress discussed with relative/carer: Yes☐ No☐

This information has been fully discussed with Patient/Carer.

Date and signature of Nurse: [signature] 16/3/12

Date and signature of Patient/Carer: [signature]

Diagnosis:

Laparotomy, over Sewing of gastric vessell + pentoneal lavage exploration washout elbow

TOP COPY

TOP COPY TO - Patient; OTHER COPIES TO - G.P.; District Nurse; Case Notes.

# ROYAL ALEXANDRA HOSPITAL

NHS Greater Glasgow and Clyde

*Nursing Admission Assessment Form*

ADMISSION TYPE: EMERGENCY ☑ ARRANGED ☐ DAY CASE ☐
(Tick box as appropriate)

## ADMISSION DETAILS

Title: Mr ☑ Mrs ☐ Miss ☐ Other: _____ Hosp No: 0412703297.

Patient's Name: ALEXANDER O'ROURKE Consultant: MR ELTAHIR.

Address: 64 DALSKEITH Road PAISLEY. Named Nurse: F O'NEIL

Date of Birth: 4/12/70 Age: 37

Occupation: ? Date: 13/9/08 Time: 0300

Religion: ? Admitting Ward: 24

1st: N.O.K./Contact: ? Mrs O'Rourke 2nd: N.O.K./Contact: _____

Relationship: ? mother. Relationship: _____

Address: ? Address: _____

Phone No: ? 889 5911. Phone No: _____

N.O.K. Informed of admission: ? Yes ☐ No ☐

## PATIENT MEDICAL SUMMARY

Reason for admission: Multiple Stab Wounds.

Patient's perception of illness: fully Aware of need to Admit.

Patient informed of diagnosis: Yes: ☐ Date: _____ No: ☐

Past medical history: _____

Allergies: No: ☑ Yes: ☐ If Yes give details: ? None known Betadine

Information given by: Patient: ☐ Relative: ☐ Carer: ☐ ?

## OBSERVATIONS

Temperature: 37.1 °C Pulse: 82 BPM

Urinalysis: Leq. + Blood + Protein.

L.M.P: _____ B.M: _____ mmols

B.P: 128 / 83 mm/hg Resps: 34

Weight: _____ kg Height: _____ m

Waterlow Score: _____ $O_2$ Sats ~~100 10L $O^2$~~ 100 10L $O^2$ %

## MEDICATION

Not on Medication ☐

Drugs in Ward ☐

Drugs Taken Home ☐

No Drugs Brought In ☐

# ACTIVITIES OF DAILY LIVING

## HOME CIRCUMSTANCES/SOCIAL SUPPORT

Lives Alone ☐
Lives with Family ☐
Specify: _____
Family Support ☐
Specify: _____
Type of Accommodation:
Specify: _____
Stairs: Internal ☐ External ☐
Nursing Home ☐
Residential Care ☐
Sheltered Housing ☐
District Nurse: ☐
Home Help: ☐
Services Cancelled: ☐
Other Services: ☐
Specify: _____
_____

## NUTRITION

Normal Diet ☐
*Refer to dietician if any of the following are ticked*
Special Diet ☐
Difficulty Eating & Swallowing ☐
Recent Weight Changes ☐
Medical Disorders (e.g. Diabetes) ☐
Specify: _____

## BREATHING

No Symptoms ☐
Dyspnoeic on Minimal Exertion ☐
Dyspnoeic on Maximum Exertion ☐
Dyspnoeic at Rest ☐
Uses inhalers: Yes ☐ No ☐
Specify Type: _____
Peak Flow O/A _____

## SMOKING

Non Smoker ☐
Current Smoker ☐
Specify: _____ Per day
Ex Smoker ☐
Stopped: _____ Ago

## MOBILITY

Fully Mobile & Independent ☐
Mobile with Aid ☐
Specify: _____
Limited Mobility ☐
Housebound ☐

## ELIMINATION

Bowels Regular ☐
Constipated ☐
Diarrhoea / Loose Stools ☐
Stoma: ☐
Colostomy ☐
Ileostomy ☐
Appliances Used: _____

Normal Micturition ☐
Previous UTI's ☐
Urinary Diversion ☐
Appliances Used: _____
Incontinent: ☐
Urine ☐ Faeces ☐ Both ☐
Day ☐ Night ☐ Stress ☐
Incontinence Aid: ☐
Specify: _____
Indwelling Catheter ☐
Type Used: _____

## SLEEP

Hours per Night: _____
Takes Night Sedation: No ☐ Yes ☐
Specify: _____

## MENTAL STATE

Alert & Orientated ☐
In Pain ☐
Anxious & Distressed ☐
Confused & Disorientated ☐
Night ☐ Day ☐
Agressive & Abusive ☐
Unconscious ☐
Other: _____
_____

# ACTIVITIES OF DAILY LIVING

## SENSES / AIDS

No Problems ☐
Spectacles ☐
Contact lenses ☐
Hearing Impaired ☐
Hearing Aid ☐
Right ☐ Left ☐
Dentures ☐
Upper ☐ Lower ☐ Full Set ☐

## ALCOHOL / SUBSTANCE ABUSE

Units of Alcohol per Week:

None ☐
Less Than 14 ☐
14 - 21 ☐
Over 21 ☐

*(1 unit = 1 measure of spirits / half pint of beer or lager / 1 glass of wine)*

Substance Abuse:

None ☐
Oral ☐
Intravenous ☐

Specify: _____

_____

## INVESTIGATIONS

| Details | Dates |
|---|---|
| ECG | |
| X-Rays | 13/9/08 |
| U&E's | |
| FBC | |
| Sputum | |
| MSSU | |
| CSU | 13/9/08. |
| Wound Swab | |
| Blood Cultures | |
| MRSA Screen | |
| Pregnancy Test | |
| | |

## HYGIENE

Self caring & Independent ☐
Bath ☐ Shower ☐
Requires assistance ☐
Specify: _____
Detail below any specific problems relating to personal hygiene: _____

_____

_____

## TRUST / WARD POLICIES

Patient & Relatives aware of:

Ward Layout ☐
Nurse Call System ☐
Named Nurse Concept ☐
Non-Smoking Policy ☐
Fire Policy ☐

## INFORMATION TO RELATIVES

Spoken to by: _____
Dates: _____
Spoken to by: _____
Dates: _____
Comments: _____

## REFERRALS

Specialist Nurse ☐
Specify: _____ Date: _____
Social Worker ☐
Date: _____
Physiotherapist ☐
Date: _____
Dietician ☐
Date: _____
Occupational Therapist ☐
Date: _____
Other ☐
Date: _____

Profile Completed by: Frances O'Neill Designation: STAFF NURSE.
Signed: FONeill Date: 13/9/08

# ROYAL ALEXANDRA HOSPITAL

DISCHARGE TYPE: ELECTIVE ☐ TRANSFER ☐

## DISCHARGE PLANNING

| Boarding 1st 2nd 3rd | Signature | Time | Comments |
|---|---|---|---|
| Informed:<br>Ward ☐ ☐ ☐<br>Patient ☐ ☐ ☐<br>Relatives ☐ ☐ ☐ | | | |
| Date patient boarded:<br>1st: _____<br>2nd: _____<br>3rd: _____ | | | |

## DISCHARGE CHECKIST

| | | | |
|---|---|---|---|
| Proposed discharge date: _____<br>Actual discharge date: _____ | | | |
| Medical consent ☐ | | | |
| Date discussed with patient: _____ | | | |
| Contact notified ☐ | | | |
| Transport:<br>Own ☐<br>Ambulance ☐ | | | |
| Ambulance ordered on: _____ | | | Type: _____<br>Code No: _____ |
| District Nurse form ☐ | | | |
| Practice Nurse form ☐ | | | |
| Home help ☐ | | | |
| Social Worker ☐ | | | |
| Discharge prescription ☐ | | | |
| Discharge letter ☐ | | | |
| Discharge dressings ☐ | | | |
| Patient information ☐ | | | |
| Valuables/Cashier ☐ | | | |
| Outpatient Follow Up Appt ☐ | | | |

Hospital RAH

Ward 24

Surname O'ROURKE.

Forenames ALEXANDER.

Unit No 041270 3297

| Date | Progress / Evaluation | Signature |
|---|---|---|
| 13/9/8 | 0330 37 yr old male presented to the ward via A&E presenting with multiple stab wounds. Poor historian due to the patient under the influence of Alcohol. Arterial line removed by fyi on the ward for CXR if required Observations on admission BP 128/83 Temp 37.1 pulse 82 Resps (34) $O^2$ sats 100% 10L $O^2$ therapy. Chest drain at (L) side oscillating blood evident. Catheter in situ 1° vols I/V fluids Commenced, Wounds not sutured as for theatre in morning for wound investigations. | Oheill |
| 0530 | Remains uncooperative with staff not tolerating $O^2$ therapy I/V fluids Commenced observations satisfactory | Oheill. |
| 0700 | Temp 37.9 1g. paracetamol given | Oheill |
| 12:50 | Seen by Mr El Tahir, wounds to be ~~stripped~~ GRROR. stem stripped for repeat chest ex-ray referred to physio for breathingexercises Given methadone as prescribed, continues on humidified oxygen 10 litres allow fluids and diet. Police came to ward to talk to patient regarding assault MB | |

STY6319D

Hospital RAH

Ward 24

Surname O'Rourke

Forenames Alexander

Unit No 0412703297

| Date | Progress / Evaluation | Signature |
|---|---|---|
| 13/9/18 cont | Given 10mg morphine I.M for pain and ciwa x1 for withdrawal from alcohol | M Rogers |
| 18[20] | Settled afternoon, not requiring CIWA, not taken for x-ray. Tolerating fluid and diet | M Rogers |
| 2300. | I/v pabrinex Continues, no ciwa required nor analgesia, Sitting on chair at this moment refusing to go to bed. Chest drain oscillating, $O^2$ therapy Continues Observations Satisfactory | Fahnell |
| 14/9/18 | 0500. Remains on chair at bed side refusing to go to bed, $O^2$ therapy Continues chest drain oscillating, appears to have slept for long periods | Fahnell |
| 12[30] | Seen by Mr Gilfoir, repeat chest xray clamp of drain, reviewed by chest physio discontinue oxygen therapy Given methadone as prescribed | M Rogers |
| 16[30] | Chest x-ray reviewed drain to be removed, Taken out by FY1 (Bruce) for repeat chest x-ray in morning. | M Rogers |
| 1830 | Patient of ward no staff member informed, observation satisfactory on removing chest drain | M Rogers |

STY5319D

Hospital RAH

Ward 24

Surname O'Rourke

Forenames Alexander.

Unit No 0412703297

| Date | Progress / Evaluation | Signature |
|---|---|---|
| 14/9/17 1900 | Requesting to irregular discharge, advised by medical staff that they cannot be responsible if they leave the ward | M Boyd |
| 2030 | Patient Irregular discharged | Sheil |

STY5319D

Hospital .....

Ward .....

Surname .....

Forenames .....

.....

Unit No .....

| Date | Progress / Evaluation | Signature |
|---|---|---|
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Patient label
CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

NHS Greater Glasgow and Clyde

# PATIENT CARE PLAN
## *CONFIDENTIAL*

HOSP: RAH DATE OF ADMISSION: 13/9/08 WARD: 24 CHART NO: 1

**This care plan has been discussed and agreed with the patient and/or main carer** Yes ☑ No ☐ Date 13/9/08

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1. COMMUNICATING** | | | | | | | | | | | | |
| **GOAL: Promote good communication** ☐ **Minimise confusion** ☐ | | | | | | | | | | | | |
| | Patient is unable to communicate appropriately due to: ..... ..... | Minimise noise levels | ☐ | | | | | | | | | |
| | | Note body language | ☐ | | | | | | | | | |
| | | Encourage verbalisation | ☐ | | | | | | | | | |
| | | Orientate to time/place/person | ☐ | | | | | | | | | |
| | | Utilise written communication *(e.g. pen/paper)* | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **2. MAINTAINING A SAFE ENVIRONMENT** | | | | | | | | | | | | |
| **GOAL: Reduce feelings of apprehension** ☑ **Prevention of injury** ☑ **Risk of injury is minimised** ☑ | | | | | | | | | | | | |
| | Patient is restless in bed/climbing out of bed due to ..... Confusion ..... | Ensure cot bumpers are in situ | ☐ | | | | | | | | | |
| | | Ensure bed rails are secured and fully extended | ☐ | | | | | | | | | |
| | | Inform patient and relatives of reason behind the need for bed rails | ☐ | | | | | | | | | |
| | | Perform high risk patient assessment status | ☐ | | | | | | | | | |
| | | Ensure patient's buzzer is within patient's reach | ☑ | FD | 16/9/8 | | | | | | | |
| | | Place patient in best vantage point for observation | ☐ | | | | | | | | | |
| | | Inform patient and relatives of reason behind the removal of bed rails | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **3. SLEEPING** | | | | | | | | | | | | |
| **GOAL: Adequate sleeping requirements will be met** ☐ | | | | | | | | | | | | |
| | Patient has difficulty sleeping due to ..... ..... | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **4 MOBILISING** | | | | | | | | | | | | |
| **GOAL: Prevention and/or early detection of complications of immobility** ☑ | | | | | | | | | | | | |
| | A. Patient has reduced mobility due to Condition | Assess risk of venostasis | ☑ | FO | 16/9/8 | | | | | | | |
| | | Measure and apply anti-embolic stockings *(if applicable)* | ☐ | FO | 16/9/8 | | | | | | | |
| | | Encourage passive/active limb exercises | ☑ | FO | 16/9/8 | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Promote safe and effective mobility** ☑ | | | | | | | | | | | | |
| | B. Assistance required with mobility due to Condition Independant. | **Transfer Requirements:** | | | | | | | | | | |
| | | Assistance required with nurses | ☐ | | | | | | | | | |
| | | Walking stick x 1 | ☐ | | | | | | | | | |
| | | Walking stick x 2 | ☐ | | | | | | | | | |
| | | Crutches | ☐ | | | | | | | | | |
| | | Pulpit | ☐ | | | | | | | | | |
| | | Zimmer | ☐ | | | | | | | | | |
| | | Standing aid | ☐ | | | | | | | | | |
| | | Dextra Lift | ☐ | | | | | | | | | |
| | | Maxi Hoist | ☐ | | | | | | | | | |
| | | **Mobilising Requirements:** | | | | | | | | | | |
| | | Assistance required with nurses | ☐ | | | | | | | | | |
| | | Walking stick x 1 | ☐ | | | | | | | | | |
| | | Walking stick x 2 | ☐ | | | | | | | | | |
| | | Crutches | ☐ | | | | | | | | | |
| | | Pulpit | ☐ | | | | | | | | | |
| | | Zimmer | ☐ | | | | | | | | | |
| | | Standing aid | ☐ | | | | | | | | | |
| | | Dextra Lift | ☐ | | | | | | | | | |
| | | Maxi Hoist | ☐ | | | | | | | | | |
| **5 PERSONAL DRESSING AND CLEANSING** | | | | | | | | | | | | |
| **GOAL: All personal hygiene requirements will be met** ☑ **Promote and encourage independence** ☑ **Maintain privacy** ☑ | | | | | | | | | | | | |
| | Patient is unable to maintain personal hygiene due to Condition | Bed Bath *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Daily ☐ Twice Daily ☐ Other ☐ *Specify:* | | | | | | | | | | |
| | | Assisted Wash *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Daily ☐ Twice Daily ☐ Other ☐ *Specify:* | | | | | | | | | | |
| | | Assistance Req'd: | | | | | | | | | | |
| | | Assisted Shower/Immersion Bath | ☐ | | | | | | | | | |
| | | Daily ☐ Twice Daily ☐ Other ☐ *Specify:* | | | | | | | | | | |
| | | Assistance Req'd: | | | | | | | | | | |
| | | Independent and Self Caring | ☑ | FO | 16/9/8 | | | | | | | |
| | | Oral/Denture Care - *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Eye care - *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Nail care - *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Podiatry referral | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | CTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
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| 6. BREATHING [redacted] | | | | | | | | | | | | |
| **GOAL: Early detection and treatment of deterioration in condition** ☑ **Safe and effective administration of oxygen** ☑ | | | | | | | | | | | | |
| | Patient unable to maintain adequate oxygenation due to: Condition | Support patient's position for maximum expansion of chest | ☑ | Ho | 16/9/8 | | | | | | | |
| | | Record respiration rate | ☑ | Ho | 16/9/8 | | | | | | | |
| | | *Specify frequency* x4 daily | | | | | | | | | | |
| | | Monitor & record O2 saturation on observation chart | ☑ | Ho | 16/9/8 | | | | | | | |
| | | *Specify frequency* x4 daily | | | | | | | | | | |
| | | Administer oxygen therapy as prescribed | ☑ | Ho | 16/9/8 | | | | | | | |
| | | Maintain safety issues with oxygen delivery | ☑ | Ho | 16/9/8 | | | | | | | |
| | | Encourage deep breathing exercises | ☐ | | | | | | | | | |
| | | Encourage coughing & expectoration | ☐ | | | | | | | | | |
| | | Note colour, amount & consistency of sputum | ☐ | | | | | | | | | |
| | | Administer mouth and nasal care *(where applicable)* | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| 7. CONTROLLING BODY TERMPERATURE (AND HAEMODYNAMICS) | | | | | | | | | | | | |
| **GOAL: Early detection and treatment of haemodynamic instability** ☑ | | | | | | | | | | | | |
| | A. Patient potentially haemodynamically unstable due to: Condition | Monitor and record blood pressure | ☑ | Ho | 16/9/8 | | | | | | | |
| | | *Specify frequency* x4 daily | | | | | | | | | | |
| | | Monitor and record pulse | ☑ | Ho | 16/9/8 | | | | | | | |
| | | *Specify frequency* x4 daily | | | | | | | | | | |
| | | Inform medical staff of any significant changes | ☑ | Ho | 16/9/8 | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Early detection and treatment of any dysrhythmias** ☐ | | | | | | | | | | | | |
| | B. Patient has potential for cardiac dysrhythmias due to: | Monitor ECG continuously | ☐ | | | | | | | | | |
| | | Maintain integrity of ECG electrodes | ☐ | | | | | | | | | |
| | | Record rate & rhythm in appropriate chart | ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | | |
| | | Inform medical staff of any significant changes | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Early detection and treatment of high temperature disturbance** ☑ | | | | | | | | | | | | |
| | C. Patient has high temperature disturbance due to: Condition | PYREXIA | ☑ | Ho | 16/9/8 | | | | | | | |
| | | Monitor tympanic/peripheral temperature | ☑ | Ho | 16/9/8 | | | | | | | |
| | | *Specify frequency* x4 daily | | | | | | | | | | |
| | | Administer tepid sponge therapy *(if appropriate)* | ☐ | | | | | | | | | |
| | | Obtain blood cultures if temp ≥ 38°C | ☑ | Ho | 16/9/8 | | | | | | | |
| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
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| **7. CONTROLLING BODY TEMPERATURE (AND HAEMODYNAMICS CONT)** | | | | | | | | | | | | |
| **GOAL: Early detection and treatment of low temperature disturbance** ☑ | | | | | | | | | | | | |
| | D. Patient has low temperature disturbance due to: ..... Condition ..... | **HYPOTHERMIA** | ☐ | | | | | | | | | |
| | | Monitor tympanic/peripheral temperature | ☑ | FO | 16/9/8 | | | | | | | |
| | | *Specify frequency* x4 daily | | | | | | | | | | |
| | | Apply blankets/duvet | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Safe & effective use and care of central line** ☐ | | | | | | | | | | | | |
| | Patient requires central venous access due to: ..... ..... | Explain procedure to patient | ☐ | | | | | | | | | |
| | | Care of central line as per unit policy | ☐ | | | | | | | | | |
| | | Inform medical staff of any significant changes | ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **8. EATING AND DRINKING** | | | | | | | | | | | | |
| **GOAL: Maintain hydration** ☑ **Early detection and treatment of dehydration** ☑ **Safe and effective administration of IV fluids** ☑ | | | | | | | | | | | | |
| | A. Patient unable to meet own hydration requirements due to: ..... Condition ..... | Encourage oral fluids | ☐ | | | | | | | | | |
| | | Encourage fluids by: | | | | | | | | | | |
| | | Type of fluid to be encouraged: | | | | | | | | | | |
| | | Restricted fluids: 30ml ☐ 60ml ☐ Other ☐ | | | | | | | | | | |
| | | *(Please specify)* | ☐ | | | | | | | | | |
| | | Explain cannulation procedure to patient | ☑ | FO | 16/9/8 | | | | | | | |
| | | Adhere to insertion and maintenance of peripheral venous cannula policy | ☑ | FO | 16/9/8 | | | | | | | |
| | | Initiate IV Access Device record | ☑ | FO | 16/9/8 | | | | | | | |
| | | Record in fluid balance chart | ☑ | FO | 16/9/8 | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Maintain oral hygiene** ☐ **Assess mouth status – refer to mouth guidelines** | | | | | | | | | | | | |
| | B. Patient fasting for following procedure ..... ..... | **FAST FROM: Date: Time:** | | | | | | | | | | |
| | | Nil by mouth | ☐ | | | | | | | | | |
| | | Offer mouthwashes | ☐ | | | | | | | | | |
| **GOAL: Early detection and treatment of nutritional deficiencies** ☐ | | | | | | | | | | | | |
| | C. Patient unable to meet own nutritional requirements due to ..... ..... | Complete nutritional risk score on admission | ☐ | | | | | | | | | |
| | | Reassess risk score weekly if condition changes | ☐ | | | | | | | | | |
| | | Refer to dietitian *(if required)* | ☐ | | | | | | | | | |
| | | Assist with meals *(e.g cutting of food)* | ☐ | | | | | | | | | |
| | | Monitor swallowing abilities | ☐ | | | | | | | | | |
| | | Refer to SALT *(if required)* | ☐ | | | | | | | | | |
| | | Specialist diet | ☐ | | | | | | | | | |
| | | *Please Specify* | | | | | | | | | | |

**ADULTS ≥ 18 YEARS**

# Nutrition Risk Score

*Complete **ON ADMISSION AND WEEKLY** if patient's condition changes*

| | DATE | HEIGHT (CM) | WEIGHT (KG) | BMI | COMMENTS |
|---|---|---|---|---|---|
| On Admission: | | | | | |
| Week 1: | | | | | |
| Week 2: | | | | | |
| Week 3: | | | | | |
| Week 4: | | | | | |

A. Please circle relevant score  B. Only select one score from each section  C. Select the highest score that applies

| | | SCORE | | |
|---|---|---|---|---|
| | | On Admission | Reassessment | |
| **1** | **WEIGHT LOSS IN LAST 3 MONTHS (unintentional)** | | | |
| | ▪ No weight loss | 0 | 0 | 0 |
| | ▪ 0 – 3 kg weight loss | 1 | 1 | 1 |
| | ▪ 3 – 6 kg weight loss | 2 | 2 | 2 |
| | ▪ 6 kg or more | 3 | 3 | 3 |
| **2** | **BMI - BODY MASS INDEX** | | | |
| | ▪ 20 or more | 0 | 0 | 0 |
| | ▪ 18 or 19 | 1 | 1 | 1 |
| | ▪ 15 – 17 | 2 | 2 | 2 |
| | ▪ Less than 15 | 3 | 3 | 3 |
| **3** | **APPETITE** | | | |
| | ▪ Good appetite, manages most of 3 meals / day (or equivalent) | 0 | 0 | 0 |
| | ▪ Poor appetite, poor intake – leaving > half of meals provided (or equivalent) | 2 | 2 | 2 |
| | ▪ Appetite nil or virtually nil, unable to eat, NBM (for > 4 meals) | 3 | 3 | 3 |

| | | SCORE | | | |
|---|---|---|---|---|---|
| 4 | **ABILITY TO EAT / RETAIN FOOD / STATE OF HYDRATION** | | | | |
| | ▪ No difficulties eating, able to eat independently/ tolerating enteral feeds. No diarrhoea or vomiting / well hydrated | 0 | 0 | 0 | 0 |
| | ▪ Problems handling food e.g. needs special cutlery. Vomiting / frequent regurgitation (or possetting) mild diarrhoea | 1 | 1 | 1 | 1 |
| | ▪ Difficulty swallowing, requiring modified consistency. Problems with dentures, affecting food intake. Problems with chewing, affecting food intake. Problems tolerating enteral feeds. Moderate vomiting and / or diarrhoea (1-2 / day). Needs help with feeding (e.g. physical handicap). | 2 | 2 | 2 | 2 |
| | ▪ Unable to take food orally. Unable to swallow (complete dysphagia). Severe vomiting and / or diarrhoea (>2 / day). Malabsorption, Dehydrated. | 3 | 3 | 3 | 3 |
| 5 | **STRESS FACTOR** | | | | |
| | ▪ **No Stress Factor -** (includes admission for investigation only) | 0 | 0 | 0 | 0 |
| | ▪ **Mild -** Minor surgery. Minor infection. CVA | 1 | 1 | 1 | 1 |
| | ▪ **Moderate -** Chronic disease, major surgery, infections, fractures, pressure sores/ulcers, inflammatory bowel disease. Other gastrointestinal disease | 2 | 2 | 2 | 2 |
| | ▪ **Severe -** Multiple injuries, multiple fractures/burns, multiple deep pressure sores/ulcers, severe sepsis, carcinoma / malignant disease. | 3 | 3 | 3 | 3 |
| | **SCORE TOTALS** | | | | |

| | | |
|---|---|---|
| **SCORE 0 – 3 LOW RISK** | **ACTION** ▪ No action necessary ▪ Check weight weekly | |
| **SCORE 4 – 5 NEEDS MONITORING** | **ACTION** ▪ Check weight weekly ▪ Encourage eating & drinking ▪ Replace missed meals with snacks e.g. sandwiches, crackers/cheese, pancakes, yoghurts, full cream milk ▪ Record patients dietary intake on food diet chart ▪ Repeat score after one week (ask medical staff to refer patient to dietitian if no improvements) | |
| **SCORE 6 – 15 HIGH RISK** | **ACTION** ▪ Refer patient to dietitian | |

**ALSO REFER TO DIETITIAN IF:**

- The patient needs a special diet not available on normal menu
- The patient needs advice about a special diet
- Patient needs a theraputic diet not available on the normal menu
- The patients needs specific advice (as requested by medical staff

Contact the catering department if : Th patient is following a special diet e Halaal/vegetarian

| DATE COMM | PATIENT'S PROBLEM (S) | CTION | | INITIAL | REVIE DATL | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GOAL: Maintain blood sugar levels within normal limits ☐** | | | | | | | | | | | | |
| | D. Patient may have blood sugar problems due to<br>.....<br>..... | Check blood sugar levels | ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | | |
| | | Check urinalysis | ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | | |
| | | Record results in diabetic chart | ☐ | | | | | | | | | |
| | | Refer to Diabetic Nurse Specialist | ☐ | | | | | | | | | |
| **9. ELIMINATING** | | | | | | | | | | | | |
| **GOAL: Early detection and treatment of reduced urinary output ☑ Maintain urinary continence and skin integrity ☑ Safe and effective care of indwelling catheter ☑ Prevention and treatment of urinary infection ☑** | | | | | | | | | | | | |
| | A. Patient has reduced urinary output due to<br>.....<br>Condition | Maintain adequate fluid balance | ☑ | FO | 16/9/8 | | | | | | | |
| | | Observe for signs of urinary retention, infection | ☑ | FO | 16/9/8 | | | | | | | |
| | | Insertion of urinary catheter | ☑ | FO | 16/9/8 | | | | | | | |
| | | Catheter type: / Catheter size | | *Comments:* Catheterised in A&E. | | | | | | | | |
| | | Balloon size: / H20 in balloon: | | | | | | | | | | |
| | B. Catheterised due to:<br>.....<br>Condition | Date inserted: / Due changed: | | | | | | | | | | |
| | | Serial No: | | | | | | | | | | |
| | | Observe urinary output | ☑ | FO | 16/9/8 | | | | | | | |
| | | Hourly ☑ 4hrly ☐ Free drainage ☐ | | FO | 16/9/8 | | | | | | | |
| | C. Patient has dysfunctional bladder problems due to<br>.....<br>Condition | Catheter hygiene | ☑ | FO | 16/9/8 | | | | | | | |
| | | Adhere to hospital indwelling catheter policy | ☑ | FO | 16/9/8 | | | | | | | |
| | | Educate patient about self-catheter care *(if applicable)* | ☐ | | | | | | | | | |
| | | Send MSSU or CSU to microbiology | ☑ | FO | 16/9/8 | | | | | | | |
| | | Remove catheter | ☐ | | | | | | | | | |
| | | Complete voiding trial and record outcome | ☐ | | | | | | | | | |
| | | Bladders scan to be performed on_____ | ☐ | | | | | | | | | |
| | | Observe post residual volumes | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Regain regular bowel pattern ☐ Maintain bowel continence and skin integrity ☐** | | | | | | | | | | | | |
| | D. Patient has dysfunctional bowel problems due to<br>.....<br>..... | **CONSTIPATION** | | | | | | | | | | |
| | | Encourage oral fluids to maintain hydration | ☐ | | | | | | | | | |
| | | Encourage high fibre nutritional input | ☐ | | | | | | | | | |
| | | Offer oral aperients/suppositories/enema *(if applicable)* | ☐ | | | | | | | | | |
| | | Record bowel function on observation chart | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | **DIARRHOEA** | | | | | | | | | | |
| | | Encourage oral fluids to maintain hydration | ☐ | | | | | | | | | |
| | | Observe consistency of diarrhoea | ☐ | | | | | | | | | |
| | | Send stool sample to microbiology | ☐ | | | | | | | | | |
| | | Adhere to hospital infection control policy *(if applicable)* | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GOAL: Safe and effective care of NG tube** ☐ | | | | | | | | | | | | |
| | E. Patient has nasogastric (NG) tube in situ due to ..... ..... | Ensure tube is secured and supported for safety and comfort | ☐ | | | | | | | | | |
| | | Carry out nasal care *(as required)* | ☐ | | | | | | | | | |
| | | Observe site for breakdown of skin integrity | ☐ | | | | | | | | | |
| | | Monitor and record the colour, amount and type of drainage | ☐ | | | | | | | | | |
| | | Inform medical staff of significant changes in drainage | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Safe and effective care of stoma** ☐ | | | | | | | | | | | | |
| | A. Patient has stoma due to ..... ..... | Ensure stoma bag is secured and supported for safety and comfort | ☐ | | | | | | | | | |
| | | Carry out stoma care *(as required)* | ☐ | | | | | | | | | |
| | | Observe site for breakdown of skin integrity | ☐ | | | | | | | | | |
| | | Observe integrity of stoma | ☐ | | | | | | | | | |
| | | Monitor and record the colour, amount and type of drainage | ☐ | | | | | | | | | |
| | | Inform medical staff of significant changes in either stoma or stoma drainage | ☐ | | | | | | | | | |
| | | Give patient emotional support and reassurance | ☐ | | | | | | | | | |
| | | Offer patient education literature *(if applicable)* | ☐ | | | | | | | | | |
| | | Liase with Colorectal Nurse Specialist *(as required)* | ☐ | | | | | | | | | |
| | | Liase with Stoma Nurse Specialist *(as required)* | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Adequate bowel preparation** ☐ | | | | | | | | | | | | |
| | B. Patient requires bowel prep prior to ..... ..... | Administer suppositories as prescribed | ☐ | | | | | | | | | |
| | | Administer _____ enema as prescribed | ☐ | | | | | | | | | |
| | | Administer bowel washout as prescribed | ☐ | | | | | | | | | |
| | | Administer Picolax as prescribed | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **10. WOUND CARE** | | | | | | | | | | | | |
| **GOAL:** | | | | | | | | | | | | |
| | A. Patient has wound due to ..... Condition ..... | Complete wound management chart | ☑ | fo | 16/9/8 | | | | | | | |
| | | Liase with Tissue Viability Nurse *(as necessary)* | ☑ | fo | 16/9/8 | | | | | | | |
| | | Inform medical staff of any deterioration | ☑ | fo | 16/9/8 | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | CTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **10. WOUND CARE (CONT)** | | | | | | | | | | | | |
| **GOAL:** | **Promote wound healing** ☑ | **Early detection and treatment of wound deterioration** ☑ | | | **Safe and secure care of wound drain** ☑ | | | | | | | |
| | B. Patient has wound drain in situ due to Condition | Ensure drain is positioned to facilitate drainage | ☑ | fo | 16/9/18 | | | | | | | |
| | | Ensure drain is secure and positioned safely and comfortably | ☑ | fo | 16/9/18 | | | | | | | |
| | | Monitor and record colour, type & amount of drainage | ☑ | fo | 16/9/18 | | | | | | | |
| | | Inform medical staff of significant changes in drainage | ☑ | fo | 16/9/18 | | | | | | | |
| | | Redress site as appropriate | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **11. INDIVIDUAL PATIENT CENTRED PROBLEMS** | | | | | | | | | | | | |
| **A. GOAL:** | | | | | | | | | | | | |
| | A. | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
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| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **B. GOAL:** | | | | | | | | | | | | |
| | B | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
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| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **C. GOAL:** | | | | | | | | | | | | |
| | C. | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
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| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11. INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT) | | | | | | | | | | | | |
| D. GOAL: | | | | | | | | | | | | |
| | D. | | ☐ | | | | | | | | | |
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| E. GOAL: | | | | | | | | | | | | |
| | E. | | ☐ | | | | | | | | | |
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| F. GOAL: | | | | | | | | | | | | |
| | F. | | ☐ | | | | | | | | | |
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| G. GOAL: | | | | | | | | | | | | |
| | G. | | ☐ | | | | | | | | | |
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| PROBLEM(S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **III. INDIVIDUAL PATIENT-CENTRED PROBLEMS (CONT)** | | | | | | | | | | | |
| **H. GOAL:** | | | | | | | | | | | |
| | H. | ☐ | | | | | | | | | |
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| **I. GOAL:** | | | | | | | | | | | |
| | I. | ☐ | | | | | | | | | |
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| **J. GOAL:** | | | | | | | | | | | |
| | J. | ☐ | | | | | | | | | |
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| **K. GOAL:** | | | | | | | | | | | |
| | K. | ☐ | | | | | | | | | |
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IM - Methadone 55ml od
Ranitidine 150mg bd
Wards 887 7842.

# PRESCRIPTION FORM

Hospital Name: .....

## PATIENT DETAILS

| | |
|---|---|
| Name: 0412703297 O'ROURKE ALEXANDER 04/12/1970 MALE SD:12/09/2008 ST:22:42 | Height: |
| Hospital | Weight: |
| DOB: | Surface area: |
| Date of Admission: 12/X/08 | Date of writing discharge prescription: __/__/__ |
| Consultant Name: EC TAHIR | Ward: HDU |
| Date and time this form prepared: __/__/__ Time:_____ | Sheet No ..... / 2nd Prescription in use Yes or NO |

## DRUG SENSITIVITIES

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

## OTHER CHARTS IN USE

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

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF DOCTOR | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| 13/10/08 | METHODONE | 55ml | ORAL | 1400 | D. Tahir | M.R. | 12p.m. |
| 14/10/08 | METHODONE | 55ml | ORAL | 0815 | D. Tahir | MB. | 0900 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | |

PATIENT'S NAME:

ADMINISTRATION

## Parenteral Drugs: Regular Prescription

DATE → 13 14

MONTH → 09 9

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

**A** DRUG PARACETAMOL

DOSE 1 gm | ROUTE IV | DATE 12.1X | STOPPED DATE: 14/9

SIGNATURE OF DOCTOR | STOPPED INITIALS: DR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**B** DRUG PED STOCKINGS

DOSE PRN | ROUTE LEGS | DATE 12.1X | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**C** DRUG HUMAN FED O2

DOSE SaO2 >98% | ROUTE | DATE 12.1X | STOPPED DATE: 14/9

SIGNATURE OF DOCTOR | STOPPED INITIALS: DR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**D** DRUG PHARMEX

DOSE 2 (+11) | ROUTE IV | DATE 13/1/18 | STOPPED DATE: 14/9

SIGNATURE OF DOCTOR | STOPPED INITIALS: DR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

# Parenteral Drugs: Regular Prescription

The Regular and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

DATE →
MONTH →

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

**E** DRUG: RANITIDINE

DOSE: 150 mg | ROUTE | DATE | STOPPED DATE: KH9 | INITIALS: DC

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**F** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**G** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**H** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE 13 14
MONTH 9 9

**J** DRUG (N) Nacl

DOSE 5ml | ROUTE NEB | DATE 12.IX | STOPPED DATE: 14/09/8 | INITIALS: DR

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

| Other time | | |
|---|---|---|
| 0700-0900 ✓ | MR | MR |
| 1200-1400 ✓ | MB | |
| 1600-1800 ✓ | MB | |
| 2200-2400 ✓ | RG | |
| Other time | TPN | |

**K** DRUG RANITIDINE

DOSE 150mg | ROUTE ORAL | DATE 13/08/08 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

**L** DRUG PARACETAMOL

DOSE 1g | ROUTE ORAL | DATE 14/09/08 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

**M** DRUG THIAMINE

DOSE 300mg | ROUTE ORAL | DATE 14/09/08 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

## Oral and Other Drugs: Regular Prescriptions

| | | |

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

**T** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**V** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**W** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**X** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The "Regular" and "as required" medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**Y** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

**AA** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

**BB** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

**CC** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE

MONTH

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

**DD** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**EE** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**FF** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**GG** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**HH** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

**JJ** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

**KK** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

**LL** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

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

PATIENT'S NAME:

**All Routes: As Required Prescriptions**

**ADMINISTRATION**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MM | DRUG: MORPHINE | | | STOPPED DATE: | DATE | 13/9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DOSE: 5-10mg | ROUTE: IV/SC | INDICATION: PAIN | INITIALS: | TIME | 1005 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGNATURE OF DOCTOR | MAX.FREQUENCY: 2-3hr | DATE: 12.1X | | DOSE | 10mg | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Give c MN | | | | GIVEN BY | MB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NN | DRUG: CYCLIZINE | | | STOPPED DATE: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DOSE: 50mg | ROUTE: IV | INDICATION: N/V | INITIALS: | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGNATURE OF DOCTOR | MAX.FREQUENCY: 4-6hr | DATE: 12.1X | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Max TDS | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PP | DRUG: DIAZEPAM | | | STOPPED DATE: | DATE | 13/9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DOSE: 10-20mg | ROUTE: PO | INDICATION: Alcohol withdrawal | INITIALS: | TIME | 1000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGNATURE OF DOCTOR | MAX.FREQUENCY: As per CIWA | DATE: 13/9/18 | | DOSE | 10mg | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | MB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR | DRUG | | | STOPPED DATE: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DOSE | ROUTE | INDICATION | INITIALS: | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGNATURE OF DOCTOR | MAX.FREQUENCY | DATE: | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The Regular and as required medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

| SS | DRUG | | | STOPPED DATE: INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOSE | | ROUTE | INDICATION | | TIME | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR | | MAX.FREQUENCY | | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | |

| TT | DRUG | | | STOPPED DATE: INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOSE | | ROUTE | INDICATION | | TIME | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR | | MAX.FREQUENCY | | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | |

| VV | DRUG | | | STOPPED DATE: INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOSE | | ROUTE | INDICATION | | TIME | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR | | MAX.FREQUENCY | | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | |

| WW | DRUG | | | STOPPED DATE: INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOSE | | ROUTE | INDICATION | | TIME | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR | | MAX.FREQUENCY | | DATE: | DOSE | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | |

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

# Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

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

## DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature:_____ Date:_____

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF NURSE | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Notes for Users

FOR DOCTORS:

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

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

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

5. Method of administration should be abbreviated as follows:

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

FOR NURSES:

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

## Codes for Non-Administration of Drugs

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

Ver 7, 07/2005

Please affix

CHI: 041270 1297
RAH165288 04/12/1970 M
O'ROURKE ALEXANDER
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

# PATIENT OBSERVATION CHART
## (*Adult*)

24

Ward: ~~ADE~~ Date of Admission: 12/9/08 Chart No: 1

### Patient Assessment Tool
### MODIFIED EARLY WARNING SYSTEM (MEWS) INDICATORS

| SCORE | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|
| Pulse | | ≤ 40 bpm | 41- 50 bpm | 51-100 bpm | 101-110 bpm | 111-130 bpm | ≥ 131 bpm |
| Respiratory Rate | | ≤ 8 | | 9-14 | 15-20 | 21-29 | ≥ 30 |
| Temp | | ≤ 35 °C | 35.1- 36°C | 36.1-38°C | 38.1- 38.5°C | ≥ 38.6°C | |
| AVPU Score | UNRESPONSIVE | RESPONDS TO PAIN | RESPONDS TO VOICE | ALERT | NEW AGITATION/ CONFUSION | | |
| Urinary Output | ≤ 10 ml/hr in 2hrs | ≤ 30 ml/hr in 2hrs | | | | | |
| Systolic BP | ≤ 70 | 71 – 80 | 81 – 100 | 101 – 140 | 141 – 199 | ≥ 200 | |

Inform Nurse in Charge if: A. If the patient scores ≥ 4 points. B. If the patient's score deteriorates by 2 points or more. C. If GCS drops by 2 points or more, regardless of other observations.

## WATERLOW PRESSURE SORE PREVENTION RISK ASSESSMENT CHART

*If score > 10 - Complete the Appropriate Tissue Viability Pressure Sore Chart*

| Build/Weight | | Skin Type / Visual Risk Areas | | Sex/Age | | Special Risks / Tissue Malnutrition | |
|---|---|---|---|---|---|---|---|
| Average | (0) | Healthy | (0) | Male | (1) | e.g. Terminal cachezia | 8 |
| Above Average | 1 | Tissue paper | 1 | Female | 2 | Cardiac Failure | 5 |
| Obese | 2 | Dry | 1 | 14 – 49 | (1) | Peripheral Vascular Disease | 5 |
| Below Average | 3 | Oedematous | 1 | 50 – 64 | 2 | Anaemia | 2 |
| **Continence** | | Clammy (Pyrexia) | 1 | 65 – 74 | 3 | Smoking | 1 |
| Complete | | Discoloured | 2 | 75 – 80 | 4 | **Neurological Deficit** | |
| Catheterised | (0) | Broken / Spot | 3 | 81+ | 5 | e.g. Diabetes / Multiple Sclerosis / CVA / Motor or sensory paraplegia | 4 - 6 |
| Occasionally incontinent | 1 | **Mobility** | | **Appetite** | | **Major Surgery / Trauma** | |
| Cath / Incont of faeces | 2 | Fully | (0) | Average | 0 | Orthopaedic – below waist, spinal | 5 |
| Doubly incontinent | 3 | Restless / Fidgety | 1 | Poor | (1) | On table > 12hrs | 5 |
| | | Apathetic | 2 | NG tube / Fluids only / NBM | 2 | **Medication** | |
| | | Restricted | 3 | | | Cytotoxics / High dose steroids / Anti-inflammatory | 4 |
| | | Inert / Traction | 4 | Anorexic | 3 | | |
| | | Chair bound | 5 | | | | |

**PATIENT'S INITIAL WATERLOW SCORE = 3**

**RISK SCORE: - 10+ = AT RISK 15+ = HIGH RISK 20+ = VERY HIGH RISK**

## SCORING REFERENCES

### Pain Score

**Score 0 =** No pain at rest; No pain on movement

**Score 1 =** No pain at rest; Slight pain on movement

**Score 2 =** Intermittent pain at rest; Moderate pain on movement

**Score 3 =** Continuous pain at rest; Severe pain on movement

### Nausea Score

**Score 0 =** None

**Score 1 =** Mild (not distressing, no retching/vomiting)

**Score 2 =** Moderate (troublesome, occasional retching/vomiting)

**Score 3 =** Severe (distressing, frequent retching/vomiting)

### Sedation Score

**Score 0 -** None (Patient alert)

**Score 1 -** Mild (occasionally drowsy, easy to arouse)

**Score 2 -** Moderate (frequently drowsy, easy to arouse)

**Score 3 -** Severe (somnolent, difficult to arouse)

**Score S -** Sleep (normal sleep, easy to arouse)

### Normal Bowel Score

**Frequency: -** > 1 daily ☐ Daily ☐ 1-3 days ☐ 3-4 days ☐ 5-6 days ☐ Once weekly ☐

**Continence: -** Continent ☐ Incontinent ☐

### Bristol Bowel Motion Score

**Type 1 =** Separate hard lumps, hard to pass

**Type 2 =** Sausage shape and lumpy

**Type 3 =** Sausage shape with cracks on surface

**Type 4 =** Sausage shape, smooth & soft

**Type 5 =** Soft blobs with clear cut edges

**Type 6 =** Fluffy pieces with ragged edges

**Type 7 =** Watery stool, no solid pieces

### AVPU Score

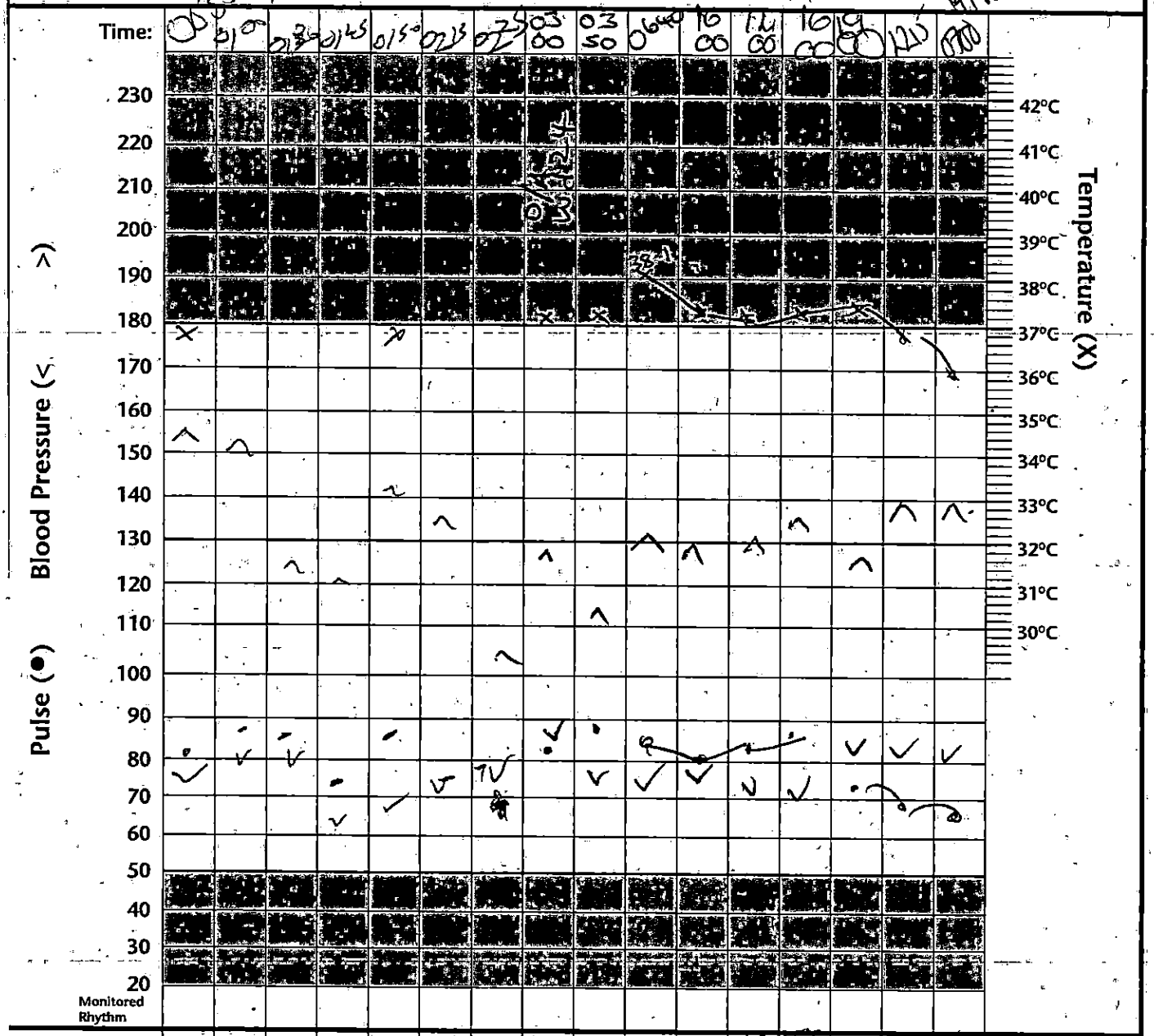
If a patient scores 2 or 3 then commence a Neuro chart

### CIWA Regime

Start CIWA Regime: if alcohol consumption ≥ 21units/wk (Female) ≥ 28units/wk (Male)

## URINALYSIS RECORD

| Date | Time | PH | Blood | Protein | Urobilinogen | Bilirubin | Glucose | Ketones | S.G | HCG |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |




| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Respiratory Rate | 18 | 16 | 18 | 36 | 20 | 20 | 20 | 34 | 28 | 20 | 18 | 18 | 18 | | 16 | 16 | Respiratory Rate |
| AVPU Score | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | AVPU Score |
| MEWS Score | 2 | | | | | | | 3 | 2 | 2 | 1 | | | | | | MEWS Score |
| Doctor Notified (✓/x) | | | | | | | | ✓ | x | x | x | x | x | x | x | x | Doctor Notified (✓/x) |
| O₂ Saturation (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 94 | 96 | 98 | 96 | 98 | 100 | 98 | 99 | O₂ Saturation (%) |
| O₂ Concentration | 10L | 10L | 10L | 10L | RA | 2L | 10L | 10L | air | air | 10L | 10L | 10L | 10L | 10L | 10L | O₂ Concentration |
| Urine Passed (✓/x) | ✓ | | | | | | | ✓ | ✓ | x | >30 | >30 | x | | ✓ | ✓ | Urine Passed (✓/x) |
| Pain Score | | | | | | | | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Pain Score |
| Sedation Score | | | | | | | | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | Sedation Score |
| Nausea Score | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Nausea Score |
| BM Level | 5.0 | | | | | | | | | - | - | ✓ | ✓ | ✓ | ✓ | ✓ | BM Level |
| Sign (Initial) | S | | | | | | | FD | FD | SU | MB | MB | MB | RM | GVE | GVE | Sign (Initial) |
| Weight (kg) | | | | | | | | | | | | | | | | | Weight (kg) |
| Capillary Refill Time | | | | | | | | | | | | | | | | | Capillary Refill Time |
| Colour, Sensation & Movement | | | | | | | | | | | | | | | | | Colour, Sensation & Movement |
| Pedal Pulses (R&L) | | | | | | | | | | | | | | | | | Pedal Pulses (R&L) |
| Sign (Initial) | | | | | | | | | | | | | | | | | Sign (Initial) |
| Wound check (✓/x) | | | | | | | | | | | | | | | | | Wound check (✓/x) |
| Wound drain (✓/x) | | | | | | | | | | | | | | | | | Wound drain (✓/x) |
| Bowels Opened (✓/x) | | | | | | | | | | | ✓ | ✓ | ✓ | | | | Bowels Opened (✓/x) |
| Bowel Motion Score | | | | | | | | | | | | | | | | | Bowel Motion Score |

# CIWA ALCOHOL WITHDRAWAL SCORE AND ADMINISTRATION CHART

NHS Argyll & Clyde

Patients Name | Unit No: | Ward:

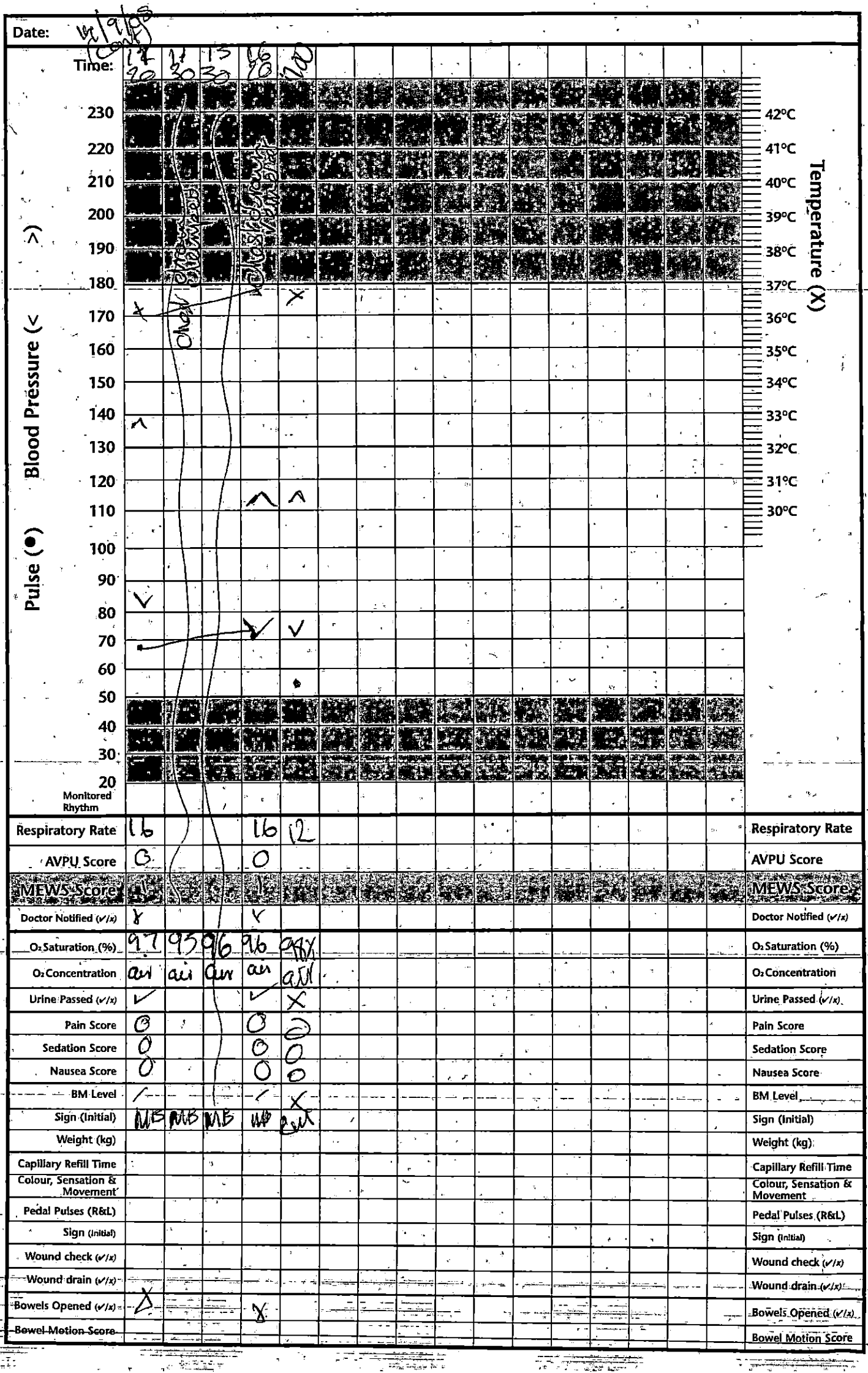
| Name of Drug: | | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 13/9/08 | | | | | | | | | | | |
| | | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time |
| | | 10.00 | | | | | | | | | | | |
| Temperature | celsius | 38.2 | | | | | | | | | | | |
| Blood Pressure | mmHg | 130/72 | | | | | | | | | | | |
| Heart Rate | per min | 90 | | | | | | | | | | | |
| Respiration | per min | 18 | | | | | | | | | | | |
| Nausea & Vomiting | 0 - 7 | 5 | | | | | | | | | | | |
| Tremor | 0 - 7 | 5 | | | | | | | | | | | |
| Paroxysmal Sweats | 0 - 7 | 5 | | | | | | | | | | | |
| Anxiety | 0 - 7 | 5 | | | | | | | | | | | |
| Agitation | 0 - 7 | 0 | | | | | | | | | | | |
| Tactile disturbance | 0 - 7 | 0 | | | | | | | | | | | |
| Auditory disturbance | 0 - 7 | 0 | | | | | | | | | | | |
| Visual disturbance | 0 - 7 | 0 | | | | | | | | | | | |
| Headache / Fullness | 0 - 7 | 0 | | | | | | | | | | | |
| Orientation and clouding of sensorium | 0 - 4 | | | | | | | | | | | | |
| | Total Score | 20 | | | | | | | | | | | |
| Name of Drug given (Diazepam or Lorazepam) | | Diazepam | | | | | | | | | | | |
| Route of administration (e.g. Oral / PR / IV ) | | O | | | | | | | | | | | |
| Drug dosage administered | | 10mg | | | | | | | | | | | |
| Signature of person administering | | MBan | | | | | | | | | | | |

**Guidelines**
A total score of less than 10 is asymptomatic and medication is not needed
In the range of 10 - 20 **clinical judgement** will determine when medication will be given

STY5332N

# CIWA ASSESSMENT - SCORING QUESTIONNAIRE

| | | |
|---|---|---|
| **NAUSEA AND VOMITING** - Ask "Do you feel sick to your stomach? Have you vomited?"<br>Observation<br>**0** no nausea and no vomiting<br>**1** mild nausea with no vomiting<br>**2**<br>**3**<br>**4** intermittent nausea with dry heaves<br>**5**<br>**6**<br>**7** constant nausea, frequent dry heaves and vomiting | **TREMOR** - Arms extended and fingers spread apart.<br>Observation<br>**0** no tremor<br>**1** not visible, but can be felt fingertip to fingertip<br>**2**<br>**3**<br>**4** moderate, with patient's arms extended<br>**5**<br>**6**<br>**7** severe, even with arms not extended | **PAROXYSMAL SWEATS**<br>Observation<br>**0** no sweat visible<br>**1** barely perceptible sweating, palms moist<br>**2**<br>**3**<br>**4** beads of sweat obvious on forehead<br>**5**<br>**6**<br>**7** drenching sweats |
| **ANXIETY** - Ask "Do you feel nervous?"<br>Observation<br>**0** no anxiety, at ease<br>**1** mildly anxious<br>**2**<br>**3**<br>**4** moderately anxious, or guarded, so anxiety is inferred<br>**5**<br>**6**<br>**7** equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions | **AGITATION**<br>Observation<br>**0** normal activity<br>**1** somewhat more than normal activity<br>**2**<br>**3**<br>**4** moderately fidgety and restless<br>**5**<br>**6**<br>**7** paces back and forth during most of the interview, or constantly thrashes about | **TACTILE DISTURBANCES** - Ask "Have you any itching, pins and needles sensations, burning sensations, numbness or do you feel bugs crawling on or under your skin?" Observation<br>**0** none<br>**1** very mild itching, pins and needles, burning or numbness<br>**2** mild itching, pins and needles, burning or numbness<br>**3** moderate itching, pins and needles, burning or numbness<br>**4** moderately severe hallucinations<br>**5** severe hallucinations<br>**6** extremely severe hallucinations<br>**7** continuous hallucinations |
| **AUDITORY DISTURBANCES** - Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"<br>Observation<br>**0** not present<br>**1** very mild harshness or ability to frighten<br>**2** mild harshness or ability to frighten<br>**3** moderate harshness or ability to frighten<br>**4** moderately severe hallucinations<br>**5** severe hallucinations<br>**6** extremely severe hallucinations<br>**7** continuous hallucinations | **VISUAL DISTURBANCES** - Ask, "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"<br>Observation<br>**0** not present<br>**1** very mild sensitivity<br>**2** mild sensitivity<br>**3** moderate sensitivity<br>**4** moderately severe hallucinations<br>**5** severe hallucinations<br>**6** extremely severe hallucinations<br>**7** continuous hallucinations | **HEADACHE, FULLNESS IN HEAD** - Ask, "Does your head feel different? Does it feel as if there is a band around your head?" Do not rate for dizziness or light-headedness. Otherwise, rate severity<br>**0** not present<br>**1** very mild<br>**2** mild<br>**3** moderate<br>**4** moderately severe<br>**5** severe<br>**6** very severe<br>**7** extremely severe |
| **ORIENTATION AND CLOUDING OF SENSORIUM**<br>Ask, "What day is this? Where are you? Who am I?"<br>**0** oriented and can do serial additions<br>**1** cannot do serial additions or is uncertain about date<br>**2** disoriented for date by no more than 2 calendar days<br>**3** disoriented for date by more than 2 calendar days<br>**4** disoriented for place and/or person | | |


Date:
Time:
Blood Pressure (<)
Pulse (●)
Temperature (X)
42°C
41°C
40°C
39°C
38°C
37°C
36°C
35°C
34°C
33°C
32°C
31°C
30°C
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
Monitored Rhythm
Respiratory Rate
AVPU Score
MEWS Score
Doctor Notified (✓/x)
O2 Saturation (%)
O2 Concentration
Urine Passed (✓/x)
Pain Score
Sedation Score
Nausea Score
BM Level
Sign (Initial)
Weight (kg)
Capillary Refill Time
Colour, Sensation & Movement
Pedal Pulses (R&L)
Sign (Initial)
Wound check (✓/x)
Wound drain (✓/x)
Bowels Opened (✓/x)
Bowel Motion Score

# PERIPHERAL I.V. ACCESS RECORD SHEET

**REASON FOR INSERTION:**
**A** = Cardiac chest pain
**B** = Potential for patient requiring resuscitation
**C** = Administration of drugs/fluids/blood products

*The condition of the site should be assessed and documented below every 6-8 hours*
*N.B VENFLON SHOULD BE REMOVED IF NOT IN USE*

| Reason for Insertion | Date of Insertion | Site of Insertion | Name of Person Inserting Device | Patency of Device | Status of Dressing | Date/Time Device Assessed | Assessed by (Initials) | Date & Reason for Removal of Device | Name of Person Removing Device |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | 13/9/08 1230PM | DL | 13/9/08 Tissued | D Leitch |
| C | 13/9 | R Wrist | HANSU 2nd | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☑ Flushed ☐ | Clean ☑ Changed ☐ | 13/9/08 18:00 | MB | | |
| C | 13/9/08 | (R) Wrist | [illegible] HAN | Patent ☑ Flushed ☐ | Clean ☐ Changed ☐ | 22.20 13/9/08 | EMC | | |
| | | | | Patent ☑ Flushed ☐ | Clean ☑ Changed ☐ | 14/9/08 11.35 | MB | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | [illegible] 14/9/08 18:30 | JMBarr |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
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| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |

- Abnormalities include pain, erythema, phlebitis and sign of infection
- Patency: Able to infuse of inject freely into the cannula without meeting resistance, and with no [illegible]

Date:

Time:

Blood Pressure (V)

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

Pulse (●)

Temperature (X)

42°C
41°C
40°C
39°C
38°C
37°C
36°C
35°C
34°C
33°C
32°C
31°C
30°C

Monitored Rhythm

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Respiratory Rate | | | | | | | | | | | | | | | | Respiratory Rate |
| AVPU Score | | | | | | | | | | | | | | | | AVPU Score |
| MEWS Score | | | | | | | | | | | | | | | | MEWS Score |
| Doctor Notified (✓/x) | | | | | | | | | | | | | | | | Doctor Notified (✓/x) |
| O₂ Saturation (%) | | | | | | | | | | | | | | | | O₂ Saturation (%) |
| O₂ Concentration | | | | | | | | | | | | | | | | O₂ Concentration |
| Urine Passed (✓/x) | | | | | | | | | | | | | | | | Urine Passed (✓/x) |
| Pain Score | | | | | | | | | | | | | | | | Pain Score |
| Sedation Score | | | | | | | | | | | | | | | | Sedation Score |
| Nausea Score | | | | | | | | | | | | | | | | Nausea Score |
| BM Level | | | | | | | | | | | | | | | | BM Level |
| Sign (Initial) | | | | | | | | | | | | | | | | Sign (Initial) |
| Weight (kg) | | | | | | | | | | | | | | | | Weight (kg) |
| Capillary Refill Time | | | | | | | | | | | | | | | | Capillary Refill Time |
| Colour, Sensation & Movement | | | | | | | | | | | | | | | | Colour, Sensation & Movement |
| Pedal Pulses (R&L) | | | | | | | | | | | | | | | | Pedal Pulses (R&L) |
| Sign (Initial) | | | | | | | | | | | | | | | | Sign (Initial) |
| Wound check (✓/x) | | | | | | | | | | | | | | | | Wound check (✓/x) |
| Wound drain (✓/x) | | | | | | | | | | | | | | | | Wound drain (✓/x) |
| Bowels Opened (✓/x) | | | | | | | | | | | | | | | | Bowels Opened (✓/x) |
| Bowel Motion Score | | | | | | | | | | | | | | | | Bowel Motion Score |

# EMERGENCY DEPARTMENT

2225 — Stan John — LL

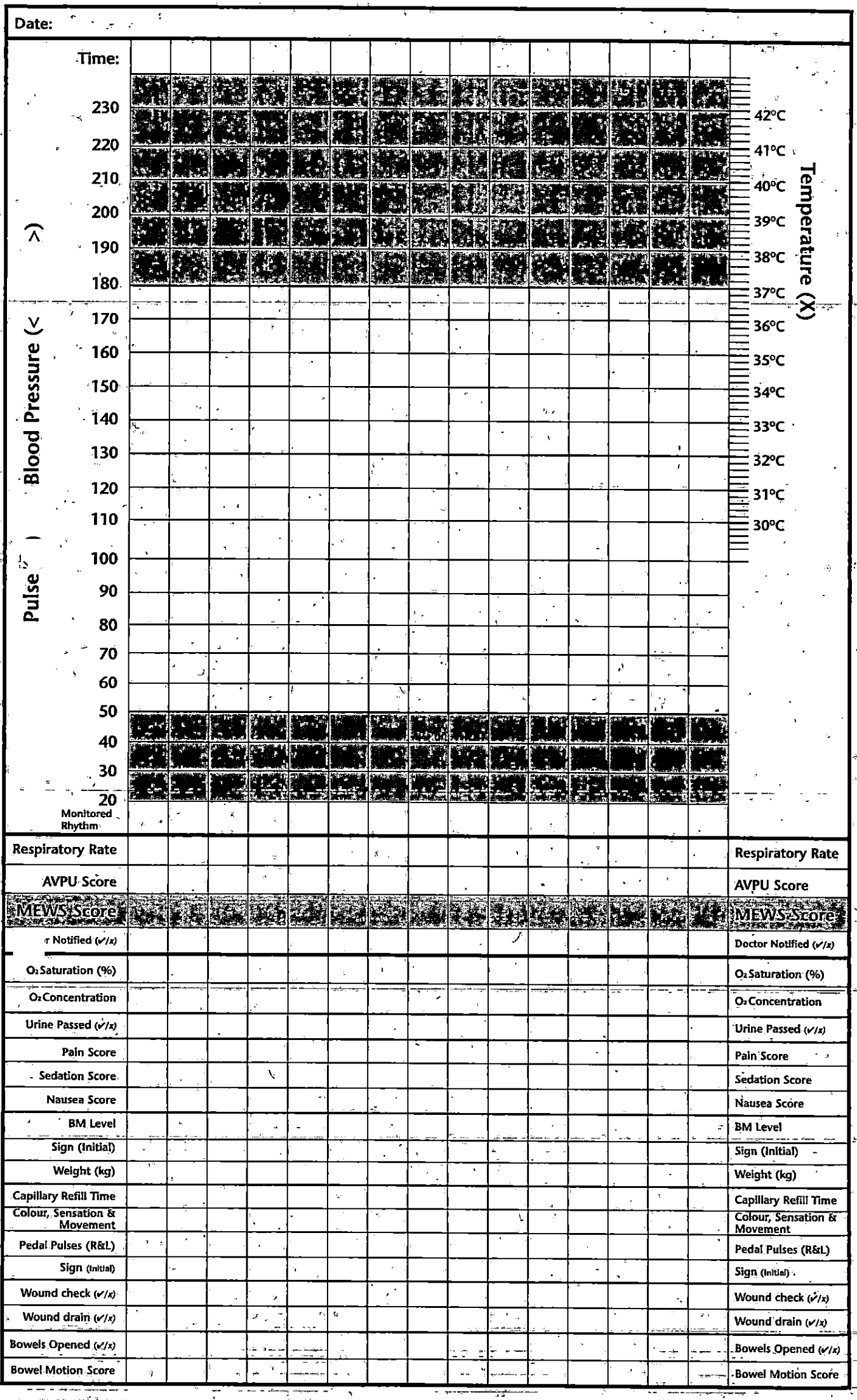
| Time | | | | | | | | | | | | | | | | Time |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 0/45 | 1130 | 2130 | 2330 | | | | | | | | | | |
| COMA SCALE | Eyes open | Spontaneously | 0 | 0 | 0 | 0 | 0 | | | | | | | | | Eyes closed by swelling = C |
| | | To speech | | | | | | | | | | | | | | |
| | | To pain | | | | | | | | | | | | | | |
| | | None | | | | | | | | | | | | | | |
| | Best verbal response | Oriented | 0 | 0 | 0 | 0 | 0 | | | | | | | | | Endotracheal tube or tracheotomy = T |
| | | Confused | | | | | | | | | | | | | | |
| | | Inappropriate words | | | | | | | | | | | | | | |
| | | Incomprehensible sounds | | | | | ~ | | | | | | | | | |
| | | None | | | | | | | | | | | | | | |
| | Best motor response | Obey commands | 6 | 6 | ~ | 6 | 6 | | | | | | | | | Usually record the best arm response |
| | | Localise pain | | | | | | | | | | | | | | |
| | | Flexion to pain | | | | | | | | | | | | | | |
| | | Extension to pain | | | | | | | | | | | | | | |
| | | None | | | | | | | | | | | | | | |
| • 1 | | 240 | | | | | | | | | | | | | | 40 |
| | | 230 | | | | | | | | | | | | | | 39 |
| • 2 | | 220 | | | | | | | | | | | | | | 38 |
| | | 210 | • | | | | | | | | | | | | | 37 |
| 3 | | 200 | | | | | | | | | | | | | | 36 |
| | | 190 | | | | | | | | | | | | | | 35 |
| 4 | | 180 | | | | | | | | | | | | | | 34 |
| | | 170 | | | | | | | | | | | | | | 33 |
| 5 | Blood pressure and pulse rate | 160 | | | | | | | | | | | | | | 32 |
| | | 150 | | | | | | | | | | | | | | 31 |
| | | 140 | | | | | | | | | | | | | | 30 |
| 6 | | 130 | | ~ | | | ~ | | | | | | | | | |
| | | 120 | ~ | | | ~ | | | | | | | | | | |
| 7 | | 110 | | | ~ | | | | | | | | | | | |
| | | 100 | | | | | | | | | | | | | | |
| 8 | | 90 | • | ~ | | • | • | | | | | | | | | |
| | | 80 | | | | | | | | | | | | | | |
| Pupil scale (mm) | | 70 | ~ | | | | | | | | | | | | | |
| | | 60 | | | ~ | | | | | | | | | | | |
| | | 50 | | | | | | | | | | | | | | |
| | | 40 | | | | | | | | | | | | | | |
| | | 30 | | | | | | | | | | | | | | |
| | Respiration | 20 | • | ~ | | • | | | | | | | | | | |
| | | 10 | | | | | • | | | | | | | | | |
| | | | 100 | | | | 99 | | | | | | | | | |

| Pupils | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | right | Size | 4 | 4 | 4 | 4 | | | | | | | | | | + reacts |
| | | Reaction | + | + | + | + | | | | | | | | | | - no reaction |
| | left | Size | 4 | 4 | 4 | 4 | | | | | | | | | | c. eye closed |
| | | Reaction | + | + | + | + | | | | | | | | | | |

| LIMB MOVEMENTS | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ARMS | Normal power | 6 | | | 6 | | | | | | | | | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | | Mild weakness | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | |
| | | Spastic Flexion | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | |
| | LEGS | Normal power | 6 | | | 6 | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | |
| | | Extension | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | |

| Nursing Documentation | Initial |
|---|---|
| 2225, Multiple Stab/Stabbing to chest/arm region. Found lying in Fluids/vomiting. Pale | |
| A- Patent | |
| B- RR 20/min. Bilateral chest rise/fall. | |
| C- Normotensive Not tachycardic. | |
| D. Neuro GCS 15 | |
| Police in attendance S/B D. Mason → | |
| 10mg morphine @ 2235hrs. | S |
| 2310 Commenced on IV Abx as prescribed | S |
| 2320 At last chest drain | |
| 2235 Surg SpR in theatre. | |
| 2235 4mg Morphine I.V. | S |
| 2355 Arterial line now in situ. | S |
| Invasive Monitoring now commenced | S |
| 0030 Pt catheterised with CH14 catheter, 9ml/s WFI in balloon. | JS |
| 0110 Discussed with Surgical reg Now to have Art Line capped off + to be admitted to ward 24 + not HDU Bed Manager aware as due to pending Injuries Nursing staff feel that not fit to be admitted to ward 24 | |

Name & Status of Accompanying Adult ..... PC & CB .....


Date:
Time:
Blood Pressure (< >)
Pulse
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
Monitored Rhythm
Temperature (X)
42°C
41°C
40°C
39°C
38°C
37°C
36°C
35°C
34°C
33°C
32°C
31°C
30°C
Respiratory Rate
AVPU Score
MEWS Score
Doctor Notified (✓/x)
O2 Saturation (%)
O2 Concentration
Urine Passed (✓/x)
Pain Score
Sedation Score
Nausea Score
BM Level
Sign (Initial)
Weight (kg)
Capillary Refill Time
Colour, Sensation & Movement
Pedal Pulses (R&L)
Sign (Initial)
Wound check (✓/x)
Wound drain (✓/x)
Bowels Opened (✓/x)
Bowel Motion Score

# EMERGENCY DEPARTMENT

Alison. 12

| Time | | | | Time |
|---|---|---|---|---|
| COMA SCALE | Eyes open | Spontaneously | | Eyes closed by swelling = C |
| | | To speech | | |
| | | To pain | | |
| | | None | | |
| | Best verbal response | Oriented | | Endotracheal tube or tracheotomy = T |
| | | Confused | | |
| | | Inappropriate words | | |
| | | Incomprehensible sounds | | |
| | | None | | |
| | Best motor response | Obey commands | | Usually record the best arm response |
| | | Localise pain | | |
| | | Flexion to pain | | |
| | | Extension to pain | | |
| | | None | | |
| • | 1 | | 240 | 40 |
| | | | 230 | 39 |
| • | 2 | | 220 | 38 |
| | | | 210 | 37 |
| | 3 | | 200 | 36 |
| | | | 190 | 35 |
| | 4 | | 180 | 34 |
| | | | 170 | 33 |
| | | | 160 | 32 |
| | 5 | Blood pressure and pulse rate | 150 | 31 |
| | | | 140 | 30 |
| | 6 | | 130 | Temperature °C |
| | | | 120 | |
| | 7 | | 110 | |
| | | | 100 | |
| | 8 | | 90 | |
| | | | 80 | |
| Pupil scale (mm) | | | 70 | |
| | | | 60 | |
| | | | 50 | |
| | | | 40 | |
| | | | 30 | |
| | | Respiration | 20 | |
| | | | 10 | |
| Pupils | | right Size | | + reacts |
| | | right Reaction | | - no reaction |
| | | left Size | | c. eye closed |
| | | left Reaction | | |
| LIMB MOVEMENTS | ARMS | Normal power | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Spastic Flexion | | |
| | | Extension | | |
| | | No response | | |
| | LEGS | Normal power | | |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Extension | | |
| | | No response | | |

| Nursing Documentation | Initial |
|---|---|
| + not HA 2/ | |
| as previous leg | |
| 0715hrs. D/W Bed manager | |
| made aware of situation | |
| re no bed available 6 -> | |
| Senior surgeon states | |
| STILL TO go to ward 24, | |
| Dr. Marson not happy | |
| to send TO ward as | |
| close monitoring needed. | |
| Surgical Senior contacted | |
| and informed. Bed | |
| manager manger | |
| made aware | |
| 0730 Chest | |
| drain dressing | |
| well blood | |
| evident - | |
| hanging drain | |
| for a | |

Name & Status of Accompanying Adult .....

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

AFFIX

0412703297

O 'ROURKE
ALEXANDER

Sex:- M 04/12/1970

RATE OF FLOW (Drops/Min.) = VOL. of FLUID (ml) x 15 (ml) = 15 drops
(Standard Giving Set) Duration (mins)

APPROXIMATE RATE for 500 ml

1hr. = 120 drops/min. 6hr. = 22 drops/min.
4hr. = 30 drops/min. 8hr. = 15 drops/min.

| | PRESCRIPTION | | | | | | | | PREPARATION | | | | ADMINST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DATE | FLUID (use BLOCK LETTERS) | VOL. (ml) | ADDITIVE MEDICINE | DOSE (mg) | ROUTE of ADMIN. | DURn. of ADMIN. | PRESCRIBER'S SIGN | SERIAL OR BATCH No. | MEDICINE ADDED BY / CHECKED BY | TIME AND DATE ADDED | TIME BEGUN | ADMINST. BY |
| A | | NACL | 500mls | CAS Prochlorperazine | | IV | Stat | | | | | | SAS |
| B | 12/1 | DSAZONE | 500ml | | | IV | 24 | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

STY5387D

NHS
Greater Glasgow and Clyde

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| O'ROURKE | ALEXANDER | |

Date 14-9-8 Ward 24

| INTAKE 2700 | | | OUTPUT 845 | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| | | 0700 | 120 | | | | |
| 55 m/s Methadone. | | 09.00 | | | | | |

STY5226D

0412703297

# FLUID BALANCE CHART

urname

O 'ROURKE

ALEXANDER

Sex:- M

04/12/1970

Date .....

Unit No.

Ward A + E

| INTAKE | | | OUTPUT (Post drain) | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | ~~Aspir.~~ Ect | REMARKS |
| NaCl | 500mls SAS | 2200 | | | | | |
| | | 0080 | 230 | | | | Pt catheterised. |
| | | 0200 | 45 | | | 70mls | |
| | 100ml paracetamol | 0700 | | | | | |
| | 200ml w/Saline | 800 | | | | | |
| | 250ml Pabrinex | 9am | 100 | | | | |
| | | 10am | 120 | | | | |
| | 250mls Pabrinex | 1320 | | | | | |
| | Paracetamol 1 100mls | 14:00 | | | | | |
| | 100mls Paracetamol | 16: | | | | | |
| | | 2000 | 350 | | | | x1 BOTTLE |
| | 100mls Paracetamol | 2300 | | | | | |
| | 100mls Pabrinex | 2330 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 2700 | | 845 | | | | |

# ROYAL ALEXANDRA HOSPITAL

*Nursing Admission Assessment Form*

NHS Greater Glasgow and Clyde

ADMISSION TYPE: EMERGENCY ☑ ARRANGED ☐ DAY CASE ☐
(Tick box as appropriate)

## ADMISSION DETAILS

Title: Mr ☑ Mrs ☐ Miss ☐ Other: _____
Hosp No: 0412703297
Patient's Name: Alexander O'Rourke
Consultant: Mr Porteous
Address: 64 Dalskeith Rd
Paisley
Named Nurse: C Thomson
Date of Birth: 04-12-70 Age: 37
Occupation: unemployed
Date: 2-09-08 Time: 11:30
Religion: —
Admitting Ward: 24
1st: N.O.K./Contact: Anne O'Rourke
2nd: N.O.K./Contact:
Relationship:
Relationship:
Address:
Address:
Phone No: 0141-8895911
Phone No:
N.O.K. Informed of admission: Yes ☐ No ☑

## PATIENT MEDICAL SUMMARY

Reason for admission: abdo pain - stab wound to abdo
Patient's perception of illness:
Patient informed of diagnosis: Yes: ☐ Date: _____ No: ☐
Past medical history: previous IVDA - on methadone programme
nil else
Allergies: No: ☑ Yes: ☐ If Yes give details: NKDA
Information given by: Patient: ☑ Relative: ☐ Carer: ☐

## OBSERVATIONS

Temperature: 36·1 °C Pulse: 40 BPM
Urinalysis: neg
L.M.P: _____ B.M: _____ mmols
B.P: 123/68 mm/hg Resps: 14
Weight: _____ kg Height: _____ m
Waterlow Score: _____ $O_2$ Sats 97 % air

## MEDICATION

Not on Medication ☐
Drugs in Ward ☐
Drugs Taken Home ☐
No Drugs Brought In ☑

# ACTIVITIES OF DAILY LIVING

## HOME CIRCUMSTANCES/SOCIAL SUPPORT

Lives Alone ☐
Lives with Family ☑
Specify: girlfriend
Family Support ☑
Specify: mother
Type of Accommodation:
Specify: flat
Stairs: Internal ☐ External ☐
Nursing Home ☐
Residential Care ☐
Sheltered Housing ☐
District Nurse: ☐
Home Help: ☐
Services Cancelled: ☐
Other Services: ☐
Specify:

## NUTRITION

Normal Diet ☑
*Refer to dietician if any of the following are ticked*
Special Diet ☐
Difficulty Eating & Swallowing ☐
Recent Weight Changes ☐
Medical Disorders (e.g. Diabetes) ☐
Specify:

## BREATHING

No Symptoms ☑
Dyspnoeic on Minimal Exertion ☐
Dyspnoeic on Maximum Exertion ☐
Dyspnoeic at Rest ☐
Uses inhalers: Yes ☐ No ☑
Specify Type:
Peak Flow O/A

## SMOKING

Non Smoker ☐
Current Smoker ☑
Specify: 10 Per day
Ex Smoker ☐
Stopped: Ago

## MOBILITY

Fully Mobile & Independent ☑
Mobile with Aid ☐
Specify:
Limited Mobility ☐
Housebound ☐

## ELIMINATION

Bowels Regular ☑
Constipated ☐
Diarrhoea / Loose Stools ☐
Stoma: ☐
Colostomy ☐
Ileostomy ☐
Appliances Used:

Normal Micturition ☑
Previous UTI's ☐
Urinary Diversion ☐
Appliances Used:
Incontinent: ☐
Urine ☐ Faeces ☐ Both ☐
Day ☐ Night ☐ Stress ☐
Incontinence Aid: ☐
Specify:
Indwelling Catheter ☐
Type Used:

## SLEEP

Hours per Night: 8/9
Takes Night Sedation: No ☑ Yes ☐
Specify:

## MENTAL STATE

Alert & Orientated ☑
In Pain ☑
Anxious & Distressed ☐
Confused & Disorientated ☐
Night ☐ Day ☐
Agressive & Abusive ☐
Unconscious ☐
Other:

# ACTIVITIES OF DAILY LIVING

## SENSES / AIDS

- No Problems ☑
- Spectacles ☐
- Contact lenses ☐
- Hearing Impaired ☐
- Hearing Aid ☐
  - Right ☐ Left ☐
- Dentures ☐
  - Upper ☐ Lower ☐ Full Set ☐

## HYGIENE

- Self caring & Independent ☑
  - Bath ☐ Shower ☐
- Requires assistance ☐

Specify: _____

Detail below any specific problems relating to personal hygiene: _____

## ALCOHOL / SUBSTANCE ABUSE

Units of Alcohol per Week:

- None ☐
- Less Than 14 ☐
- 14 - 21 ☑ (3)
- Over 21 ☐

*(1 unit = 1 measure of spirits / half pint of beer or lager / 1 glass of wine)*

Substance Abuse:

- None ☑
- Oral ☐
- Intravenous ☐

Specify: _____

## TRUST / WARD POLICIES

Patient & Relatives aware of:

- Ward Layout ☑
- Nurse Call System ☑
- Named Nurse Concept ☑
- Non-Smoking Policy ☑
- Fire Policy ☑

## INFORMATION TO RELATIVES

Spoken to by: _____

Dates: _____

Spoken to by: _____

Dates: _____

Comments: _____

## INVESTIGATIONS

| Details | Dates |
|---|---|
| ECG | 2.9.08 |
| X-Rays | |
| U&E's | |
| FBC | |
| Sputum | |
| MSSU | |
| CSU | |
| Wound Swab | |
| Blood Cultures | |
| MRSA Screen | |
| Pregnancy Test | |
| | |

## REFERRALS

- Specialist Nurse ☐
  - Specify: _____ Date: _____
- Social Worker ☐
  - Date: _____
- Physiotherapist ☐
  - Date: _____
- Dietician ☐
  - Date: _____
- Occupational Therapist ☐
  - Date: _____
- Other ☐
  - Date: _____

Profile Completed by: S Graham Designation: SN

Signed: [signature] Date: 2/9/08

# ROYAL ALEXANDRA HOSPITAL

DISCHARGE TYPE: ELECTIVE ☐ TRANSFER ☐

| DISCHARGE PLANNING | | | |
|---|---|---|---|
| Boarding 1st 2nd 3rd | Signature | Time | Comments |
| Informed:<br>Ward ☐ ☐ ☐<br>Patient ☐ ☐ ☐<br>Relatives ☐ ☐ ☐ | | | |
| Date patient boarded:<br>1st: _____<br>2nd: _____<br>3rd: _____ | | | |

| DISCHARGE CHECKLIST | | | |
|---|---|---|---|
| Proposed discharge date: _____<br>Actual discharge date: _____ | | | |
| Medical consent ☐ | | | |
| Date discussed with patient: _____ | | | |
| Contact notified ☐ | | | |
| Transport:<br>Own ☐<br>Ambulance ☐ | | | |
| Ambulance ordered on: _____ | | | Type: _____<br>Code No: _____ |
| District Nurse form ☐ | | | |
| Practice Nurse form ☐ | | | |
| Home help ☐ | | | |
| Social Worker ☐ | | | |
| Discharge prescription ☐ | | | |
| Discharge letter ☐ | | | |
| Discharge dressings ☐ | | | |
| Patient information ☐ | | | |
| Valuables/Cashier ☐ | | | |
| Outpatient Follow-Up Appt ☐ | | | |

Hospital RAH

Ward 24

Surname O'Rourke

Forenames Alexander

Unit No

| Date | Progress / Evaluation | Signature |
|---|---|---|
| 2-9-08 | 55mLs Methadone given as prescribed. Patient is now | |
| 16.00 | requesting to leave ward for a cigarette. Told this is | |
| | not possible. Patient very angry regarding this issue. | |
| | Explained reasons behind this. Patient settled down. | C. Thomson |

STY5319D

Hospital .....

Ward .....

Surname [redacted] .....

Forename(s) [redacted] .....

..... [redacted] .....

Unit No .....

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

| Date | Progress / Evaluation | Signature |
|---|---|---|
| 2/9/08 | Pt admitted to A+E via emergency. attended a+e last night, then self discharged. re attended this am. ? assaulted on friday night, stabbed in abdo, intoxicated at time. ↑ swelling to abdo overnight. old blood noted on dressings. | |
| | Imp haematoma under wound | |
| | ? collection of pus | |
| | ? traumatic hernia | |
| | CXR - ° free air, nil else | |
| | plan nBM. | |
| | Abx | |
| | LSS | |
| | Senior C/V. | |
| | regular obs - bradycardia | |
| | D/W Medical SHO - marked sinus brady, nil else of note on ecg. | |
| | Pt orientated to ward. Pharmacist chasing up methadone prescription. | |
| | Pulse 40bpm o/a, temp ↓ 36.1°. | |
| 1600 | Patient very aggressive and rude as methadone not yet prescribed. Patient wishing to self-discharge. DR. Informed and Spoke with patient who States he will wait for his V/S. Venflon removed @ this point. | |
| 18.00 | Patient signed self discharge form. | |

STY5319D

Ple
CHI: 0412703297
RAH165288 04/12/1970 M
O'ROURKE ALEXANDER
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

NHS
Greater Glasgow and Clyde

# PATIENT CARE PLAN
## *CONFIDENTIAL*

HOSP: RAH DATE OF ADMISSION: 2/9/08 WARD: 24 CHART NO: (1)

**This care plan has been discussed and agreed with the patient and/or main carer Yes ☐ No ☐ Date.....**

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1. COMMUNICATING** | | | | | | | | | | | | |
| **GOAL: Promote good communication ☐ Minimise confusion ☐** | | | | | | | | | | | | |
| | Patient is unable to communicate appropriately due to: ..... ..... | Minimise noise levels | ☐ | | | | | | | | | |
| | | Note body language | ☐ | | | | | | | | | |
| | | Encourage verbalisation | ☐ | | | | | | | | | |
| | | Orientate to time/place/person | ☐ | | | | | | | | | |
| | | Utilise written communication *(e.g. pen/paper)* | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **2. MAINTAINING A SAFE ENVIRONMENT** | | | | | | | | | | | | |
| **GOAL: Reduce feelings of apprehension ☐ Prevention of injury ☐ Risk of injury is minimised ☐** | | | | | | | | | | | | |
| | Patient is restless in bed/climbing out of bed due to ..... ..... | Ensure cot bumpers are in situ | ☐ | | | | | | | | | |
| | | Ensure bed rails are secured and fully extended | ☐ | | | | | | | | | |
| | | Inform patient and relatives of reason behind the need for bed rails | ☐ | | | | | | | | | |
| | | Perform high risk patient assessment status | ☐ | | | | | | | | | |
| | | Ensure patient's buzzer is within patient's reach | ☑ | SG | 6/9 | | | | | | | |
| | | Place patient in best vantage point for observation | ☐ | | | | | | | | | |
| | | Inform patient and relatives of reason behind the removal of bed rails | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **3. SLEEPING** | | | | | | | | | | | | |
| **GOAL: Adequate sleeping requirements will be met ☐** | | | | | | | | | | | | |
| | Patient has difficulty sleeping due to ..... ..... | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **4. MOBILISING** | | | | | | | | | | | | |
| **GOAL: Prevention and/or early detection of complications of immobility ☐** | | | | | | | | | | | | |
| | A. Patient has reduced mobility due to<br>.....<br>..... | Assess risk of venostasis | ☐ | SG | 6/9 | | | | | | | |
| | | Measure and apply anti-embolic stockings *(if applicable)* | ☑ | | | | | | | | | |
| | | Encourage passive/active limb exercises | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Promote safe and effective mobility ☐** | | | | | | | | | | | | |
| | B. Assistance required with mobility due to<br>.....<br>..... | **Transfer Requirements:** | | | | | | | | | | |
| | | Assistance required with nurses | ☐ | | | | | | | | | |
| | | Walking stick x 1 | ☐ | | | | | | | | | |
| | | Walking stick x 2 | ☐ | | | | | | | | | |
| | | Crutches | ☐ | | | | | | | | | |
| | | Pulpit | ☐ | | | | | | | | | |
| | | Zimmer | ☐ | | | | | | | | | |
| | | Standing aid | ☐ | | | | | | | | | |
| | | Dextra Lift | ☐ | | | | | | | | | |
| | | Maxi Hoist | ☐ | | | | | | | | | |
| | | **Mobilising Requirements:** | | | | | | | | | | |
| | | Assistance required with nurses | ☐ | | | | | | | | | |
| | | Walking stick x 1 | ☐ | | | | | | | | | |
| | | Walking stick x 2 | ☐ | | | | | | | | | |
| | | Crutches | ☐ | | | | | | | | | |
| | | Pulpit | ☐ | | | | | | | | | |
| | | Zimmer | ☐ | | | | | | | | | |
| | | Standing aid | ☐ | | | | | | | | | |
| | | Dextra Lift | ☐ | | | | | | | | | |
| | | Maxi Hoist | ☐ | | | | | | | | | |
| **5. PERSONAL DRESSING AND CLEANSING** | | | | | | | | | | | | |
| **GOAL: All personal hygiene requirements will be met ☐ Promote and encourage independence ☐ Maintain privacy ☐** | | | | | | | | | | | | |
| | Patient is unable to maintain personal hygiene due to<br>.....<br>..... | Bed Bath *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Daily ☐ Twice Daily ☐ Other ☐ *Specify:* | | | | | | | | | | |
| | | Assisted Wash *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Daily ☐ Twice Daily ☐ Other ☐ *Specify:* | | | | | | | | | | |
| | | Assistance Req'd: | | | | | | | | | | |
| | | Assisted Shower/Immersion Bath | ☐ | | | | | | | | | |
| | | Daily ☐ Twice Daily ☐ Other ☐ *Specify:* | | | | | | | | | | |
| | | Assistance Req'd: | | | | | | | | | | |
| | | Independent and Self Caring | ☑ | SG | 6/9 | | | | | | | |
| | | Oral/Denture Care - *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Eye care - *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Nail care - *Please specify frequency:* | ☐ | | | | | | | | | |
| | | Podiatry referral | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTIO | INITIAL | RE D. | INITI | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **6 BREATHING** | | | | | | | | | | | |
| **GOAL: Early detection and treatment of deterioration in condition ☐ Safe and effective administration of oxygen ☐** | | | | | | | | | | | |
| | Patient unable to maintain adequate oxygenation due to: ..... ..... | Support patient's position for maximum expansion of chest ☐ | | | | | | | | | |
| | | Record respiration rate ☑ | SL | 6/9 | | | | | | | |
| | | *Specify frequency* 4 hourly | | | | | | | | | |
| | | Monitor & record $O_2$ saturation on observation chart ☑ | | | | | | | | | |
| | | *Specify frequency* 4 hourly | | | | | | | | | |
| | | Administer oxygen therapy as prescribed ☐ | | | | | | | | | |
| | | Maintain safety issues with oxygen delivery ☐ | | | | | | | | | |
| | | Encourage deep breathing exercises ☐ | | | | | | | | | |
| | | Encourage coughing & expectoration ☐ | | | | | | | | | |
| | | Note colour, amount & consistency of sputum ☐ | | | | | | | | | |
| | | Administer mouth and nasal care *(where applicable)* ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| **7 CONTROLLING BODY TERMPERATURE (AND HAEMODYNAMICS)** | | | | | | | | | | | |
| **GOAL: Early detection and treatment of haemodynamic instability ☐** | | | | | | | | | | | |
| | A. Patient potentially haemodynamically unstable due to: ..... ..... | Monitor and record blood pressure ☑ | SL | 6/9 | | | | | | | |
| | | *Specify frequency* 4 hourly | | | | | | | | | |
| | | Monitor and record pulse ☑ | | | | | | | | | |
| | | *Specify frequency* 4 hourly | | | | | | | | | |
| | | Inform medical staff of any significant changes ☑ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| **GOAL: Early detection and treatment of any dysrhythmias ☐** | | | | | | | | | | | |
| | B. Patient has potential for cardiac dysrhythmias due to: ..... ..... | Monitor ECG continuously ☐ | | | | | | | | | |
| | | Maintain integrity of ECG electrodes ☐ | | | | | | | | | |
| | | Record rate & rhythm in appropriate chart ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | |
| | | Inform medical staff of any significant changes ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| **GOAL: Early detection and treatment of high temperature disturbance ☐** | | | | | | | | | | | |
| | C. Patient has high temperature disturbance due to: ..... ..... | **PYREXIA** ☐ | | | | | | | | | |
| | | Monitor tympanic/peripheral temperature ☑ | SL | 6/9 | | | | | | | |
| | | *Specify frequency* 4 hourly | | | | | | | | | |
| | | Administer tepid sponge therapy *(if appropriate)* ☐ | | | | | | | | | |
| | | Obtain blood cultures if temp ≥ 38°C ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
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| **7. CONTROLLING BODY TEMPERATURE (AND HAEMODYNAMICS CONT)** | | | | | | | | | | | | |
| **GOAL: Early detection and treatment of low temperature disturbance** ☐ | | | | | | | | | | | | |
| | D. Patient has low temperature disturbance due to: ..... ..... | **HYPOTHERMIA** | ☐ | | | | | | | | | |
| | | Monitor tympanic/peripheral temperature | ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | | |
| | | Apply blankets/duvet | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Safe & effective use and care of central line** ☐ | | | | | | | | | | | | |
| | Patient requires central venous access due to: ..... ..... | Explain procedure to patient | ☐ | | | | | | | | | |
| | | Care of central line as per unit policy | ☐ | | | | | | | | | |
| | | Inform medical staff of any significant changes | ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **8. EATING AND DRINKING** | | | | | | | | | | | | |
| **GOAL: Maintain hydration** ☐ **Early detection and treatment of dehydration** ☐ **Safe and effective administration of IV fluids** ☐ | | | | | | | | | | | | |
| | A. Patient unable to meet own hydration requirements due to: ..... ..... | Encourage oral fluids | ☐ | | | | | | | | | |
| | | Encourage fluids by: | | | | | | | | | | |
| | | Type of fluid to be encouraged: | | | | | | | | | | |
| | | Restricted fluids: 30ml ☐ 60ml ☐ Other ☐ | | | | | | | | | | |
| | | *(Please specify)* | ☐ | | | | | | | | | |
| | | Explain cannulation procedure to patient | ☑ | SG | 6/9 | | | | | | | |
| | | Adhere to insertion and maintenance of peripheral venous cannula policy | ☑ | | | | | | | | | |
| | | Initiate IV Access Device record | ☑ | | | | | | | | | |
| | | Record in fluid balance chart | ☑ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Maintain oral hygiene** ☐ **Assess mouth status – refer to mouth guidelines** | | | | | | | | | | | | |
| | B. Patient fasting for following procedure 2.4.15 ..... | **FAST FROM:** Date: 2/4/08 Time: am | | | | | | | | | | |
| | | Nil by mouth | ☑ | SG | 6/9 | | | | | | | |
| | | Offer mouthwashes | ☑ | | | | | | | | | |
| **GOAL: Early detection and treatment of nutritional deficiencies** ☐ | | | | | | | | | | | | |
| | C. Patient unable to meet own nutritional requirements due to ..... ..... | Complete nutritional risk score on admission | ☐ | | | | | | | | | |
| | | Reassess risk score weekly if condition changes | ☐ | | | | | | | | | |
| | | Refer to dietitian *(if required)* | ☐ | | | | | | | | | |
| | | Assist with meals *(e.g cutting of food)* | ☐ | | | | | | | | | |
| | | Monitor swallowing abilities | ☐ | | | | | | | | | |
| | | Refer to SALT *(if required)* | ☐ | | | | | | | | | |
| | | Specialist diet | ☐ | | | | | | | | | |
| | | *Please Specify* | | | | | | | | | | |

**ADULTS ≥ 18 YEARS**

# Nutrition Risk Score

*Complete **ON ADMISSION AND WEEKLY** if patient's condition changes*

| | DATE | HEIGHT (CM) | WEIGHT (KG) | BMI | COMMENTS |
|---|---|---|---|---|---|
| **On Admission:** | | | | | |
| **Week 1:** | | | | | |
| **Week 2:** | | | | | |
| **Week 3:** | | | | | |
| **Week 4:** | | | | | |

**A. Please circle relevant score** **B. Only select one score from each section** **C. Select the highest score that applies**

| | | SCORE | | |
|---|---|---|---|---|
| | | On Admission | Reassessment | |
| **1** | **WEIGHT LOSS IN LAST 3 MONTHS (unintentional)** | | | |
| | ▪ No weight loss | 0 | 0 | 0 |
| | ▪ 0 – 3 kg weight loss | 1 | 1 | 1 |
| | ▪ 3 – 6 kg weight loss | 2 | 2 | 2 |
| | ▪ 6 kg or more | 3 | 3 | 3 |
| **2** | **BMI - BODY MASS INDEX** | | | |
| | ▪ 20 or more | 0 | 0 | 0 |
| | ▪ 18 or 19 | 1 | 1 | 1 |
| | ▪ 15 – 17 | 2 | 2 | 2 |
| | ▪ Less than 15 | 3 | 3 | 3 |
| **3** | **APPETITE** | | | |
| | ▪ Good appetite, manages most of 3 meals / day (or equivalent) | 0 | 0 | 0 |
| | ▪ Poor appetite, poor intake – leaving > half of meals provided (or equivalent) | 2 | 2 | 2 |
| | ▪ Appetite nil or virtually nil, unable to eat, NBM (for > 4 meals) | 3 | 3 | 3 |

| | | SCORE | | | |
|---|---|---|---|---|---|
| 4 | **ABILITY TO EAT / RETAIN FOOD / STATE OF HYDRATION** | | | | |
| | ▪ No difficulties eating, able to eat independently/ tolerating enteral feeds. No diarrhoea or vomiting / well hydrated | 0 | 0 | 0 | 0 |
| | ▪ Problems handling food e.g. needs special cutlery. Vomiting / frequent regurgitation (or possetting) mild diarrhoea | 1 | 1 | 1 | 1 |
| | ▪ Difficulty swallowing, requiring modified consistency. Problems with dentures, affecting food intake. Problems with chewing, affecting food intake. Problems tolerating enteral feeds. Moderate vomiting and / or diarrhoea (1-2 / day). Needs help with feeding (e.g. physical handicap). | 2 | 2 | 2 | 2 |
| | ▪ Unable to take food orally. Unable to swallow (complete dysphagia). Severe vomiting and / or diarrhoea (>2 / day). Malabsorption, Dehydrated. | 3 | 3 | 3 | 3 |
| 5 | **STRESS FACTOR** | | | | |
| | ▪ **No Stress Factor -** (includes admission for investigation only) | 0 | 0 | 0 | 0 |
| | ▪ **Mild -** Minor surgery. Minor infection. CVA | 1 | 1 | 1 | 1 |
| | ▪ **Moderate -** Chronic disease, major surgery, infections, fractures, pressure sores/ulcers, inflammatory bowel disease. Other gastrointestinal disease | 2 | 2 | 2 | 2 |
| | ▪ **Severe -** Multiple injuries, multiple fractures/burns, multiple deep pressure sores/ulcers, severe sepsis, carcinoma / malignant disease. | 3 | 3 | 3 | 3 |
| | **SCORE TOTALS** | | | | |

| | | |
|---|---|---|
| **SCORE 0 – 3 LOW RISK** | **ACTION**<br>▪ No action necessary<br>▪ Check weight weekly | |
| **SCORE 4 – 5 NEEDS MONITORING** | **ACTION**<br>▪ Check weight weekly<br>▪ Encourage eating & drinking<br>▪ Replace missed meals with snacks e.g. sandwiches, crackers/cheese, pancakes, yoghurts, full cream milk<br>▪ Record patients dietary intake on food diet chart<br>▪ Repeat score after one week (ask medical staff to refer patient to dietitian if no improvements) | |
| **SCORE 6 – 15 HIGH RISK** | | **ACTION**<br>▪ Refer patient to dietitian |

**ALSO REFER TO DIETITIAN IF:**

- The patient needs a special diet not available on normal menu
- The patient needs advice about a special diet
- Patient needs a theraputic diet not available on the normal menu
- The patients needs specific advice (as requested by medical staff

Contact the catering department if : The patient is following a special diet e.g Halal/vegetarian

| DATE COMM | PATIENT'S PROBLEM (S) | ACTI | INITIAL | RE D | INITI | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **GOAL: Maintain blood sugar levels within normal limits ☐** | | | | | | | | | | | |
| | D. Patient may have blood sugar problems due to ..... ..... | Check blood sugar levels ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | |
| | | Check urinalysis ☐ | | | | | | | | | |
| | | *Specify frequency* | | | | | | | | | |
| | | Record results in diabetic chart ☐ | | | | | | | | | |
| | | Refer to Diabetic Nurse Specialist ☐ | | | | | | | | | |
| **9: ELIMINATING** | | | | | | | | | | | |
| **GOAL: Early detection and treatment of reduced urinary output ☐ Maintain urinary continence and skin integrity ☐ Safe and effective care of indwelling catheter ☐ Prevention and treatment of urinary infection ☐** | | | | | | | | | | | |
| | A. Patient has reduced urinary output due to ..... ..... | Maintain adequate fluid balance ☐ | | | | | | | | | |
| | | Observe for signs of urinary retention, infection ☐ | | | | | | | | | |
| | | Insertion of urinary catheter ☐ | | | | | | | | | |
| | | Catheter type: / Catheter size | | | | | | | | | |
| | | Balloon size: / $H_2O$ in balloon: | | | | | | | | | |
| | | *Comments:* | | | | | | | | | |
| | B. Catheterised due to: ..... ..... | Date inserted: / Due changed: | | | | | | | | | |
| | | Serial No: | | | | | | | | | |
| | | Observe urinary output ☐ | | | | | | | | | |
| | | Hourly ☐ 4hrly ☐ Free drainage ☐ | | | | | | | | | |
| | C. Patient has dysfunctional bladder problems due to ..... ..... | Catheter hygiene ☐ | | | | | | | | | |
| | | Adhere to hospital indwelling catheter policy ☐ | | | | | | | | | |
| | | Educate patient about self-catheter care *(if applicable)* ☐ | | | | | | | | | |
| | | Send MSSU or CSU to microbiology ☐ | | | | | | | | | |
| | | Remove catheter ☐ | | | | | | | | | |
| | | Complete voiding trial and record outcome ☐ | | | | | | | | | |
| | | Bladders scan to be performed on _____ ☐ | | | | | | | | | |
| | | Observe post residual volumes ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| **GOAL: Regain regular bowel pattern ☐ Maintain bowel continence and skin integrity ☐** | | | | | | | | | | | |
| | D. Patient has dysfunctional bowel problems due to ..... ..... | **CONSTIPATION** | | | | | | | | | |
| | | Encourage oral fluids to maintain hydration ☐ | | | | | | | | | |
| | | Encourage high fibre nutritional input ☐ | | | | | | | | | |
| | | Offer oral aperients/suppositories/enema *(if applicable)* ☐ | | | | | | | | | |
| | | Record bowel function on observation chart ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | **DIARRHOEA** | | | | | | | | | |
| | | Encourage oral fluids to maintain hydration ☐ | | | | | | | | | |
| | | Observe consistency of diarrhoea ☐ | | | | | | | | | |
| | | Send stool sample to microbiology ☐ | | | | | | | | | |
| | | Adhere to hospital infection control policy *(if applicable)* ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
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| **GOAL: Safe and effective care of NG tube** ☐ | | | | | | | | | | | | |
| | E. Patient has nasogastric (NG) tube in situ due to<br>.....<br>..... | Ensure tube is secured and supported for safety and comfort | ☐ | | | | | | | | | |
| | | Carry out nasal care *(as required)* | ☐ | | | | | | | | | |
| | | Observe site for breakdown of skin integrity | ☐ | | | | | | | | | |
| | | Monitor and record the colour, amount and type of drainage | ☐ | | | | | | | | | |
| | | Inform medical staff of significant changes in drainage | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Safe and effective care of stoma** ☐ | | | | | | | | | | | | |
| | A. Patient has stoma due to<br>.....<br>..... | Ensure stoma bag is secured and supported for safety and comfort | ☐ | | | | | | | | | |
| | | Carry out stoma care *(as required)* | ☐ | | | | | | | | | |
| | | Observe site for breakdown of skin integrity | ☐ | | | | | | | | | |
| | | Observe integrity of stoma | ☐ | | | | | | | | | |
| | | Monitor and record the colour, amount and type of drainage | ☐ | | | | | | | | | |
| | | Inform medical staff of significant changes in either stoma or stoma drainage | ☐ | | | | | | | | | |
| | | Give patient emotional support and reassurance | ☐ | | | | | | | | | |
| | | Offer patient education literature *(if applicable)* | ☐ | | | | | | | | | |
| | | Liase with Colorectal Nurse Specialist *(as required)* | ☐ | | | | | | | | | |
| | | Liase with Stoma Nurse Specialist *(as required)* | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **GOAL: Adequate bowel preparation** ☐ | | | | | | | | | | | | |
| | B. Patient requires bowel prep prior to<br>.....<br>..... | Administer suppositories as prescribed | ☐ | | | | | | | | | |
| | | Administer _____ enema as prescribed | ☐ | | | | | | | | | |
| | | Administer bowel washout as prescribed | ☐ | | | | | | | | | |
| | | Administer Picolax as prescribed | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| **10 WOUND CARE** | | | | | | | | | | | | |
| **GOAL:** | | | | | | | | | | | | |
| | A. Patient has wound due to<br>Stab wound<br>to abdo | Complete wound management chart | ☐ | | | | | | | | | |
| | | Liase with Tissue Viability Nurse *(as necessary)* | ☐ | | | | | | | | | |
| | | Inform medical staff of any deterioration | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |
| | | | ☐ | | | | | | | | | |

| DATE COMM | PATIENT'S PROBLEM (S) | ACTIO | INITIAL | REVI DA | INITI | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
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| **10. WOUND CARE (CONT)** | | | | | | | | | | | |
| **GOAL:** | **Promote wound healing** ☐ | **Early detection and treatment of wound deterioration** ☐ | **Safe and secure care of wound drain** ☐ | | | | | | | | |
| | B. Patient has wound drain in situ due to ..... ..... | Ensure drain is positioned to facilitate drainage ☐ | | | | | | | | | |
| | | Ensure drain is secure and positioned safely and comfortably ☐ | | | | | | | | | |
| | | Monitor and record colour, type & amount of drainage ☐ | | | | | | | | | |
| | | Inform medical staff of significant changes in drainage ☐ | | | | | | | | | |
| | | Redress site as appropriate ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| **11. INDIVIDUAL PATIENT CENTRED PROBLEMS** | | | | | | | | | | | |
| **A. GOAL:** | | | | | | | | | | | |
| | A. | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
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| | | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
| **B. GOAL:** | | | | | | | | | | | |
| | B | ☐ | | | | | | | | | |
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| **C. GOAL:** | | | | | | | | | | | |
| | C. | ☐ | | | | | | | | | |
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| 11. INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT). | | | | | | | | | | | | |
| D. GOAL: | | | | | | | | | | | | |
| | D. | | ☐ | | | | | | | | | |
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| E. GOAL: | | | | | | | | | | | | |
| | E. | | ☐ | | | | | | | | | |
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| F. GOAL: | | | | | | | | | | | | |
| | F. | | ☐ | | | | | | | | | |
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| G. GOAL: | | | | | | | | | | | | |
| | G. | | ☐ | | | | | | | | | |
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| DATE COMM | PATIENT'S PROBLEM (S) | ACTI | INITIAL | RI N DATE | INITI | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
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| 11. INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT) | | | | | | | | | | | |
| H. GOAL: | | | | | | | | | | | |
| | H. | ☐ | | | | | | | | | |
| | | ☐ | | | | | | | | | |
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| I. GOAL: | | | | | | | | | | | |
| | I. | ☐ | | | | | | | | | |
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| J. GOAL: | | | | | | | | | | | |
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| K. GOAL: | | | | | | | | | | | |
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| DATE COMM | PATIENT'S PROBLEM (S) | ACTION | | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | REVIEW DATE | INITIAL | DATE DISC | INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 INDIVIDUAL PATIENT CENTRED PROBLEMS (CONT) | | | | | | | | | | | | |
| L. GOAL: | | | | | | | | | | | | |
| | L. | | ☐ | | | | | | | | | |
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| M. GOAL: | | | | | | | | | | | | |
| | M. | | ☐ | | | | | | | | | |
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***PLEASE COMPLETE THIS SECTION IF YOU ARE A TEMPORARY MEMBER OF STAFF AND HAVE AMENDED THIS CARE PLAN***

| DATE | FULL NAME (Please Print) | DESIGNATION (e.g. Bank Nurse, Agency Nurse) | SAMPLE SIGNATURE | SAMPLE INITIALS |
|---|---|---|---|---|
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# PRESCRIPTION FORM

Hospital Name: .....

## PATIENT DETAILS

| | |
|---|---|
| Name: Alexander O'Rourke | Height: |
| Hospital Number: 0412703297 | Weight: |
| DOB: 04112170 | Surface area: |
| Date of Admission: 2/9/8 | Date of writing discharge prescription: __/__/__ |
| Consultant Name: Parneau's | Ward: 24 |
| Date and time this form prepared: __/__/__ Time:_____ | Sheet No ..... |
| 2nd Prescription in use Yes or NO | |

## DRUG SENSITIVITIES

NKDA.

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

## OTHER CHARTS IN USE

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

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF DOCTOR | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PATIENT'S NAME:

ADMINISTRATION

## Parenteral Drugs: Regular Prescription

DATE → 7
MONTH → 9

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

**A** DRUG: Clexane

| DOSE | ROUTE | DATE | STOPPED DATE: |
|---|---|---|---|
| 20mg | SC | 2/9/18 | STOPPED INITIALS: |

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

1600-1800: 35

FOR DOCTORS USE ONLY

**B** DRUG: TEDS

| DOSE | ROUTE | DATE | STOPPED DATE: |
|---|---|---|---|
| 1 pair | | 2/9/18 | STOPPED INITIALS: |

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

1200-1400: SC
1600-1800: SC

FOR DOCTORS USE ONLY

**C** DRUG: Amoxicillin

| DOSE | ROUTE | DATE | STOPPED DATE: |
|---|---|---|---|
| 1gm | IV | 2/9/18 | STOPPED INITIALS: |

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

1200-1400: SC

FOR DOCTORS USE ONLY

**D** DRUG: Metronidazole

| DOSE | ROUTE | DATE | STOPPED DATE: |
|---|---|---|---|
| 500mg | IV | 2/9/18 | STOPPED INITIALS: |

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

1200-1400: SC

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

## Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

**E** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**F** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**G** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**H** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE → 2
MONTH → 09

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

**J** DRUG: AMITRYPTILLINE
DOSE: 50ms | ROUTE: PO | DATE: 02/09/08 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

**K** DRUG: RANITIDINE
DOSE: 150ms | ROUTE: PO | DATE: 02/09/08 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

**L** DRUG: Methadone
DOSE: 55ml | ROUTE: PO | DATE: 2/9/08 | STOPPED DATE: | INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: confirmed with CP
FOR DOCTORS USE ONLY

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

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**N** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

**P** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

**R** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

**S** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

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

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

PATIENT'S NAME:

## Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →
MONTH →

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

**T** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**V** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**W** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**X** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

**Y** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**AA** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**BB** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**CC** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

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

PATIENT'S NAME:

**All Routes: As Required Prescriptions**

ADMINISTRATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MM** DRUG: Paracetamol | STOPPED DATE: / INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOSE: 1gram | ROUTE: PO/IV | INDICATION: Pain | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: MAX 6° | DATE: 2/9/18 | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NN** DRUG: Cyclizine | STOPPED DATE: / INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOSE: 50mg | ROUTE: PO/IV | INDICATION: NTV | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: MAX 8° | DATE: 2/9/18 | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PP** DRUG: | STOPPED DATE: / INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOSE: | ROUTE: | INDICATION: | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE: | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RR** DRUG: | STOPPED DATE: / INITIALS: | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOSE: | ROUTE: | INDICATION: | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE: | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | GIVEN BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

| | | |

# Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

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

## DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: 2/9/8

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF NURSE | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Notes for Users

FOR DOCTORS:

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

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

   Units: **to be written in full.**

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

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

FOR NURSES:

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

## Codes for Non-Administration of Drugs

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

Ver 7, 07/2005

0412703297

O 'ROURKE
ALEXANDER

Sex:- M | 04/12/1970

# PATIENT OBSERVATION CHART
## (Adult)

Ward: E.D. Date of Admission: 1/9/08 Chart No:

**Patient Assessment Tool**
**MODIFIED EARLY WARNING SYSTEM (MEWS) INDICATORS**

| SCORE | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|
| Pulse | | ≤ 40 bpm | 41- 50 bpm | 51-100 bpm | 101-110 bpm | 111-130 bpm | ≥ 131 bpm |
| Respiratory Rate | | ≤ 8 | | 9-14 | 15-20 | 21-29 | ≥ 30 |
| Temp | | ≤ 35 °C | 35.1- 36°C | 36.1-38°C | 38.1- 38.5°C | ≥ 38.6°C | |
| AVPU Score | UNRESPONSIVE | RESPONDS TO PAIN | RESPONDS TO VOICE | ALERT | NEW AGITATION/ CONFUSION | | |
| Urinary Output | ≤ 10 ml/hr in 2hrs | ≤ 30 ml/hr in 2hrs | | | | | |
| Systolic BP | ≤ 70 | 71 – 80 | 81 – 100 | 101 – 140 | 141 – 199 | ≥ 200 | |
| Initial Assessment | If the patient scores ≥ 3 in any group | | If the patient's score deteriorates by 2 points or more | | If GCS drops by 2 points or more regardless of other observations | | |

## WATERLOW PRESSURE SORE PREVENTION RISK ASSESSMENT CHART

*If score > 10 – Complete the Appropriate Tissue Viability Pressure Sore Chart*

| Build/Weight | | Skin Type / Visual Risk Areas | | Sex/Age | | Special Risks / Tissue Malnutrition | |
|---|---|---|---|---|---|---|---|
| Average | 0 | Healthy | 0 | Male | 1 | e.g. Terminal cachexia | 8 |
| Above Average | 1 | Tissue paper | 1 | Female | 2 | Cardiac Failure | 5 |
| Obese | 2 | Dry | 1 | 14 – 49 | 1 | Peripheral Vascular Disease | 5 |
| Below Average | 3 | Oedematous | 1 | 50 – 64 | 2 | Anaemia | 2 |
| **Continence** | | Clammy (Pyrexia) | 1 | 65 – 74 | 3 | Smoking | 1 |
| Complete | | Discoloured | 2 | 75 – 80 | 4 | **Neurological Deficit** | |
| Catheterised | 0 | Broken / Spot | 3 | 81+ | 5 | e.g. Diabetes / Multiple Sclerosis / | 4 - 6 |
| Occasionally incontinent | 1 | **Mobility** | | **Appetite** | | CVA / Motor or sensory paraplegia | |
| Cath / Incont of faeces | 2 | Fully | 0 | Average | 0 | **Major Surgery / Trauma** | |
| Doubly incontinent | 3 | Restless / Fidgety | 1 | Poor | 1 | Orthopaedic – below waist, spinal | 5 |
| | | Apathetic | 2 | NG tube / Fluids | 2 | On table > 12hrs | 5 |
| | | Restricted | 3 | only / NBM | | **Medication** | |
| | | Inert / Traction | 4 | Anorexic | 3 | Cytotoxics / High dose steroids / Anti-inflammatory | 4 |
| | | Chair bound | 5 | | | | |

**PATIENT'S INITIAL WATERLOW SCORE =**

**RISK SCORE: - 10+ = AT RISK 15+ = HIGH RISK 20+ = VERY HIGH RISK**

## SCORING REFERENCES

**Pain Score**

- **Score 0 =** No pain at rest / No pain on movement
- **Score 1 =** No pain at rest / Slight pain on movement
- **Score 2 =** Intermittent pain at rest / Moderate pain on movement
- **Score 3 =** Continuous pain at rest / Severe pain on movement

**Sedation Score**

- **Score 0 -** None (Patient alert)
- **Score 1 -** Mild (occasionally drowsy, easy to arouse)
- **Score 2 -** Moderate (frequently drowsy, easy to arouse)
- **Score 3 -** Severe (somnolent, difficult to arouse)
- **Score S -** Sleep (normal sleep, easy to arouse)

**AVPU Score**

If a patient scores 2 or 3 then commence a Neuro chart

**Nausea Score**

- **Score 0 =** None
- **Score 1 =** Mild (not distressing, no retching/vomiting
- **Score 2 =** Moderate (troublesome, occasional retching/vomiting)
- **Score 3 =** Severe (distressing, frequent retching/vomiting)

**Normal Bowel Score**

**Frequency: -** > 1 daily ☐ Daily ☐ 1-3 days ☐ 3-4 days ☐ 5-6 days ☐ Once weekly ☐

**Continence: -** Continent ☐ Incontinent ☐

**Bristol Bowel Motion Score**

- **Type 1 =** Separate hard lumps, hard to pass
- **Type 2 =** Sausage shape and lumpy
- **Type 3 =** Sausage shape with cracks on surface
- **Type 4 =** Sausage shape, smooth & soft
- **Type 5 =** Soft blobs with clear cut edges
- **Type 6 =** Fluffy pieces with ragged edges
- **Type 7 =** Watery stool, no solid pieces

**CIWA Regime**

Start CIWA Regime: if alcohol consumption ≥ 21units/wk (Female) ≥ 28units/wk (Male)

## URINALYSIS RECORD

| Date | Time | PH | Blood | Protein | Urobilinogen | Bilirubin | Glucose | Ketones | S.G | HCG |
|---|---|---|---|---|---|---|---|---|---|---|
| 1-9-08 | 22.35 | | | +trace | 8- | + | | +++ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Date: 01/09/08

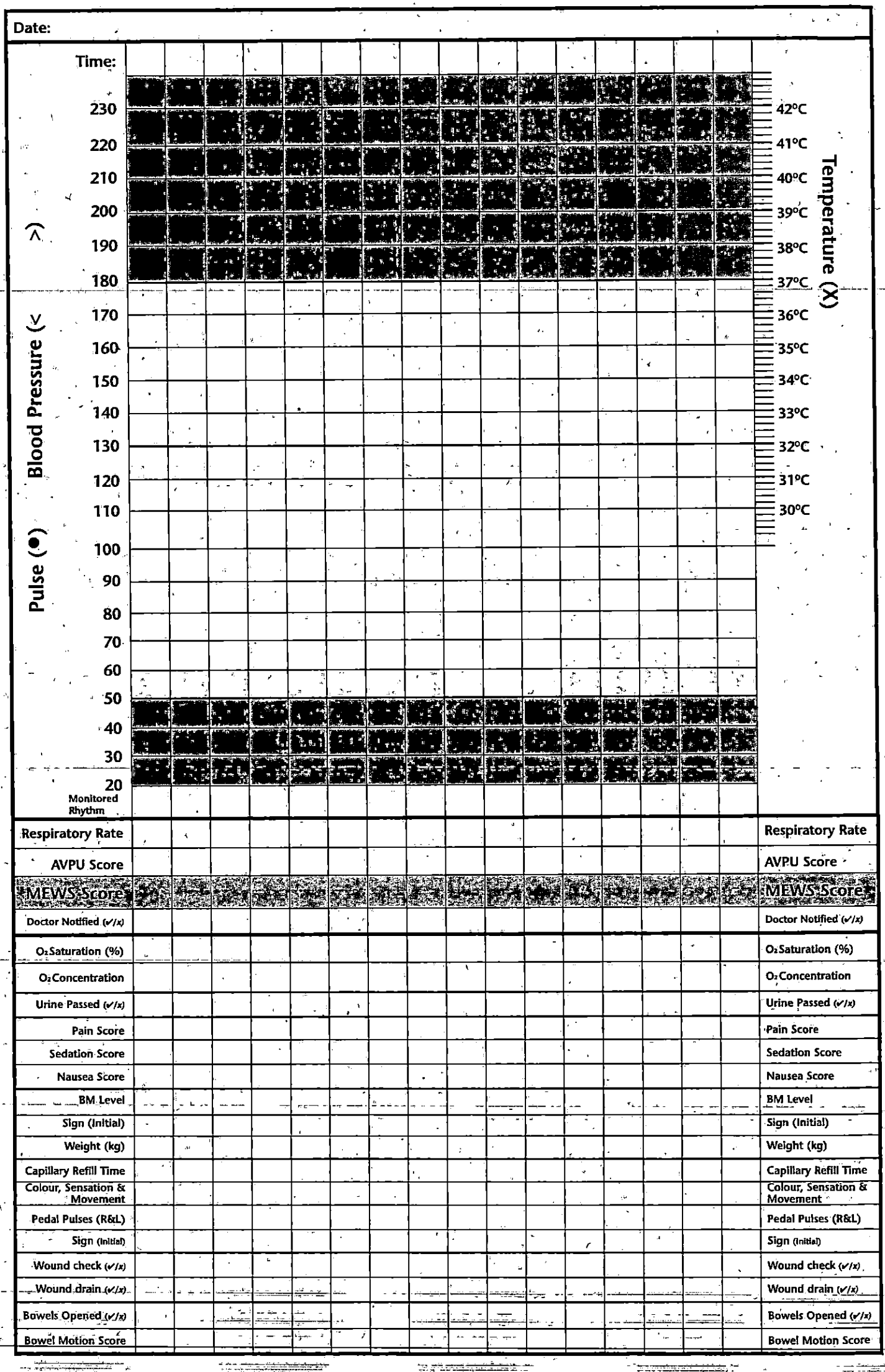
Time: 2130

Blood Pressure (>) / Pulse (•) / Temperature (X)

| | |
|---|---|
| 230 | 42°C |
| 220 | 41°C |
| 210 | 40°C |
| 200 | 39°C |
| 190 | 38°C |
| 180 | 37°C |
| 170 | 36°C |
| 160 | 35°C |
| 150 | 34°C |
| 140 | 33°C |
| 130 | 32°C |
| 120 | 31°C |
| 110 | 30°C |
| 100 | |
| 90 | |
| 80 | |
| 70 | |
| 60 | |
| 50 | |
| 40 | |
| 30 | |
| 20 | |

Monitored Rhythm

| | | |
|---|---|---|
| Respiratory Rate | 12 | Respiratory Rate |
| AVPU Score | 0 | AVPU Score |
| MEWS Score | 0 | MEWS Score |
| Doctor Notified (✓/x) | | Doctor Notified (✓/x) |
| O₂ Saturation (%) | 99 | O₂ Saturation (%) |
| O₂ Concentration | 4L | O₂ Concentration |
| Urine Passed (✓/x) | | Urine Passed (✓/x) |
| Pain Score | | Pain Score |
| Sedation Score | | Sedation Score |
| Nausea Score | | Nausea Score |
| BM Level | | BM Level |
| Sign (Initial) | DSG | Sign (Initial) |
| Weight (kg) | | Weight (kg) |
| Capillary Refill Time | | Capillary Refill Time |
| Colour, Sensation & Movement | | Colour, Sensation & Movement |
| Pedal Pulses (R&L) | | Pedal Pulses (R&L) |
| Sign (Initial) | | Sign (Initial) |
| Wound check (✓/x) | | Wound check (✓/x) |
| Wound drain (✓/x) | | Wound drain (✓/x) |
| Bowels Opened (✓/x) | | Bowels Opened (✓/x) |
| Bowel Motion Score | | Bowel Motion Score |


Date:
Time:
Blood Pressure (<)
Pulse (●)
Temperature (X)
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
Monitored Rhythm
42°C
41°C
40°C
39°C
38°C
37°C
36°C
35°C
34°C
33°C
32°C
31°C
30°C
Respiratory Rate
AVPU Score
MEWS Score
Doctor Notified (✓/x)
O2 Saturation (%)
O2 Concentration
Urine Passed (✓/x)
Pain Score
Sedation Score
Nausea Score
BM Level
Sign (Initial)
Weight (kg)
Capillary Refill Time
Colour, Sensation & Movement
Pedal Pulses (R&L)
Sign (Initial)
Wound check (✓/x)
Wound drain (✓/x)
Bowels Opened (✓/x)
Bowel Motion Score

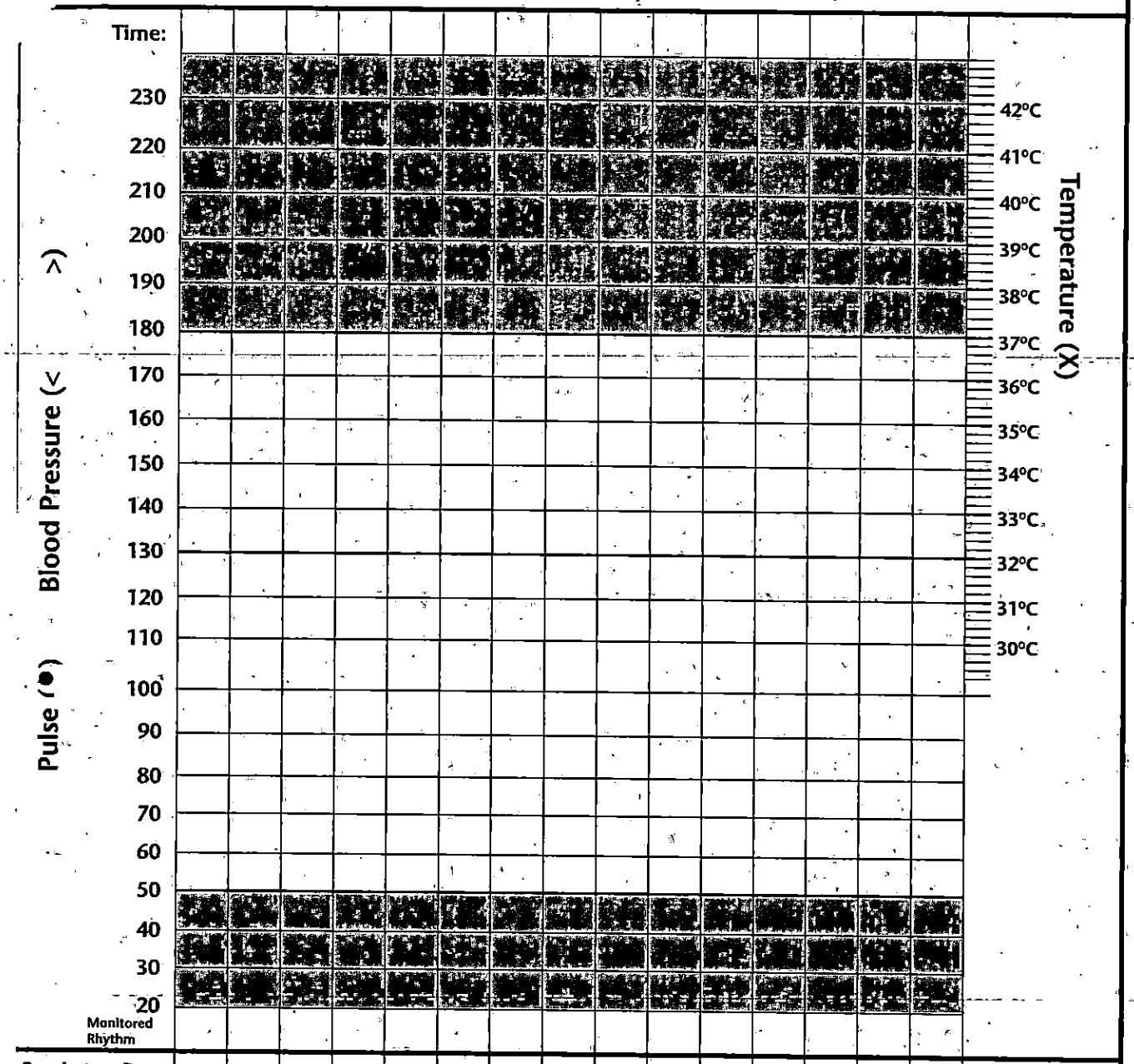
# PERIPHERAL I.V. ACCESS RECORD SHEET

***The condition of the site should be assessed and documented below every 6-8 hours***
***N.B VENFLON SHOULD BE REMOVED IF NOT IN USE***

**REASON FOR INSERTION:**
**A** = Cardiac chest pain
**B** = Potential for patient requiring resuscitation
**C** = Administration of drugs/fluids/blood products

| Reason for Insertion | Date of Insertion | Site of Insertion | Name of Person Inserting Device | Patency of Device | Status of Dressing | Date/Time Device Assessed | Assessed by (Initials) | Date & Reason for Removal of Device | Name of Person Removing Device |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
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| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |

- **Abnormalities include pain, erythema, phlebitis and sign of infection**
- **Patency: Able to infuse of inject freely into the cannula without meeting resistance, and with no evidence of tissuing**




| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Respiratory Rate | | | | | | | | | | | | | | | Respiratory Rate |
| AVPU Score | | | | | | | | | | | | | | | AVPU Score |
| MEWS Score | | | | | | | | | | | | | | | MEWS Score |
| Doctor Notified (✓/x) | | | | | | | | | | | | | | | Doctor Notified (✓/x) |
| $O_2$ Saturation (%) | | | | | | | | | | | | | | | $O_2$ Saturation (%) |
| $O_2$ Concentration | | | | | | | | | | | | | | | $O_2$ Concentration |
| Urine Passed (✓/x) | | | | | | | | | | | | | | | Urine Passed (✓/x) |
| Pain Score | | | | | | | | | | | | | | | Pain Score |
| Sedation Score | | | | | | | | | | | | | | | Sedation Score |
| Nausea Score | | | | | | | | | | | | | | | Nausea Score |
| BM Level | | | | | | | | | | | | | | | BM Level |
| Sign (Initial) | | | | | | | | | | | | | | | Sign (Initial) |
| Weight (kg) | | | | | | | | | | | | | | | Weight (kg) |
| Capillary Refill Time | | | | | | | | | | | | | | | Capillary Refill Time |
| Colour, Sensation & Movement | | | | | | | | | | | | | | | Colour, Sensation & Movement |
| Pedal Pulses (R&L) | | | | | | | | | | | | | | | Pedal Pulses (R&L) |
| Sign (Initial) | | | | | | | | | | | | | | | Sign (Initial) |
| Wound check (✓/x) | | | | | | | | | | | | | | | Wound check (✓/x) |
| Wound drain (✓/x) | | | | | | | | | | | | | | | Wound drain (✓/x) |
| Bowels Opened (✓/x) | | | | | | | | | | | | | | | Bowels Opened (✓/x) |
| Bowel Motion Score | | | | | | | | | | | | | | | Bowel Motion Score |

# EMERGENCY DEPARTMENT

| Time | | | | Time |
|---|---|---|---|---|
| COMA SCALE | Eyes open | Spontaneously | | Eyes closed by swelling = C |
| | | To speech | | |
| | | To pain | | |
| | | None | | |
| | Best verbal response | Oriented | | Endotrachael tube or tracheotomy = T |
| | | Confused | | |
| | | Inappropriate words | | |
| | | Incomprehensible sounds | | |
| | | None | | |
| | Best motor response | Obey commands | | Usually record the best arm response |
| | | Localise pain | | |
| | | Flexion to pain | | |
| | | Extension to pain | | |
| | | None | | |
| • 1 | | | 240 | 40 Temperature °C |
| | | | 230 | 39 |
| • 2 | | | 220 | 38 |
| | | | 210 | 37 |
| 3 | | | 200 | 36 |
| | | | 190 | 35 |
| 4 | | | 180 | 34 |
| | | | 170 | 33 |
| | | | 160 | 32 |
| 5 | | Blood pressure and pulse rate | 150 | 31 |
| | | | 140 | 30 |
| 6 | | | 130 | |
| | | | 120 | |
| 7 | | | 110 | |
| | | | 100 | |
| 8 | | | 90 | |
| | | | 80 | |
| Pupil scale (mm) | | | 70 | |
| | | | 60 | |
| | | | 50 | |
| | | | 40 | |
| | | | 30 | |
| | | Respiration | 20 | |
| | | | 10 | |
| Pupils | right | Size | | + reacts |
| | | Reaction | | - no reaction |
| | left | Size | | c. eye closed |
| | | Reaction | | |
| LIMB MOVEMENTS | ARMS | Normal power | | Record right (R) and left (L) separately if there is a difference between the two sides |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Spastic Flexion | | |
| | | Extension | | |
| | | No response | | |
| | LEGS | Normal power | | |
| | | Mild weakness | | |
| | | Severe weakness | | |
| | | Extension | | |
| | | No response | | |

| Nursing Documentation | Initial |
|---|---|
| Stat wand to abdomen 3 days ago. | |
| Suddenly painful and sudden | DSJ |
| | |
| Pt into bed, rested for comf | LG |
| | |
| Pt at xray. | |
| Rtd from xray | |
| 2320 Awak sig mv | |

Name & Status of Accompanying Adult ..... NO ONE

0412703297
O 'ROURKE
ALEXANDER
Sex:- M 04/12/1970

# PATIENT OBSERVATION CHART
## (*Adult*)

**Ward:** 24 **Date of Admission:** 2/9/08 **Chart No:** (1)

*Patient Assessment Tool*
## MODIFIED EARLY WARNING SYSTEM (MEWS) INDICATORS

| SCORE | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|
| Pulse | | ≤ 40 bpm | 41- 50 bpm | 51-100 bpm | 101-110 bpm | 111-130 bpm | ≥ 131 bpm |
| Respiratory Rate | | ≤ 8 | | 9-14 | 15-20 | 21-29 | ≥ 30 |
| Temp | | ≤ 35 °C | 35.1- 36°C | 36.1-38°C | 38.1- 38.5°C | ≥ 38.6°C | |
| AVPU Score | UNRESPONSIVE | RESPONDS TO PAIN | RESPONDS TO VOICE | ALERT | NEW AGITATION/ CONFUSION | | |
| Urinary Output | ≤ 10 ml/hr in 2hrs | ≤ 30 ml/hr in 2hrs | | | | | |
| Systolic BP | ≤ 70 | 71 – 80 | 81 – 100 | 101 – 140 | 141 – 199 | ≥ 200 | |

Inform Nurse in Charge if: A. If the patient scores ≥ 4 points. B. If the patients score deteriorates by 2 points or more. C. If SBS drops by 2 points or more regardless of other observations.

## WATERLOW PRESSURE SORE PREVENTION RISK ASSESSMENT CHART
*If score ≥ 10 - Complete the Appropriate Tissue Viability Pressure Sore Chart*

| Build/Weight | | Skin Type / Visual Risk Areas | | Sex/Age | | Special Risks / Tissue Malnutrition | |
|---|---|---|---|---|---|---|---|
| Average | 0 | Healthy | 0 | Male | 1 | e.g. Terminal cachexia | 8 |
| Above Average | 1 | Tissue paper | 1 | Female | 2 | Cardiac Failure | 5 |
| Obese | 2 | Dry | 1 | 14 – 49 | 1 | Peripheral Vascular Disease | 5 |
| Below Average | 3 | Oedematous | 1 | 50 – 64 | 2 | Anaemia | 2 |
| **Continence** | | Clammy (Pyrexia) | 1 | 65 – 74 | 3 | Smoking | 1 |
| Complete | | Discoloured | 2 | 75 – 80 | 4 | **Neurological Deficit** | |
| Catheterised | 0 | Broken / Spot | 3 | 81+ | 5 | e.g. Diabetes / Multiple Sclerosis / CVA / Motor or sensory paraplegia | 4 - 6 |
| Occasionally incontinent | 1 | **Mobility** | | **Appetite** | | **Major Surgery / Trauma** | |
| Cath / Incont of faeces | 2 | Fully | 0 | Average | 0 | Orthopaedic – below waist, spinal | 5 |
| Doubly incontinent | 3 | Restless / Fidgety | 1 | Poor | 1 | On table > 12hrs | 5 |
| | | Apathetic | 2 | NG tube / Fluids only / NBM | 2 | **Medication** | |
| | | Restricted | 3 | | | Cytotoxics / High dose steroids / Anti-inflammatory | 4 |
| | | Inert / Traction | 4 | Anorexic | 3 | | |
| | | Chair bound | 5 | | | | |

**PATIENT'S INITIAL WATERLOW SCORE =**

**RISK SCORE: - 10+ = AT RISK 15+ = HIGH RISK 20+ = VERY HIGH RISK**

## SCORING REFERENCES

**Pain Score**

- **Score 0 =** No pain at rest; No pain on movement
- **Score 1 =** No pain at rest; Slight pain on movement
- **Score 2 =** Intermittent pain at rest; Moderate pain on movement
- **Score 3 =** Continuous pain at rest; Severe pain on movement

**Nausea Score**

- **Score 0 =** None
- **Score 1 =** Mild (not distressing, no retching/vomiting
- **Score 2 =** Moderate (troublesome, occasional retching/vomiting)
- **Score 3 =** Severe (distressing, frequent retching/vomiting)

**Sedation Score**

- **Score 0 -** None (Patient alert)
- **Score 1 -** Mild (occasionally drowsy, easy to arouse)
- **Score 2 -** Moderate (frequently drowsy, easy to arouse)
- **Score 3 -** Severe (somnolent, difficult to arouse)
- **Score S -** Sleep (normal sleep, easy to arouse)

**Normal Bowel Score**

**Frequency: -** > 1 daily ☐ Daily ☐ 1-3 days ☐ 3-4 days ☐ 5-6 days ☐ Once weekly ☐

**Continence: -** Continent ☐ Incontinent ☐

**Bristol Bowel Motion Score**

- **Type 1 =** Separate hard lumps, hard to pass
- **Type 2 =** Sausage shape and lumpy
- **Type 3 =** Sausage shape with cracks on surface
- **Type 4 =** Sausage shape, smooth & soft
- **Type 5 =** Soft blobs with clear cut edges
- **Type 6 =** Fluffy pieces with ragged edges
- **Type 7 =** Watery stool, no solid pieces

**AVPU Score**

If a patient scores 2 or 3 then commence a Neuro chart

**CIWA Regime**

Start CIWA Regime: if alcohol consumption ≥ 21units/wk (Female) ≥ 28units/wk (Male)

## URINALYSIS RECORD

| Date | Time | PH | Blood | Protein | Urobilinogen | Bilirubin | Glucose | Ketones | S.G | HCG |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

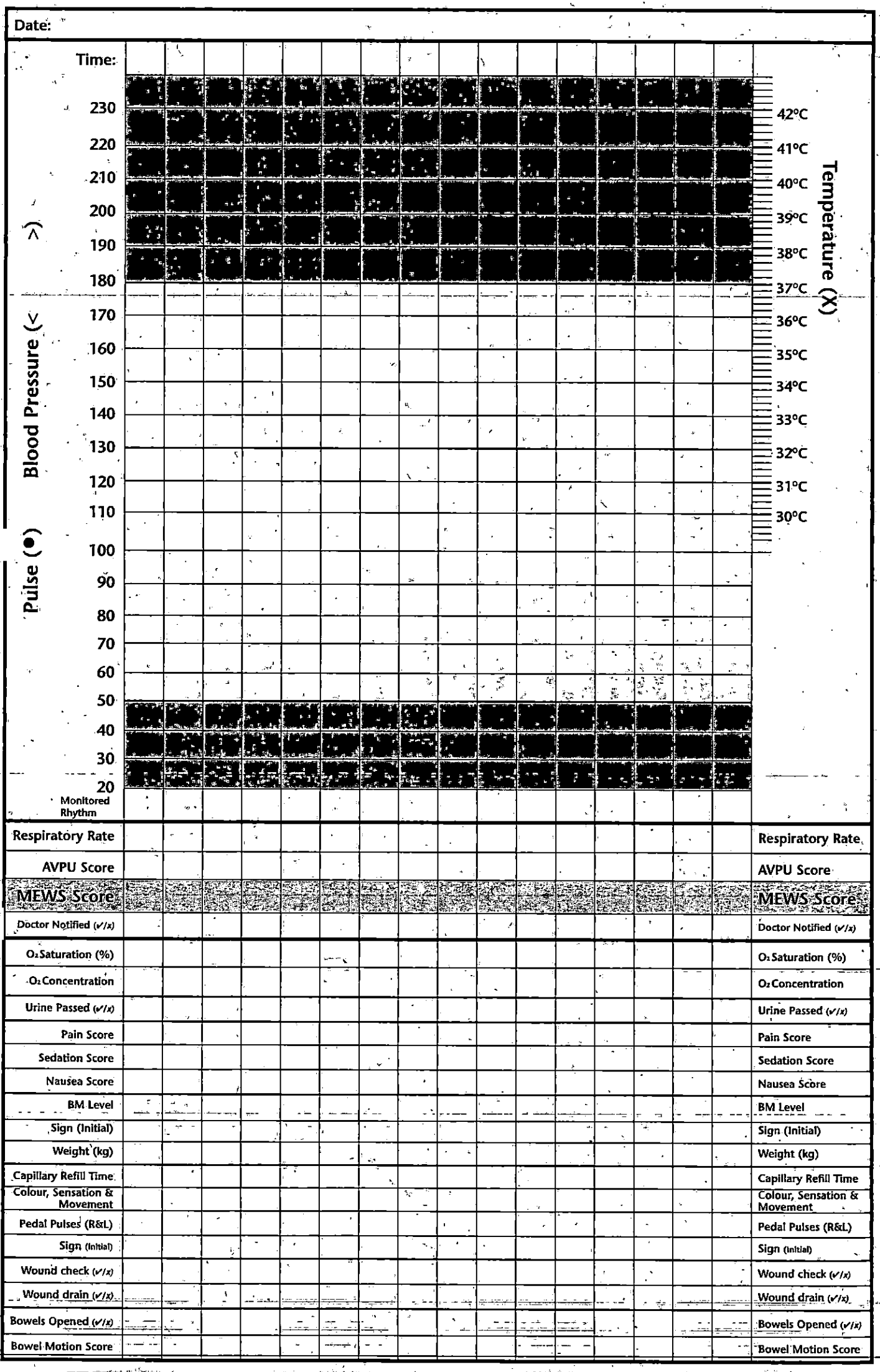
Date: 21/9/08

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time: | 0855 | 2930 | 10 | 1130 | 1625 | | | | | | | | | | | | |
| Blood Pressure (<) / Pulse (●) | | | | | | | | | | | | | | | | | |
| Monitored Rhythm | | | | | | | | | | | | | | | | | |
| Respiratory Rate | 15 | 11 | 12 | 14 | 14 | | | | | | | | | | | | Respiratory Rate |
| AVPU Score | O | O | | O | O | | | | | | | | | | | | AVPU Score |
| MEWS Score | 2 | | | 2 | 2 | | | | | | | | | | | | MEWS Score |
| Doctor Notified (✓/x) | X | X | | X | | | | | | | | | | | | | Doctor Notified (✓/x) |
| $O_2$ Saturation (%) | 98 | 100 | 100 | 97 | 98 | | | | | | | | | | | | $O_2$ Saturation (%) |
| $O_2$ Concentration | AIR | 15L | 15 | air | AIR | | | | | | | | | | | | $O_2$ Concentration |
| Urine Passed (✓/x) | X | X | | X | ✓ | | | | | | | | | | | | Urine Passed (✓/x) |
| Pain Score | 1 | 1 | | 1 | 0-1 | | | | | | | | | | | | Pain Score |
| Sedation Score | O | O | | O | O | | | | | | | | | | | | Sedation Score |
| Nausea Score | O | O | | O | O | | | | | | | | | | | | Nausea Score |
| BM Level | - | 5.0 | | - | - | | | | | | | | | | | | BM Level |
| Sign (Initial) | AW | AW | | SG | YS | | | | | | | | | | | | Sign (Initial) |
| Weight (kg) | | | | | | | | | | | | | | | | | Weight (kg) |
| Capillary Refill Time | | | | | | | | | | | | | | | | | Capillary Refill Time |
| Colour, Sensation & Movement | | | | | | | | | | | | | | | | | Colour, Sensation & Movement |
| Pedal Pulses (R&L) | | | | | | | | | | | | | | | | | Pedal Pulses (R&L) |
| Sign (Initial) | | | | | | | | | | | | | | | | | Sign (Initial) |
| Wound check (✓/x) | | | | | | | | | | | | | | | | | Wound check (✓/x) |
| Wound drain (✓/x) | | | | | | | | | | | | | | | | | Wound drain (✓/x) |
| Bowels Opened (✓/x) | | | | X | | | | | | | | | | | | | Bowels Opened (✓/x) |
| Bowel Motion Score | | | | | | | | | | | | | | | | | Bowel Motion Score |

Temperature (X)

42°C 41°C 40°C 39°C 38°C 37°C 36°C 35°C 34°C 33°C 32°C 31°C 30°C

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


Date:
Time:
Blood Pressure (<)
Pulse (●)
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
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50
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30
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Monitored Rhythm
Temperature (X)
42°C
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35°C
34°C
33°C
32°C
31°C
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Respiratory Rate
AVPU Score
MEWS Score
Doctor Notified (✓/x)
O2 Saturation (%)
O2 Concentration
Urine Passed (✓/x)
Pain Score
Sedation Score
Nausea Score
BM Level
Sign (Initial)
Weight (kg)
Capillary Refill Time
Colour, Sensation & Movement
Pedal Pulses (R&L)
Sign (Initial)
Wound check (✓/x)
Wound drain (✓/x)
Bowels Opened (✓/x)
Bowel Motion Score

# PERIPHERAL I.V. ACCESS RECORD SHEET

**REASON FOR INSERTION:**
**A** = Cardiac chest pain
**B** = Potential for patient requiring resuscitation
**C** = Administration of drugs/fluids/blood products

*The condition of the site should be assessed and documented below every 6-8 hours*
*N.B VENFLON SHOULD BE REMOVED IF NOT IN USE*

| Reason for Insertion | Date of Insertion | Site of Insertion | Name of Person Inserting Device | Patency of Device | Status of Dressing | Date/Time Device Assessed | Assessed by: (Initials) | Date & Reason for Removal of Device | Name of Person Removing Device |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | 2/9/08 15:00 | DC | 2/9/08 Venflon not in use. | D Lee |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
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| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |
| | | | | Patent ☐ Flushed ☐ | Clean ☐ Changed ☐ | | | | |

- **Abnormalities include pain, erythema, phlebitis and sign of infection**
- **Patency: Able to infuse of inject freely into the cannula without meeting resistance, and with no evidence of tissuing.**

Date:

Time:

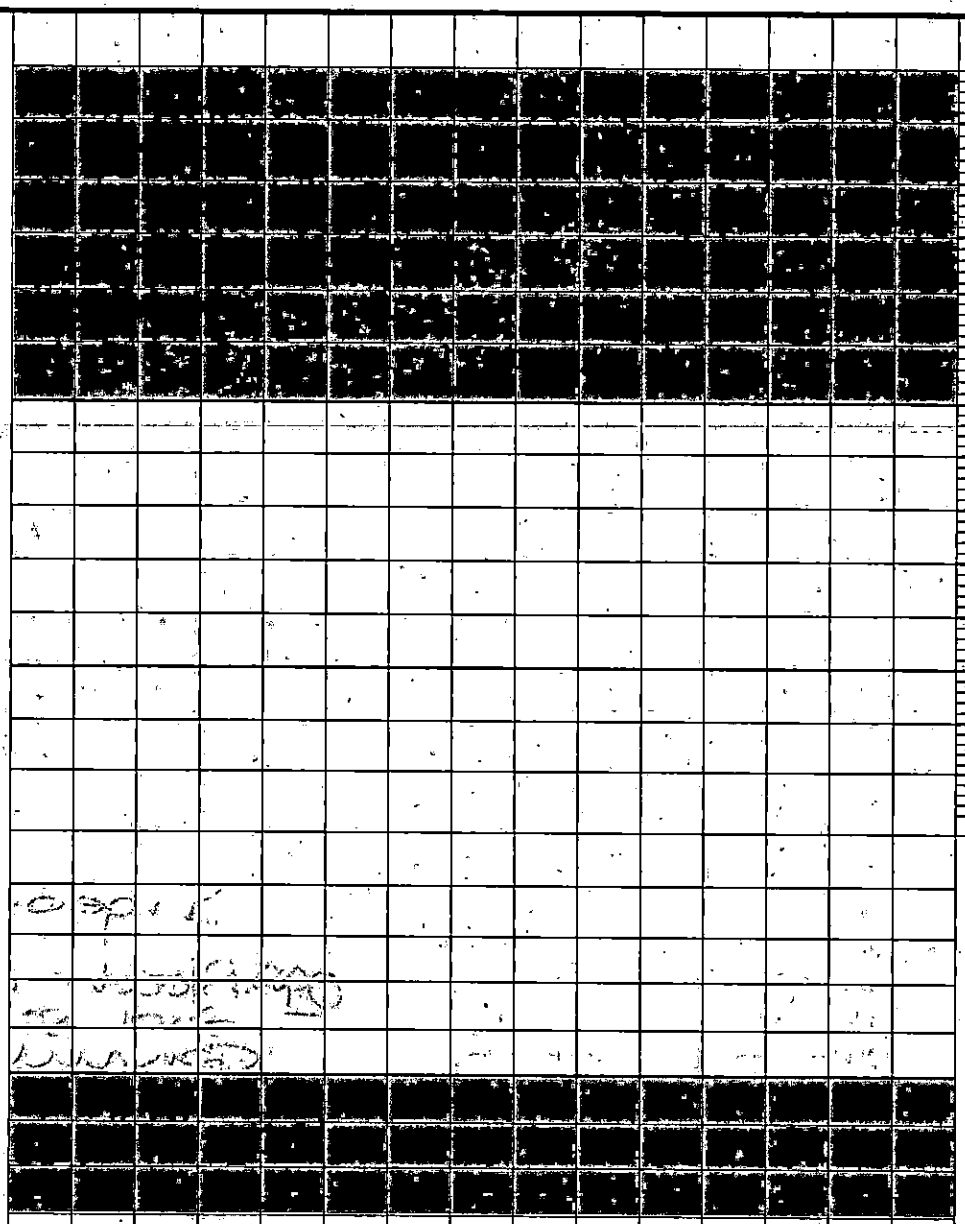
Blood Pressure (>)

Pulse (●)

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

Temperature (X)

42°C 41°C 40°C 39°C 38°C 37°C 36°C 35°C 34°C 33°C 32°C 31°C 30°C



Monitored Rhythm

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Respiratory Rate | | | | | | | | | | | | | | | | | | | | | | | | | Respiratory Rate |
| AVPU Score | | | | | | | | | | | | | | | | | | | | | | | | | AVPU Score |
| MEWS Score | | | | | | | | | | | | | | | | | | | | | | | | | MEWS Score |
| Doctor Notified (✓/x) | | | | | | | | | | | | | | | | | | | | | | | | | Doctor Notified (✓/x) |
| $O_2$ Saturation (%) | | | | | | | | | | | | | | | | | | | | | | | | | $O_2$ Saturation (%) |
| $O_2$ Concentration | | | | | | | | | | | | | | | | | | | | | | | | | $O_2$ Concentration |
| Urine Passed (✓/x) | | | | | | | | | | | | | | | | | | | | | | | | | Urine Passed (✓/x) |
| Pain Score | | | | | | | | | | | | | | | | | | | | | | | | | Pain Score |
| Sedation Score | | | | | | | | | | | | | | | | | | | | | | | | | Sedation Score |
| Nausea Score | | | | | | | | | | | | | | | | | | | | | | | | | Nausea Score |
| BM Level | | | | | | | | | | | | | | | | | | | | | | | | | BM Level |
| Sign (Initial) | | | | | | | | | | | | | | | | | | | | | | | | | Sign (Initial) |
| Weight (kg) | | | | | | | | | | | | | | | | | | | | | | | | | Weight (kg) |
| Capillary Refill Time | | | | | | | | | | | | | | | | | | | | | | | | | Capillary Refill Time |
| Colour, Sensation & Movement | | | | | | | | | | | | | | | | | | | | | | | | | Colour, Sensation & Movement |
| Pedal Pulses (R&L) | | | | | | | | | | | | | | | | | | | | | | | | | Pedal Pulses (R&L) |
| Sign (Initial) | | | | | | | | | | | | | | | | | | | | | | | | | Sign (Initial) |
| Wound check (✓/x) | | | | | | | | | | | | | | | | | | | | | | | | | Wound check (✓/x) |
| Wound drain (✓/x) | | | | | | | | | | | | | | | | | | | | | | | | | Wound drain (✓/x) |
| Bowels Opened (✓/x) | | | | | | | | | | | | | | | | | | | | | | | | | Bowels Opened (✓/x) |
| Bowel Motion Score | | | | | | | | | | | | | | | | | | | | | | | | | Bowel Motion Score |

2/9/08 **EMERGENCY DEPARTMENT**

| Time | | | Time |
|---|---|---|---|
| COMA SCALE | Eyes open | Spontaneously<br>To speech<br>To pain<br>None | Eyes closed by swelling = C |
| | Best verbal response | Oriented<br>Confused<br>Inappropriate words<br>Incomprehensible sounds<br>None | Endotracheal tube or tracheotomy = T |
| | Best motor response | Obey commands<br>Localise pain<br>Flexion to pain<br>Extension to pain<br>None | Usually record the best arm response |

Pupil scale (mm): 1, 2, 3, 4, 5, 6, 7, 8

Blood pressure and pulse rate: 240, 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

Temperature °C: 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30

Respiration

| Pupils | | | |
|---|---|---|---|
| | right | Size<br>Reaction | + reacts<br>- no reaction<br>c. eye closed |
| | left | Size<br>Reaction | |

| LIMB MOVEMENTS | | | |
|---|---|---|---|
| | ARMS | Normal power<br>Mild weakness<br>Severe weakness<br>Spastic Flexion<br>Extension<br>No response | Record right (R) and left (L) separately if there is a difference between the two sides |
| | LEGS | Normal power<br>Mild weakness<br>Severe weakness<br>Extension<br>No response | |

| Nursing Documentation | Initial |
|---|---|
| 0955- Self referral today attended ED yesterday took own discharge alleged Stabbing on Fri to abdomen c/o pain & swelling in area ↓ on antibiotics SAN | |
| 09.00 Pt taken into room & prep for exam. ECG ✓ | RJ |
| 0930 Pt bradycardic ↑ Dr informed O2 commenced ↑ on cardiac monitor. Surgeon informed | KMC |
| 0945 Bloods obtained and sent Cannulated | KM |
| 10[illegible] await assessment by Surgeons Pt | |
| 1020 Surgeon in attendance Admitted ED. Discussed with Dr regarding pt being medically for transfer to WA | |
| Dr states pt will not be on cardiac monitor in WA. Does not require ED at WA. Even though bradycardic | |

Name & Status of Accompanying Adult ..... no-one .....

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

**AFFIX ADDRESSOGRAPH LABEL**

Alexander O'Rourke.
0412703297

RATE OF FLOW (Drops/Min.) = VOL. of FLUID (ml) x 15 (ml) = 15 drops
(Standard Giving Set) Duration (mins)

APPROXIMATE RATE for 500 ml

| | | | |
|---|---|---|---|
| 1hr. | = 120 drops/min. | 6hr. | = 22 drops/min. |
| 4hr. | = 30 drops/min. | 8hr. | = 15 drops/min. |

| | PRESCRIPTION | | | | | | | | PREPARATION | | | | ADMINST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DATE | FLUID (use BLOCK LETTERS) | VOL. (ml) | ADDITIVE MEDICINE | DOSE (mg) | ROUTE of ADMIN. | DURn. of ADMIN. | PRESCRIBER'S SIGN | SERIAL OR BATCH No. | MEDICINE ADDED BY / CHECKED BY | TIME AND DATE ADDED | TIME BEGUN | ADMINST. BY |
| A | 9/9 | Hartmann's | 500 | | | IV | 6° | | | | | | |
| B | 9/9 | 0·9% NaCl | 500 | | | IV | 6° | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
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| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

STY5387D

NHS
Greater Glasgow and Clyde

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| O'Rourke | Alexander | |

Date 2.9.08 Ward 24

| INTAKE | | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| | 100mls IV AB | | | | | | |
| | 100mls IV AB. | | | | | | |
| | | 16.30 | 250ml | | | | |

STY5226D

# FLUID BALANCE CHART

| Surname | Christian Names | Unit No. |
|---|---|---|
| | | |

Date ..... Ward

| INTAKE | | | OUTPUT | | | | |
|---|---|---|---|---|---|---|---|
| ORAL | PARENTERAL | Time | Urine | Vomitus | Rectal | Aspir. Ect. | REMARKS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | |

HOSPITAL R.A.H. WARD 22

Name Alexander O'ROURKE Consultant MR Cartlidge

Diagnosis Painful (R) hip + lumbar Spine N.B.I

General Appearance on Admission

**Base Line Observations**

Temperature 36.8 Pulse 41 Respiration B/P 128/70

Weight 11st. Height 5FT 10 Norton Score

Urinalysis

**Relevant Health History**

Keeps good health

Heroin addict + I.V. Drug abuser

**Patients Understanding of the Illness** yes

good insight

Patient Spoken to by Date

Relatives Understanding of the Illness

Relative Spoken to by Date

**Current Drug Therapy** — methadone 60 mls once daily —

No Known allergies

**Any Other Relevant Information** — Arthritis neck.

**Social Background** — lives & wife

Home (With / Without Stairs) Situation of Toilet upstairs

| | |
|---|---|
| **COMMUNICATING** | 2 Hearing Good/Poor/Deaf Hearing Aid<br>3 Vision Good/Poor/Blind Spectacles/Contact Lens/Artificial Eye |
| **BREATHING** | Normal |
| **HYGIENE** | 1 Bath/Shower Frequency With/Without Help<br>2 Skin Intact/Broken Areas/Dehydrated/Oedematous/Rashes — Intact.<br>3 Condition of Mouth/Teeth Dentures Upper/Lower Crowns<br>4 Hair<br>5 Dressing With/Without Help |
| **EATING DRINKING** | 1 Number of Meals/Feeds Per Day<br>2 Special Diets — Normal<br>3 Special Needs — Normal |
| **ELIMINATING** | 1 Bladder Function — Normal<br>2 Bowel Function Normal<br>3 L.M.P. N/A |
| **MOBILISING** | Prostheses |
| **SLEEPING** | 1 Usual Bedtime<br>2 Hours of Sleep per Night<br>3 Do you need to get up during the night Yes/No How Often<br>4 How many pillows do you need<br>5 If unable to sleep what do you do<br>6 Do you have a nap during the day |
| **MAINTAINING A SAFE ENVIRONMENT** | |
| **WORK/PLAY** | Unemployed |
| **SOCIAL** | 1 Smoking — yes ten cigs per day<br>2 Alcohol — Once in a blue moon / Socially<br>3 Others |
| **MEDICAL CERTIFICATE** | 1 In Patient<br>2 Discharge |
| **DISCHARGE CHECKLIST** | 1 Health Visitor/District Nurse 6 Relatives Informed Yes/No Date<br>2 Home Help 7 Medication<br>3 Social Worker 8 Appointment<br>4 Others 9 Inter Hospital Form<br>5 Transport |
| | Signature [signature] Date |

Days 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Hospital R A H

Ward 7L

Surname O Rourke

Forenames Alexander

Unit No. 165288

| Date | Progress / Evaluation | Signature |
|---|---|---|
| 10/5/98 | Emergency admission of Mr Cartridge to-day at 3pm | |
| | History :- Fell over dog down a flight of Stairs | |
| | Injuries Sustained. | |
| | Painful Right Hip Lumbar spine | |
| | Admitted for: | |
| | Analgesia | |
| | Bedrest | |
| | Gradual Mobilisation | |
| | Pars Urine x 1 = 200 ml. | |
| | Colour Very pale | |
| | Observation Pulse 41 | |
| | Pt on methadone — | |
| | Has had dose for the day | AOH |
| 9/5/98 | Settled since transfer refusing analgesia | Cadden |
| 11.5.98 | 11pm Sweating profusely. Temp. normal | |
| | Settled - slept throughout | M Edgar RN |
| | For discharge on McCartridges | |
| | Instruction. Awaiting | |
| | Discharge Drugs. | |

Hospital .....

Ward .....

Surname .....

Forenames .....

.....

Unit No. .....

| Date | Progress / Evaluation | Signature |
|---|---|---|
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CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

NHS
Argyll & Clyde

# ew District

Hospital ..... RAH .....

I hereby certify that I am being discharged form this hospital on my own responsibility.

Signed .....

Witness ..... (STAFF Nurse) .....

---

I hereby agree to relieve the Health Board of all responsibility in connection with the discharge of .....
from hospital.

Signed .....

Relationship .....

Address .....

Witness .....

*Note: A permanent form of writing instrument should be used in completing this form.*

STY5017N

Argyll and Clyde Health Board

# IMMEDIATE DISCHARGE LETTER AND PRESCRIPTION FORM

HOSPITAL KNH

Ward 24

Consultant ORTHOPAEDICS

Date of Discharge 11/5/78

G.P. _____

G.P. Tel. No. _____

PATIENT IDENTIFICATION DATA - IF LABEL USED AFFIX TO ALL COPIES

Patient's Name ALEX D'ROURKE

Home Address 4 BARNHOUSE CRES

Age 4/12/70

Unit No. U189411/78

| Medicine (inc. form of preparation e.g. tablets) | Dose | Times of Administration | | | | | Quantity supplied by Pharmacy | * Continuation of Treatment from date of discharge (see below) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| CO PROXAMOL | 2 tab | 4 | 6 | | | | | |
| | | | | | | | | |
| | | | | | | | 11/5/78 | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

Drug Sensitivity

A 7 days supply has been dispensed

Pharmacist ..... Date Dispensed .....

MEDICINES DISCONTINUED (with reasons)

DIAGNOSIS (if appropriate)

## * CONTINUATION OF TREATMENT

It is important to state in this column

(a) The number of days for which treatment should be continued from DATE OF DISCHARGE.

(b) If treatment is to be for indefinite period mark "indefinite."

(c) If treatment is to be intermittent or irregular, mark "SEE COMMENTS BELOW," and give full details in the Comments space.

OTHER TREATMENT and COMMENTS (Including details of dressings etc.)

Review Hip

FOLLOW UP

Clinic: Date ...../Appointment to follow

G.P.: If needed / ..... weeks ..... months

A FULL LETTER WILL FOLLOW

PRESCRIBER'S SIGNATURE

PRESCRIBER'S NAME (IN BLOCK LETTERS)

DATE: 11/5/

RETAIN WHITE COPY IN PHARMACY

A4N30003 2:93

# SCOTTISH AMBULANCE SERVICE NHS TRUST - PATIENT REPORT FORM

INCIDENT No. 1 7 7 9 7 7 1

PATIENT NAME: ALEXANDER C KORKIS
PATIENT ADDRESS: 45 B DARKWOOD CRES.
SEX: M X F
D.O.B. 04 12 70

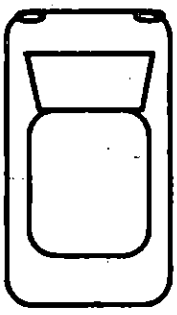
**TYPE OF INCIDENT**

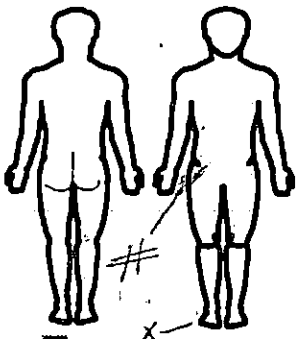
| | |
|---|---|
| Trauma | X |
| Assault | |
| Cardiac Arrest | |
| Other Collapse | |
| DSH | |
| IHT | |
| Obstetric | |
| Other | |

**TRAUMA INCIDENTS**

| RTA | |
|---|---|
| Cyclist | |
| M/Cyclist | |
| Pedestrian | |
| Ejected | |
| Trapped | |
| >20 mins. Extricate | |
| Helmet Worn | |
| Seat Belt Worn | |

| | |
|---|---|
| Home | X |
| Work | |
| Leisure | |
| Burns | |
| Drowning | |
| Fall < 2 mtr. | |
| Fall > 2 mtr. | X |
| Head Injury | |
| Poisoning | |
| Other | |






■ Damaged Area/ Burns %
# ? Fracture X Laceration

■ Damaged Area ▶ Point of Impact X Position of Patient

**INJURY / ILLNESS**

| | |
|---|---|
| Acute Abdo. | |
| Breathlessness | |
| Chest Pain | |
| Other Cardiac | |
| Convulsions | |
| C.V.A. | |
| DSH O/dose | |
| Haemorrhage | |
| Hypoglycaemia | |
| Other | X |

**PRIMARY SURVEY**

Treatment prior to arrival Y N X
By whom
Duration of treatment / CPR
Airway Clear X Obstructed
Breathing. Y X N
Circulation - Pulse Y X N
Ability- Alert Y X N
Vocal Stimuli Y N
Pain Stimuli Y N
Unresponsive Y N
Vomited Y N X
Fitting Y N X
Knocked Out Y N X

**INITIAL ACTIONS**

Airway
Pharyngeal Airway Y N X
Tracheal Tube Y N
Laryngeal Mask Y N
Size •
Successful ? Y N
Breathing
O2 Flow rate %
Mask Type
IPPV
Circulation Success
Cannulation Size Side Site -full
1 Y N
2 Y N

**A.M.P.L.E.**

Allergies (See reverse for coding.)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|

Medication: METHADON
Past Medical History: HEROIN DEPENDANCY
Last Eaten: APPROX 01:00 4HRS
Events Preceding Incident: TRIPPED OVER DOG AND FELL DOWN/OVER FOUR STAIRS.

**OBSERVATIONS**

| Time | Breathing R.R. | Breathing SpO2 % | Circulation Pulse | Circulation Blood Pressure | Capillary Refill Norm | Capillary Refill Delay | Pupils Left Size (C N D) | Pupils Left React Y/N | Pupils Right Size (C N D) | Pupils Right React Y/N | Glasgow Coma Score E | M | V | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 20 | 100 | 84 | | | | C | N | C | N | 4 | 6 | 5 | 15 |
| | 14 | 100 | 56 | | | | | | | | | | | 15 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

**TREATMENTS**

| Time | Presenting Condition | Defib. (Joules) | Fluid / Drug | Batch / Box No. | Dose | Route | Result e.g. Pulse,Asys,VF,Other |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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**COMMENTS / ADDITIONAL INFORMATION**

(Affix Rhythm Strip Here)

CREW 1: D. MCMAHON
CREW 2: C. WHITELAWS
MEDICAL STAFF:
INCIDENT LOCATION: REAR STEPS AT ADDRESS

SIGNATURE (Crew 1 or 2): D. McMahon

CONDITION ON ARRIVAL AT HOSPITAL
Conscious X Pulse X
Breathing X No Vital Signs

DESTINATION HOSPITAL: K.A.H. A+E

| | |
|---|---|
| DATE OF CALL | 10 05 98 |
| TIME OF CALL | 11 55 |
| TREATMENT COMMENCED | 12 03 |
| TIME LEFT SCENE | 12 25 |
| TIME ARRIVED HOSPITAL | 12 37 |

HOSPITAL USE ONLY

| ALLERGIES | |
|---|---|
| 1 | ANTIBIOTICS |
| 2 | ANIMAL SERUM |
| 3 | ANAESTHESIA |
| 4 | ASPIRIN |
| 5 | SHELLFISH |
| 6 | PEANUTS |
| 7 | DAIRY PRODUCE |
| 8 | VENOM |
| 9 | OTHER (Specify) |

Sheet No. ..... *(please use a ball point pen)*

**PRESCRIPTION SHEET**

## ORAL and OTHER NON-PARENTERAL MEDICINES - REGULAR PRESCRIPTIONS

| CODE | Date Commenced | MEDICINES (Block Letters) | DOSE | Method of Admin. | Times of Administration: AM 6 | AM 8 | AM 10 | MD 12 | PM 2 | PM 6 | PM 10 | MN 12 | Other Times | DOCTOR'S SIGNATURE | Discontinued: Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 10/5 | KAPAVCE | 2TAB | PO | | 4-6 | 0 | RCH | | | | | | SC | | |
| B | 10/5 | DIAZEPAM | 5mg | PO | | 6 | 10 | RCH | Stat | Stat | | | | SC | | |
| C | 10/5 | ULTRACET | 50mg | PO | | ✓ | | | ✓ | | ✓ | | | SC | | |
| D | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | | | |
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| K | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | |

## PARENTERAL MEDICINES - REGULAR PRESCRIPTIONS

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | 10/5 | MORPHINE | 10mg | IM | | 6 | - | 8 | PER | RCH | | | | | SC | | |
| N | 10/5 | MAXOLON | 10mg | IM | | 6 | - | 8 | RCH | | | | | | SC | | |
| O | | | | | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | | | | | |
| Q | | | | | | | | | | | | | | | | | |

**PLEASE WHEN MEDICINES ARE PRESCRIBED ON**

| | |
|---|---|
| Fluid (Additive Medicine) Prescription Chart | |
| Diabetic Chart | |
| Anticoagulant Chart | |
| Anaesthetic Prescription Chart | |
| Record of labour Sheet | |

*If medicine discontinued because of suspected adverse reaction please enter in box below*

| | MEDICINE | ADVERSE REACTION |
|---|---|---|
| 1 | | |
| 2 | | |

DIET

| Date | DETAILS | Initials |
|---|---|---|
| | | |
| | | |
| | | |

## ORAL and OTHER NON-PARENTERAL MEDICINES - ONCE ONLY PRESCRIPTIONS

| Date | MEDICINE | DOSE | Method of Admin. | Time of Admin. | DOCTOR'S SIGNATURE | Given by Initials | Time if Diff. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## PARENTERAL MEDICINES - ONCE ONLY PRESCRIPTIONS

| Date | MEDICINE | DOSE | Method of Admin. | Time of Admin. | DOCTOR'S SIGNATURE | Given by Initials | Time if Diff. |
|---|---|---|---|---|---|---|---|
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| NAME OF PATIENT | AGE | UNIT NUMBER | CONSULTANT | KNOWN DRUG/MEDICINE SENSITIVITY. |
|---|---|---|---|---|
| ALEXANDRA O'REILLY | | | | 1 2 |

Ward 24 Name ALEX O'ROURKE Unit [redacted] Number [redacted]

Key
(A) Drug Refused
A Patient Absent

Drug Recording Sheet

198

| Date | Regular Prescriptions 6 am Inits | Inits | 8 am Inits | Inits | 10 am Inits | Inits | 12 md Inits | Inits | 2 pm Inits | Inits | 6 pm Inits | Inits | 10 pm Inits | Inits | 12 mn Inits | Inits | Other Times Code | Time | Inits | Comments on Discrepancies |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10/5 | | | | | | | | | | | | | A B C | | | | | | | |
| 11/5 | | | A B | A (C) | | | | | | | | | | | | | | | | |

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

A4C0002 1:97

Ward Name Unit Number

Key
Ⓐ Drug Refused
A Patient Absent

Drug Recording Sheet

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

Regular Prescriptions

| Date | 6 am | | 8 am | | 10 am | | 12 md | | 2 pm | | 6 pm | | 10 pm | | 12 mn | | Other Times Code | Other Times Time | Other Times Initls | Comments on Discrepancies |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | Initls | | | | |
| | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

# ROYAL ALEXANDRA HOSPITAL

*Nursing Admission Assessment Form*

ADMISSION TYPE: EMERGENCY ☐ ARRANGED ☐ DAY CASE ☐
(Tick box as appropriate.)

## ADMISSION DETAILS

Title: Mr ☐ Mrs ☐ Miss ☐ Other: ____

Hosp No: 165288

Patient's Name: Alex O'Rourke

Consultant: DR Dorward

Address: 45B Darkwood Crescent

Named Nurse: Norma Torrens

Paisley

Date of Birth: 04/12/70 Age: 31

Occupation: Unemployed

Date: 21/9/02 Time: 0800

Religion: Church of Scotland

Admitting Ward: 14

1st: N.O.K./Contact: Donna

2nd: N.O.K./Contact: ____

Relationship: WIFE

Relationship: ____

Address: ____

Address: ____

Phone No: 561 8975 - Father in law

Phone No: ____

N.O.K. informed of admission: Yes ☑ No ☐

## PATIENT MEDICAL SUMMARY

Reason for admission: Pleuritic chest pain

Patient's perception of illness: ____

Patient informed of diagnosis: Yes: ☐ Date: ____ No: ☐

Past Medical History: Heroin Addict

Allergies: No: ☐ Yes: ☑ If Yes give details: "Anaesthetic Spray"

Information given by: Patient: ☐ Relative: ☐ Carer: ☐

## OBSERVATIONS

Temperature: 36.9 °C Pulse: 50 BPM

Urinalysis: ____

L.M.P: ____ B.M: ____ mmols

B.P: 115 / 68 mm/hg Resps: ____

Weight: ____ kg Height: ____ m

Waterlow Score: ____ $O_2$ Sats. 97 %

## MEDICATION

Not on Medication ☐

Drugs in Ward ☐

Drugs Taken Home ☐

No Drugs Brought In ☐

# ACTIVITIES OF DAILY LIVING

## HOME CIRCUMSTANCES/ SOCIAL SUPPORT

Lives Alone ☐
Lives with Family ☐
Specify:_____
Family Support ☐
Specify:_____
Type of Accommodation:
Specify:_____
Stairs: Internal ☐ External ☐
Nursing Home ☐
Residential Care ☐
Sheltered Housing ☐
District Nurse: ☐
Home Help: ☐
Services Cancelled: ☐
Other Services: ☐
Specify:_____
_____

## NUTRITION

Normal Diet ☐
*Refer to dietician if any of the following are ticked*
Special Diet ☐
Difficulty Eating & Swallowing ☐
Recent Weight Changes ☐
Medical Disorders (e.g. Diabetes) ☐
Specify:_____

## BREATHING

No symptoms ☐
Dyspnoeic on Minimal Exertion ☐
Dyspnoeic on Maximum Exertion ☐
Dyspnoeic at Rest ☐
Uses Inhalers: Yes ☐ No ☐
Specify Type:_____
Peak Flow O/A_____

## SMOKING

Non-Smoker ☐
Current Smoker ☐
Specify:_____Per Day
Ex Smoker ☐
Stopped:_____Ago

## MOBILITY

Fully Mobile & Independent ☐
Mobile with Aid ☐
Specify:_____
Limited Mobility ☐
Housebound ☐

## ELIMINATION

Bowels Regular ☐
Constipated ☐
Diarrhoea / Loose stools ☐
Stoma: ☐
Colostomy ☐
Ileostomy ☐
Appliances Used:_____

Normal Micturition ☐
Previous UTI's ☐
Urinary Diversion ☐
Appliances used:_____
Incontinent: ☐
Urine ☐ Faeces ☐ Both ☐
Day ☐ Night ☐ Stress ☐
Incontinence Aid: ☐
Specify:_____
Indwelling Catheter ☐
Type Used:_____

## SLEEP

Hours per Night:_____
Takes Night Sedation: No ☐ Yes ☐
Specify:_____

## MENTAL STATE

Alert and Orientated ☐
In Pain ☐
Anxious and Distressed ☐
Confused and Disorientated ☐
Night ☐ Day ☐
Aggressive and Abusive ☐
Unconscious ☐
Other:_____
_____

# ACTIVITIES OF DAILY LIVING

## SENSES / AIDS

No Problems ☐
Spectacles ☐
Contact Lenses ☐
Hearing Impaired ☐
Hearing Aid ☐
Right ☐ Left ☐
Dentures ☐
Upper ☐ Lower ☐ Full Set ☐

## HYGIENE

Self Caring & Independent ☐
Bath ☐ Shower ☐
Requires assistance ☐
Specify: _____
Detail below any specific problems relating to personal hygiene: _____

## ALCOHOL / SUBSTANCE ABUSE

Units of Alcohol per Week:
None ☐
Less than 14 ☐
14 - 21 ☐
Over 21 ☐
*(1 unit = 1 measure of spirits / half pint beer or lager / 1 glass of wine)*

Substance Abuse:
None ☐
Oral ☑
Intravenous ☐
Specify: Smokes heroin

## TRUST / WARD POLICIES

Patient & Relatives aware of:
Ward Layout ☐
Nurse Call System ☐
Named Nurse Concept ☐
Non- Smoking Policy ☐
Fire Policy ☐

## INFORMATION TO RELATIVES

Spoken to by: _____
Dates: _____
Spoken to by: _____
Dates: _____
Comments: _____

## INVESTIGATIONS

| Details | Dates |
|---|---|
| ECG | |
| X-Rays | |
| U&E's | |
| FBC | |
| Sputum | |
| MSSU | |
| CSU | |
| Wound Swab | |
| Blood Cultures | |
| MRSA Screen | |
| Pregnancy Test | |
| | |

## REFERRALS

Specialist Nurse ☐
Specify: _____ Date: _____
Social Worker ☐
Date: _____
Physiotherapist ☐
Date: _____
Dietician ☐
Date: _____
Occupational Therapist ☐
Date: _____
Other ☐
Date: _____

Profile Completed by: [illegible]
Designation: SW
Signed:
Date: 21/9/02

# ROYAL ALEXANDRA HOSPITAL

DISCHARGE TYPE: ELECTIVE ☐ TRANSFER ☐

| DISCHARGE PLANNING | | | |
|---|---|---|---|
| Boarding 1st 2nd 3rd | Signature | Time | Comments |
| Informed:<br>Ward ☐ ☐ ☐<br>Patient ☐ ☐ ☐<br>Relatives ☐ ☐ ☐ | | | |
| Date patient boarded:<br>1st: _____<br>2nd: _____<br>3rd: _____ | | | |

| DISCHARGE CHECKLIST | | | |
|---|---|---|---|
| Proposed discharge date: _____<br>Actual discharge date: _____ | | | |
| Medical consent ☐ | | | |
| Date discussed with patient: _____ | | | |
| Contact notified ☐ | | | |
| Transport:<br>Own ☐<br>Ambulance ☐ | | | |
| Ambulance ordered on: _____ | | | Type: _____<br>Code No: _____ |
| District Nurse form ☐ | | | |
| Practice Nurse form ☐ | | | |
| Home Help ☐ | | | |
| Social Worker ☐ | | | |
| Discharge prescription ☐ | | | |
| Discharge letter ☐ | | | |
| Discharge dressings ☐ | | | |
| Patient information ☐ | | | |
| Valuables/Cashier ☐ | | | |
| Out Patient Follow Up Appt ☐ | | | |

Hospital RAH

Ward 14

Surname O'Rourke

Forenames Alex

Unit No

| Date | Progress / Evaluation | Signature |
|---|---|---|
| | 0800 | |
| 21/9 | Admitted to ward 14 via self referral with pleuritic chest discomfort on inspiration, also wheeze, brown sputum over last few months. In A+E - given nebulised salbutamol + atrovent, and co-codamol II tabs. O/A to ward - reading stable. Quite restless, as last had heroin yesterday, commenced on DF118 tapers + Dizzopam for withdrawal. S/B Dr Dorward - on oral antibiotics needs PFR - will review later without cloxacillin as ? hearing loss recently | |
| 1300 | PFR 400l/min, not keen to stay, persuaded to stay by partner. Dr Dorward will review later. | |
| 6 | Pause s/b on Orbivir tablets. Has given up smoking 2/52. PEF 400. Can be discharged home on Ventolin / Becotide Inhalers and Amoxicillin 1 daily for 5 days or 2/52 if no other problems to arise | |

Hospital .....

Ward .....

Surname .....

Forenames .....

.....

Unit No .....

| Date | Progress / Evaluation | Signature |
|---|---|---|
| | LP at Ararat. Pilot Thro. | |
| | will be seen at RA | |
| | Paediatric clinic in attached | |

Name: Alex O Rourke  Ward: 4  Date: 21/9/02

**Patient Care Plan**  **Named Nurse:** Lorna

| Initial | Start Date | Personal Hygiene | Initial | Stop Date |
|---|---|---|---|---|
| | | Daily bed bath | | |
| LT | 21/9 | Assisted wash | | |
| | | Assisted immersion bath/shower | | |
| | | Independent and self caring | | |
| | | Oral hygiene: hourly ☐ Offer mouthwashes ☐ | | |
| | | Waterlow score (if >10 daily; use chart) | | |
| | | **Mobilisation** | | |
| KT | 21/9 | Bed rest. Requires positional change ☐ hourly. | | |
| | | Cot sides in-situ. | | |
| | | Up to sit at bedside. Requires positional changes ☐ hourly. | | |
| | | Requires assistance with mobility: 1 nurse ☐ 2 nurses ☐ | | |
| | | Mobile with: zimmer ☐ 2 sticks ☐ 1 stick ☐ no aid ☐ | | |
| | | **Diet** | | |
| N. | 21/9 | Normal ☐ Special ☐ Please state: | | |
| | | Requires assistance with feeding, offer drinks hourly ☐ | | |
| | | Nil by Mouth | | |
| | | Fluids only ☐ 30mls/hr ☐ 60mls/hr ☐ Free ☐ Clear ☐ | | |
| | | **Toileting** | | |
| KT | 21/9 | Urinals and/or commode to bedside | | |
| | | Commode / up to toilet with supervision | | |
| | | Catheterised: ch: Volumes: hourly ☐ 4hourly ☐ free drainage ☐ | | |
| | | Maintain accurate fluid balance chart | | |
| | | Independent to toilet | | |
| | | **Technical Care** | | |
| | | Oxygen therapy: litres via Mask/Reservoir/Cannula | | |
| KT | 21/9 | Care of venflon site – report any pain and/or inflammation. | | |
| | | Care of I.V. infusion – check rate | | |
| | | Wound care. Please see wound chart. | | |
| | | Management of T.E.D stockings | | |
| | | Care of cardiac monitor – check and report rate and rhythm. | | |
| | | Change electrodes daily | | |
| KT | 21/9 | Report any chest pain, stating its site. | | |
| | | **Observations** | | |
| KT | 21/9 | B.P&P 1/2hrly ☐ 1 hrly ☐ QID ☐ TID ☐ BD ☐ Daily ☐ | | |
| KT | 21/9 | T.P.R 1 hrly ☐ QID ☐ TID ☐ BD ☐ Daily ☐ | | |
| | | Document bowel activity on T.P.R chart | | |
| | | Blood glucose monitoring 3 hrly ☐ QID ☐ BD ☐ Daily ☐ | | |
| | | Peak Flow Pre and Post nebuliser | | |
| | | Oxygen saturation. ☐ Hourly ☐ continuously | | |
| | | Stool chart and/or F.O.B's 1. 2. 3. | | |
| | | Neuro Observations: Hourly ☐ 4hourly ☐ Daily ☐ | | |
| | | Wandering/At risk of falls/ Confused patients who require frequent observtion – see chart | | |

ROYAL ALEXANDRA HOSPITAL

PEAK FLOW CHART - PULMONARY FUNCTION

DATE

DRUGS

21/9/02

TIME

6 10 2 6 10 6 10 2 6 10 6 10 2 6 10 6 10 2 6 10 6 10 2 6 10 6 10 2 6 10 6 10 2 6 10 6 10 2 6 10

500

400

300

200

100

# 4 Hour Chart

Name Alex O'Rourke

Unit No. .....

Age ..... Ward 16

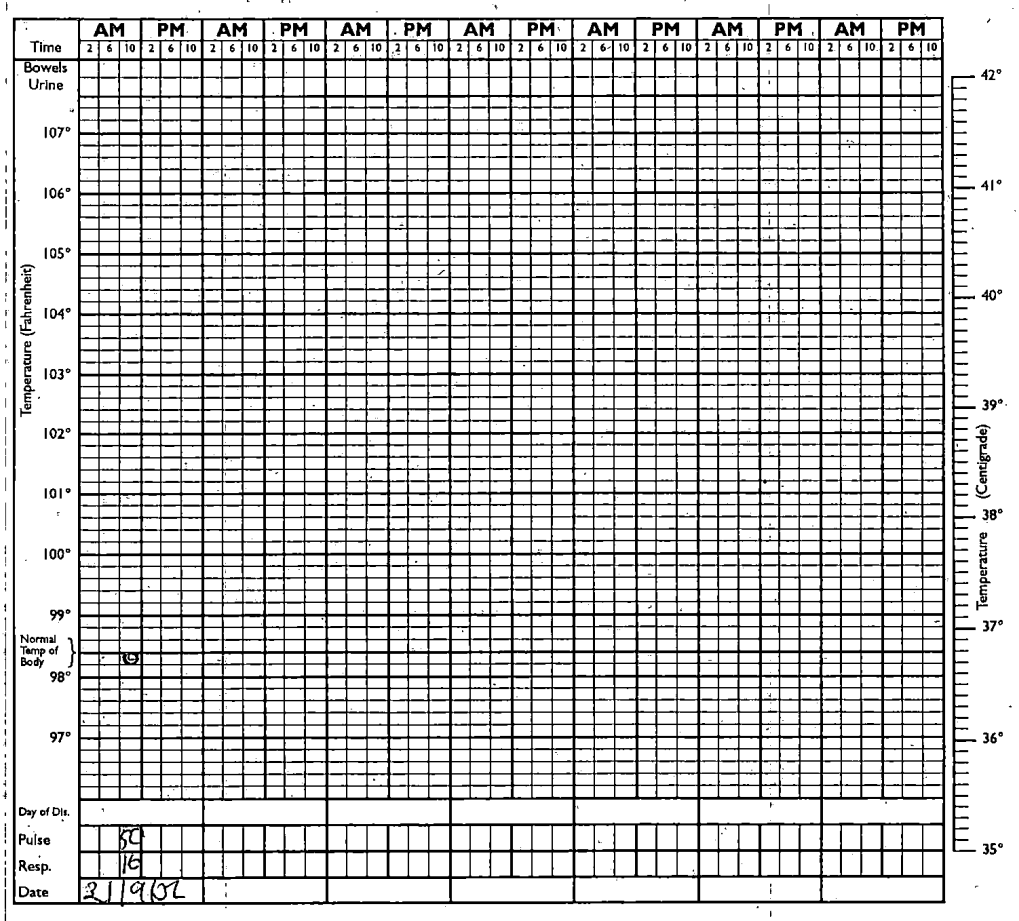
Diet .....

## Notes

Date of Admission .....

Date of Discharge .....

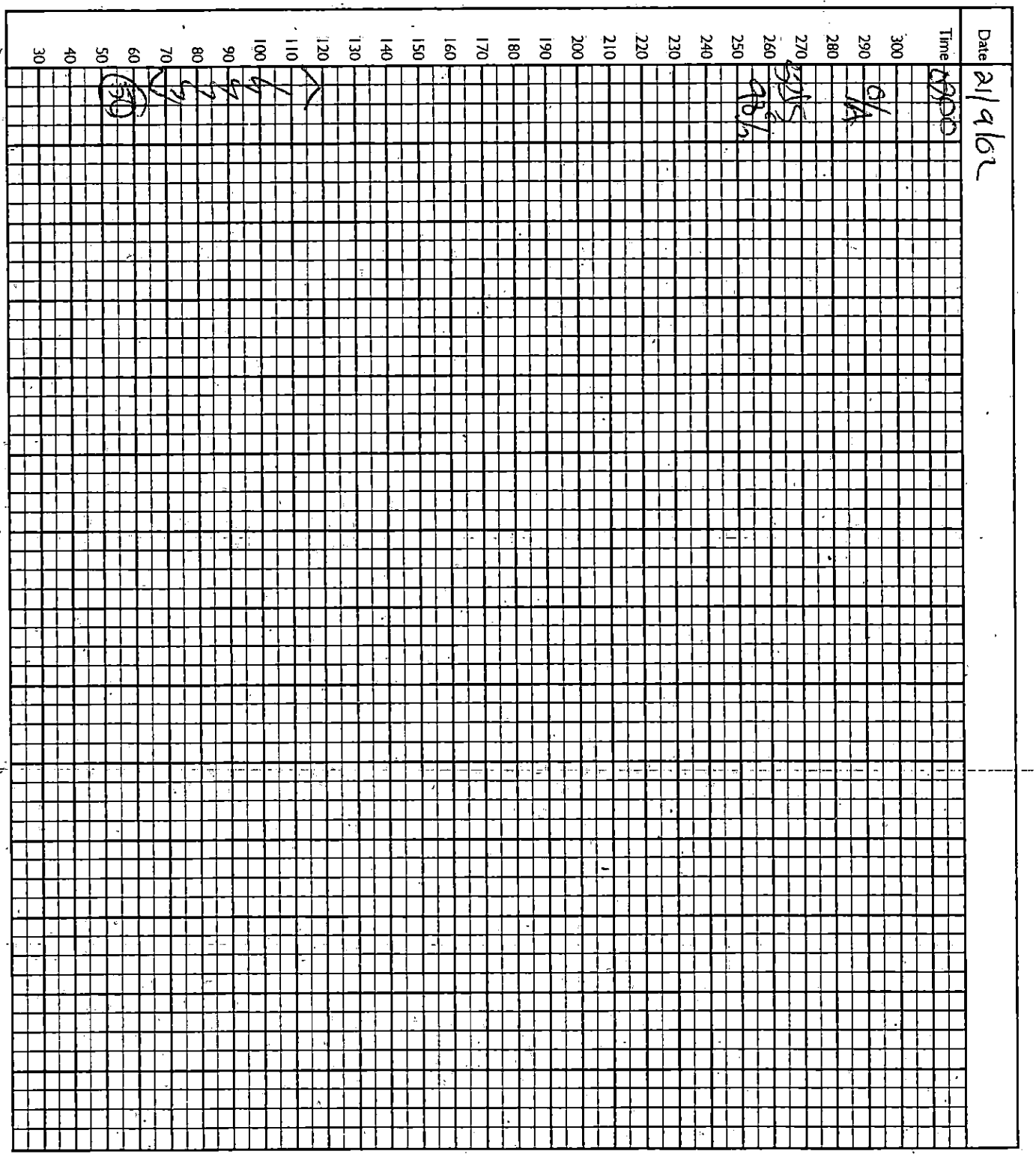
A4B0017 7:96



# NATIONAL HEALTH SERVICE

**BLOOD PRESSURE AND PULSE CHART**

| Surname | Christian Names | Age |
|---|---|---|
| O'Rourke | Alex | |
| | Ward 14 | Date 21/9/02 |



# PRESCRIPTION FORM

Hospital Name: .....

## PATIENT DETAILS

| | |
|---|---|
| Name: Alexander O'Rourke | Height: |
| Hospital Number: | Weight: |
| DOB: | Surface area: |
| Date of Admission: __/__/__ | Date of writing discharge prescription: __/__/__ |
| Consultant Name: | Ward: |

| Date and time this form prepared: | Sheet No | 2nd Prescription in use |
|---|---|---|
| __/__/__ Time:_____ | ..... | Yes or NO |

## DRUG SENSITIVITIES

## DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

## OTHER CHARTS IN USE

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

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF DOCTOR | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PATIENT'S NAME:

# Parenteral Drugs: Regular Prescription

ADMINISTRATION

DATE → 21

MONTH → 09

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

**A** DRUG Cefazone

DOSE 2gm IV | ROUTE | DATE 21/9/K | STOPPED DATE: 27/9 INITIALS: K

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**B** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**C** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**D** DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

The Regular and as required medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

## Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

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

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

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

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

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

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE → 21

MONTH → 9

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

### J

DRUG: Amoxicillin

DOSE: 500mg | ROUTE: O | DATE: 2/19/12

STOPPED DATE:

SIGNATURE OF DOCTOR:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

INITIALS: NJ | KT

### K

DRUG: Bactidal ointment

DOSE: 2 puffs | ROUTE: inhl | DATE: 2/19/12

STOPPED DATE:

SIGNATURE OF DOCTOR:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

### L

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

### M

DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

Ensure that inadvertent omission of double dosing is avoided.

## Oral and Other Drugs: Regular Prescriptions

N | DRUG

DOSE | ROUTE | DATE | STOPPED | DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

P | DRUG

DATE →

MONTH →

Usual time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

Other time

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

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

**T** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**V** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**W** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**X** DRUG

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

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

PATIENT'S NAME:

**All Routes:** As Required Prescriptions

## ADMINISTRATION

### MM

DRUG: Ventolin

DOSE: 2 puffs | ROUTE: INH | INDICATION: SOB

SIGNATURE OF DOCTOR: | MAX.FREQUENCY: PRN | DATE: 21/9

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| GIVEN BY | | | |

### NN

DRUG: DIAZEPAM

DOSE: 10 mg | ROUTE: PO | INDICATION: Agitation

SIGNATURE OF DOCTOR: | MAX.FREQUENCY: PRN | DATE: 21/9

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | |
|---|---|---|---|
| DATE | 21/9 | 21/9 | 21/9 |
| TIME | 0830 | 1750 | 1630 |
| DOSE | 10 MG | 10 MG | 10 MG |
| GIVEN BY | [illegible] | [illegible] | [illegible] |

### PP

DRUG: Df 118

DOSE: 30 drops x2 | ROUTE: PO | INDICATION: Agitation/Pain

SIGNATURE OF DOCTOR: | MAX.FREQUENCY: 4-6 | DATE: 20/9

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | |
|---|---|---|---|
| DATE | 21/9 | 21/9 | 21/9 |
| TIME | 0830 | 1750 | 1630 |
| DOSE | 60 MG | 60 MG | 60 MG |
| GIVEN BY | [illegible] | [illegible] | [illegible] |

### RR

DRUG:

DOSE: | ROUTE: | INDICATION:

SIGNATURE OF DOCTOR: | MAX.FREQUENCY: | DATE:

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| GIVEN BY | | | |

# Nurse/Midwife Administration by Protocol - Authorised Nurses/Midwives Only

(Maximum number of doses as per protocol)

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

## DOCTOR'S DECLARATION (if required by Local Protocol)

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

Signature: _____ Date: 28/9/12

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

## Notes for Users

FOR DOCTORS:

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

   Milligram = **mg** Gram = **g**

   Millilitre = **ml** Microgram: **to be written in full.**

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

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

FOR NURSES:

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

## Codes for Non-Administration of Drugs

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

Ver 6, 01/2002

Argyll and Clyde Health Board

# IMMEDIATE DISCHARGE LETTER AND PRESCRIPTION FORM

HOSPITAL RAH.
Ward 14
Consultant DURWARD
Date of Discharge 2/9/02.
G.P.
G.P. Tel. No.

PATIENT I[illegible] TO ALL COPIES
Patient's I 165288
Home Add O'BOURKE ALEXANDER
459 PARKWOOD CRESC
PAISLEY
Age 04/12/1970
WARD: CODE:
Unit No. -

| Medicine (Inc. form of preparation e.g. tablets) | Dose | Times of Administration | | | | | Quantity supplied by Pharmacy | * Continuation of Treatment from date of discharge (see below) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| AMOXICILLIN | 500m | ✓ | | ✓ | | ✓ | [illegible] | [illegible] |
| BECLOTIDE 100 MICROG | 2puffs | ✓ | | | | ✓ | | |
| VENTOLIN | 2puff | PRN | | | | | | |
| DF 118 | 60m | L | | 6 | | | 240mg | |
| DIAZEPAM | 10m | | PRN | | | | 30mg | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Drug Sensitivity
NIL KNOWN

A 7 days supply has been dispensed

..... Pharmacist

..... Date Dispensed

MEDICINES DISCONTINUED (with reasons)
~~2 ASTHMA~~

DIAGNOSIS (if appropriate)
? Asthma.

## * CONTINUATION OF TREATMENT

It is important to state in this column

(a) The number of days for which treatment should be continued from DATE OF DISCHARGE.

(b) If treatment is to be for indefinite period mark "indefinite."

(c) If treatment is to be intermittent or irregular, mark "SEE COMMENTS BELOW," and give full details in the Comments space.

OTHER TREATMENT and COMMENTS (Including details of dressings etc.)

FOLLOW UP

Clinic: Date ..... / Appointment to follow

G.P.: If needed / ..... 6 ..... weeks ..... months

A FULL LETTER WILL FOLLOW ✓

PRESCRIBER'S SIGNATURE

PRESCRIBER'S NAME (IN BLOCK LETTERS)

DATE: 9/2/02

RETAIN WHITE COPY IN PHARMACY

A4N30003 2.93

**Patient Agreement to Investigation or Treatment**

NHS Greater Glasgow and Clyde

# CONSENT FORM

## PATIENT DETAILS (OR PRE-PRINTED LABEL)

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH AVE
PAISLEY
PA3 1LR

Hospital/Clinic/GP Practice .....

Patient's surname/family name :.....

Patient's first name(s): .....

Date of Birth___/___/_____ Gender: Male ☐ Female ☐

NHS/ CHI Number _____

Special requirements (e.g. other language/communication method) .....

.....

Responsible practitioner: Mr. Nunn

Job title: Consultant

## STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
**Where appropriate specify site or side: (WRITTEN IN FULL)**

Wound exploration / debridement ± repair of damaged stitches

Left Elbow / Forearm

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner: .....

Name/Designation (Print) S. Viswanathan .....

Date 9/3/12

00526

## STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

**I understand**

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

**I have been told** about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

**I agree -**

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

| **Additionally you have to agree or disagree the following:-** | **Agree** | **Disagree** |
|---|---|---|
| that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care. | ☐ | ☐ |
| that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research. | ☐ | ☐ |

## PATIENT REFUSAL FOR BLOOD PRODUCTS

**Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.**

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

Practitioner Signature: ..... Date ...../...../.....

## PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: ..... Date 8/3/12

Name (Print): .....

**Patient Agreement to Investigation or Treatment**

NHS Greater Glasgow and Clyde

# CONSENT FORM

## PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice RAH

Patient's surname/family name

Patient's first name(s):

Date of Birth ___/___/___

NHS/ CHI Number

RAH165288
O'ROURKE
ALEXANDER
CHI: 0412703297

CHI: 0412703297
RAH165288
O'ROURKE
ALEXANDER
04/12/1970 M
PA3 1LR

Special requirements (e.g. other language/communication method)

Responsible practitioner: Mr Renwick

Job title: Consultant Surgeon

## STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure - see guidance notes)

Describe proposed operation, investigation or other treatment.
**Where appropriate specify site or side: (WRITTEN IN FULL)**

LAPAROTOMY + PROCEED

Discuss bleeding, ~~perforation~~ infection need for bowel resection ± stoma.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner: JS

Name/Designation (Print) ARTH ST3

Date 9/3/12

## STATEMENT TO BE COMPLETED BY PATIENT/PARENT*
(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

**I understand**

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

**I have been told** about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

**I agree -**

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

| **Additionally you have to agree or disagree the following:-** | **Agree** | **Disagree** |
|---|---|---|
| that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care. | ☐ | ☐ |
| that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research. | ☐ | ☐ |

## PATIENT REFUSAL FOR BLOOD PRODUCTS

**Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.**

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

Practitioner Signature: ..... Date ...../...../.....

## PATIENT/PARENT* AGREEMENT FOR TREATMENT

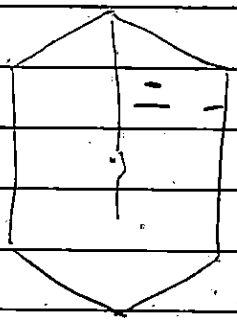
Signature: ..... Date 9/3/12

Name (Print): .....

NHS GREATER GLASGOW & CLYDE

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

# CLINICAL NOTES - ~~NURSING~~ THEATRE

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 9/8/3/12 | LAPAROTOMY | |
| 11[10] - | - overseeing of bleeding ⓓgastroepiploic vessel. | |
| 12[30] / | | |
| Th3 | Surg t Asst ST3 | |
| | Assist A Reinvicarions | |
| | C Obando ST3 | |
| | N Scullion GPST. | |
| | | |
| | Indication - penetrating trauma (stabbing) | |
| | free fluid in upper abdomen on CT | |
| | ↑ abdominal signs. | |
| | | |
| | Incision. midline laparotomy ⓒ blade + diathermy | |
| | | |
| | findings  3 wounds LUQ | |
| | Medial 2 breaching into peritoneal | |
| | lateral wound into subcutaneous | |
| | fat only | |
| | | |
| | free blood in upper abdomen | |
| | Liver normal, spleen normal | |
| | penetrating wound through greater omentum | |
| | active bleeding from ⓐ one of ⓓgastroepiploic | |
| | vessels on greater curve of stomach - divided | |
| | & suture ligated 2-0 vicryl. | |
| | Stomach normal. free enteric content in | |
| | peritoneum. transverse colon normal. lesser | |
| | sac opened → no bleed or enteric contents. | |
| | Thorough lavage til clear. | |

193443

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

| Date & Time | |
|---|---|
| 19/3/12 | Closure - mass closure looped nylon (CO) |
| cont'd | clips to skin |
| | Wounds on abdo wall + purse on (R) anterior chest wall irrigated & bladder + left open. |
| | Orthopaedic team then in attendance to explore (L) elbow wound. |
| | Post-op, |
| | . return to HDU |
| | . E+D |
| | . IV cefuroxime 48hrs |
| | J S ARTHUR ST3 S6450 |
| 20/3/12 | Physiotherapy On Call |
| | (S) ATSP by n/staff. Pt wheezy and $SaO_2$ ↓. |
| | (O) UTS in ~~chair~~ sit bed - multiple scab wounds |
| | Obs - $SaO_2$ 100% on 4l $O_2$ via n/c. |
| | - on morphine PCN |
| | ~~On~~ Sit Muscular throughout ↓ to breaths. |
| | - apical wheeze |
| | Cough strong + moist // cough (E) ~~to~~ sit + expec (E) thick + blood stained. C/o (P) on coughing |
| | (A) (S) Supported cough & travel. |
| | (I) ACBT // good strong cough rel expec on command. |
| | (A) Maintaining elect (E). Had saline + salbutamol nebs. States have helped |
| | (P) ref for on call // d/w mane if changes #6350. |
| | - 2g saline nebs |
| | - encourage ACBT. |
| | SHEILINE (BSCPT) |

# Royal Alexandra Hospital: Anaesthetic Chart

| Date | Time | Premedication | Ordered By | Given By | Time Given |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Addressograph Label**

Nar
D.c
Se:
Ur

CHI: 0412703297
RAH165288 04/12/1970
O'ROURKE ALEXANDER M
64 DALSKEITH ROAD
PAISLEY
PA1 2XP

**Pre-Operative assessment**

ASA:

Previous GA: Yes → boy, dad
~~prev.~~ prev. GA's

Complications: No probs

CVS:
None
Good E.T.

Resp:
Asthma - blue inhaler / reactive airways
Smokes 10/day - prev. heroin smoker

GIS:
Occasional reflux. Fasted since 10am yesterday
Not hungry at present

CNS:

Others:
N:1 else

Drugs
Omeprazole

OK w/ NSAID's

**Investigations**

Weight

BP HR 105
BP 128/67
Sats 97% on 2L

Haem
Hb 13.0 WBC 10.9
Plts 196

Biochem
K 3.7 Ur 5.7
Cr 70

CXR

ECG
(N)SR

Others

Airway
Mod MP IV neck
TM 7cm upward teeth

Allergies
NKDA

Techniques and Risks
GA → RSI
PONV
dental damage
Sore throat
PLA
Art line / CVP

Operation: Laparotomy

Surgeon: Renwick

Anaesthetist: Ure / Brown

Supervising Anaesthetist:

**Post-Operative Instructions**

Analgesia
PCA

Oxygen
4L $O_2$ until fully awake + Sats > 96% on air

Fluids
100 ml/hr Hartmann's until Eating

Other

STY0480D

Signature: [signature]

Date: 9/3/12

| | |
|---|---|
| Site of Injection: | 14G (L) ACF |
| Site of Infusion: | 16G (R) wrist. |
| CVP Site: | |
| Arterial Line Site: | |
| Position: | ETT / LMA / Mask |
| Intubation Grade: | 1 |
| | Cuffed / Uncuffed |
| | Size: 8 |
| | Oral / nasal |
| Bougie: | ✓ |
| | RSI |

Fluids Bair@43°C Warmer: ✓

① R/L 1000

② R/L 500

Comments:

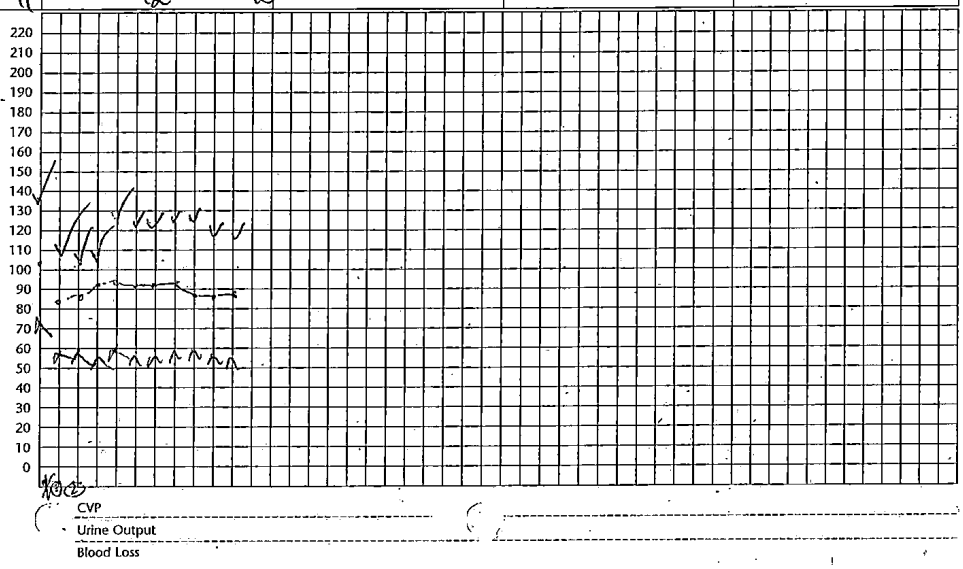
① Gd II ETT, bougie, initial release of high P insp. d/d ↑ volatile
100mg hydrocortisone IV @ 1/24.

② Amox/gent/metro IV (see kardex).

| | | | | |
|---|---|---|---|---|
| ECG | ✓ | FiO2 | ✓ | CVP |
| NIBP | ✓ | EtAA | ✓ | IABP |
| SpO2 | ✓ | Temp | | PA |
| EtCO2 | ✓ | Disconnect | ✓ | TOF |

Anaesthetic machines Checked: ✓

| | | | | |
|---|---|---|---|---|
| Thio. | 375 | | | |
| Fentanyl | 100 | | | |
| Rocuronium | 50. 20 | | | |
| Morphine | ↓ 20. ↑ | | | |
| Tramadol | ↓ 100. ↑ | | | |
| | Neo/Oxy 25/55 | | | |
| O2 / Air / Sevo | | | | |
| IV Fluids | Hook. | | | |
| Vt/ x f / Pressure | Pins 5 | 19 | | |
| FiO2 | 0.65 | 0.48 | | |
| SaO2 | 95 | 95 | | |
| ETCO2 | 6.9 | 5.4 | | |
| ET Agent | 6.7 | 6.1 | | |
| Temperature | | | | |
| Time | 1100 | 1200 | 1800 | |



9.03.12

# *OPERATION NOTE*

Patient: Alexander O`Rourke
CHI: 0412703297
Diagnosis: Left elbow lacerations
Operation: Wash out, debridement and wound cl...
Consultant : Mr Nunn
Surgeon: Mr Kovacs
Anaesthetist: Dr Ure (GA)

***Procedure:***

Patient supine on the table after laparotomy. Left a... is placed across the chest. Standard isolation. Two lacerations over the elbow ... and dorsal lateral aspect. The olecranon bursa is opened by the laceration but el... the lacerations do not exceed the subcuticular layer. Thorough wash out wi... Layered closure with 3/0 nylon to the skin. Inadine, blue swabs, wool&c... closure

***Postop:***

Routine obs CSM
Return to surgical ward.
ROS in two weeks.
No routine orthopaedic follow up.

Kovacs

# ROYAL ALEXANDRA HOSPITAL
## PERI OPERATIVE DOCUMENT

| | | | |
|---|---|---|---|
| PATIENT NAME | Alexander O'Rourke | WARD | HDU. |
| D.O.B. | 4/12/70 | DATE OF OPERATION | 9/3/12 |
| UNIT No. | 0412703297 | ~~CHI No.~~ | |

PREOPERATIVE VISIT DATE OF VISIT

| PROBLEM/NEED | INTERVENTION | OUTCOME |
|---|---|---|
| Laparotomy & exploration<br>Exploration of Left Elbow. | | |

NURSE SIGNATURE:

| PREOPERATIVE CHECKLIST L.M.P. DATE see 24 hr Chart | Ward | Rec | Anaesth |
|---|---|---|---|
| 1. OBTAIN AND RECORD BASELINE VITAL SIGNS BP ~~P R T~~ | ✓ | ✓ | ✓ |
| PRE OP INVESTIGATIONS eg ECG, BLOODS, XRAY CARRIED OUT | ✓ | ✓ | ✓ |
| IDENTIFICATION BAND INSITU WITH CORRECT NAME AND UNIT / CHI NUMBER | ✓ | | |
| 4. CONSENT FORM SIGNED BY - PATIENT ☑ GUARDIAN ☐ | ✓ | ✓ | ✓ |
| 5. **NUMBER 3 & 4 MATCH THEATRE LIST AND CASE NOTES** | ✓ | ✓ | ✓ |
| 6. PRESCRIBED PREMEDICATION GIVEN | N/A | ✓ | ✓ |
| 7. ALLERGIES IDENTIFIED | NIL | ✓ | ✓ |
| 8. DOES PATIENT HAVE A PACEMAKER ☐ Y ☒ N METALWORK Y ☐ N ☒ | ✓ | ✓ | ✓ |
| 9. ENSURE PATIENT HAS FASTED | ✓ | ✓ | ✓ |
| 10a) SKIN SHAVE AND PREP REQUIRED | N/A | ✓ | ✓ |
| 10b) SITE MARKED ☑ YES ☐ NO | ✓ | ✓ | ✓ |
| 10c) SPECIFY SITE eg RIGHT HAND LEFT ELBOW | ✓ | ✓ | ✓ |
| EMPTY BLADDER / CATHETER IN SITU | ✓ | ✓ | ✓ |
| 12. UNDERWEAR ON / OFF | ✓ | ✓ | ✓ |
| 13. THEATRE GOWN AND CAP | ✓ | ✓ | ✓ |
| 14. TEETH / DENTURES IN / OUT | N/A | ✓ | ✓ |
| 15. MAKEUP, NAIL VARNISH, HAIR PIECE REMOVED | N/A | ✓ | ✓ |
| 16. JEWELLERY TAPED / REMOVED | | ✓ | ✓ |
| 17. WATERLOW SCORE / SKIN CONDITION Multiple Lacerations | 8 | ✓ | ✓ |
| 18. CASE NOTES ☑ DRUG KARDEX ☑ X-RAY ☐ | ✓ | ✓ | ✓ |
| 19. ITEMS ACCOMPANYING PATIENT TO THEATRE eg TROUGHS. WEDGES, HEARING AID IDENTIFIED | Nil | ✓ | ✓ |
| 20. BLOOD IN THEATRE FRIDGE X MATCHED 2u | ✓ | ✓ | ✓ |

WARD NURSE SIGNATURE SMITH SN

RECEPTION NURSE SIGNATURE L Cooper

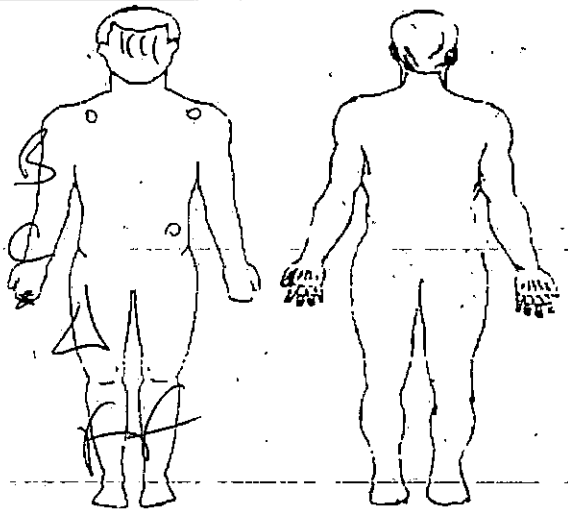
ANAESTHETIC NURSE SIGNATURE

**SITE CHECKED AND VERIFIED BY SURGEON SIGNATURE**

## INTRA OPERATIVE CARE

ANAESTHETIC ROOM 3 ANAESTHETIC NURSE SIGNATURE:

**PATIENT MONITORING**



**PERIPHERAL IVI**
**IV CANNULLAE**
**ECG ELECTRODES**
**CVP**
**ARTERIAL LINE**
**BP MANUAL / AUTO**
**PULSE OXYMETER**
**DIATHERMY PLATE**
**TEMPERATURE PROBE**
**EYES TAPED**
**THROAT PACK** IN / OUT

X C ☐ Z A B ● ▲ H I T

**TYPE OF ANAESTHETIC**

GENERAL ☑ SPINAL ☐ SEDATION ☐
LOCAL ☐ EPIDURAL ☐ THROAT SPRAY ☐
REGIONAL (BLOCK TYPE)

**TYPE OF AIRWAY**

E T T 8.0 ☑ GUEDAL ☐
L M-A ☐ NASAL ☐

**THEATRE**

SCRUB NURSE : T. GILL
CIRCULATING NURSE : A. RHODES

**PATIENT POSITION**

RIGHT LATERAL ☐ TRENDELENBURG ☐ OTHER ☐
LEFT LATERAL ☐ LITHOTOMY ☐
SUPINE ☑ LLOYD DAVIS ☐
PRONE ☐ JACK KNIFE ☐

**RIGHT ARM**

AT SIDE ☐ ON BOARD ☐ ACROSS CHEST ☑ OTHER ☐

**L ARM**

AT SIDE ☐ ON BOARD ☐ ACROSS CHEST ☑ OTHERS ☐

**PATIENT PROTECTION SAFETY**

J. BOARD + PADDING ☑ HEAD RING ☐ WARMING BLANKET ☑
HEEL RESTS PADDING ☐ PILLOWS ☑ GEL PAD ☑
PADDING/TIES ARM ☐ FLOWTRON BOOTS ☑ VERBAL CONFIRMATION OF PROCEDURE/SITE WITH SCRUB NURSE ☑

**DIATHERMY**

B I POLAR ☐ PAD CORRECTLY APPLIED ☑ SITE CHECK SATISFACTORY ☐
MONO POLAR ☑

**TOURNIQUET**

ARM ☑ RIGHT ☐ TIME ON 1048 SITE CHECK
LEG ☐ LEFT ☑ TIME OFF 1109 SATISFACTORY ☐
28 mins.

**SKIN PREP**

SOLUTION USED VIDINE.

# NHS Intraoperative Accountable Items Count Record

Date 27/3/12

ADDRESSOGRAPH

CHI: 0412703297
RAH165288
O'ROURKE
ALEXANDER
04/12/1970 M
PA1 2XP

NAME
DOB
HOSP/CHI

WARD 24
HOSP RAH
THEATRE 3

| COUNTS | Scrub Nurse(s) Print Name | Circulating Nurse(s) - Signature & Print name |
|---|---|---|
| PRE - OP SWAB COUNT CORRECT | J. McInnes | T - Gill |
| PRE - OP INSTRUMENT COUNT CORRECT | J. McInnes | T - Gill |
| FINAL SWAB COUNT CORRECT | J. McInnes | T. Gill |
| FINAL INSTRUMENT - COUNT CORRECT | J. McInnes | T. Gill |
| FINAL SWAB DISPATCH COUNT CORRECT | J. McInnes | T. Gill |

**SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.**

I have reviewed this count sheet and can verify my count(s) correct.
SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

## HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

| | Outgoing Scrub Nurse - Print Name | Incoming Scrub Nurse - Print Name | Circulating Nurse(s) - Signature & Print name |
|---|---|---|---|
| **OUTGOING COUNT** *To be completed for permanent and temporary replacement* | | | |
| **INCOMING COUNT** *To be completed for temporary replacement* | | | |

OPERATION (2). Exploration, Washout, suturing left Elbow

## TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

| | | | | | |
|---|---|---|---|---|---|
| Swabs (2x2) | | Tapes | | | ITEMS REMAINING IN SITU (Type & Number) |
| Swabs (10x10) | 10 | Sloops/Slings | | | |
| Abdominal packs | | Bulldogs | | | |
| Sutures | 3 | Shods | | | |
| Needles | 2 | Tibbs Cannula | | | |
| IV needles | | Ports | | | |
| Syringes | | Staple Gun Inserts | | | |
| Discard-a-pad | 1 | Spears | | | |
| Diathermy pencil | | Throat packs - Anae | | | |
| Diathermy tips | | Throat packs - Scrub | | | |
| Scratch pad | | Retrieval Bag (Bert) | | | |
| Reels | | Digital Tourniquets | | | |
| Patties | | | | | |
| Pledgelets | | | | | |

## DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

## SWAB / NEEDLE / INSTRUMENT COUNT

| | | | | | |
|---|---|---|---|---|---|
| **SWAB COUNT** | 1ST | ✓ | CORRECT | | INCORRECT | |
| | FINAL | ✓ | CORRECT | | INCORRECT | |
| **INSTRUMENT** | | | CORRECT | ✓ | INCORRECT | |
| **DISCREPANCIES** | XRAY PERFORMED | | YES | | NO | |
| | INCIDENT REPORT CARRIED OUT | | YES | | NO | |

| | |
|---|---|
| SCRUB NURSE SIGN | (2) |
| CIRCULATING NURSE SIGN | (2) |

**SPECIMENS TAKEN** — YES ☐ NO ✓

| | | | | | |
|---|---|---|---|---|---|
| TISSUE | ☐ | ORGAN | ☐ | BLOOD | ☐ |
| PATHOLOGY | ☐ | BACTERIOLOGY | ☐ | FROZEN SECTION | ☐ |
| OTHER | ☐ | | | | |

**BLOOD LOSS MEASURED** — YES ☐ NO ✓

### OPERATION

(1) Laparotomy, oversewing of gastric vessels + peritoneal lavage.
(2) Exploration, washout + suturing laceration to left elbow.

| | | | |
|---|---|---|---|
| SKIN CLOSURE Abdo<br>Elbow | - clips<br>- 3/0 Nurafil | WOUND DRAINAGE (TYPE) | / |
| DRESSING Abdo<br>Elbow | - Tegaderm<br>- Mepilex blue swab over wound | LA INFILTRATION | / |
| URINARY CATHETER | Pre-op | PACKS IN SITU | / |
| IRRIGATION (TYPE) | Nacl | | |

* Venflon and Sub-cut cannula removed from left arm in theatre

# POST OPERATIVE CARE PLAN

RECOVERY NURSE Jackie Donnelly

## CONSCIOUS LEVEL

| | | | |
|---|---|---|---|
| UNCONSCIOUS | | CONSCIOUS / DROWSY | ✓ |
| CONSCIOUS / RESPONSIVE | | VENTILATED | |

## AIRWAY MANAGEMENT

| | | | | | |
|---|---|---|---|---|---|
| ETT | | LMA | | GUEDEL | |
| NASAL | | MAINTAINING OWN | ✓ | | |
| TIME AIRWAY REMOVED | | | | | |

## OXYGEN THERAPY

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MASK | ✓ | NASAL CANNULA | | T-PIECE | | OTHER | | %AGE | |
| DISCONTINUED | | | | | | | | | |

## I V ACCESS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| PATENT IVI RT HAND. | ✓ | VENFLON INSITU | | DISCONTINUED | | SITE CHECK SATISFACTORY | |

## DRAINS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| PATENT | | BLOCKED | | DRAINAGE IN MLS | | SITE CHECK SATISFACTORY | |

## PCA / EPIDURAL

1mg/1ml Morphine.
INTRA OP fentanyl 100mg IV

## OBSERVATIONS

INTRA OP { morphine 20mg IV + Tramadol 100mg IV

| TIME | 1330 | 1345 | 1400 | 1415 | 1430 | 1445 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S A O2 | 97 | 97 | 97 | 98 | 98 | 98 | | | | | | | | | |
| RESP RATE | 24 | 26 | 26 | 16 | 15 | 16 | | | | | | | | | |
| BLOOD PRESSURE | 154/91 | 151/97 | 125/101 | 155/97 | 148/97 | 159/95 | | | | | | | | | |
| HEART RATE | 102 | 166 | 100 | 97 | 107 | 94 | | | | | | | | | |
| TEMP | 36.8 | | 37.2 | ✓ | ✓ | ✓ | | | | | | | | | |
| PAIN SCORE | 0 | 0-1 | 0-1 | 0-1 | 0 | 0 | | | | | | | | | |
| NAUSEA SCORE | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| SEDATION SCORE | 2-3 | 1-2 | 1 | 1 | 1 | 1 | | | | | | | | | |
| C S M Left Elbow | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | |
| P V STAINING Left Elbow | NIL | NIL | NIL | NIL | NIL | NIL | | | | | | | | | |
| WOUND STAINING ABDOMEN | MOD | MOD | MOD | MOD | MOD | MOD | | | | | | | | | |

| PROBLEM/NEED | INTERVENTION | OUTCOME |
|---|---|---|
| | | |

| | | |
|---|---|---|
| DISCHARGE CRITERIA MET | TIME | SIGNATURE: |
| PATIENT HANDOVER TO WARD NURSE — TIME | WARD NURSE SIGNATURE: | |
| | RECOVERY NURSE SIGNATURE: J Donnelly | |