**Subject Access Request Team**
**Health Records Department**
**Gartnavel General Hospital**
**1053 Great Western Road**
**Glasgow**
**G12 0YN**

NHS
Greater Glasgow and Clyde

MMA LEGAL
STOK, 43 - 59 PRINCES STREET,
STOCKPORT,
SK1 1RY

Date: **8TH MAY 2026**
Your Ref: **100112**
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

## Re: Subject Access Request under the General Data Protection Regulation

**Patient: CATHERINE HONEYMAN** **Date: 01.02.1949**

Thank you for your request received **21ST APRIL 2026** .in which you seek a copy of your client's personal information.

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

**QUEEN ELIZABETH UNIVERSITY HOSPITAL - GARTNAVEL GENERAL HOSPITAL – NEW VICTORIA INFIRMARY HOSPITAL 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

## MANUAL PATIENT RECORDS

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

**Including:**

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

GREATER GLASGOW HEALTH BOARD – VICTORIA INFIRMA

548200

SG00940779
HONEYMAN, CATHERINE
10 MELVILLE STREET
GLASGOW
G41 2LN
01/02/1949
CHI 0102496145

SURNAME (Block Letters): HONEYMAN

FIRST NAME: CATHE

ADDRESS: 10 MELVILLE STREET
POLLOKSHIELDS
GLASGOW G41 2LN

OCCUPATION: HOUSE

NEXT OF KIN (Nam: RAYMOND HONEYMAN (HUSBAND)
S/A
429. 2265

CHANGE OF ADDRESS: N/A

NAME AND ADDRESS OF OWN DOCTOR
DR MILLS / DR. Bentley
45 PINE PLACE (Marshall)
GLASGOW G5 0BQ 429. 6291

CHANGE OF ADDRESS

NAME AND ADDRESS OF OWN DOCTOR

BLOOD GROUP

SENSITIVITY

## UNIT CASE RECORDS

GENERAL ☐ INSTITUTE ☐ MATERNITY ☐ J. W.
ORTHOPAEDIC ☐ PSYCHIATRIC ☐ CHEST ☐

## INDEX OF ATTENDANCES

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

| DATE | CLINIC / WARD | DOCTOR | DIAGNOSIS / OPERATION | CODED | DISCH. DATE |
|---|---|---|---|---|---|
| 4.8.77 | 12 A | | | | |
| 24.9.79 | MED | DR BEGG | | | |
| 5.6.81 | 12 A | | | | |
| 5.2.88 | WD 16 | | | | |
| 4.11.89 | 16 | | | | |
| 3.5.91 | SURG | MR MACK | | | |
| 19.9.93 | SURG | MR PICKFORD | | ✓ | 21.9.93 |
| 11.1.95 | Gyn | Dr Kaszewski | | | |
| 10.2.95 | SURG | MR PICKFORD | | | |
| 6/2/95 | GYN 12A | DR KERR | | | 6/2/95 |
| 15/1/97 | Pain Relief | | | | |
| 26/3/99 | WARD 10 | Dr Rooney | | Home | 26/3/99 |
| 3/5/02 | SURGICAL | MR MOHAMMED | | | |
| 4/2/04 | MAU-7 | DR DALLAS-DR Boulton Jones | | H | 8-2-04 |

*Continued*

| DATE | CLINIC / WARD | DOCTOR | DIAGNOSIS / OPERATION | CODED | DISCH: DATE |
|---|---|---|---|---|---|
| 21/9/12 | Chest | Davidson | | | |
| 21/9/12 | chest | Davidson | | | |

Golden Jubilee National Hospital
Agamemnon Street
Clydebank G81 4DY
National Waiting Times Centre Special Health Board

DEPARTMENT OF CARDIOLOGY
Phone: 0141 951 5496 Fax:0141 951 5859
E-mail:Margaret.williamson@gjnh.scot.nhs.uk

NHS SCOTLAND

# *CARDIOLOGY DISCHARGE LETTER*

| |
|---|
| **Name:** CATHERINE HONEYMAN **DOB:** 01/02/1949<br>**Address:** 10 MELVILLE ST, GLASGOW, G41 2LN |
| **CHI Number:** 0102496145 **Examination Number:** D105000185462 |
| **Examination Date:** 22/05/2013 **Examination Time:** 09:00 |
| **Examination:** Coronary Angiogram |
| Dictated by: Dr Andrew Davie **Date Reported:** 22/05/2013 |
| **Typed By:** Margaret Williamson **Date Typed:** 22/05/2013 |
| **Report To:**<br>Dr Marshall<br>Gorbals Health Centre<br>45 Pine Place<br>GLASGOW<br>G5 OBQ |
| **CC:**<br>Mr Martin<br>Consultant Orthopaedic Surgeon<br>Southern General Hospital<br>1345 Govan Road<br>GLASGOW<br>G51 4TF<br><br>Dr Andrew Davie<br>Consultant Cardiologist<br>Southern General Hospital<br>1345 Govan Road<br>GLASGOW<br>G51 4TF |

**Main Diagnosis:** ? Angina.

**Other Conditions:**
1. Mild coronary disease.
2. Awaiting shoulder replacement.
3. Previous joint replacement.

**Procedure:** Coronary angiography

**Recommended Medication:** As directed.

**Follow-up:** Nil cardiac

Dear Dr Marshall,

Mrs Honeyman was admitted for coronary angiography as arranged by me. This was performed by Dr Venkat on 22/05/13. This showed mild diffuse coronary disease, which may or may not be flow-limiting. It remains unclear whether she has angina or not, but if she does, it is clearly mild, and there is certainly no reason why surgery should not go ahead straight away.

Best wishes,

Yours sincerely

Dr Andrew P. Davie
Consultant Interventional Cardiologist

**Dictated by: Dr Andrew Davie**

**Verified by: Dr Andrew Davie**

**Total number of pages for this report** = 2
**Name:** CATHERINE HONEYMAN **ID:** 0102496145 **DOB:** 01/02/1949
**Examination date:** 22/05/2013 09:00

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
TEL: 0141 201 5025
FAX: 0141 201 5082

PC/SMD/SG99406473
CHI NUMBER: 0102496145

MR. P. CHAN'S ORTHOPAEDIC UNIT

DICTATED: 26/10/10
TYPED: 26/10/10

DR MILLS
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

ear Dr Mills,

**CATHERINE HONEYMAN DOB: 01/02/49**
**10 MELVILLE STREET, 0/2 GLASGOW, G41 2LN**

ADMITTED: 14/10/10
DISCHARGED: 15/10/10
DIAGNOSIS: UNDISPLACED RIGHT DISTAL TIBIAL #
FOLLOW UP: OUTPATIENT CLINIC

This lady, who is known to have recurrent falls, unfortunately sustained the above injury, despite coming out of a cast 4 weeks ago following a lateral malleolor fracture, also treated conservatively.

She is currently awaiting what sounds like the first stage of a 2 stage revision process for her right knee replacement under Mr Hullen.

In relation to her tibial fracture she has been placed in an above knee charged and discharged home. She will be followed up in clinic as planned.

Yours sincerely

DNA/F
25/11/10

DR DONALD HANSOM
ST1 IN ORTHOPAEDICS

South Glasgow Hospitals
Victoria Infirmary, Glasgow G42 9TY. Tel. 0141 201 6000

**Part I Discharge Letter and Medicine Prescription Form - Confidential** Ref No: 167924

Greater Glasgow and Clyde

**Dear Doctor** Graeme Marshall
**Surgery** Govan health centre

SG99406473
Patient CATHERINE HONEYMAN
01/02/1949
Address G41 2LN
Practice Code: 49074
CHI: 0102496145
DOB
Weight CATHERINE HONEYMAN

4 copies
E
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P

Ward: 4 Tel:
Consultant: Chan
Specialty: Orthopaedics
Named Nurse:
Admission date: 14/10/10
Mode of admission: Ambulance
Source of admission: Self
Discharge date: 15/10/10

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

VIMI -DISCHARGE - 2725 VIC

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

(61) # ® tib + fib 14/52 ago following knee giving way – leg + gave way again + c/o severe pain ® lower leg.
O/E - ® leg moderate swelling, tender ext. tibia + lat. malleolus. Limited ROM 2° pain. ® pelan knee backslab.

Other information

| MEDICINE | Dosage form | Dose | Times for administration: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 8 | pm 10 | Other times | Recommended duration of treatment after discharge | New Drug ✓ | New Dose ✓ | Number of days supply | Dispensing Details (Pharmacy only) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Tramadol | PO | 50mg | As required 4-6 hourly | | | | | | | | | | 5 Patient own supply. | | | | |

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

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

Dispensed by: ... Date: ... / ... / ...
Checked by:

**WARD USE ONLY**
Med. rec. on ward by: [illegible] 15/10/10
Issued by: ... Date: ... / ... / ...
Signature of recipient:

Doctor's name: Susan Jenkins Signature: S. Jenkins Date 15/10/10
Doctor's grade: F/W Pager number: 6077

Number of prescription sheets at discharge:

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

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
TEL: 0141 201 5025
FAX: 0141 201 5082

PC/SMD/SG99406473
CHI NUMBER: 0102496145

MR. P. CHAN'S ORTHOPAEDIC UNIT

DICTATED: 15/10/10
TYPED: 19/10/10

MR M HULLEN
CONSULTANT ORTHOPAEDIC SURGEON
SOUTHERN GENERAL HOSPITAL
GLASGOW

Dear Mike,

CATHERINE HONEYMAN DOB: 01/02/49
10 MELVILLE STREET, 0/2 GLASGOW, G41 2LN
DIAGNOSIS: 1. UNDISPLACED RIGHT DISTAL TIBIAL #
2. INFECTED RIGHT KNEE REPLACEMENT
(UNDER CARE OF MR HULLEN)

Just a quick note to let you know this lady was admitted to the Victoria yesterday with an undisplaced right distal tibial fracture which I intend to treat conservatively. I gather she is well known to yourselves for an infected knee and is awaiting a date for what sounds like the first stage of a two stage revision.

This is also on a background of a lateral malleolar fracture for which she came out of cast for 4 weeks ago.

My intention is to treat her in an above knee cast and hopefully she will get home.

She will be followed up at the fracture clinic.

Yours sincerely

Mr Peter Chan
Consultant Orthopaedic Surgeon

MR PETER CHAN WARD ROUND 15TH OCT 2010
CATHERINE HONEYMAN SG99406473 WARD 4
DIAGNOSIS: 1. UNDISPLACED RIGHT DISTAL TIBIAL #
2. INFECTED RIGHT KNEE REPLACEMENT
(UNDER CARE OF MR HULLEN)

This unfortunate lady had another tumble yesterday sustaining an undisplaced extra articular fracture of her right distal tibia. This is on a background of coming out of cast 4 weeks ago for lateral malleolar fracture treated conservatively.

She has also had her knee washed out under the care of Mr Hullen 3 months ago for infection. She is currently awaiting a date for what sounds like the first stage of a two stage revision.

Currently she is comfortable in a below knee cast. Fracture position within the cast is satisfactory.

I think the best control is in an above knee cast and I will convert this today.

She is to mobilise non weightbearing and I will drop a line to Mr Hullen telling him about this admission.

PC/SMCD 15tH OCTOBER 2010

XR = - Tib-fib #, vault intact.

Ph - Analgesia
IV access / Bloods / ECG
Below knee A/slab
Elevation
Regular obs

Engine

E McGeesk
ST3.

PEEL OFF

I confirm that I have received a copy of instructions for patients in:

Plaster casts ☐ Crutches ☐ Zimmer ☐ Walking stick ☐

Name (CAPITAL LETTERS please): .....

Patient signature: .....

Date: 14/10/10

Plaster applied by: .....

Date: 14/10/10

IDENT & EMERGENCY DEPARTMENT
VICTORIA INFIRMARY
ANGSIDE ROAD, GLASGOW G42 9TY

NHS Greater Glasgow and Clyde

(BLOCK LETT
SURNAME
FORENAI
ADDRES
POST C
G.P. NA
ADDRI
CODI

SURNAME: HONEYMAN | DOB: 01/02/49 | AGE: 61 | SEX: F
FORENAME: CATHERINE | OCCUPATION:
ADDRESS: 10 MELVILLE STREET 0/2 GLASGOW
POSTCODE: G41 2LN | TEL: 0141 422 1580
A/E Number: AE0086713/10
CHI Number: 0102496145
UNIT Number: SG93406473
ARRIVAL DATE: 14/10/10
ARRIVAL TIME: 1954
MODE: A
REFERRAL BY: SELF

GP Name: GRAEME G MARSHALL
ADDRESS: GORBALS HEALTH CENTRE GLASGOW G5 0BQ
CODE: 49074/1 | TEL: 0141 531 8250
PRESENTING COMPLAINT: ANKLE INJ
INCIDENT TYPE: INJ
INCIDENT LOCATION: OUT

Number of visits in the last year (including this one): 1
Total Number of Visits (including this one): 4

Notes requested 15/10/10

GP DISCHARGE LETTER

DIAGNOSIS

INVESTIGATIONS

• X-RAYS

TREATMENT

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) CODE

(SIGNATURE) DISCHARGE TIME

FOLLOW UP NOT ARRANGED / ARRANGED . DATE TIME

OUT PATIENTS (PLEASE CIRCLE)

| | | | |
|---|---|---|---|
| A&E CLINIC | ORTHOPAEDIC | ADMISSION / TO WARD | 4 |
| SURGERY | MEDICINE | MEDICINE | SURGERY |
| EYE | E.N.T. | ORTHOPAEDIC | E.N.T. |

22.10

## TRIAGE/NURSING DOCUMENTATION

ONCE ONLY PRESCRIPTION

| DATE | DRUG | DOSE | ROUTE | PRESCRIBED BY | TIME GIVEN | GIVEN BY |
|---|---|---|---|---|---|---|
| 14/10/12 | MORPHINE | 6mg | IV | [illegible] | 2015 | [illegible] |
| 14/10/12 | MORPHINE | 6mg | IV | [illegible] | 2038 | [illegible] |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TRIAGE DETAILS

DATE

TIME 1957

P1

P2

REC CASE YES/NO

RELS PRESENT YES/NO

P.C. BIBA - See prf

1 MORE

TRIAGE NURSE'S SIGNATURE

ALLERGIES NKDA

PRESSURE AREAS AT RISK YES/NO

INITIAL OBSERVATIONS

HR 84 BP 141/90 RR 18 TEMP 35.9° SAT 96% (RA) PEAK FLOW

URINALYSIS

BM 4.1 (Trumpl) GCS E M V PUPILS

PAIN SCORE 0 1 2 3

NURSING NOTES/TREATMENT Pain 8

IV Access ☑

Bloods ☐ Inc G+S

Morphine ☑

Fans ☑

X-Ray ☐ (Pelvis/Hip)

AH (SMN)

SIGNATURE

BLOOD RESULTS

DATE 14/10/12 TIME 2000 NAME (PRINT) M'N Neisa

(SIGNATURE)

CLINICAL NOTES GI Q.

Background: O.A.
- B/Lat TKSR.
- A/L Revision (R) TKSR (C) 11/2010

HPC: # (R) TKS - Fib 14/52 ago following knee giving way.
Conservative Rx with PoP 9/52.
Removed 4/52 ago.
WB ± crutches.
Leg gave away today.
C/O severe pain (R) lower leg.
Non-WB since.

PH Tramadol.
NKDA.

O/E: Obs (N)

(R) leg: - Moderate swelling
Tender entire tibia + lat mall.
Limited ROM 2° pain
Abrasion: over tibial tuberosity
[illegible]

Acute Services Division

**The Victoria Infirmary**
**Orthopaedic Department, Plaster Room, Telephone 65439**

NHS Greater Glasgow and Clyde

# Plaster

Patient's
Unit Num

SG99406473
CATHERINE HONEYMAN
CHI:0102496145

Use addr

Ward 4
Consultant
Prescribed by
Date
X-rays

| *Arm casts:* | *Right / Left (Circle)* | Plaster Off |
|---|---|---|
| Colles | ☐ | |
| Scaphoid | ☐ | |
| Bennets | ☐ | |
| B/E B slab | ☐ | |
| A/E B slab | ☐ | |
| A/E cast | ☐ | |
| Volar slab | ☐ | |
| U-slab | ☐ | |
| Humeral brace | ☐ | |
| Arm cylinder | ☐ | |
| Complete | ☐ | |

| *Leg Casts:* | *Right / Left (Circle)* | Plaster Off |
|---|---|---|
| B/K cast | ☐ | |
| B/K slab | ☐ | |
| A/K cast | ☑ | |
| A/K slab | ☐ | |
| Cylinder | ☐ | |
| Cylinder B/slab | ☐ | |
| B/K incl. toe | ☐ | |
| Slippers | ☐ | |
| Sarmiento/P.T.B. | ☐ | |
| Complete cast | ☐ | |
| Cast brace | ☐ | |

**Can the cast be changed?**
Yes ☐
No ☐

**Materials:**
Lightweight ☐ Plaster of Paris ☐ Prelude slab ☐

**Special requests:**

**Position:**
Neutral ☐
Supination ☐
Pronation ☐

**Wound treatment/care:**

**Position:**
Plantigrade ☐
Right leg ☐
Equinus ☐
Left leg ☐

**Weight bearing:**
Fully W/B ☐
Partial W/B ☐
Non W/B ☑
Cast shoe ☐

**Can the cast be changed?**
Yes ☑
No ☐

**Functional bracing:**
Tibial ☐
Femoral ☐
Hinges Flexion _____ ☐
Extension _____ ☐
Right leg ☐ Left leg ☐
Right arm ☐ Left arm ☐

**Special requests:**

**NEOFRACT**

Jacket ☐ Cylinder ☐ Other ☐

| Comments or instructions: | Any further information or requests: |
|---|---|
| | |

**Hand patients / Removable splints/requests:**

| Date | Nursing Notes | Signature | Grade |
|---|---|---|---|
| | Plaster off: | | |
| 15/10/10 | BK Backslab removed | [signature] | JS/N |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Plaster applied: | | |
| BS | Above Knee | | |
| 15/10/10 | ~~RE~~ Light weight cast applied. Instructions already given | [signature] ASCOTT | JS/N |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Dressings/sutures: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Tubigrip/bandage/splint: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

VI MEDICAL ILLUSTRATION - ORTUS Ltd

## E-Pacer PATIENT REPORT

| Time | 19:50 | Date | 14/10/2010 |
|---|---|---|---|

### PATIENT AND INCIDENT DETAILS

| | |
|---|---|
| Incident number | PA003521430.001 |
| Name | CATHERINE HONEYMOON |
| Age | 61 |
| Date of birth | 01/02/1949 |
| Gender | Female |
| Incident location | 10 - 0 2 MELVILLE STREET POLLOCKSHIELDS GLASGOW |
| Incident post code | G41 2LN |
| Incident type | EMG |
| Call received | 14/10/2010, 19:19 |
| Call passed | 14/10/2010, 19:18 |
| Crew mobile | 14/10/2010, 19:19 |
| Crew at scene | 14/10/2010, 19:23 |

### TREATMENT REFUSAL FORM

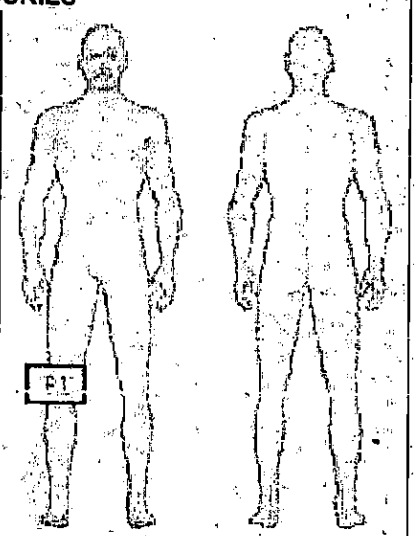
### PRIMARY SURVEY

| | |
|---|---|
| **RESPONSE** | |
| AVPU | Alert |
| **AIRWAY** | |
| Airway assessment | Clear |
| **BREATHING** | |
| Breathing rate | Normal |
| Respiratory rate | |
| **CIRCULATION** | |
| Pulse rate | Normal |
| Most peripheral pulse found | Radial |
| Cap refill rate | |
| Skin colour | Pale |
| Skin texture | Dry |

### PATIENT CONSENT

| | |
|---|---|
| Patient consent | Capacity to understand risks and treatment |

### INJURIES



### AMPDS

| | | |
|---|---|---|
| Final code | 17A01 | Falls, Not Dangerous body Area |

### GCS

| | |
|---|---|
| Final GCS eye opening | Spontaneous |
| Final GCS verbal response | Orientated |
| Final GCS motor response | Obeys commands |

### VITAL SIGNS

| Time | Pulse bpm | Resp rpm | BP mm Hg | Cap refill (secs) | Peak flow % | Blood sugar mmol / l | Temp °C | SpO2 % | GCS Total | RTS | SEWS | ECG | Pain score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19:35 | 88 | 18 | 145 / 76 | <2 secs | 5 | 46.7 | 36.8 | 99 | 15 | 7.550 | 0 | NSR 4/10 |

**EYES AND PUPIL SIZE AND REACTION**

| | Left | Right |
|---|---|---|
| Pupil size | Normal | Normal |
| Pupil reaction | Normal | Normal |

**AMPLE**

| | |
|---|---|
| Allergies | None |
| Other allergies | |
| Medication | WITH PATIENT |
| Past history | ANGINA, KNEE REPLACEMENTS |
| Last eaten | >5 hrs |
| Events prior | |

**AMI**

| | |
|---|---|
| History of episode | |

**EMERGENCY SERVICES ON SCENE**

| | |
|---|---|
| Paramedic | Technician |

**FINAL OBSERVATION AND COMMENTS**

| | |
|---|---|
| PATIENT FELL EARLIER TODAY. RECENT TIB # ON THIS LEG. VERY PAINFUL AND SWOLLEN AROUND ANKLE | |
| Report ID | 0594488f-3b84-42d1-b3f8-da24f375f320 |

COPY for NOPES

Pre-assessment clinic
Orthopaedics
Southern General Hospital
2/5/13

Cons: Mr Martin

Cardiology Department
Southern General Hospital

**Re: Catherine Honeyman, DOB: 1/2/49, CHI: 0102496145, Address: Flat 0/2, 10 Melville Street, Glasgow, G41 2LN**

Dear Doctor,

We would be grateful for your input with the above patient. Mrs Honeyman is a 64 year old lady with a past history of hypertension and angina as well as having had numerous surgical interventions including cholecystectomy, bilateral knee replacements, I&D of groin abscesses and removal of benign breast lumps. She is a Jehovah's witness. Her current BMI is 36.

She is due to undergo a left shoulder replacement under Mr Martin however upon attending pre-assessment she reported increasing frequency of her angina. It is now occurring on a weekly basis most often when climbing the stairs. She feels it is now limiting her ability to carry out some of her daily activities. Unfortunately I do not have her latest ECG to hand. Examination was unremarkable.

Current medications includefluoxetine, bendroflumethiazide, aspirin, atenolol, omeprazole and tramadol.

We would greatly appreciate it if you would be able to see Mrs Honeyman prior to us re-arranging her operation.

Kind Regards

Caroline Bisset
GPST1

| Name: | CHI No.: |
|---|---|
| | |

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

Date:

14/10/10
23⁰⁰

F42 ortho On call

Hx noted

Plan

(R) B/K backslab ⊖
Analgesia ⊖
IV amen + blds ⊖
Elevate leg ⊖
Fast from midnight ⊖
Mark leg ⊖
IV fluids ⊖

GIBSON
F42 #6439

South Glasgow Hospitals
Victoria Infirmary, Glasgow G42 9TY. Tel. 0141 201 6000

**Part 1 Discharge Letter and Medicine Prescription** - **Confidential** Ref No: 092147

Greater Glasgow and Clyde

VIMI-DISCHARGE - 2725 VIC

Dear Dr ...
Surgeon ...

copies

Patient SG99406473
CATHERINE HONEYMAN
Address 10 MELVILLE STREET
G/R
GLASGOW
G41 2LN
DOB: 01/02/1949 CHI 0102496145
Weight ..... CHI no: .....

Ward: CCU Tel: .....
Consultant: ADAMS
Specialty CARDIOLOGY
Named Nurse: .....
Admission date: 11/12/18
Mode of admission .....
Source of admission .....
Discharge date: 12/12/18

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

Reason for admission, treatment, diagnosis, investigations, operations, complications:
PREVIOUS +VE MYOVIEW
ADMITTED WITH CHEST PAIN → TROPONIN NEGATIVE. ECG x2 (N). CXR (N).

Other information

| MEDICINE | Dosage form | Dose | Times for administration: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 8 | pm 10 | Other times | Recommended duration of treatment after discharge | New Drug ✔ | New Dose ✔ | Number of days supply | Dispensing Details (Pharmacy only) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ~~MOLAUNDATE~~ ASPIRIN | PO | ~~75mg~~ | | ✓ | | | | | | | | | | | | | 7 Tmap Atenolol |
| BENDROFLUMETHIAZIDE | O | 2.5MG | | ✓ | | | | | | | | | | | | | 7 Atenolol |
| SIMVASTATIN | O | 40MG | | | | | | | | ✓ | | | | | | | 7 Nifed |
| ATENOLOL | O | 25MG | | ✓ | | | | | | | | | | | | | 7 Diazepam |
| OMEPRAZOLE | O | 20MG | | ✓ | | | | | | | | | | | | | 7 Ranitidine |
| PREGABALIN | O | 75MG | | ✓ | | | | | | ✓ | | | | | | | 14 Pregabalin |
| TRAMADOL | O | 50MG | | ✓ | | | | | | ✓ | | | | | | | 14 Ranitidine |
| GTN SPRAY | SL | 2PUFS | | | PRN, CHEST PAIN. | | | | | | | | | | | | 1 Tramadol |

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

Clinical Pharmacy check: AT.
All known drug sensitivity / adverse reactions:

Dispensed by: ..... Date: 12/12/18
Checked by: Simens.

**WARD USE ONLY**
Med. rec. on ward by: G. Hughes
Issued by: ..... Date: 12/12/18
Signature of recipient: Catherine H.

Doctor's name: S. WILLIAMS Signature: ..... Date 12/12/18
Grade: ST2 Pager number: 6409
Number of prescription sheets at discharge:

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

(3)

NHS Greater Glasgow and Clyde

| | | | |
|---|---|---|---|
| SURNAME: HONEYMAN | DOB: 01/02/49 | AGE: 59 | SEX: F |
| FORENAME: CATHERINE | OCCUPATION: | | |
| ADDRESS: 10 MELVILLE STREET<br>0/2<br>GLASGOW | | | |
| POSTCODE: G41 2LN | TEL: 0141 422 1580 | | |

A/E Number: AE0012232/08
CHI Number: 0102496145
UNIT Number : SG99406473
ARRIVAL DATE: 11/02/08
ARRIVAL TIME: 0727
MODE: A
REFERRAL BY: SELF

| | |
|---|---|
| GP Name: GRAEME G MARSHALL | PRESENTING COMPLAINT: ?ANGINA |
| ADDRESS: GORBALS HEALTH CENTRE<br>GLASGOW<br>G5 0BQ | INCIDENT TYPE: MED |
| CODE: 49074\|1 TEL: 0141 531 8250 | INCIDENT LOCATION: INS |

(BLOCK
SURN
FORE
ADDR
POST
G.P. N
ADDR

Number of visits in the last year (including this one): 1
Total Number of visits (including this one): 3

NT TYPE

NT LOCATION

CODE TEL.

**GP DISCHARGE LETTER**

DIAGNOSIS ACS.

INVESTIGATIONS

X-RAYS

TREATMENT

CODE

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) LIGHTFOOT CODE JTR. LIGHT

(SIGNATURE) DISCHARGE TIME

**FOLLOW UP** NOT ARRANGED / ARRANGED DATE TIME 11.15

**OUT PATIENTS** (PLEASE CIRCLE) **ADMISSION**

A&E CLINIC ORTHOPAEDIC TO WARD 12a

SURGERY MEDICINE MEDICINE SURGERY

## TRIAGE/NURSING DOCUMENTATION

ONCE ONLY PRESCRIPTION

| DATE | DRUG | DOSE | ROUTE | PRESCRIBED BY | TIME GIVEN | GIVEN BY |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TRIAGE DETAILS

DATE

TIME

P1

P2

REC CASE YES/NO

RELS PRESENT YES/NO
Husband

P.C. 999 call. See PRF
Chest pain - pain free at present

TRIAGE NURSE'S SIGNATURE

ALLERGIES

PRESSURE AREAS AT RISK YES/NO

INITIAL OBSERVATIONS

HR 70 BP 127/76 RR 17 TEMP 36.1 0'SAT 100% Air PEAK FLOW

URINALYSIS

BM GCS E M V PUPILS

PAIN SCORE 0 1 2 3

NURSING NOTES/TREATMENT

Old notes requested ✓
ECG ✓
STEWS chart/ nameband ✓

SIGNATURE

BLOOD RESULTS

DATE 11-2-8 TIME 08:20

NAME (PRINT) LIGHTBODY

(SIGNATURE)

CLINICAL NOTES

[redacted]

999
- wake up ↑ phone. "tightness" in chest
~ 0710
- passed ambl ~07:00 ; s/s paramedic
O2 + Aspirin, GTN → pain relieved
- pain free now

Hx - Smoke - ex Alc ✗ Allergies - Nitrates, NKDA
BP ✓ Lipids ✓

O/E Uncomfortable
good color
Chest - vesic clear
24 sats

ECG → NSR 72 bpm
no ischaemia

Δ ACS.

Plan - access / bloods
CXR
for MI meds
Admit Medical

rs Catherine Honeyman (03/12/2007)
02496145 01/02/1949
lunros

***** Please re-order drugs *****
***** using this form *****
****** Tick the drugs required ******

[ ] 1. Simvastatin TABS 40MG
[ ] 2. Atenolol TABS 25MG
[ ] 3. Pregabalin CAPS 75MG
[ ] 4. Tramadol Hydrochloride CAPS 50MG
[ ] 5. Paracetamol TABS 500MG
[ ] 6. Aspirin Dispersible TABS 75MG
[ ] 7. Bendroflumethiazide TABS 2.5MG
[ ] 8. Fluoxetine CAPS 20MG
[ ] 9. Omeprazole CAPS 20MG

**********

PLEASE NOTE THAT WE ARE CLOSED ON 25th & 26th DEC 07 AND 1st & 2nd JAN 2008. PLEASE ORDER ANY MEDICATION REQUIRED IN PLENTY OF TIME AS OUT OF HOURS SERVICE IS FOR MEDICAL EMERGENCIES AND NOT REPEAT MEDICATION.

**********

This information below is for practice use:
Atenolol TABS 25MG 63 days late, Prev 91, 146, 174

*DEPARTMENT OF CARDIOLOGY*

E-mail: Norma.McMeekin@sgh.scot.nhs.uk
Tel: 0141 201 5398

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

JA/NMM
Dictated: 25/02/08
Typed: 26/02/08

DR G Marshall
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

**CATHERINE HONEYMAN DOB: 01/02/49 (SG99406473) CHI: 0102496145**
**10 MELVILLE STREET, 0/2 GLASGOW, G41 2LN**

This patient's chest x-ray report has now returned and I am pleased to say is normal.

Yours sincerely

JACQUELINE ADAMS
CONSULTANT CARDIOLOGIST.

CHI: 0102496145
Typed by: HF

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: CARDIOLOGY
Direct Telephone No: 0141 201 5398

Dictated: 14.02.08
Typed: 20.02.08

DR GRAEME G MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall

**CATHERINE HONEYMAN DOB: 01/02/49 Unit No: SG99406473**
**10 MELVILLE STREET, 0/2, GLASGOW, G41 2LN**

| | |
|---|---|
| Admission Date: | 11/02/08 |
| Discharge Date: | 12/02/08 |
| Consultant: | Dr Adams |
| Diagnoses: | 1. Chest Tightness - Troponin Negative<br>2. Previous Positive Myoview Scan |
| Drugs on Discharge: | Aspirin 75mgs mane, Bendrofluazide 2.5mgs mane, Simvastatin 40mgs nocte, Atenolol 25mgs mane, Losec 20mgs mane, Pregabalin 75mgs bd, Tramadol 50mgs bd, GTN spray one puff as required. |
| Follow up: | Dr Adams Cardiology Clinic 01.04.08 |

This lady was admitted with breathlessness and tightness in her chest which had been present for a number of weeks but on the day of admission she felt nauseated and vomited.

On admission she was afebrile. Oxygen saturations were 100% on air. Pulse 70 beats per minute and regular. Blood Pressure 120/70mmHg. Heart Sounds normal. Respiratory system clear. Serum biochemistry and LFTs were within normal limits. CRP was normal. ECG showed sinus rhythm with no acute changes. Chest x-ray showed clear lung fields though formal report is awaited.

Her second ECG showed no abnormality and Troponin was normal at 12 hours. She was therefore discharged home with plans to be reviewed at the cardiology clinic. She has in the past had a normal echocardiogram but her myoview scan did suggest a small amount of inducible ischaemia and if she has on-going problems then we would consider investigating this further.

CATHERINE HONEYMAN
01/02/49

My impression was that this lady was rather anxious and whether this was contributing to her symptoms needs to be considered.

Yours sincerely

JACQUELINE ADAMS
Consultant Cardiologist

| Progress Notes (Please indicate in margin what profession you represent e.g., Nursing | ilical) |
|---|---|
| Date and Time | |



South Glasgow Hospitals

NHS Greater Glasgow and Clyde

**Unified Case Record - Core Document**

Patient No: [redacted]

Address: SG99406473 CATHERINE HONEYMAN 10 MELVILLE STREET 0/2 GLASGOW G41 2LN

Telephone: 01/02/1949 CHI 0102496145 422 1580

Title: Mr ☐ Mrs ☑ Miss ☐ Ms ☐ Other ___

Ward MAU Date 11 12 08

Unit Number

Date of Birth / / Age 59

| Presenting Complaint | Diagnosis |
|---|---|
| 1 Chest Pain | 1 |
| 2 | 2 |
| 3 | 3 |

**Episode Information**

Admission Date: 11.12.08 Admission Time: 1130 Admitting Consultant: Dr Ashya

Admitting Ward: MAU Admitted From: Admitting Nurse:

Ready for Discharge Date: Actual Discharge Date:

**Consultant / Named Nurse Transfer**

| Date: | Consultant: | Ward: | Named Nurse: |
|---|---|---|---|
| Date: | Consultant: | Ward: | Named Nurse: |
| Date: | Consultant: | Ward: | Named Nurse: |
| Date: | Consultant: | Ward: | Named Nurse: |

| Name of G.P. | Address | Telephone No |
|---|---|---|
| Dr Marshall | Garbals H/C | 531 8250 |

| Allergies | Special Notes / Alert | CPR (see page 8) |
|---|---|---|
| None known | Known asthma Jehovahs Witness | Status: Date: |
| | | Status: Date: |

Chaplain Visited? Yes ☐ No ☐ Date: Religion: Jehovahs Witness

**Next of Kin Details**

Patient lives with: Husband & daughter Patient or dependents require care? Yes ☐ No ☐

Current care / support arrangements: None

Commence 'Social Assessment Record' if any care / support issues are identified - Commenced ☐ Not applicable ☐

**Other Family Details**

| Next of Kin: Raymond | Alternative Next of Kin / Carer: Tanya Hourigan |
|---|---|
| Relationship: Husband | Relationship: Daughter |
| Address: As above | Address: |
| Telephone No: 422 1580 | Telephone No: 07785105758 |
| Relative / Carer present Yes ☐ No ☐ If answer 'No' then → | Name of Relative / Carer contacted: |
| Name of person present on admission: | Telephone No: |
| 1st Language (e.g. English, Urdu) | Name and Contact No of CPN: |

Patient name: | DoB: | Unit number:

## Nursing Admission Profile

### Specific Observations

BM: | Weight: | Pregnancy Test (please tick) N/A ☐ Negative ☐ Positive ☐

Peak Flow: | Height: | Previous MRSA Yes ☐ No ☐ Unkown ☐

Body Mass Index:

### Mental Status

Alert ☑
Co-operative ☑
Calm ☑
Lethargic ☐
Withdrawn ☐
Confused / Agitated ☐
Anxious ☐
Aggressive ☐
Orientated to
Time ☑
Place ☑
Person ☑
Action Taken:

### Cardiovascular System

No problem identified ☐
Known cardiac symptoms ☑
Action Taken:
Angina

### Musculoskeletal System

No problem identified ☐
Known musculoskeletal symptoms ☑
Action Taken:
Arthritis of spine + joints

### GI System

No problem identified ☐
Known gastric symptoms ☑
Action Taken:
on lasec
Last BO 7/2/07
Stools per day:
Stools per week: once.
Incontinence of faeces ☐
Stoma ☐
Action Taken:
States tends to be constipated

### Neurological Systems

No problem identified ☑
Known neurological symptoms ☐
Action Taken:
Previous depressic & recently stopped anti depressants 6 wks ago
Swallowing deficit ☐
Refer to S.A.L.T. if deficit evident ☐
Aphasic* ☐
Expressive dysphasia* ☐
Receptive dysphasia* ☐
*Note possible consideration for consent /AWI
Consider use of ward consent / AWI resource pack

### Respiratory System

No problem identified ☐
Known respiratory symptoms ☐
Action Taken:

### Speech

Normal ☐
Clear ☐
Dysarthic ☐
Hesitant ☐
Hoarse ☐
Action Taken:

### Physical Activity

No limitations ☐
Walks with supervision ☐
Walks with assistance ☐
Uses walking aid ☑
Chair Fast ☐
Walking stick ☐
Zimmer ☐
Rolator ☐
Crutches ☐
Wheelchair independent ☐
Wheelchair outside only ☐
Falls Risk Assessment, if required ☐
Hip protectors required ☑
Other ☐
Action Taken:
IS awaiting a knee replacement.

### Mouth and Throat

No problem identified ☑
Dentures ☐
Sores / plaque on tongue ☐
Gum swelling / bleeding ☐
Sore throat ☐
Diminished taste ☐
Action Taken:



### Dietary Status

Normal diet ☑
Special diet ☐
Specify:
Diabetic ☐
Low fat ☐
Vegetarian / vegan ☐
Kosher / Halal ☐
Gluten free ☐
High protein / fortified ☐
Stage A ☐
Pureed fruit ☐
Stage B ☐
Stage C ☐
Stage D ☐
Stage E ☐
Low sodium ☐
Low residue ☐
Other ☐
Supplements used:
M.U.S.T. Assessment ☐
Referred to dietitian ☐
Action Taken:

### Skin

Normal ☐
Known skin problems ☐
Wound Assessment Chart ☐
Waterlow Score:
Action Taken:

### s

Normal ☑
Known auditory problems ☐
Hearing aid L / R ☐
Digital Hearing Aid insitu ☐
Action Taken:

### Eyes

Normal vision ☐
Glasses ☑
Contact lenses ☐
Blind ☐
Prosthesis ☐
Action Taken:
Not with patient

### Genito-urinary System

Normal ☑
Frequency ☐
Urgency ☐
Dysuria ☐
Urinary incontinence ☐
Nocturia ☐
Catheter insitu ☐
Type of catheter:
Date of last change / /
Action Taken:

### Reproductive System

Female
LMP date: / /
Irregular ☐
Discharge ☐
Vaginal infections ☐
Menopause ☐
HRT ☑
Other ☐
Action Taken:

### Reproductive System

Male
Prostate problems ☐
Lesion ☐
Other ☐
Action Taken:

### Pain Status

No problems identified ☐
Known pain problems ☑
Action Taken:
Commence Pain Assessment chart if in pain on admission.
Commence ICP for Cancer Pain if appropriate.
Takes regular tramadol for leg - knee pain

### Rest Pattern

Sleep habits
Less than 8 hours ☑
8 hours ☐
More than 8 hours ☐
Morning nap ☐
Afternoon nap ☐
Sleep Difficulties
None ☐
Early awakening ☐
Unrefreshing sleep ☐
Nightmares ☐
Insomnia ☑
Disturbed - nocturia ☐
Disturbed - dyspnoea ☐
Disturbed - pain ☑
Action taken:

### Valuables

Valuables with patient on admission ☑
Specify:
Handbag with patient contents not checked
Hospital Policy explained to:
Patient ☑
Relatives ☐
Valuables taken home by relatives/carer ☐
Valuables stored in Hospital safe ☐
Specify:
no jewelery a patient. Safe deposit declined - no lockable safe in ward

### Self Care Ability

| | Pre Admission 1 | 2 | 3 | Current Status 1 | 2 | 3 |
|---|---|---|---|---|---|---|
| Dressing and grooming | ✓ | | | ✓ | | |
| Eating and drinking | ✓ | | | ✓ | | |
| Toileting | | | ✓ | | | ✓ |
| Transferring | | | ✓ | | | ✓ |
| Walking | | | ✓ | | | ✓ |
| | | | | | | |
| | | | | | | |

1. Independent
2. Assistance of Carer
3. Assistance of aid

### Change in Health Status

patient

| | 1 | 2 | 3 |
|---|---|---|---|
| Mental status | ✓ | | |
| Sleep pattern | ✓ | | |
| Appetite | ✓ | | |
| Bowel habit | ✓ | | |
| Urinary continence | ✓ | | |
| Pain | ✓ | | |
| Activity tolerance | ✓ | | |

1. No change
2. Experienced change in last week
3. Change related to current illness

Admitting Nurse's Signature: Eileen McLean Date: 11.2.08

Name: Eileen McLean Grade: D

| Patient name: | DoB: | Unit number: |
|---|---|---|

**Discharge Address (if different to home address)**

Name of Carer:
Address:
Telephone No:

**Discharge Information** — **Discharge Date:**

| Discharge Checklist | | Date | Initials | Comments |
|---|---|---|---|---|
| Patient informed | Yes ☑ N/A ☐ | | | |
| Relative / carer informed | Yes ☑ N/A ☐ | | | wrecked by daughter |
| D.A.R.T. Referral | Yes ☐ N/A ☑ | 14/2/6 | | |
| D.A.C.'s Referral / Home Care Support | Yes ☐ N/A ☑ | | | |
| Others informed Res / Nursing Home | Yes ☐ N/A ☑ | | | |
| **Transport Arranged** | | | | |
| Ambulance: 1 man - ☐ 2 man - ☐ am - ☐ pm - ☐ | | | | |
| Hospital car | Yes ☐ N/A ☑ | 14/2 | KM | |
| Own transport | Yes ☑ N/A ☐ | | | |
| Other (please specify) | | | | |
| **Discharge Medication** | | | | |
| Discharge prescription completed | Yes ☑ N/A ☐ | | | |
| Compliance aids requested | Yes ☐ N/A ☑ | | | |
| Medication received | Yes ☑ N/A ☐ | 14/2 | KM | |
| Medication explained to patient | Yes ☑ N/A ☐ | | | |
| Own medication returned to patient | Yes ☑ N/A ☐ | | | |
| Dressing / continence aids (7 day supply) | Yes ☐ N/A ☑ | | | |
| **Other Discharge Items** | | | | |
| Keys | Yes ☑ N/A ☐ | | | |
| Patients clothing available | Yes ☑ N/A ☐ | | | |
| Valuables | Yes ☐ N/A ☑ | | | |
| Intravenous canula removed | Yes ☐ N/A ☑ | 14/2 | KM | |
| Part 2 Discharge Letter Required: | Yes ☐ N/A ☑ | | | |
| Completed: | Yes ☐ N/A ☑ | | | |
| **OP Clinic / Day Hospital Appointment** | | | | |
| Arranged | Yes ☐ N/A ☑ | | | |
| To follow | Yes ☐ N/A ☑ | 14/2 | KM | |
| Not known | Yes ☑ N/A ☐ | | | |
| **Informed of Discharge** | | | | |
| Physiotherapist | Yes ☐ N/A ☑ | | | |
| Occupational Therapist | Yes ☐ N/A ☑ | | | |
| Dietitian | Yes ☐ N/A ☑ | | | |
| Speech and Language Therapist | Yes ☐ N/A ☑ | 14/2 | KM | |
| Clinical Nurse Specialist | Yes ☐ N/A ☑ | | | |
| Liaison / District Nurse | Yes ☐ N/A ☑ | | | |
| Social Work / Other Agencies / Home Help | Yes ☐ N/A ☑ | | | |
| **Additional Information / Leaflets / Factsheets** | Yes ☐ N/A ☑ | | | |
| Nurse's signature: | | | | |
| **Transfer Checklist (i.e. other hospital)** | | | | |
| Patient informed | Yes ☐ N/A ☐ | | | |
| Relative/ carer informed | Yes ☐ N/A ☐ | | | |
| Transfer Handover Verbal ☐ Written ☐ | | | | |
| Transport arranged | Yes ☐ N/A ☐ | | | |
| Clothing listed | Yes ☐ N/A ☐ | | | |
| Valuables transferred | Yes ☐ N/A ☐ | | | |
| Relevant members of team informed | Yes ☐ N/A ☐ | | | |
| Nurse's signature: | | | | |



**This section to be completed only by a Doctor**

**Referral From**

GP ☐ Specify other referral: A&E ☑ Other ☐

**Presenting Complaint**

59 ♀ chest Pain.

**History of Presenting Complaint**

Awoke 5am - tightness in chest.
no radiation
mild nausea/vomiting + SOB - settled quickly
lasted until 7am → paramedics
settled after ASP, O2 + GTN.
now pain free.
3rd episode in 10 days

**Past Medical History**

Hypertension
Depression
knee pain - ARTHRITIS
no asthma/epilepsy/MS/CVA

**Systemic Enquiry**

CVS: ~~nil~~ palpitations. GI: nil

RESP: no cough/sputum. CNS/PNS: nil

GU: nil. Other:

| Patient name: | DoB: | Unit number: |
|---|---|---|

**Family Medical History**

Sister MI ? died aged 47

**Social History**

lives with husband + daughter.
doesn't work.

**Smoking**

Yes ☐ Amount per day: Never smoked ☐ Ex-smoker ☑ Since: 1973

Wishing to stop smoking? Yes ☐ No ☐ If 'Yes' date referred to Smoking Cessation? / /

**Alcohol**

Units of alcohol taken per week: occassional only.

**Drug History / Medications** (including 'over the counter' preparations)

Simvastatin 40 mg nocte.
Atenolol 25 mg.
Pregabalin 75 mg ~~bd~~ bd.
~~Paracetamol~~
Tramadol 50 mg bd
ASP 75 mg
Bendroflumethiazide 2.5 mg
~~Ranitidine 300 mg~~
Omeprazole 20 mg.

**Drug Allergies**

Nil.

**Drug Information**

Information received from (please tick):

Patients own meds ☐ Patient (verbal) ☐ GP (telephone) ☐ GP (letter) ☐ Relatives ☐

Information received by: Dr. ☐ Nurse ☐ Pharmacist ☐ Signature:

| Dispensing Aid Information | Respiratory Information | Inhaler Information |
|---|---|---|
| Dispensing Aid Yes ☐ No ☐ | Domiciliary O2 at home Yes ☐ No ☐ | Pt uses an inhaler Yes ☐ No ☐ |
| *Filled by:* Self ☐ Carer ☐ Pharmacist ☐ | | Type |
| Location of aid: Home ☐ Hospital ☐ | Nebuliser at home Yes ☐ No ☐ | Technique Satisfactory ☐ Poor ☐ |
| Dispensing aid: required Yes ☐ No ☐ Pharmacist informed Yes ☐ No ☐ | Asthma / Resp. Nurse contacted: Yes ☐ No ☐ | Referral for assessment? Yes ☐ Date / / No ☐ |



**This section to be completed only by a Doctor**

**General Examination**

Temp: 36.1° Pulse: 70 RR: 17 Weight:

SpO2: 100% AIR. BP: 127/76 BG: Urinalysis:

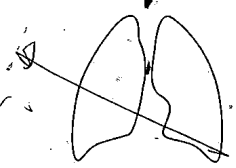
General Observations:

**Cardiovascular Examination**

HS 1+11+6
JVP ⊂⊃
no oedema

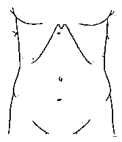
**Respiratory Examination**

clear.



**Abdominal Examination**

SNT.
BS active



**Other Examination (e.g. Locomotor)**

**Abbreviated Mental Test (AMTS)** Not applicable ☐ Score 1 for every correct answer

Age: D.O.B.: Year: Time of Day: Prime Minister:

Monarch: Recall: 42 West St 20,19, .....1 Home Address: World War 1:

Score: / 10 Score <8 suggestive of Cognitive Impairment

**CNS and PNS Examination**

CNS

GCS = 15/15

Reflexes Jaw =

| | Power | Tone | Co-ordination | Sensation | Biceps | Triceps | Supinator |
|---|---|---|---|---|---|---|---|
| RUL | | | | | | | |
| LUL | | | | | | | |
| | | | | | Knee | Ankle | Plantar |
| RLL | | | | | | | |
| LLL | | | | | | | |

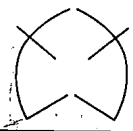
**This section to be completed by a Doctor**

| Patient name: | DoB: | Unit number: |
|---|---|---|

**Initial Investigation Requested** *(refer to protocol if appropriate)*

| | | | |
|---|---|---|---|
| ☑ ECG | ☐ FBC | ☑ U&E | ☐ Troponin |
| ☐ CXR | ☐ ESR | ☐ Glucose | ☐ Cholseterol |
| ☐ ABG's | ☐ Clotting factors | ☐ CRP | ☐ TSH |
| | | ☐ LFT's | ☐ Calcium |

**CXR Comments**



**ECG Interpretation**

Sinus 72 bpm
Tinv V2

**Impression and Differential Diagnosis**

? ACS

**Management Plan (refer to protocol or Integrated Care Pathway if appropriate)**

Admit when bed available.
MI screen 5pm.
Usual meds
Rpt ECG if further pain
Cardio RV – recurrent episodes
– not suitable for ETT
CXR.

Is DVT Prophylaxis indicated? Yes ☐ No ☑
Prescribed? Yes ☐ No ☐
Any contra-indicatidns to this? Yes ☐ No ☐

Does patient need to be admitted? Yes ☑ No ☐
Is Outpatient / Ambulatory Care an option? Yes ☐ No ☐
*If 'Yes', discuss with SHO or other senior colleagues.*

House Officer's Signature: _____ Date: 11/2/18
Name: _____ Grade: PY2 Page No: 6 of 4



| Patient name: | DoB: | Unit number: |
|---|---|---|

**Investigations**

| | Requested by | Ordered by | Date ordered | | Date Performed |
|---|---|---|---|---|---|
| X-ray (Specify) | | | | | |
| | | | | | |
| | | | | | |
| CT (Specify) | | | | | |
| | | | | | |
| Ultrasound (Specify) | | | | | |
| | | | | | |
| VQ Scan | | | | | |
| ECG | | | | | |
| 24 hour tape | | | | | |
| Echocardiogram | | | | | |
| PFT's | | | | | |
| Endoscopy | | | | | |
| Bronchoscopy | | | | | |
| Other (Specify) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Specimens**

| | Requested by | Collected by | Date Collected |
|---|---|---|---|
| Sputum (Specify) | | | |
| | | | |
| | | | |
| | | | |
| Urine (Specify) | | | |
| | | | |
| | | | |
| | | | |
| Other (Specify) | | | |
| | | | |
| | | | |
| | | | |

**Referrals made to AHPs,Specialist Nurses**

| Discipline | Referral made by | Date 1st visit | Made by | Date |
|---|---|---|---|---|
| Physiotherapy | | | | |
| Occupational Therapy | | | | |
| Dietitian | | | | |
| Speech & Language Therapist (SALT) | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |

| Serial Blood Results | Patient name: | | | | | | | | Do not enter data in this column | Patient name: | DoB: | Unit number: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date & Time: | 11.02.06 | 19:2 | | | | | | | | | |
| | Signature: | | | | | | | | | | | |
| **Electrolytes & Glucose** | **Normal Values** | | | | | | | | | | | |
| Sodium | 135 - 145 | 136 | | | | | | | | | | |
| Potassium | 3.5 - 5.0 | 4.0 | | | | | | | | | | |
| Chloride | 96 - 105 | 101 | | | | | | | | | | |
| HCO3 | 24 - 29 | 22 | | | | | | | | | | |
| Urea | 2.5 - 6.5 | 8.0 | | | | | | | | | | |
| Creatinine | 55 - 120 | 77 | | | | | | | | | | |
| Glucose | 3.5 - 5.5 | 6.7 | | | | | | | | | | |
| Magnesium | 0.8 - 1.0 | | | | | | | | | | | |
| CRP | <10 | 1 | | | | | | | | | | |
| **Cardiac Enzymes & Liver Function Tests** | **Normal Values** | | | | | | | | | | | |
| Troponin | <0.04 | | <0.04 | | | | | | | | | |
| CK | <150 | | | | | | | | | | | |
| LDH | 195 - 415 | | | | | | | | | | | |
| AST | <37 | | | | | | | | | | | |
| ALT | <40 | | | | | | | | | | | |
| Gamma GT F | <30 M<45 | | | | | | | | | | | |
| Alk Phos | 60 - 260 | | | | | | | | | | | |
| Bilirubin | F,17 M<21 | | | | | | | | | | | |
| Total protein | 62 - 82 | | | | | | | | | | | |
| Albumin | 38 - 53 | | | | | | | | | | | |
| Calcium | 2.2 - 2.6 | | | | | | | | | | | |
| **Haematology & Clotting Screen** | **Normal Values** | | | | | | | | | | | |
| Hb Sex dependent | | 125 | | | | | | | | | | |
| White count | 4.0 - 11.0 | 3.6 | | | | | | | | | | |
| Platelets | 150 - 440 | 226 | | | | | | | | | | |
| ESR | 0 - 7 | | | | | | | | | | | |
| PT | 0.9 - 1.1 | | | | | | | | | | | |
| Fibrinogen | 1.5 - 3.8 | | | | | | | | | | | |
| APTT | 0.77 - 1.23 | | | | | | | | | | | |
| INR | | | | | | | | | | | | |
| MCV | 74 - 99 | 89 | | | | | | | | | | |
| **Arterial Blood Gas** | **Normal Values** | | | | | | | | | | | |
| H+ | 36 - 43 | | | | | | | | | | | |
| $PCO_2$ | 4.5 - 6 | | | | | | | | | | | |
| $PO_2$ | 10.5 - 13.5 | | | | | | | | | | | |
| Base excess | +/- 2.5 | | | | | | | | | | | |
| Bicarbonate | 20 - 28 | | | | | | | | | | | |
| $FIO_2$ | 3.5 - 5.5 | | | | | | | | | | | |
| **Other** | | | | | | | | | | | | |
| Neutrophils | | 1.5 | | | | | | | | | | |
| Lymphocytes | | 1.5 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Middle Grade Review

**Senior House Officer / Registrar Review**

**Outcome**

☐ Pending Investigations ☐ Discharge ☐ Follow-up: .....

☐ Admit CCU ☐ Admit ITU ☐ Admit Medicine ☐ Admit DoME

**CPR / ITU Status on Admission**

Does CPR or ITU status need to be addressed? Yes ☐ No ☐

If there is a resuscitation issue please describe in more details:

Discussed with consultant Yes ☐ No ☐

Discussed with patient Yes ☐ No ☐

Discussed with relatives Yes ☐ No ☐

**Comments:**

**Adults With Incapacity (AWI) Status** ☐ For Consultant review ☐ AWI Form completed

Signature: _____ Date: _____

Name: _____ Page No: _____

Patient name: Catherine [illegible] DoB: Unit number:

**Initial nursing notes**

11.2.08 1150hrs Emergency admission with chest pain. Pain started at 5am this morning approximately two hours prior to admission. to MAU Patient states that she is pain free Sats 98% on RA ECG done

**Consultant's review**

11/2/08. 59yo.
Recent ↑ dyspnoea on mod exertion.
NBa - smoker
o cough / o sputum.
? Atypical chest pain.
lungs clinically clear.
was told she has angina (10 year ago)
now mobility - distant hand GTT.
Anxiety. (L) TKR - previous (R) TKR x 17yrs.
Oxygen Sats 100% RA. o Tachypnoea, o Tachycardia
& Obs. - SR.
- NB - specific ST change -
? dyspnoea equivalent angina.

Progress Notes (Please indicate in margin what profession you represent e.g., Nurse / Medical)

| Date and Time | |
|---|---|
| 11.02.08 | EXT:- Asked to relieved SOB<br>. sat RA on air<br>. rescued ON sitting up + deep breathing<br>. happens quite often for past few months, especially<br>when lying flat - awakens from sleep short of breath<br>can't sleep with pillows due to spinal arthritic problems<br><br>UMP:- Paroxysmal nocturnal dyspnea / orthopnea<br>Rem:- Sit upright<br>after 4 hrs return to SOB<br>? Echo<br>Lemma 0163 Flemings |
| | for MIBI Scan.<br>Refer for MyoView Scan<br>Dr (Assistant) |
| | Prev Echo → Sep 2007.<br>MyoView early 2007 → moderate inducible ischaemia anterolaterally.<br>C was commenced on B-Blocker, Aspirin, |
| 11/2/08 10.30pm | Admitted to CCU @ 21.20 hrs.<br>Pain free and observations satisfactory. For MI screen in morning<br>Efuell S/N |
| 04.30 am | Not slept over night. Up to commode x2 over night to pass urine.<br>Monitoring in sinus rythemic at 70 to 82 bpm. No complaints of chest pain. RSOA - NAD.<br>Efuell S/N |

Page 14 of 16

Patient name: | DoB: | Unit number:

Progress Notes (Please indicate in margin what profession you represent e.g., Nursing / Medical)

| Date and Time | |
|---|---|
| 12.2.08 | LR - Angina the improved Chest pains<br>Stable Feels SOB P 60 bpm BP 120/70<br>O/E - Lungs<br>CP yesterday 3 episodes each lasting 10-15 mins GTN helped a little<br>Plan Trop I x 2 CXR Chest<br>If +ve → Haem<br>If +ve Contact ACS ECG x2 no chest pain |
| 12/2/08 12.45 | Troponin (I) <0.04 for discharge home<br>CRP 2 WCC 3.7 Patient c/o feeling |
| NURSING | breathless at 12.30. Observations stable BP 120/50<br>SaO2 on Air 96-98% Resp Rate 16-20.<br>Patient undistressed and does not appear dyspnoeic does seem agitated and has trouble articulating what her symptoms are. Spoke with SHO (Goor) he feels that she should still be discharged since her blood results neither signify ischaemia nor infection. Awaiting discharge medications.<br>Efuell S/N |
| 1pm | medication given and patient checked by her daughter. Patient happy to be going home. |

Page 15 of 16

# THE VICTORIA INFIRMARY - MEDICAL DIVISION - O.P.D.

| Name | | Unit Number | Physician |
|---|---|---|---|
| Address | SG99406473<br>CATHERINE HONEYMAN<br>10 MELVILLE STREET<br>G/R 01/02/1949<br>GLASGOW CHI 0102496145<br>G41 2LN | Date of birth, sex/ civil state<br>Occupation | Ht. .....<br>Wt. .....<br>Urine Alb. .....<br>Sugar .....<br>Other ..... |

| Date | History |
|---|---|
| 10 7 07 | Always tired for ~~ages~~ months Depression<br>Smoky - Chest pain & smoky cough - stuck<br>10 min<br>Not eating well.<br>OCP<br>Soo uphill<br>Stemetil<br>Budesonide<br>Aspro<br>Chl 7.2<br>Stelo 4.0<br>Ochre 8.1<br>52 |

Name:
ID:

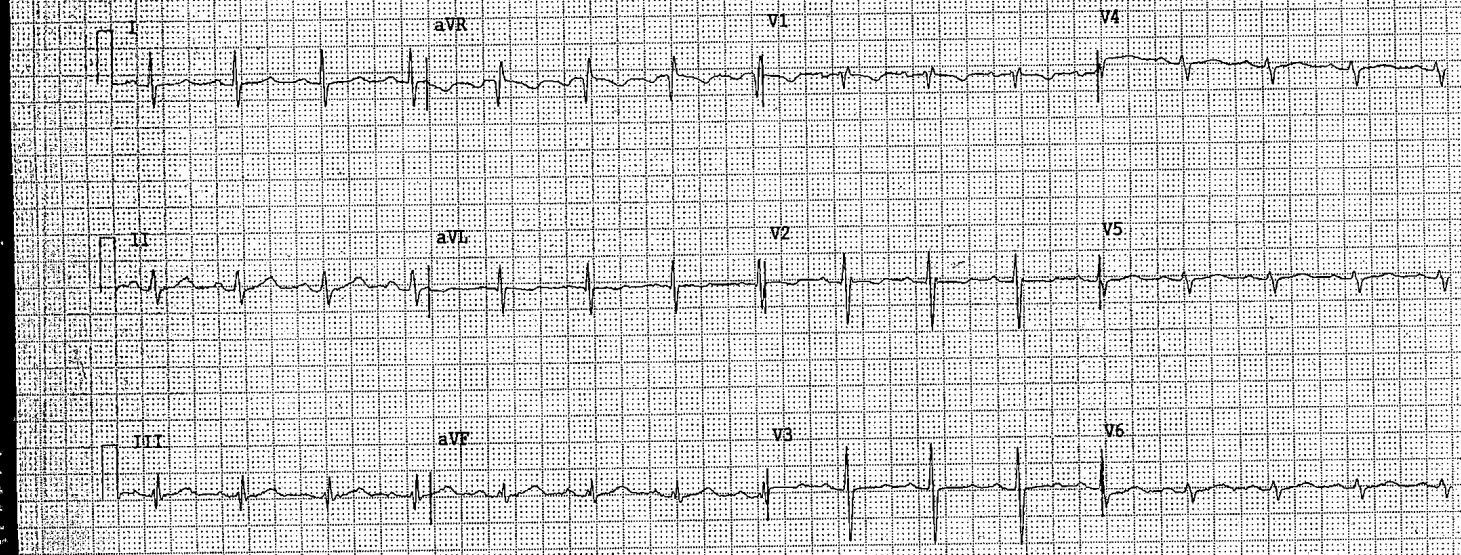
1/2/2007 10:50:30

HR: 90
BP: *
Age: 0 Years
Sex:
Race:
Height: 0 in
Weight: 0 lbs

Medicine 1:
Medicine 2:
Clin. Class 1:
Clin. Class 2:
Department:
Technician:
Physician:

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
G/R
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

Hyperventilation ECG



# Victoria Infirmary Glasgow

NHS Greater Glasgow and Clyde

## Echocardiography Report

Patient Name **HONEYMAN, CATHERINE**
Date of Birth **01/02/1949**
Patient Id **SG99406473**
Sex **Female**
Referral Reasons **TIRED AND SOB**
**+VE MYOVIEW**
**? L.V. FUNCTION**

Date of Study **04/09/2007**
Sonographer ET
Refering Consultant Dr ADAMS
Ward/Dept. **CDOP**

| 2D | | M-Mode | | Doppler | |
|---|---|---|---|---|---|
| IVSd | 1.16 cm | Ao Diam | 3.69 cm | AV Vmax | 0.93 m/s |
| LVIDd | 4.03 cm | LA Diam | 3.35 cm | AV maxPG | 3.48 mmHg |
| EDV(Teich) | 71.2 ml | LA/Ao | 0.91 | MV E Vel | 0.51 m/s |
| LVPWd | 1.03 cm | | | MV DecT | 256.2 ms |
| IVC | 12.2 mm | | | MV Dec Slope | 1.99 m/s2 |
| | | | | MV A Vel | 0.82 m/s |
| | | | | MV E/A Ratio | 0.62 |
| | | | | MV PHT | 74.3 ms |
| | | | | MVA By PHT | 2.96 cm2 |
| | | | | Septal E' | 0.07 m/s |
| | | | | E/E' Ratio | 7.75 |
| | | | | PV Vmax | 0.76 m/s |
| | | | | PV maxPG | 2.32 mmHg |

**Echo Report:** NORMAL L.V. DIMENSIONS.
GOOD L.V. SYSTOLIC FUNCTION.
ESTIMATED E.F. - 60 - 65%.
UNDILATED L.A.
MITRAL VALVE LEAFLETS ARE THIN AND MOBILE.
TRIVIAL M.R.
A.V. LEAFLETS ARE MILDLY THICKENED HOWEVER THE VALVE OPENS WELL.
TINY WHIFF OF A.I.
R.V. IS UNDILATED AND CONTRACTS WELL.
NO SIGNIFICANT T.R. SO UNABLE TO ESTIMATE P.A.S.P.
I.V.C. IS UNDILATED AND COLLAPSES ON INSPIRATION.

**Conclusion:** GOOD L.V. SYSTOLIC FUNCTION.
NO SIGNIFICANT VALVULAR ABNORMALITIES.

**Reported by:**

E. Tibbs

JA.NMcM.99406473 **PLEASE QUOTE REFERENCE ON ALL CORRESPONDENCE**
SECRETARY : 0141 201 5398 **CARDIOLOGY DEPARTMENT,**
FAX NO. : 0141 201 5048 **Victoria Infirmary**
CLINIC APPOINTMENTS : 0141 201 5133 **Glasgow G42 9TY.**
EMAIL : Norma.McMeekin@sgh.scot.nhs.uk Dr Adams clinic 04.09.2007, typed 10.09.2007

Dr G Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW G5.

Dear Dr Marshall

**CATHERINE HONEYMAN (01.02.49) 10 MELVILLE STREET, G41 2LN.**

I reviewed Mrs Honeyman in Dr Adams clinic today. She had actually just had her echocardiogram prior to coming to the clinic and I was able to get a provisional report of this. It showed good LV function and no significant valvular abnormality. She tells me that since we saw her last she has remained very tired all the time and has had an increase in breathlessness. This seems to be mainly associated with exertion. She also has what she describes as an awareness in her chest and is occasionally aware of her heart beating. She did not describe any pain as such but says she gets an occasional tight sensation.

I reassured her that the symptoms she is describing do not sound as if they are associated with any cardiac problem. I think given her diagnosis of quite significant arthritis may have more to do with her tiredness.

I don't think we need to see her back in our clinic again. However, if you are checking bloods in the future I couldn't find any thyroid function tests and I wonder if it would be worth checking these just to ensure we are not missing anything.

Yours sincerely

RACHEL MONIE
SENIOR HOUSE OFFICER IN MEDICINE.

JA.NMcM.99406473 **PLEASE QUOTE REFERENCE ON ALL CORRESPONDENCE**
SECRETARY : 0141 201 5398 **CARDIOLOGY DEPARTMENT,**
FAX NO. : 0141 201 5048 **Victoria Infirmary**
CLINIC APPOINTMENTS : 0141 201 5133 **Glasgow G42 9TY.**
EMAIL : Norma.McMeekin@sgh.scot.nhs.uk Dr Adams clinic 10.07.2007, typed 11.07.2007

Dr G Masrshall
Gorbals Health Centre
45 Pine Place
GLASGOW G5.

Dear Dr Marshall

**CATHERINE HONEYMAN (01.02.49) 10 MELVILLE STREET, G41 2LN.**

I have now had an opportunity to see this lady at out patients. She tells me she has been tired for many months but in fact had only one episode of chest pain which she had had on Sunday. It lasted approximately 10 minutes and was associated with some sweating but resolved spontaneously. She is a little short of breath on exertion and is currently on Bendrofluazide, aspirin and Atenolol. I would be grateful if as per my handwritten note you could add Simvastatin 40 mg nocte and I will arrange for her to have an echocardiogram.

She has a further appointment for approximately 8 weeks' time. If her condition remains stable and her echo is satisfactory we will probably not review her further thereafter.

Yours sincerely

JACQUELINE ADAMS
CONSULTANT CARDIOLOGIST.

4/9/17
Still very tired
↑ breathless - can occur at any time. Seems assoc. with exertion
Awareness in chest
Aware of heart beating
Occ. tight sensation

JA.NMcM.99406473 **PLEASE QUOTE REFERENCE ON ALL CORRESPONDENCE**
SECRETARY : 0141 201 5398 **CARDIOLOGY DEPARTMENT,**
FAX NO. : 0141 201 5048 **Victoria Infirmary**
CLINIC APPOINTMENTS : 0141 201 5133 **Glasgow G42 9TY.**
EMAIL : Norma.McMeekin@sgh.scot.nhs.uk
Dictated 14.05.2007, typed 15.05.2007.

Dr G Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW G5.

Dear Dr Marshall

**CATHERINE HONEYMAN (01.02.49) 10 MELVILLE STREET, G41 2LN.**

This lady's myoview scan shows a small area of moderate inducible ischaemia antero apically. She should probably therefore be commenced on a beta blocker and I would be grateful if you could look into this and I will arrange to review her at out patients.

Yours sincerely

JACQUELINE ADAMS
CONSULTANT CARDIOLOGIST.

# NHS Greater Glasgow

## Victoria Infirmary - Department of Cardiology - GP Services

| Catherine Honeyman | |
|---|---|
| **Hospital no. :** | **406473** |
| **CHI number :** | 0102496145 |
| **Date of Birth :** | 1 February 1949 |
| 10 Melville Street G/r<br>Glasgow<br>G41 2LN | |

| | |
|---|---|
| **GP :** | Dr Marshall |
| **Post code :** | G5 0BQ |
| **Practice code :** | 49074 |
| **Consultant :** | Dr J Adams |
| **Referred for :** | Chest pain assessment |
| **Date :** | 1 February 2007 |

**Presenting Complaint :** Chest Pain.

**Other History & Risk Factors :** Arthritis- knee replacement. Hypertensive. Known hypercholesterolaemia. Family history of premature coronary disease.Ex-smoker. No other known cardiac risk factors.

**Medication :** Omeprazole, Aspirin, ACE inhibitor, Thiazide diuretic. (Patient unsure of medications.)

**Examination :** Normal heart sounds. No murmurs. Lung auscultation normal.
Heart Rate: 93 bpm. Blood Pressure: 180/111 mmHg.

**ECG :** Normal sinus rhythm. Poor R wave progression.

### Exercise Tolerance Test

| | |
|---|---|
| **exercise time :** | **supervised by :** |
| **predicted time :** | **test termination :** |
| **maximum ST change :** | **test result :** |

unable to manage.

### Advice on Further Management & Treatment Recommendations

Mrs Honeyman presented with a two month history of heavy central chest pain with noradiation and is associated with shortness of breath. It is precipitated with both rest and exertion and has no relieving factors. It lasts for a duration of 20 min s and occurs 3-4 times a week.

ETT- unable to manage.

In view of Mrs Honeymans risk factors I have arranged for her to have an outpatient myoview scan, I have placed her name on the waiting list (14 weeks). Procedure explained. It is recommended that she is commenced on a GTN spray to see if this makes any difference to her symptoms. I have advised her we are unsure of the cause of her chest pain until further investigations are carried out. Advice given on diet and weight loss.

**reported by :** Sr H Lannigan (Nurse Practitioner) 1 February 2007

# GGNHS FAST TRACK CHEST PAIN ASSESSMENT - REFERRAL FORM

**PATIENT DETAILS** Honeyman

Name: CATHERINE HONEYMAN DOB 1/2/44

Address 610, 10, MOLVIL LEST

GLASGOW

Post code G42 7LN Telephone No 4221580

Hospital No.

Chi No. 0102449145

**GP DETAILS (or stamp)** 00-940779 NHS Greater Glasgow

Name: GRAEME MANSHAN

Address GIBBARS H-C.

45, PINDPL

GLASGOW G5 0RZ

Telephone No. 5318250

Fax No. 5318248

Practice Code 44007 DATE 22/1

**PLEASE COMPLETE ALL INFORMATION BOXES**

**INDICATION FOR REFERRAL - CHEST PAIN/TIGHTNESS/OTHER SYMPTOM THOUGHT TO BE ANGINA**

NEW ONSET OF SYMPTOMS

Symptoms been present for ≤ 4 weeks? Y ☑ N ☐

*Must be "Y" for rapid access*
*Otherwise please refer to cardiology clinic*

THURS 1/2/07
9-50AM

WORSENING ANGINA

- Existing treated angina that is more frequent or related to less exertion?. Y ☐ N ☐
- Have the **changed** symptoms been present ≤ 4 weeks Y ☐ N ☐

*Both must be "Y" for rapid access.*
*Otherwise please refer to cardiology clinic*

**Is patient physically able to / capable of undertaking an ETT? Yes ☐ No ☑**

***If "No" please still refer using this form – alternative investigation will be arranged***

**Suspected unstable angina**
e.g.marked increase in frequency or severity of symptoms, or pain at rest - IMMEDIATE HOSPITAL ADMISSION ADVISED
**Suspected MI <5 days** - IMMEDIATE HOSPITAL ADMISSION ADVISED

PAST MEDICAL HISTORY Previously seen by cardiologist? - Dr .....

| | | | | | |
|---|---|---|---|---|---|
| Peptic Ulcer | ☐ | Diabetes (Type 2) | ☐ | MI | ☐ |
| Oesophageal disease | ☐ | Diabetes (Type 1) | ☐ | CABG | ☐ |
| Hiatus Hernia | ☑ | Hypertension | ☐ | PTCA | ☐ |
| COPD/Asthma | ☐ | | ☐ | Angina | ☐ |

RISK FACTORS
Cholesterol (if available) 7.2 mmmol/L Smoker Y ☐ N ☐ ex ☑ (If ex, how long stopped 1973) Current BP 180/111

CURRENT DRUGS (Tick all that apply)

| | | | | | |
|---|---|---|---|---|---|
| Non-steroidal e.g. ibuprofen | ☐ | Digoxin | ☐ | ACE Inhibitor | ☑ |
| Antacid/H2 receptor antagonist/PPI | ☐ | Long acting nitrate | ☐ | A2 blocker | ☐ |
| Loop diuretic (or in combination) | ☐ | GTN | ☐ | Warfarin | ☐ |
| Thiazide diuretic (or in combination) | ☑ | ß-Blocker | ☐ | Aspirin | ☑ |
| Bronchodilator | ☐ | Ca channel blocker | ☐ | Dipyridamole | ☐ |
| | | Alpha Blocker | ☐ | Clopidogrel | ☐ |

**PLEASE ASK PATIENT TO BRING ALL MEDICATIONS ALONG TO CLINIC**

1. Please complete all patient/GP information
2. Telephone hospital for appointment (WIG only)
3. Fax completed form to the appropriate hospital.
4. Give patient the appropriate information sheet

**Rapid Access Chest Pain**

| | | | | |
|---|---|---|---|---|
| **GRI** | tel:0141-211(2)-5453 | Fax:0141-211(2)-5482 | **SGH** tel:0141-201(6)-1590 | Fax:0141-201(6)-2449 |
| **Stobhill** | tel:0141-201(1)-3062 | Fax:0141-201(1)-3817 | tel:0141-201(6)-5133/5160 | Fax:0141-201(6)-5096 |
| **WIG** | tel:0141-211(5)-6242 | Fax:0141-211(5)-1843 | | |

DATE RECEIVED
22 JAN 2007

Referring doctor's signature: ..... Please print name GRAEME MANSHAN

FOR VETTING
DATE SENT

Re-order from your local ECG Department

Version 1 – August 03

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY

Direct Line: 0141 201 5186
Fax: 0141 201 5082
Enquiries to: Mr Dreghorn's Secretary

CRD/AK /SG99406473
CHI NUMBER: 0102496145

Returns Clinic: 08/08/07
Date Dictated: 08/08/07
Date Typed: 14/08/07

DR MARSHALL
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Marshall,

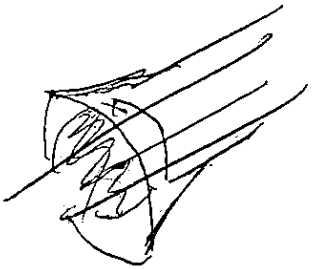
**CATHERINE HONEYMAN DOB: 01/02/49 (SG99406473)**
**10 MELVILLE STREET, 0/2, GLASGOW, G41 2LN**

This lady returned today for review. Everything looks to be settled and she has been discharged.

Yours sincerely

Bruce Thomas
Specialist Registrar in Orthopaedics.

# ORTHOPAEDIC



ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY

Direct Line: 0141 201 5186
Fax: 0141 201 5082
Enquiries to: Mr Dreghorn's Secretary

CRD/AK /SG99406473
CHI NUMBER: 0102496145

New Patient Clinic: 11/04/07
Date Dictated: 11/04/07
Date Typed: 17/04/07

DR MILLS
[f pt fam dr ad ddr]
GLASGOW
G5 0BQ

Dear Dr Mills,

**CATHERINE HONEYMAN DOB: 01/02/49 (SG99406473)**
**10 MELVILLE STREET, 0/2, GLASGOW, G41 2LN**

This lady gives a background of osteoarthritis of her hands and previous right total knee replacement. She has had problems with her right middle finger for the past few months. She has a history of arthritis at the PIP joint but recently has experienced triggering. I have injected this with local anaesthetic and steroid today and hopefully this will improve her symptoms.

We will see her back at the clinic to assess her problem

Yours sincerely

Jennifer McGlynn
S.H.O.III in Orthopaedics.

V-LIB

OWL

DATE 7/2/7

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | UDREHNTA | | | |

L 9940673

0094079

ADV

**Transport required?**

# REFERRAL LETTER

MEDICAL IN CONFIDENCE

**REFERRAL TO**

Trauma and Orthopaedic Surgery C8
G General Referral

— **Consultant / receiving practitioner and/or specialty clinic**

Victoria Infirmary

— **Hospital and hospital address**

Hospital location code.
G306H

Email address
-

**Urgency of referral** Routine

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | Honeyman |
| **Forename(s)** | Catherine |
| Title | Mrs |
| Sex | Female |
| **Date of birth** | 01-Feb-1949 |
| CHI no. | 0102496145 |

**Patient's address**

10 Melville St
GLASGOW
G41 2LN

Contact number(s)

Voice: 422 1580

**SEEN BY GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr G Marshall | | |
| GMC code | 3486557 | GP code | G08095 |
| Practice name | Gorbals Health Centre | | |
| Practice code | 49074 | | |

**Practice address**

45 Pine Place

Contact number(s)

Voice: 0141 531 8250
Facsimile: 0141 531 8248

**REFERRING PRACTITIONER DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Catherine Mills | | |
| GMC code | 2819473 | GP code | 08923 |
| Practice name | GORBALS HEALTH CENTRE (49074) | | |
| Practice code | 49074 | | |

**Practice address**

45 PINE PLACE
GLASGOW

Contact number(s)

Voice: 0141 531 8250
Facsimile: 0141 531 8248

**DATE RECEIVED**

22 JAN 2007

FOR VETTING
DATE APPT SENT

| ORTHOPAEDICS | |
|---|---|
| HIP | |
| SHOULDER | |
| KNEE | |
| BACK | |
| ELBOW | |
| HAND | |
| FOOT | |
| OTHER | |
| REFERRED CONSULTANT | |
| ESP | |
| NURSE LED | |
| DATE VETTED | |
| VETTED BY | |

**CLINICAL INFORMATION**

**History of presenting complaint / examination findings / investigation results**

**Presenting complaint**

Description: Trigger Finger on left middle finger.

Comment: Dear Doctor

I would be grateful if you would see Mrs Honeyman who has a trigger finger on her left middle finger. She finds this painful and I would be grateful if you would see her with a view to surgical treatment of this.

Yours sincerely

Dr G Marshall.

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Ex-smoker - amount unknown: | | 05-Mar-1999 |
| Ex smoker: | | 17-Jan-2007 |
| Trivial drinker - <1u/day: | | 05-Mar-1999 |
| Alcohol intake within recommended sensible limits: | | 14-Sep-2006 |
| Enjoys light exercise: | | 15-Apr-1993 |
| Enjoys light exercise: | | 11-Nov-2005 |

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history - please ensure inappropriate and irrelevant codes are deleted**

**Pre-existing conditions** (High & medium priority - all)

| Description | Date recorded | Modifier | Extension | Date of onset |
|---|---|---|---|---|
| Essential hypertension | 02-Nov-2005 | - | - | - |
| O/E - BP borderline raised | 25-Nov-1999 | - | - | - |
| O/E - BP borderline raised | 25-Nov-1999 | - | - | - |
| O/E - BP borderline raised | 05-Mar-1999 | - | - | - |
| Gastro-oesophageal reflux | 01-Jan-1998 | - | - | - |
| Neurotic depression reactive type | 02-Dec-1996 | - | - | - |
| Other specified drug dependence NOS | 06-Jun-1995 | - | patient suffered a back injury - on dyhydrocodeine - dependence | - |
| O/E - weight > 20% over ideal | 27-Jul-1994 | - | - | - |
| O/E - BP reading raised | 22-Apr-1994 | - | - | - |
| O/E - BP borderline raised | 17-Feb-1994 | - | - | - |
| H/O: * breast | 15-Apr-1993 | - | - | - |
| Low fat diet | 15-Apr-1993 | - | - | - |
| Benign breast cyst | 01-Jan-1989 | - | - | - |
| Osteoarthritis | 01-Jan-1989 | - | - | - |
| Fibrocystic disease of breast | 01-Feb-1988 | - | - | - |
| H/O: injury | - | Back | - | - |

**Past procedures** (High and medium priority - all)

| Description | Laterality | Modifier | Date performed |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Other total prosthetic replacement of knee joint | -- | Right | 12-Dec-2005 |
| Refer for biochemical test | Electrolytes,Urea,Glucose & CRP : Normal | - | 25-Nov-1999 |
| Health ed. - diet | - | - | 01-Jul-1994 |
| Health ed. - exercise | - | - | 01-Jul-1994 |
| Health ed. - exercise | - | - | 27-Jan-1994 |
| Total cholecystectomy NEC | - | - | 01-Apr-1992 |

**Family conditions** (High and medium priority - all)

| Description | Modifier | Extension | Date Recorded |
|---|---|---|---|
| FH: Ischaemic heart dis. <60 | - | - | 05-Mar-1999 |
| FH: Ischaemic heart dis. >60 | - | - | 17-Feb-1994 |
| FH: Ischaemic heart dis. <60 | - | - | 15-Jul-1993 |
| FH: Hypertension | - | - | 15-Apr-1993 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration |
|---|---|---|---|---|---|---|
| Omeprazole | 01.03.05.0 | CAPS 20MG | 1 TAB | MANE | 09-Jan-1998 | - |
| Tramadol Hydrochloride | 04.07.02.0 | Soluble TABS 50MG | 4 Tabs | Daily | 07-Apr-2006 | - |
| Fluoxetine | 04.03.03.0 | CAPS 20MG | 1 Cap | mane | 28-Jun-2004 | - |
| Aspirin | 02.09.00.0 | Dispersible TABS 75MG | 1 Tab | mane | 22-Dec-2005 | - |
| Bendroflumethiazide | 02.02.01.0 | TABS 2.5MG | 1 Tab | mane | 03-Nov-2005 | - |
| Paracetamol | 04.07.01.0 | TABS 500MG | 2 Tabs 4 to 6 hourly | Max 8 per day | 22-Dec-2005 | - |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration |
|---|---|---|---|---|---|---|
| Pregabalin | 04.07.03.0 | CAPS 75MG | 1 Cap | morning and night | 17-Jan-2007 | - |
| Ramipril | 02.05.05.1 | Titration Pack 35 Capsules CAPS | 1 Cap | Daily | 17-Jan-2007 | - |
| Aciclovir | 13.10.03.0 | CREAM 5% | Apply sparingly | 5 times daily | 19-Dec-2006 | - |

**Clinical warnings** | Smoking status | Alcohol consumption

**Additional relevant information - please ensure inappropriate and irrelevant codes are deleted**

**Administrative information**

Referred By:Registered GP

**Signature** of referring doctor (or other professional) **Date**

NHS GREATER GLASGOW & CLYDE

# CLINICAL NOTES - MEDICAL

CATHERINE HONEYMAN

| Date & Time | PJK MORRISON | Signature, Print Name & Designation |
|---|---|---|
| 14/9/13 | D1 post (L) shoulde replacement | |
| 0950 | | |
| | c/o ↑pain in (L) shoulder | |
| | PCA discontinued after cannulas | |
| | dislodged x2 last night (? pt pulled | |
| | out) | |
| | on PRN oramorph 20mg 2° | |
| | c/o pain despite this | |
| | | |
| | O/E wound clean °erythema | |
| | ↳nursing staff report she was pulling | |
| | at staples, she states they fell out | |
| | | |
| | render from dauide → elbow on (L) side | |
| | anteriorly + posteriorly. | |
| | Obs stable | |
| | mobilising independently | |
| | not wearing polysling | |
| | | |
| | pt wants PCA reamed, however | |
| | problems maintaining venous access | |
| | would mean more interruptions in | |
| | analgesia | |
| | ↳ switch oramorph to 10mg hourly | |
| | ↳ if no improvement add in | |
| | long acting opiod. | PJK MORRISON PY2 ANS |
| | | |
| | | |
| | | |
| | | |

83949

0102496145 Hongkong

| Date & Time | | Signature, Print Name & Designation |
|---|---|---|
| 16/9/15 | MR MARSH IN (ROOM [illegible]) | |
| | NW INTAKE | |
| | FOR CHEST X-RAY - TRUE AP & APICAL OBLIQUES. | |
| | → (R) TO X-RAY SUITE [illegible] | |
| | URINE CHECK 2/52 | [illegible] |
| | | |
| | | |
| | |

## POST OPERATIVE CARE PLAN

### SPECIFIC PRE/INTRA & POST OPERATIVE COMPLICATIONS

| COMPLICATION | ACTION TAKEN | OUTCOME |
|---|---|---|
| S = MOSQUITO BITES OVER BODY WHICH DO NOT HEAL AND CAN BE ITCHY | NONE REQUIRED - PATIENT HAS CREAM | TO BE AWARE. |
| Pain 9/10 - Pain in ankle/leg | 1115 2mg IV Morphine clinician override given. | |
| | 1125 2mg IV Morphine Clinician override given. | |
| | 1200 100mg Tramadol given. | |

### NURSING REPORT

GA + Block * 1g IV Paracetamol intra-op ✓
Routine post-op observations as charted
5L $O^2$ via hudson mask for 24hrs post-op ✓
IV fluids as charted/prescribed.
Analgesia as per drug kardex and via PCA.
Pressure areas intact.
CSM - satisfactory
NEWS Score 3 - see NEWS chart documentation.

Discharge criteria - nil

### POST RECOVERY TRANSFER REPORT

| CONSCIOUS LEVEL | OXYGEN | I.V. ACCESS | DRAINS | PAIN LEVEL |
|---|---|---|---|---|
| A). Unconscious<br>B). Conscious/Drowsy<br>(C). Conscious/ Responsive<br>D). Ventilated | (A). Hudson Mask<br>B). Nasal Canulae<br>C). Other | (A). Infusion Running<br>B). Capped Can in SITU<br>C). Discontinued | A). Patent<br>B). Blocked<br>C). Drainage in Mls<br>D). Irrigation | (A). Pain free<br>B). Mild<br>C). Moderate<br>D). Severe |
| **WOUND** | **CVP MONITORING** | **ARTERIAL LINE** | **SYRINGE PCA PUMP** | **WATERLOW SCORE PLEASE SPECIFY AMOUNT** |
| (A). Dry,<br>B). Slight Staining<br>C). Heavy Staining | A). Commenced<br>B). In Situ ✓ | A). Commenced<br>B). In Situ ✓ | (A). Commenced<br>B). In Situ. | (A) 10+ At Risk<br>B). 15+ High Risk<br>C). 20+ Very High Risk<br>9 |

RECOVERY NURSES SIGNATURE L Lepper

0099099 MG\080198

## THEATRE CARE PLAN

**Theatre:**

JEHOVAH'S WITNESS - SEE CARE PLAN.

NHS Greater Glasgow and Clyde

| | |
|---|---|
| WARD NAMED NURSE Lyn Fowler | DATE 13/09/13 |
| PATIENT'S NAME Catherine Honeyman | WARD 5 |
| D.O.B. 01/02/49 | UNIT NO. 010249614S |

PROPOSED OPERATION (L) Shoulder Arthroplasty

| PRE-OPERATIVE CARE PLAN | | |
|---|---|---|
| 1. Obtain and record baseline vital signs | BP 135/84 P 75 | Temp 36.1 Sats 97 Resp 16 |
| 2. Note and record significant past medical history * | See Below | See Below |
| 3. Capped/loose teeth-number and position | ~~For theatre~~ ✓ | 4 crown top second |
| 4. Pre-op teaching carried out | ✓ | ✓ |
| 5. Pre-op investigations carried out i.e. ECG, Bloods, X Rays | ✓ | on system |
| 6. Skin shave and preparation required | Limb marked | ✓ |
| 7. Remove make-up nail, varnish | Nil | nil |
| 8. Remove prosthesis, dentures, hair pieces, lenses | Nil | nil |
| 9. Jewellery - Tape rings | Nil | nil |
| 10. Ensure patient has fasted (No less than 6 hours) | Midnight | sip of water with meds |
| 11. Identification band | ✓ | ✓ |
| 12. Empty bladder/~~catheter in situ~~ | Yes | yes |
| 13. Naso-Gastric Tube | N/A | N/A |
| 14. Blood in Theatre Fridge | N/A | N/A |
| 15. Case Notes | ✓ | ✓ |
| Drugs kardex/charts | ✓ | ✓ |
| X Rays | ✓ | ✓ |
| 16. Theatre gown & cap | Yes | ✓ |
| 17. Premedication given | N/A | N/A |
| 18. Consent form signed | Yes | marked |
| 19. Allergies | NSAIDs - nausia | NO |
| 20. Waterlow Score | 6 | |

| RELEVANT INFORMATION | | Ward Nurse Sig | Theatre Nurse Sig |
|---|---|---|---|
| * Hypertension<br>Angina<br>Hiatus hernia | OA<br>depression<br>bilateral TkR<br>rev RTRR | Hysterectomy<br>cholecystectomy<br>drainage of groin abscess | |

### NAMED NURSES

NAMED ANAESTHETIC NURSE ODP HAMILTON / ODP HERBURN.

NAMED THEATRE NURSE SN

## INTRA-OPERATIVE CARE PLAN

**TIME OF ARRIVAL IN ANAESTHETIC ROOM** 0853

**TIME OF ARRIVAL IN THEATRE** 0920

| THEATRE | ANAESTHETIST | ASSISTANT | ANAES. NURSE |
|---|---|---|---|
| ORTHO 3 | ANDERSON | — | HAMILTON/ HEPBURN |

| SURGEON | 1ST ASSISTANT | SCRUB NURSE | CIRCUL. NURSE |
|---|---|---|---|
| MARTIN | GILLESPIE | MURRAY | THWAITE |

| I.V. INFUSIONS | | ARTERIAL LINE | | CVP-MONITORING | |
|---|---|---|---|---|---|
| COMMENCED (IN THEATRE) | IN-SITU | COMMENCED | IN-SITU | COMMENCED | IN-SITU |
| | | | | | |

| AIRWAY MANAGEMENT | SYRINGE/PCA PUMP | | | |
|---|---|---|---|---|
| SIZE 8 GENERAL ETT ☑ | COMMENCED | IN-SITU | COMMENCED | IN-SITU |
| LM ☐ | | | | |
| FM ☐ | | | | |

| | COMMENCED | IN-SITU | COMMENCED | IN-SITU |
|---|---|---|---|---|
| SPINAL | | | | |
| EPIDURAL | | | | |
| REGIONAL BRACHIAL PLEXUS BLOCK | | | | |
| LOCAL SEDATIVE EPI | | | | |

| POSITION | Supine | Prone | Lithotomy | Right Lateral | Left Lateral | Jack Knife | Other |
|---|---|---|---|---|---|---|---|
| RIGHT ARM | At Side | | On Board | | Across Chest | | Other |
| LEFT ARM | At Side | | On Board | | Across Chest | | Other |
| PATIENT PROTECTION SAFETY | Padding | | Pillows | Gel Pad | Warming blanket | | Other |

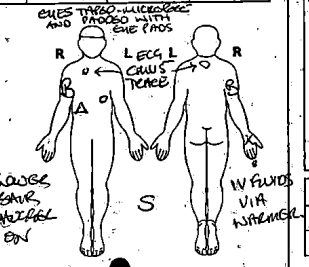
| TOURNIQUET | | |
|---|---|---|
| Arm | Leg | Ankle |
| Right | Left | |
| Inflated Hrs | Pressure MM | |
| Deflated Hrs | | |

| SWAB/NEEDLE/INSTRUMENT COUNT | |
|---|---|
| Correct | |
| Incorrect | |
| Appropriate Action Taken | |

| IMPLANTS | BATCH NO. | SERIAL NO. |
|---|---|---|
| | | |

**PATIENT MONITORING**

| | |
|---|---|
| PERIPHERAL IVI | X |
| IV CANNULAE | C |
| ECG ELECTRODES | ☐ |
| C.V.P. | Z |
| ARTERIAL LINE | A |
| BP/MANUAL/AUTO | B |
| PULSE OXIMETER | • |
| DIATHERMY PLATE | Δ |
| SKIN CONDITION | S |




**SPECIMENS TAKEN**

## POST OPERATIVE CARE PLAN

**TIME OF ARRIVAL IN RECOVERY ROOM** 1015

**OPERATION** GA + LEFT SHOULDER ARTHROPLASTY (SURFACE REPLACEMENT)

| WOUND DRAINAGE | SKIN CLOSURE | DRESSING |
|---|---|---|
| LA INFILTRATION | URINARY CATHETER | PACKS IN SITU |

| CONSCIOUS LEVEL | AIRWAY | OXYGEN | I.V. ACCESS | DRAINS | WOUND |
|---|---|---|---|---|---|
| A). Unconscious | A). Guedel | A). Ventilation Mask | A). Infusion Running | A). Patent | A). Dry |
| B). Conscious/Drowsy | B). E.T.T. | B). Nasal Cannulae | B). Capped Can - in SITU | B). Blocked | B). Slight Staining |
| C). Conscious/ Responsive | C). Laryngeal Mask | C). Other | C). Discontinued | C). Drainage in Mls | C). Heavy Staining |
| D). Ventilated | | | | D). Irrigation | |

| TIME | HOURS | MINS | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **RESPIRATORY FUNCTION** | | | | | | | | | | | | | | | | | | | | | |
| Able to breath and cough | | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Maintain own airway | | = 1 | | | | | | | | | | | | | | | | | | | |
| Airway needs support | | = 0 | | | | | | | | | | | | | | | | | | | |
| **COLOUR** | | | | | | | | | | | | | | | | | | | | | |
| Pink & Warm | | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Pale, Dusky, Peripheral cyanosis | | = 1 | | | | | | | | | | | | | | | | | | | |
| Central Cyanosis, cold | | = 0 | | | | | | | | | | | | | | | | | | | |
| **RECOVERY OF NEURO-MUSCULAR FUNCTION** | | | | | | | | | | | | | | | | | | | | | |
| 5 secs Head lift | | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Moves limbs | | = 1 | | | | | | | | | | | | | | | | | | | |
| No move (Except Resp) | | = 0 | | | | | | | | | | | | | | | | | | | |
| **CONSCIOUS LEVEL** | | | | | | | | | | | | | | | | | | | | | |
| Responds to command | | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Responds | | = 1 | | | | | | | | | | | | | | | | | | | |
| No Response | | = 0 | | | | | | | | | | | | | | | | | | | |
| **BLOOD PRESSURE** | | | | | | | | | | | | | | | | | | | | | |
| Within 30mmHg of Pre-op | | = 2 | 150 | 125 | 101 | 94 | 99 | 92 | 96 | 97 | 89 | 88 | 91 | | | | | | | | |
| 30-90 from Pre-op | | = 1 | 131 | 88 | 78 | 72 | 59 | 44 | 48 | 52 | 58 | 54 | 43 | | | | | | | | |
| < 70mmHg | | = 0 | | | | | | | | | | | | | | | | | | | |
| **O2 SATURATION** | | | 99 | 99 | 100 | 100 | 97 | 99 | 99 | 100 | 99 | 99 | 98 | | | | | | | | |
| **PULSE** | | | 82 | 72 | 77 | 74 | 74 | 73 | 71 | 70 | 69 | 68 | 68 | | | | | | | | |
| **RESPIRATION RATE** | | | 16 | | | | | 16 | | | 16 | | | | | | | | | | |
| **TEMPERATURE (If indicated)** | | | 35° | | | | | | | | | | | | | | | | | | |

IV FLUIDS CEASED 1000

PAIN SCORE 0

# NHS Intraoperative Accountable Items Count Record

0102496145
HONEYMAN F
Catherine 01/02/1949
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
G41 2LN

HOSP /CHI no.
WARD 6
HOSP SGH
THEATRE ortho 3

| COUNTS | Scrub Nurse(s) Print Name | Circulating Nurse(s) - Signature & Print name |
|---|---|---|
| PRE - OP SWAB COUNT CORRECT | SN Murray | PBURNS PBurns |
| PRE - OP INSTRUMENT COUNT CORRECT | SN Murray | PBURNS PBurns |
| FINAL SWAB COUNT CORRECT | SN Murray | KPESCADOSA |
| FINAL INSTRUMENT COUNT CORRECT | SN Murray | KPESCADOSA |
| FINAL SWAB DISPATCH COUNT CORRECT | SN Murray | KPESCADOSA |

**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 Left shoulder Resurfacing

**TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY**

| | | | | | | |
|---|---|---|---|---|---|---|
| Swabs (2x2) | | Tapes | 1 | | | ITEMS REMAINING IN SITU (Type & Number) |
| Swabs (10x10) | 10 | Sloops/Slings | | | | |
| Abdominal packs | 5 | Bulldogs | | | | |
| Sutures | 6 | Shods | | | | |
| Blades | 2 | Tibbs Cannula | | | | |
| IV needles | | Ports | | | | |
| Syringes | 1 | Staple Gun Inserts | | | | |
| Discard-a-pad | 1 | Spears | | | | |
| Diathermy pencil | 1 | Throat packs - Anae | | | | |
| Diathermy tips | 1 | Throat packs - Scrub | | | | |
| Scratch pad | | Retrieval Bag (Bert) | | | | |
| Reels | | Digital Tourniquets | | | | |
| Patties | | SPHWC | 1 | | | |
| Pledgelets | | Guidewire | 1 | | | |

**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

RATIVE CARE P

TIME OF ARRIVAL IN RECOVERY ROOM

13/9/13 CONT.

SG00940779
HONEYMAN, CATHERINE
10 MELVILLE STREET
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

| WOUND | RE | DRESSING |
|---|---|---|
| | | |

| LA INFILTRATION | URINARY CATHETER | PACKS IN SITU |
|---|---|---|
| | | |

| CONSCIOUS LEVEL | AIRWAY | OXYGEN | I.V. ACCESS | DRAINS | WOUND |
|---|---|---|---|---|---|
| A). Unconscious<br>B). Conscious/Drowsy<br>C). Conscious/ Responsive<br>D). Ventilated | A). Guedel<br>B). E.T.T.<br>C). Laryngeal Mask | A). Hudson Mask<br>B). Nasal Canulae<br>C). Other | A). Infusion Running<br>B). Capped Can in SITU<br>C). Discontinued | A). Patent<br>B). Blocked<br>C). Drainage in MIs<br>D). Irrigation | A). Dry<br>B). Slight Staining<br>C). Heavy Staining |

| TIME HOURS | MINS | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 45 | 60 | 75 | 90 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **RESPIRATORY FUNCTION** | | | | | | | | | | | | |
| Able to breath and cough | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Maintain own airway | = 1 | | | | | | | | | | | |
| Airway needs support | = 0 | | | | | | | | | | | |
| **COLOUR** | | | | | | | | | | | | |
| Pink & Warm | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Pale, Dusky, Peripheral cyanosis | = 1 | | | | | | | | | | | |
| Central Cyanosis, cold | = 0 | | | | | | | | | | | |
| **RECOVERY OF NEURO-MUSCULAR FUNCTION** | | | | | | | | | | | | |
| 5 secs Head lift | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Moves limbs | = 1 | | | | | | | | | | | |
| No move (Except Resp) | = 0 | | | | | | | | | | | |
| **CONSCIOUS LEVEL** | | | | | | | | | | | | |
| Responds to command | = 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Responds | = 1 | | | | | | | | | | | |
| No Response | = 0 | | | | | | | | | | | |
| **BLOOD PRESSURE** | | | | | | | | | | | | |
| Within 30mmHg of Pre-op | = 2 | 89 | 100 | 89 | 88 | 94 | 88 | 87 | 82 | 80 | 84 | 96 |
| 30-90 from Pre-op | = 1 | 47 | 47 | 53 | 52 | 52 | 41 | 50 | 49 | 52 | 47 | 51 |
| < 70mmHg | = 0 | | | | | | | | | | | |
| **O2 SATURATION** | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 97 | 98 | 100 |
| **PULSE** | | 71 | 68 | 69 | 67 | 68 | 66 | 66 | 66 | 69 | 67 | 65 |
| **RESPIRATION RATE** | | | 15 | | | | | | | 14 | | |
| **TEMPERATURE (If indicated)** | | | | | | 35? | | | | | | |

# Patient Clinical Examination

**Abnormal Chest Percussion** Yes ☐ No ☑
*Additional comments*

**Abnormal Chest Sounds** Yes ☐ No ☑
*Additional comments*

↑SOB
orthopnoea

**Abnormal heart sounds** Yes ☐ No ☑
*Additional comments*

US1+11+0.
°oedema
calves SNP

↑ frequency of angina limiting daily

**Abdominal masses** Yes ☐ No ☑
*Additional comments*

**Distal pulses** Yes ☑ No ☐
*Additional comments*

↓ dorsalis pedis (R) foot
reports calf pain/cramps at night
no claudication

**Distal oedema** Yes ☐ No ☑
*Additional comments*

**Restricted Neck Extension** Yes ☐ No ☑

**Restricted mouth opening** Yes ☐ No ☑ Dentures (L) top

Signed [signature] (Dr) Date: 1/5/13

0102496145
HONEYMAN F
Catherine 01/02/1949
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
G41 2LN

Acute Services Division

NHS
Greater Glasgow and Clyde

# Pre-operative marking Checklist for Surgery that can be performed on either side of the body

The operating surgeon should mark the intended site of operation prior to the patient leaving the ward area and before any pre-medication is given.

| | |
|---|---|
| Affix label or<br>Patient's nam<br>Hospital No:<br>Date of Birth: | 0102496145<br>HONEYMAN F<br>Catherine 01/02/1949<br>10 MELVILLE STREET<br>0/2<br>Glasgow, Lanarkshire<br>G41 2LN |
| Date of procedure: 13/09/13<br>Proposed procedure: (R) Shoulder Arthroplasty | |

## Check 1 - Ward

To be checked by ward staff before patient goes to theatre.

| | |
|---|---|
| • Check the patient's identity<br>• The mark is inspected and confirmed against the patient's supporting documentation.<br>• Check reliable imaging will accompany the patient to theatre | Signed: L Fairs<br>Print name: Lyn Fairs<br>Ward: S<br>Date: 13 / 09 / 13 |

## Check 2 - Theatre/ Anaesthetic Room

To be checked by operating surgeon in the theatre department, prior to anaesthesia.

| | |
|---|---|
| • The mark is inspected and checked against the patient's supporting documentation | Signed: _____<br>Print name: _____ |

## Check 3 - Theatre Nurse

The senior theatre nurse must ensure that the surgical, anaesthetic and theatre team involved in the intended operative procedure pause prior to commencement of surgery to verbally confirm the following points:

| | |
|---|---|
| • Presence of the correct patient<br>• Marking of the correct site<br>• Procedure to be performed | Signed: _____<br>Print name: _____ |

**If an error is identified during the pre-operative checks, the surgeon in charge should assess the situation, review documentation and either return the patient to the ward or note and sign a decision to proceed at risk in the box below.**

| Signed | Date |
|---|---|
| | |

## Post Operative Care

| Time | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $SpO_2$ | | | | | | | | | | | | | | | | | | | | |
| $O_2$ L/min | | | | | | | | | | | | | | | | | | | | |
| Resp Rate | | | | | | | | | | | | | | | | | | | | |
| Airway | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | | | | | | | | |
| CVP | | | | | | | | | | | | | | | | | | | | |
| Wound site | | | | | | | | | | | | | | | | | | | | |
| Affected limb pulse: +ve/-ve | | | | | | | | | | | | | | | | | | | | |
| Circulation Satisfactory:S Poor: P | | | | | | | | | | | | | | | | | | | | |
| Sensation +ve/-ve | | | | | | | | | | | | | | | | | | | | |
| Movement +ve/-ve | | | | | | | | | | | | | | | | | | | | |
| Sedation/Pain score | | | | | | | | | | | | | | | | | | | | |
| Nausea score | | | | | | | | | | | | | | | | | | | | |

| Time | Fluid In | Urine | Drain 1 | Drain 2 | Blood results / Drug given |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Additional nursing comments**

**Waterlow Score** ☐ **Intervention required:**

| Discharge criteria met: | Discharged to: | Recovery Nurse name: | Ward Nurse name: |
|---|---|---|---|
| Yes ☐ NO ☐ | Ward: | ..... | ..... |
| Comments: | HDU ☐ ITU ☐ | Signature: | Signature: |

VIMEDICAL ILLUSTRATION • ANAES • 1985/6.05

Cat. No. 0163149 38

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South Glasgow Hospitals

## ANAESTHETIC RECORD

NHS Greater Glasgow and Clyde

Date: 12/9/13

**Pre-op instructions:**

Fast for: AM Lunchtime PM List

Proposed operation: Shld Agmnt

**Patient details**

Name:

Unit No:

Address:

0102496145
HONEYMAN F
Catherine 01/02/1949
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
G41 2LN

DOB

Assessor: Anderson

Ward:

### Pre-op assessment

Previous G.A.'s: Dw — Solving OK/ no PBC ? Plasma / FFP ? Platelet Contribute

CVS: HR BP /

Resp:

Other (specify): IHD. Aspir ace s/l given/ Ribed by GP

s/b Codeine & Ibuprofen no soluble Co-codamol

Drugs: GTN SL spray/ See chart

N.S.A.I.D's

Allergies: N/K

Fasted:

Reflux: Omeprazole for reflux

BMI:

Weight (kg):

Airway: Normal Oral / Intubation.

Dentition: Gp Dem 27 crowns

### Investigations

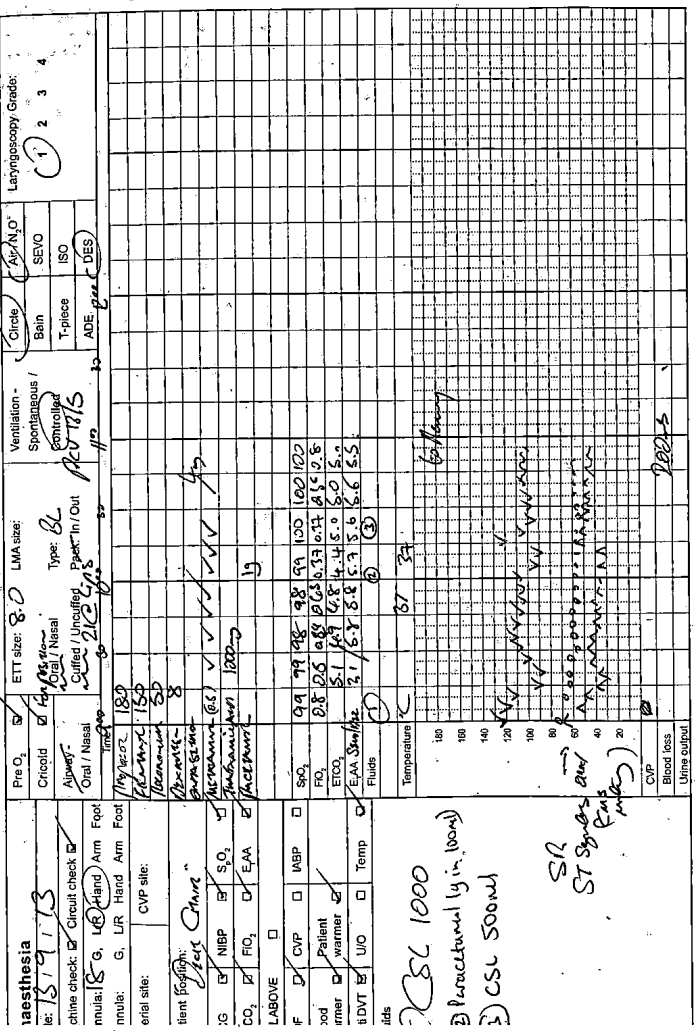
| | | | |
|---|---|---|---|
| Na+: | Hb: 135 | Others (specify): | |
| K+: | WCC: | | |
| Cl-: | Plts: 220 | | |
| HCO3-: | ECG: NSR | | |
| Urea: | CXR: | | |
| Creat: | Glucose | | |

| Urgency | | A.S.A. |
|---|---|---|
| Elective | ☐ | 1 |
| Scheduled | ☐ | 2 |
| Urgent | ☐ | 3 |
| Emergency | ☐ | 4 |
| | | 5 |
| | | - |

**Comments / Warnings** Material risks explained ☐

Clear Fluids Until - 0830?

Food — ISS - pre GA, usual bkfst, lunch, pulses GA - See Chart. Ribed Lunge Amoxicillin




Regional Anaesthesia / Other Procedures / Comments

Left ISB

Aseptic Technique, pre CA

20ml Lidocaine 0.5% Epinephrine 1:200,000

Anaesthetic Procedure

VAS 80 (Light Anaesthesia) on arousal, Locate nerve with Gift 50mm Stimplex ignite @ 0.2mA good motor twitches in line proximal to Axillary 20mL 0.375% Ropivacaine

Operation Details

Theatre: Main Theatre 3

Shoulder Replacement

Operation as proposed on page 1 ☐

Reversal given: Yes ☑ No ☐

| Anaesthetist(s): Anderson | Surgeon(s): MARTIN ET. AL |
|---|---|
| Named Consultant: " | Discussed with Consultant: Yes ☐ No ☐ |

## Post Operative Care

A. Oxygen 5 L/min OR % for 24 hours OR $SpO_2$ % on air.

B. Routine observations / postoperative care as per local protocol.

C. Appropriate DVT prophylaxis prescribed: Yes ☑ N/A ☐

D. Anti-emetic given: Yes ☑ No ☐ Drug given: Metoclopramide 10mg on induction Ondansetron 4mg @ 15:45

E. Analgesia:

| I.V. Morphine as per Recovery Algorithm - Sign | | |
|---|---|---|
| 2 mg bolus - Time: | Sign: | Witness: |
| 2 mg bolus - Time: | Sign: | Witness: |
| 2 mg bolus - Time: | Sign: | Witness: |
| 2 mg bolus - Time: | Sign: | Witness: |
| 2 mg bolus - Time: | Sign: | Witness: |

OR

| I.V. Fentanyl as per Recovery Algorithm - Sign | | |
|---|---|---|
| 40 µm bolus - Time: | Sign: | Witness: |
| 40 µm bolus - Time: | Sign: | Witness: |
| 40 µm bolus - Time: | Sign: | Witness: |
| 40 µm bolus - Time: | Sign: | Witness: |
| 40 µm bolus - Time: | Sign: | Witness: |

F. Post Operative fluids

| Fluid (additive) | Volume | Rate | Sign | Start | Lot No. | Initials |
|---|---|---|---|---|---|---|
| Hartmanns | 1000mL | 80 | | 14:40 | 13A318W | HA |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Post operative notes / Comments

Analgesia - Morphine PCA + Paracetamol + Tramadol.

NBM until no free fluids.

$O_2$ Oxygen Daily

Honeyman Catherine CHI: 0102496145

**Operation note:**

NHS Greater Glasgow and Clyde

Left shoulder OA
Left shoulder resurfacing
Global CAP
D Martin, J Gillespie
GA block antibiotics

Southern General Hospital
Department:

Letter Date: 13/09/2013
Reference:
Dictated Date:
Transcribed Date:

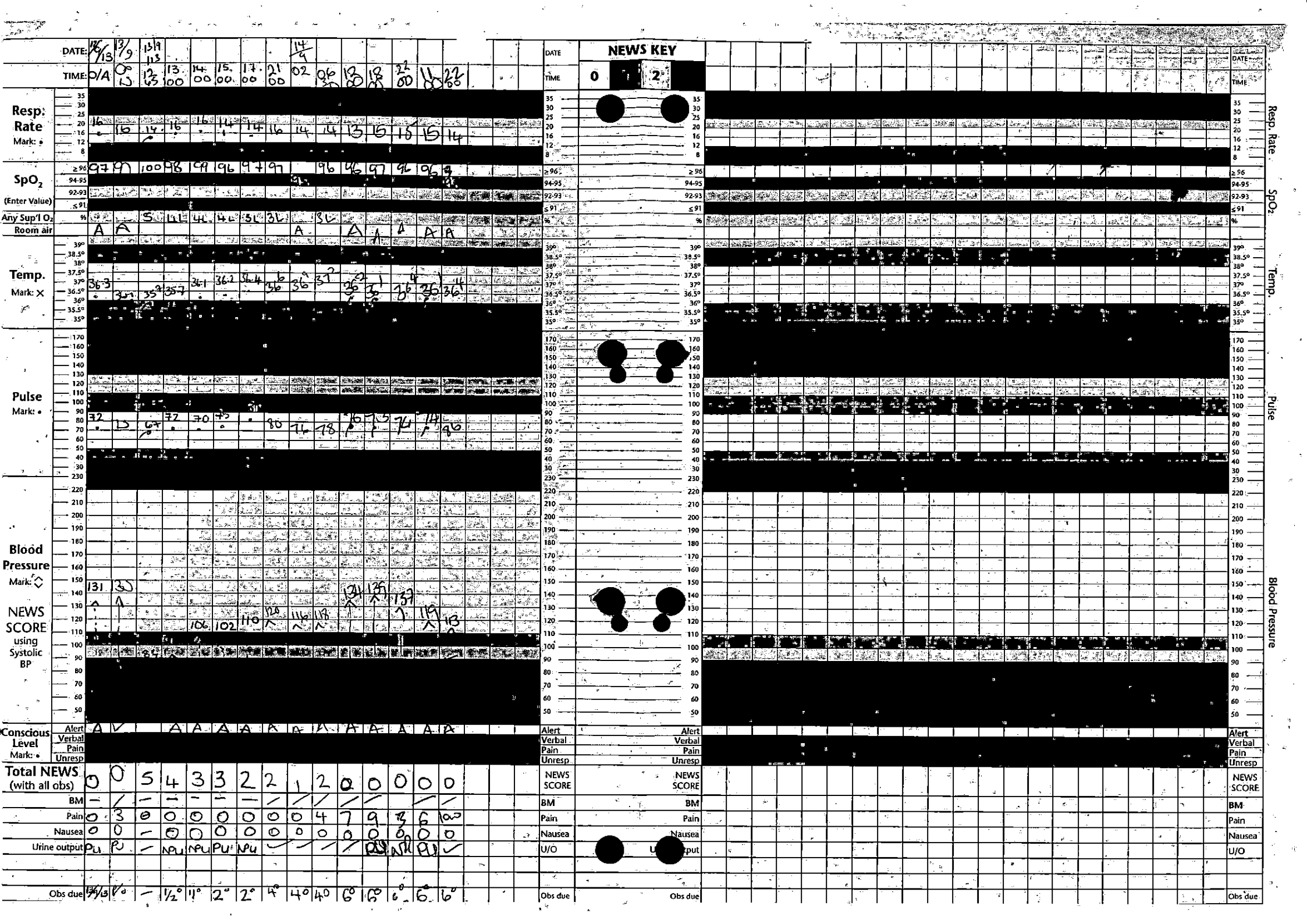
Preop discussion regarding treatment options (types of shoulder replacement). Decided on resurfacing as shorter procedure - given comorbidities and risks of infection with poor skin over back. Cuff intact. Deltopectoral approach, vein taken laterally, subscap tenotomy, biceps tenodesis after tenotomised. Axillary nerve protected. Glenoid concentric. Guide wire into centre of head, reamed to accept 52x21 CAP. Stable reduction, subscap repaired with orthocord allowing 30 degrees ER. Layered vicryl, Biosyn and glue, sling.
Minimal blood loss 200 ml

**Post Op**

Standard rehab for shoulder arthroplasty limiting ER to 10-20 degrees initially
Bloods tomorrow
Check XRay monday and home therafter
D Martin clinic 2 weeks for wound check

## Neurological Observations

| | | |


DATE
TIME
NEWS KEY
0
1
2
Resp. Rate
SpO2
Temp.
Pulse
Blood Pressure
Conscious Level
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
NEWS SCORE
BM
Pain
Nausea
Urine output
U/O
Obs due

HONEYMAN, CATHERINE ID: 0102496145 4-Sep-2013 14:32:20 SOUTHERN GENERAL HOSPITAL

1-Feb-1949
Female Caucasian

Loc: 361

Vent. rate 61 bpm
PR interval 174 ms
QRS duration 84 ms
QT/QTc 450/468 ms
P-R-T axes 24 -6 50

Normal sinus rhythm
Normal ECG

Please do not scan

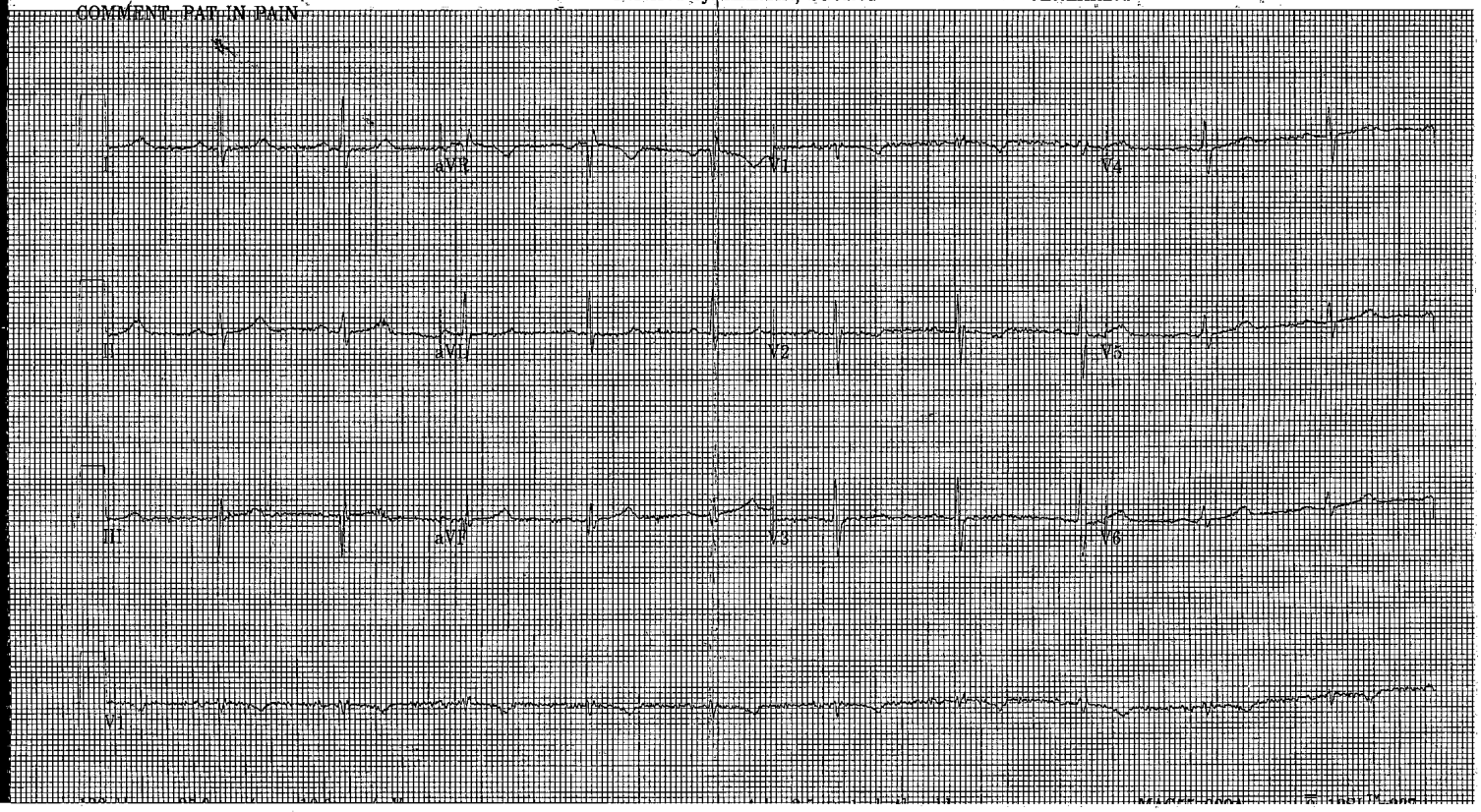
This test has already been uploaded to Portal.

Technician: 320
Test ind: PREOP

Referred by: MARTIN, SGOROP

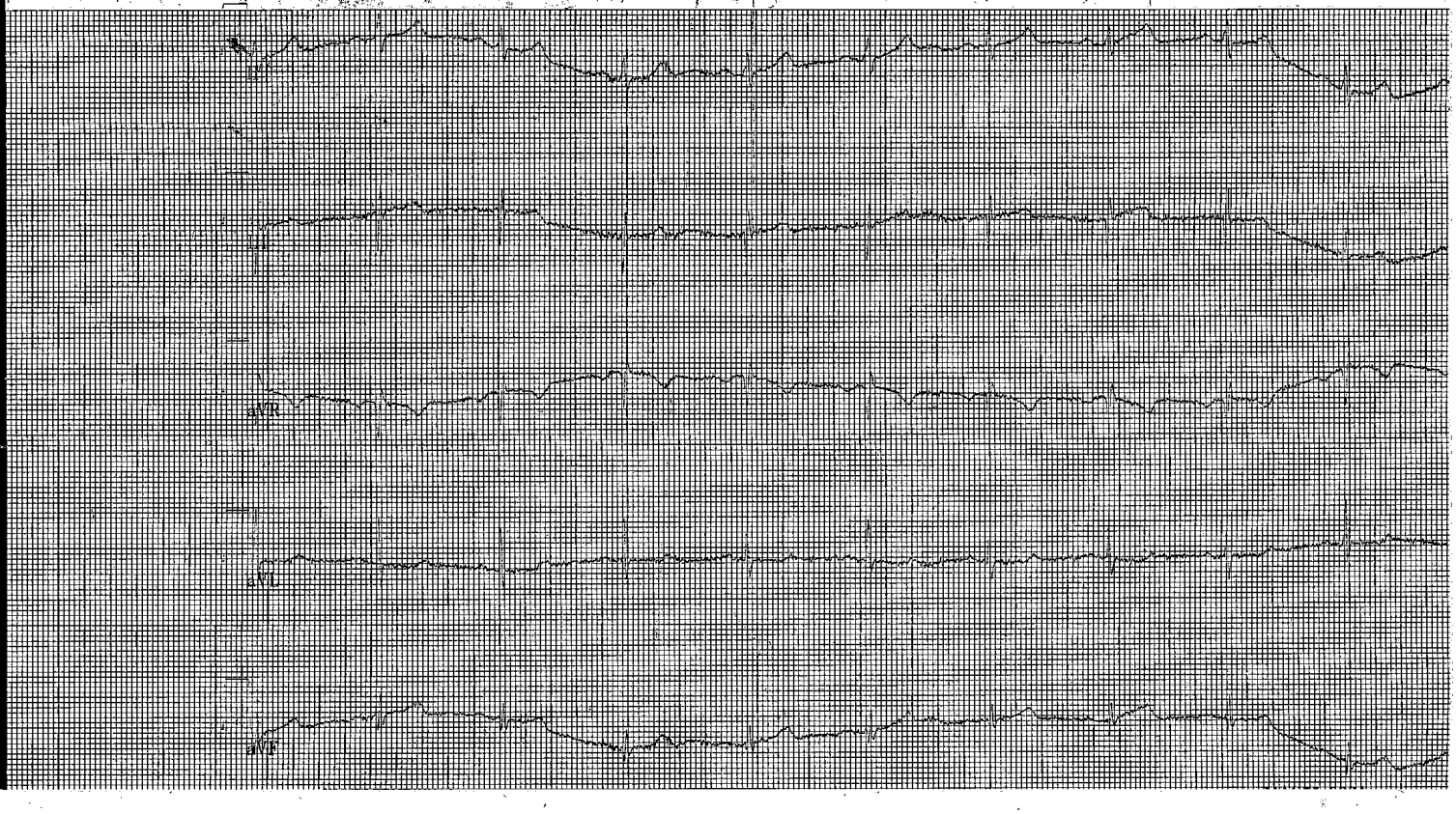
Unconfirmed

COMMENT: PAT IN PAIN



RHYTHM REPORT

HONEYMAN, CATHERINE ID: 0102496145 13 14:33:13 SOUTHERN GENERAL HOSPITAL



1-Feb-1949
Female Caucasian

Loc: 361

Vent. rate 84 bpm
PR interval 166 ms
QRS duration 84 ms
QT/QTc 406/479 ms
P-R-T axes 32 76 74

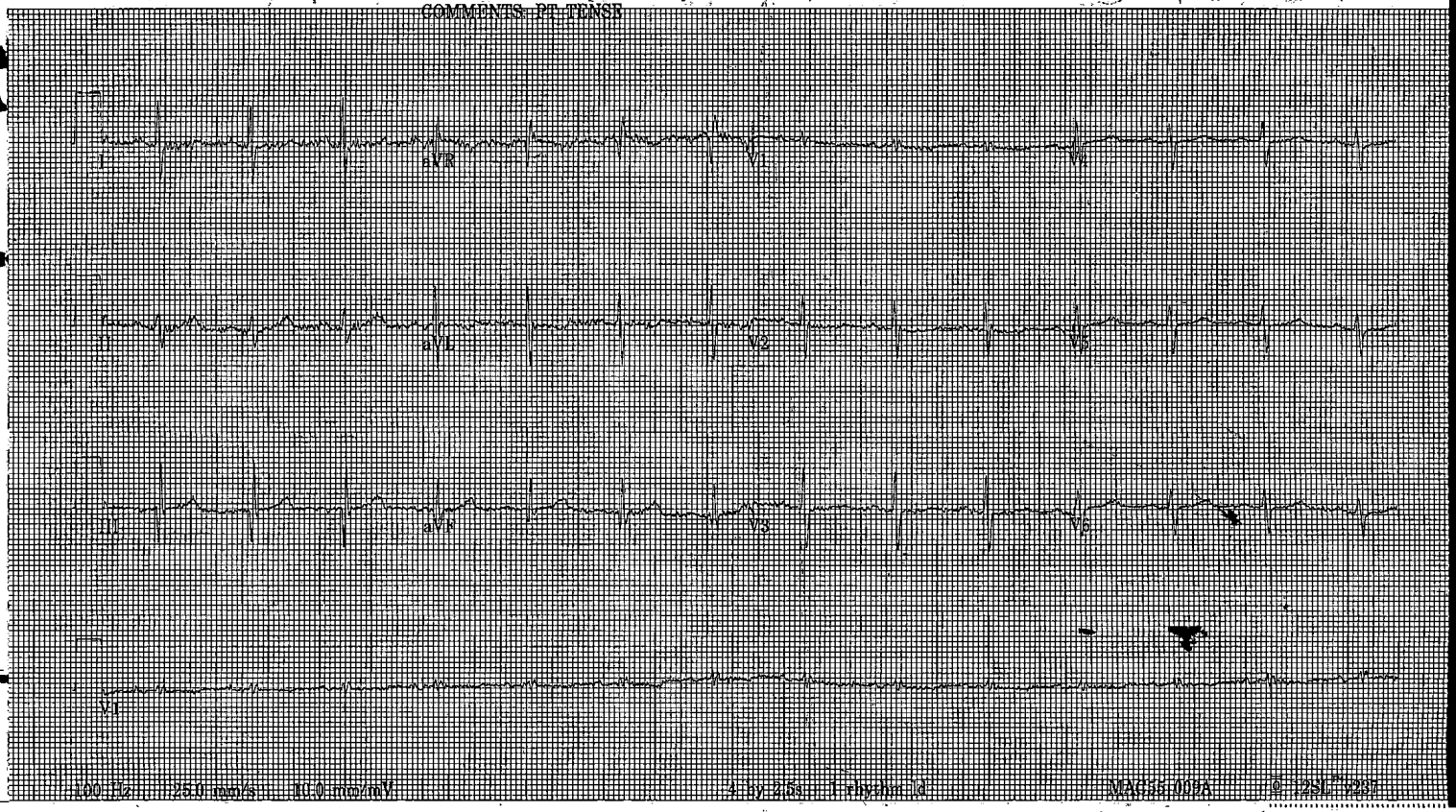
Normal sinus rhythm
Normal ECG

History: Unknown
Technician: 316
Test ind: PRE OP

Referred by: MR MARTIN, SGOROP

Unconfirmed

COMMENTS PT TENSE




100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 009A © 12SL™ 9257

South Glasgow Hospitals

# 24 Hour Fluid Balance Chart

NHS Greater Glasgow and Clyde

Patient's Name: Catherine Honeyman

D.o.B.: 1/2/49

Unit number: 0102496145

Ward:

*Use addressograph label*

Instructions

*THEATRE*

**Date:** 13/9/13. Previous 24 hour fluid balance - Intake: Output:

| Time | Intake: IV infusions | Volume | Enteral / Oral | Volume | Running Total | Output: Urine | Drains (D), Vomit (V) Aspirate (A) etc | Running Total |
|---|---|---|---|---|---|---|---|---|
| 01 | | | | | | | | |
| 02 | | | | | | | | |
| 03 | | | | | | | | |
| 04 | | | | | | | | |
| 05 | | | | | | | | |
| | | | | | | | | |
| 07 | | | | | | | | |
| 08 | | | | | | | | |
| 09 | *HARTMANN'S | 500ml | | 1000 | 1000 | | | |
| 10 | *Paracetamol | 100ml | | 1100 | 1100 | | | |
| 11 | *HARTMANN'S | 500ml | | | 1600 | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | Water | 200 | 1800 | | | |
| | | | tea, water | 500 | | | | |
| 16 | Hartmans | 1000 | water | 300 | | 400 | | 400 |
| 17 | | | tea, water | 300 | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | Tea | 200 | 3600 | | | |
| 22 | | | | | | 400 | | 800 |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| | **Individual Totals:** | | | | | | | |
| | | | | **Total Intake:** | 3600 | | **Total Output:** | 800 |

**Total Fluid Balance** +/-

Patient's Name: _____

D.o.B.: _____

Unit number: _____

Ward: _____

*Use addressograph label*

South Glasgow Hospitals

# 24 Hour Fluid Balance Chart

NHS Greater Glasgow and Clyde

Instructions

**Date:** 14.9.13 | Previous 24 hour fluid balance - | Intake: 3600 | Output: 800

| | Intake | | | | | Output | | |
|---|---|---|---|---|---|---|---|---|
| Time | IV Infusions | Volume | Enteral / Oral | Volume | Running Total | Urine | Drains (D), Vomit (V) Aspirate (A) etc | Running To |
| 01 | | | juice | | | ++ up to toilet. | | |
| 02 | | | | | | | | |
| 03 | | | | | | | | |
| 04 | | | | | | | | |
| 05 | | | | | | | | |
| 06 | DISCONTINUED | | | | — | | | |
| 07 | | | | | | | | |
| 08 | | | | | | | | |
| 09 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| | **Individual Totals:** | | | | | | | |
| | | | | **Total Intake:** | | | **Total Output:** | |

**Final Fluid Balance +/-**

SOUTH

0102496145 F
HONEYMAN
Catherine 01/02/1949
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
G41 2LN

# I.V. THERAPY PRESCRIPTION SHEET

NAME: WARD: 5 UNIT No.: D.O.B.:

| DATE | | | ADDITIVE | VOLUME OR DOSE | TIMING | DOCTORS SIGNATURE | | BATCH No. | NURSES SIGNATURE | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ORDERED BY | CANCELLED BY | | DATE | TIME | GIVEN BY | CHECKED BY |
| 13/9 | | A | NaCL 0.9% | 500ml | 6° | | | | | | | |
| | | B | NaCl 0.9% | 500ml | 6° | | | | | | | |
| | | C | | | | | | | | | | |
| | | D | | | | | | | | | | |
| | | E | | | | | | | | | | |
| | | F | | | | | | | | | | |
| | | G | | | | | | | | | | |
| | | H | | | | | | | | | | |
| | | I | | | | | | | | | | |
| | | J | | | | | | | | | | |
| | | K | | | | | | | | | | |
| | | L | | | | | | | | | | |
| | | M | | | | | | | | | | |
| | | N | | | | | | | | | | |
| | | O | | | | | | | | | | |
| | | P | | | | | | | | | | |
| | | Q | | | | | | | | | | |
| | | R | | | | | | | | | | |

| DATE | ADVERSE REACTION | STOP FLUID/BLOOD/ADDITIVE | RECORD BATCH No. BELOW |
|---|---|---|---|
| | | | |

| Date | Time | Resp rate | Pain score | Sed. score | Nausea score | Rate | Amount in syringe | Totaliser amount | Signatures |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**Pain Score**

| 0 | 10 |
|---|---|
| No pain | Worst pain imaginable |

| S | Sleeping |
|---|---|

**Sedation Score**

| | |
|---|---|
| A | Awake |
| V | Asleep roused by speech |
| P | Physical stimulation (e.g. shaking) when required to waken |
| U | Not roused by speech or shaking |

**Nausea Score**

| | |
|---|---|
| N | Nausea |
| V | Vomiting |

| Date | Time | Resp rate | Pain score | Sed score | Nausea score | Rate | Amount in syringe | Totaliser amount | Signatures |
|---|---|---|---|---|---|---|---|---|---|
| 13.9.13 | 11.05 | PCA set up | | | | – | 49 mls | 0 mls | MW / [illegible] |
| 13.9.13 | 11.10 | PCA | connected | to patient | | – | 49 mls | 0 mls. | [illegible] / MW |
| 13/9/13 | 1145 | 16 | 5 | – | – | – | 41 mg. | 8 ml | [illegible] |
| 13/9/13 | 1205 | 15 | 3 | – | – | – | 38 ml | 11 mg | [illegible] |
| 13/9/13 | 1230 | 14 | 0 | – | – | – | 35 | 14 | [illegible] |
| 13/9/13 | 1250 | 14 | 0 | – | – | – | 33 ml | 16 mg | [illegible] |
| | 13.00 | 14 | 0 | A | 0 | PCA | 31 mls | 18 mls | [illegible] |
| | 14.00 | 14 | 0 | A | 0 | PCA | 20 mls | 29 mls | [illegible] |
| | 15.00 | 14 | 0 | A | 0 | PCA | 19 mls | 30 mls | [illegible] |
| | 16.00 | 14 | 0 | A | 0 | PCA | 15 mls | 34 mls | [illegible] |
| | 17.00 | 14 | 0 | A | 0 | PCA | 15 mls | 34 mls | [illegible] |
| | 18.00 | 14 | 0 | A | 0 | PCA | 10 mls | 39 mls | [illegible] |
| | 20.00 | PCA refilled | | | | PCA | 50 mls | 0 mls | NMC / |
| | 21.00 | 14 | 0 | A | 0 | PCA | 50 | 0 mls | NMC |
| | 22.00 | 14 | 0 | A | 0 | PCA | 47 | 4 | NMC |
| | 22.30 | Venflon | dislodged. | | | | | | |
| | 23.30 | PCA discontinued | 40 mls discarded | | | | | NMC | [illegible] / [illegible] |

| Date | Time | Resp rate | Pain score | Sed score | Nausea score | Rate | Amount in syringe | Totaliser amount | Signatures |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

# Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

## CONSENT FORM

### PATIENT DETAILS (OR PRE-PRINTED LABEL)

0102496145
HONEYMAN F
Catherine 01/02/1949
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
G41 2LN

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: MANSON

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)**

Left shoulder arthroplasty/resurfacing.

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) D MANSON .....

Date 4/9/13

## 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: Catherine Hayman Date 4/9/13

Practitioner Signature: [signature] Date 4/9/13

## PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: X Catherine Hayman Date 4/9/13

Name (Print): .....

NHS
Greater Glasgow and Clyde

# Patient Specific VTE Prophylaxis Instruction Sheet

Note:
Prescriptions (and assessments and re-assessments) must also be written on Kardex

Outcome of VTE risk assessment

- ☐ Low
- ☐ Medium
- ☐ High

Assessor: _____

Date of assessment: _____

The above patient has been individually assessed for VTE risk. The consultant or operating surgeon is responsible for completing the information below to provide Medical and Nursing Staff with instructions for VTE prophylaxis. This information may be superseded at any time should the patient's VTE or bleeding risk change. Any changes to the original instructions should be detailed at the bottom of this page.

## Pharmacological VTE Prophylaxis

- ☐ *Enoxaparin: _____ mg for _____ days
- ☐ *Rivaroxaban: _____ mg for _____ days (TKR 14 days, THR 35 days)
- ☐ Other: Drug _____ Dose _____ Duration _____
- ☐ No chemical prophylaxis

SIGNED _____ Date _____

- ☐ Chemical prophylaxis for **discharge** (if different from above):

Drug _____ Dose _____ Duration _____

* As per SIGN guidelines 122 Dec 2010

## Mechanical Prophylaxis

- ☐ Anti-embolism stockings Duration _____
- ☐ AV impulse boots Duration _____
- ☐ Intermittent pneumatic compression (IPC) device Duration _____
- ☐ No mechanical prophylaxis Early mobilisation Duration _____

## Changes to VTE Prophylaxis

Signed: _____ Date: _____

North Glasgow University Hospitals
Division
Royal Infirmary
16 Alexandra Parade
GLASGOW G31 2ER

**CANNIESBURN PLASTIC SURGERY UNIT**

Switchboard: 0141 211 4000
Direct Dial: 0141 211 5639

***CLINICAL PSYCHOLOGY DEPARTMENT***

CG/JR 406473

Dictated: 2.2.06
Typed: 16.2.06

**CONFIDENTIAL**

Mr I Taggart
Consultant Plastic Surgeon
The Victoria Infirmary
Langside Road
GLASGOW
G42 9TY

Dear Mr Taggart

**Catherine Honeyman, 10 Melville Street, Glasgow. G41 2LN**
**Date of Birth: 01 02 49 (6145)**

I met with the above named lady on 3.2.06 following her request for abdominoplasty. Her body mass index at assessment was 32.

Mrs Honeyman described the appearance of loose abdominal skin which she likened to a "disfigurement". She reported that this had developed as a consequence of having four children by the age of 21 and fluctuating weight over the years.

Mrs Honeyman presented as overly preoccupied by her abdomen, stating that she thinks about it constantly. She also however described dissatisfaction with other aspects of her appearance including her breasts. Mrs Honeyman did not report any specific impact associated with her concerns on her functioning other than not allowing her husband to see her naked.

Mrs Honeyman's concerns associated with her appearance appear to be longstanding and associated with more general psychological difficulties. She told me that she was sexually abused by a family member when she was 8 years old and acknowledged that this has impacted significantly on her body image. She has a long-term history of depression which she relates to her earlier experiences. She attempted suicide four years ago when she was particularly low in mood. I understand that she has had significant input from mental health services to address her depression.

At assessment, Mrs Honeyman presented with a mild level of depression, but clinically significant levels of anxiety. It is likely that these mood related difficulties are heightening her concerns associated with her appearance.

Contd/.

In summary, I would not recommend that Mrs Honeyman is considered for surgery. She presents with general psychological difficulties that are unlikely to be resolved by surgery. I will therefore discharge her from the unit.

Yours sincerely

DR CLAIRE GRAY
Clinical Psychologist

FILE

Cc
Dr G Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW
G5 0BQ

Canniesburn case notes

**MR IAN TAGGART'S PLASTIC SURGERY CLINIC**

Direct Line: 0141 201 5972

Ref: JW/406473

Date: 18 October 2004

Dr Lyndia Green
Consultant Clinical Psychologist
Clinical Psychology Unit
Canniesburn Plastic Surgery Unit
Jubilee Building
Glasgow Royal Infirmary
Glasgow G4 0SF

Dear Dr Green

**Catherine Honeyman – dob 1.2.49**
**10 Melville Street, Glasgow G41 2LN**

As instructed by Mr Ian Taggart Consultant Plastic Surgeon please find enclosed Exceptional Referral Letter regarding the above named patient.

Yours sincerely

J Wallis
Secretary to Mr Ian Taggart
Consultant Plastic Surgeon

406473

# EXCEPTIONAL REFERRAL LETTER TO PLASTIC SURGERY

| Hospital Use only | Clinic | Day/Date | Time | Hospital No.: |
|---|---|---|---|---|
| | | | | |

**Date:**

Please arrange for this patient to attend the Plastic Surgery Clinic of Mr. .....

Patient's Surname: HOWDYMAN

First Names: CATHERINE

Address: G/R
10, MANNING ST
GLASGOW

Post Code: G64 2LN

Contact Telephone No.: 4221580

Appointment Category

Routine ☑ Soon ☐ Urgent ☐

Date of Birth 1/2/44

CHI Suffix 01024416145

Maiden Name: .....

Single/Married/~~Widowed/Other~~

*Practice Stamp*

Dr C. Mills, Dr G. Marshall
Gorbals Health Centre
45 Pine Place, Glasgow
G5 0BQ Tel: 0141 531 8250
Fax: 0141 531 8248

Has the patient attended this hospital before? Yes/~~No~~
If yes, please state:
1. Year of Attendance.....
2. Hospital Number .....

***PROBLEM:***

Feels she has a disfiguring abdomen. very loose skin ++. Does not improve with exercise. complains of stress + embarrassment 2° to this

Other significant medical illness OSTEOARTHRITIS
DEPRESSION

Smoker: ~~Yes~~/No If yes, how many per day:

**For Breast and Abdominal Surgery:**

Height: .....1.66m.....

Weight: .....74.8.....

Body Mass Index = $\frac{\text{Weight (kg)}}{\text{Height}^2 (m^2)}$

**Present drug treatment & potential hazards:**
**(including low dose aspirin & contraceptive pill)**

omeprazole 20mg/day
Fluoxetine 20mg/day
Tramadol 20mg B.D.

I am referring the patient referred to above despite appearing to lie outside the agreed criteria for NHS plastic surgery referral.

a. ~~There are no special criteria apparent but the~~ patient has insisted on my referral ]
b. The following exceptional factors apply DEPRESSION 2° to above ] Delete as appropriate
All patients referred will receive psychological assessment

DATE RECEIVED
13 OCT 2004

Signature: .....

N.B.
TO ENSURE ADEQUATE ASSESSMENT, FULL COMPLETION IS VERY IMPORTANT, THEREFORE, INCOMPLETE FORMS WILL BE RETURNED.

FOR VETTING
DATE APPT SENT

# PLASTIC SURGERY

Surgeon.....

Patient's Name..... Age..... Unit No.....

Referred by..... Date of First Attendance.....

| DATE | |
|---|---|

Form No. 0164496

Ref: JW/NT/**V406473**
Direct Line: 0141-201-5904

Dictated on: 18th February 2004
Typed on: 3rd March 2004

Dr Catherine Mills
Gorbals Health Centre
45 Pine Place
GLASGOW
G5 0BQ.

Dear Dr Mills,

**Mrs. Catherine Honeyman 10 Melville Street, Glasgow, G41 2LN**
**DOB: 01/02/1949 CHI No: 0102496145**

| | |
|---|---|
| Admission date: | 04/02/2004 |
| Discharge date: | 08/02/2004 |
| Consultant: | Dr A Stewart |
| Diagnosis: | Breathless episodes - VQ scan negative and MI screen negative |
| Drugs on discharge: | Nil |

This 55 year old lady was admitted via A and E after an episode of breathlessness with associated chest tightness and left arm pain.

On examination she was noted to be anxious. Examination of respiratory, cardiovascular and GI systems were unremarkable. Legs were non tender, no evidence of DVTs. ECG showed partial right bundle branch block, but sinus rhythm. U and Es were normal. ABGs were as follows H+40, $PCO_2$ 5.8, $PO_2$ 9.9, bicarbonate 26, troponin was negative. I decided to admit and exclude PTE, although it was felt the most likely diagnosis was anxiety. Although the patient had further breathless episodes during admission repeat troponin was negative and ECGs unchanged. The episode settled. Her sub cutaneous Tinzaparin was stopped following a negative VQ scan and the patient was happy to be discharged home. No follow up has been arranged.

Yours sincerely,

**Jamie Weir**
**Senior House Officer in General Medicine**

MEDICA ENCE

# THE VICTORIA INFIRMARY

CASE RECORD

## ADMISSION FORM V3

1

Bridget Maguire

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| G306H | VICTORIA INFIRMARY | V406473 |

| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAYCASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
|---|---|---|---|---|---|---|---|---|
| 05/02/2004 | 11:00 | 18 | 43 | Ip | 3 | NHS | | |

| WARD | S. FACILITY | SPECIALITY | CONSULTANT | FROM LOCATION | W.G.E. |
|---|---|---|---|---|---|
| Ward 7 | 11 | MED | Dr J. R. Bolton Jones | | |

**PATIENT**

| TITLE SURNAME | FORENAME (1) | (2) | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|
| Mrs. Honeyman | Catherine | | 55 years | 01/02/1949 | F | M |

ADDRESS: 10 Melville Street, Glasgow

ALT./PREV. SURNAME:

OCCUPATION:

C.H.I. NUMBER:

POSTCODE: G41 2LN

TELEPHONE No.: 422 1580

OCCUPATION (HUSBAND/FATHER):

HEALTH BOARD OF RESIDENCE: Greater Glasgow Heal

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

**REF. G.P.**

NAME: Dr Catherine. Michie

G.P. CODE: 49074

CONTRACT No.: 2819473

FH STATUS:

ADDRESS: Gorbals Health Centre, 45 Pine Place, Glasgow

TEL No.: 0141 531 8250

POSTCODE: G5 0BQ

**NEXT OF KIN**

NAME: Mr R. Honeyman

RELATIONSHIP: Next Of Kin

G.P. CODE:

PRACTICE:

CONTRACT No.:

FH STATUS:

ADDRESS: 10 Melville Street, Glasgow

TEL No.: G41 2LN

POSTCODE:

ADDRESS: 422 1580

DAY PHONE No.:

NIGHT PHONE No.:

**MISC.**

RELIGION:

VISIT REQ. BY CHAPLAIN YES/NO:

PENSION BOOK No.:

### Admission

MAIN DIAGNOSIS:

SPECIAL WARNINGS:

OTHER CONDITIONS (D.G.2):

OTHER CONDITIONS (D.G.3):

SMR04

SMR50

L.H.:

PREVIOUS PSYCH. CARE:

CONTRIBUTORY SOCIAL FACTOR:

### DISCHARGE SUMMARY

**DISCHARGE DETAILS**

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALITY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 8-2-04 | | 11 | 3 | 1-P | Med | DR Boulton Jones |

| DISCH./TRANSF. TO | READY FOR DISCH. | HOSPITAL NAME | CODE | WARD | SPECIALITY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| | | | | 7 | | |

| | TYPE OF CARE PROVIDED | | ECT - 1st TREATMENT DATE | | ECT - NUMBER OF TREATMENTS | |
|---|---|---|---|---|---|---|
| SMR04 | | | | | | |

**DIAGNOSES**

MAIN DIAGNOSIS:

SPECIAL WARNINGS:

OTHER CONDITIONS (D.G.2):

(D.G.3):

(D.G.4):

(D.G.5):

(D.G.6):

COD

**AND OPERATIONS**

CODE DATE

MAIN OPERATION:

OTHER OPERATION (O.P.2):

(O.P.3):

(O.P.4):

LOCAL USE:

NATIONAL USE:

MEDICAL IN CONFIDENCE

THE VICTORIA INFIRMARY

# ADMISSION FORM V3

Alison Mcgarvey 4th February 2004

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL CODE G306H | HOSPITAL NAME VICTORIA INFIRMARY | | | | | CASE RECORD NUMBER V406473 | | | |
| DATE 04/02/2004 | TIME 10.30 | TYPE 36 | REASON 13 | ADM./TRANS. FROM Ip | INPAT./DAYCASE 3 | DATE ON W.L. | W.L. TYPE NHS | PATIENT CATEGORY | |
| WARD Medical Asses 11 | S. FACILITY | SPECIALITY MED | | CONSULTANT Dr H. Dallal | | | FROM LOCATION | W.G.E. | |

**PATIENT**

TITLE SURNAME Mrs. Honeyman — FORENAME (1) Catherine — (2) — ALT/PREV. SURNAME — AGE 55 years — DATE OF BIRTH 01/02/1949 — SEX F — MARITAL STATUS M

ADDRESS 10 Melville Street, Glasgow — POSTCODE G41 2LN — TELEPHONE No. 422 1580 — OCCUPATION — OCCUPATION (HUSBAND/FATHER) — C.H.I. NUMBER 0102496145

HEALTH BOARD OF RESIDENCE Greater Glasgow Heal — HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

**REF. G.P.**

NAME Dr Catherine. Mills — PRACTICE — G.P. CODE 49074 — FH STATUS — CONTRACT No. 2819473

ADDRESS Gorbals Health Centre, 45 Rine Place, Glasgow — POSTCODE G5 0BQ — TEL No. 0141 531 8250

**REF. G.P.**

NAME Unknown — PRACTICE — G.P. CODE — FH STATUS — CONTRACT No.

ADDRESS — POSTCODE — TEL No.

**NEXT OF KIN**

NAME — RELATIONSHIP Unknown — ADDRESS — DAY PHONE No. — NIGHT PHONE No.

**MISC.**

RELIGION — VISIT REQ. BY CHAPLAIN YES/NO — PENSION BOOK No.

## Admission

MAIN DIAGNOSIS — SPECIAL WARNINGS

OTHER CONDITIONS (D.G.2)

OTHER CONDITIONS (D.G.3)

SMR04 — PREVIOUS PSYCH. CARE — SMR50 CONTRIBUTORY SOCIAL FACTOR

STATUS

## DISCHARGE SUMMARY

| DISCHARGE DETAILS | DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALITY | CONSULTANT CODE |
|---|---|---|---|---|---|---|---|
| | DISCH./TRANSF. TO | READY FOR DISCH. | HOSPITAL: NAME | CODE | WARD | SPECIALITY | CONSULTANT CODE |
| | SMR04 | TYPE OF CARE PROVIDED | | ECT - 1st TREATMENT DATE | | ECT - NUMBER OF TREATMENTS | |

**DIAGNOSES AND OPERATIO**

MAIN DIAGNOSIS — SPECIAL WARNINGS

OTHER CONDITIONS (D.G.2)

(D.G.3)

(D.G.4)

(D.G.5)

(D.G.6) — CODE — DATE

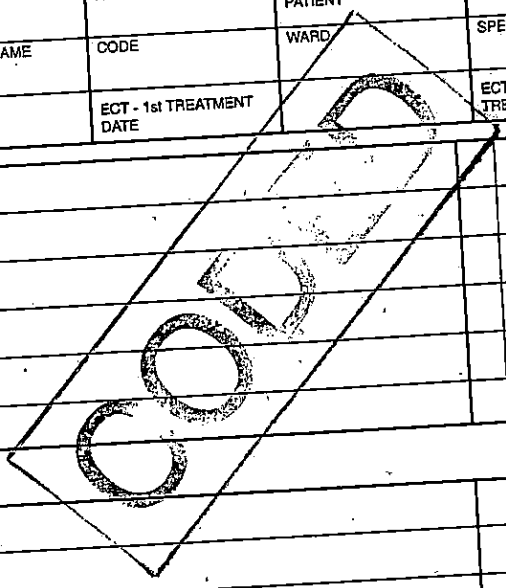
MAIN OPERATION

OTHER OPERATION (O.P.2)

(O.P.3)

(O.P.4)

LOCAL — NATIONAL USE



South Glasgow University Hospitals NHS Trust
Victoria Infirmary, Glasgow G42 9TY. Tel. 0141-201-6000

# Patient Discharge Letter and Medicine Prescription Form - Confidential

Ref No: 078230

Dear Doctor DR C MILLS
Surgery: GORBALS H.C.

Patient: 0102496145
Address: 406473 Catherine
Honeyman F
10 Melville Street 2
Glasgow
DOB: 01/02/1949
Weight: G41 2LN GP Prac:49074

*Fix ID label to all 4 copies.*

Ward: 7
Ward telephone number:
Consultant: DR Boulton Jones
Named Nurse:
Admission date: 4/7/06
Discharge date: 8/7/06

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

Reason for admission, treatment, diagnosis: SOB + Chest Tightness

Other information
Trop <0.01
CXR = (A)

| MEDICINE | Dosage form | Dose | Times for administration: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 8 | pm 10 | Other times | Recommended duration of treatment after discharge | New Drug ✔ | New Dose ✔ | Number of days supply | Dispensing Details (Pharmacy only) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No medication on discharge | | | | | | | | | | | | | | | | | |

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

Clinical Pharmacy check:
Drug sensitivity

Dispensed by: ... Date: ... / ... / ...
Checked by:

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

Doctor's name: ... Signature: ... Date 12/7/06
Doctor's grade: HD Pager number: R212
Number of prescription sheets at discharge:

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

(0/6) Anxious ++.
Uncomfortable
mild chest discomfort.

BP 175
SO2 99%

HR 84 S.R
JVP ⇔
HS 1+1+0
° Oedema.

Tongue Depressor
° Pain Forearm
Soft
BS (N)

(ECG) → 84 S.R.
? Incomplete (L) BBB.
Bit. Ectop Vs V6 bdy/ poor trace — Repeat.
° Acute

(CXR) → awaited.

(I) ? Panic Attack Coronary Worsening Diagnosis/
Reflux Sx.
Not convinced IHD but/ Significant Risks

(P) Admit
m screen
CXR.
GTN.
IC Focus
Trop Glucose.

BS 9012.

ACCIDENT & EMERGENCY DEPARTMENT
SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
LANGSIDE ROAD, GLASGOW G42 9TY
TEL: 0141 201 6000

NHS Greater Glasgow

(BLOCK LETTERS)
SURNAME Honeyman
FORENAME Catherine
ADDRESS 10 Melville Street
Glasgow
POST CODE G41 2LN TEL 422 1580

D.O.B. 01/02/1949 AGE 55 y SEX F
OCCUPATION

A/E NUMBER AE/063088
ARRIVAL DATE 03/02/2004
ARRIVAL TIME (24hr clock) 18:06
MODE Ambulance
REFERRAL BY General Pr.

55 F Gen Ill in Chest Pain

G.P. NAME Dr Catherine. Mills
ADDRESS Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ
CODE 49074|1 TEL 0141 531 8250

PRESENTING COMPLAINT
Chest Pain
INCIDENT TYPE
Other
INCIDENT LOCATION
Home

GP DISCHARGE LETTER
DIAGNOSIS
INVESTIGATIONS
• X-RAYS
TREATMENT
CODE
PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) CODE
(SIGNATURE) DISCHARGE TIME 21 10

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)
A&E CLINIC ORTHOPAEDIC
SURGERY MEDICINE
EYE E.N.T.

ADMISSION
TO WARD C2
(MEDICINE) SURGERY
ORTHOPAEDIC E.N.T.

## TRIAGE/NURSING DOCUMENTATION

ONCE ONLY PRESCRIPTION

| DATE | DRUG | DOSE | ROUTE | PRESCRIBED BY | TIME GIVEN | GIVEN BY |
|---|---|---|---|---|---|---|
| 3/2/14 | Ganscon | 10ml | O | [illegible] | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TRIAGE DETAILS

DATE

TIME

P1

P2

REC CASE YES/NO

RELS PRESENT YES/NO

P.C. Chest Pain

TRIAGE NURSE'S SIGNATURE

ALLERGIES

PRESSURE AREAS AT RISK YES/NO

INITIAL OBSERVATIONS

HR 86 BP 122/75 RR TEMP 36.8 °SAT 99% PEAK FLOW

URINALYSIS

BM 4 7mmol/L CS E M V PUPILS

PAIN SCORE 0 1 2 3

NURSING NOTES/TREATMENT

SIGNATURE

BLOOD RESULTS

DATE TIME NAME (PRINT) (SIGNATURE)

CLINICAL NOTES

55 F GP Rec ↑ Chest Pain

Background –

OA
Cholecystectomy
3× Lumpectomy
HBP
GORD / HH
Depression (Recently Stopped ABx)

GWGS 1/52 Hx.

4/52 Chest Tightness

Comes on + off
No obvious precipitants

Can occur lying / at rest

Today // Feeling Tired
Went to Bed

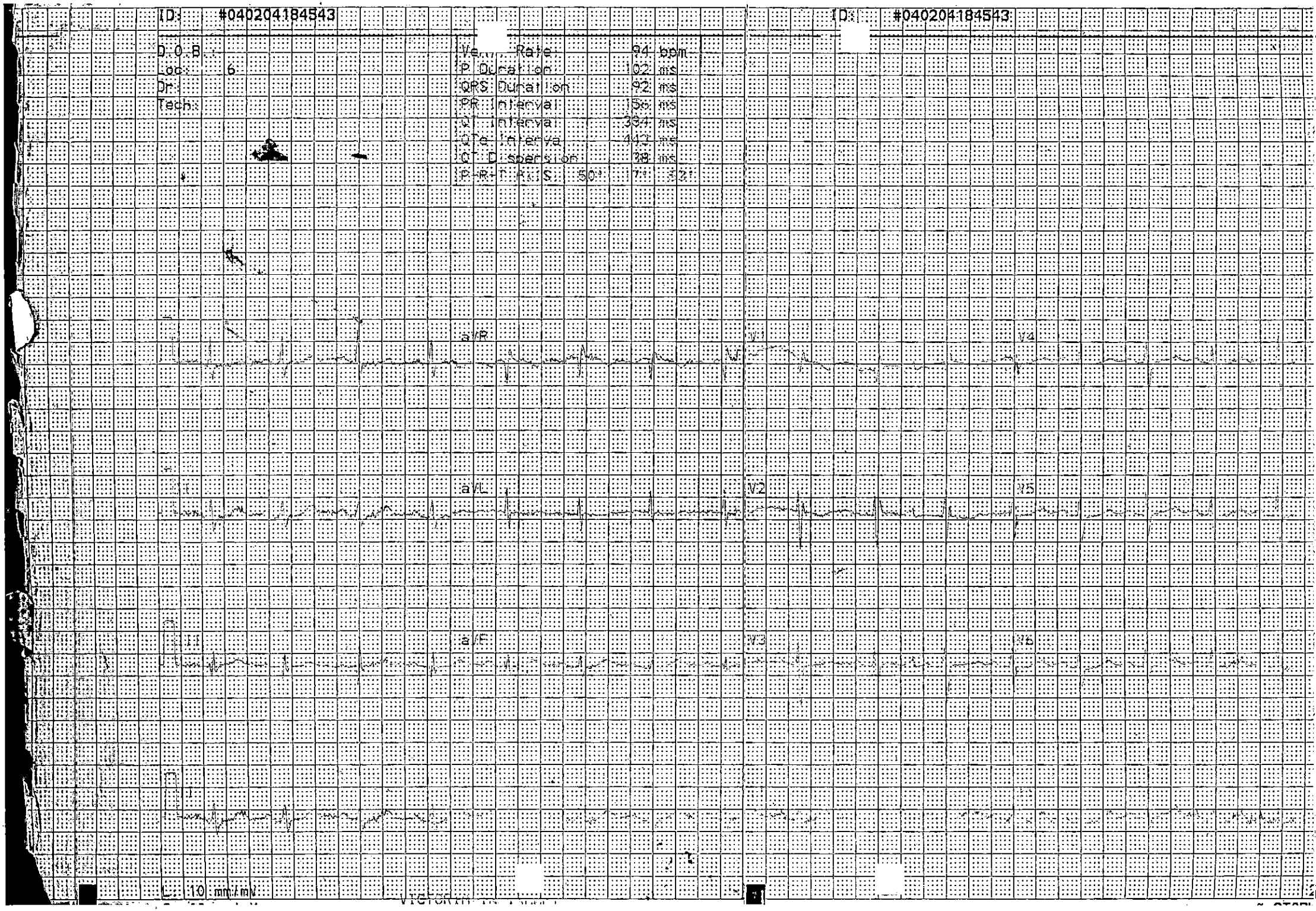
Sudden onset Severe Central Chest Tightness
– Heaviness ⊙ Arm
– Pins/Needles ⊙ Hand (Rapidly Both Hands)
SOB ++ Vomited in Surgery
Δ Initially as Panic Attack By GP.
→ Investigation by CP?!

PMHx
As Above
°MI / Angina
°P Hypertension

SHx
Gave up Smoking 1973
Non Drinker.
Husband made Redundant Recently.

DHx
Zydol
Losec
NKDA.

FHx
3+ Sisters Died

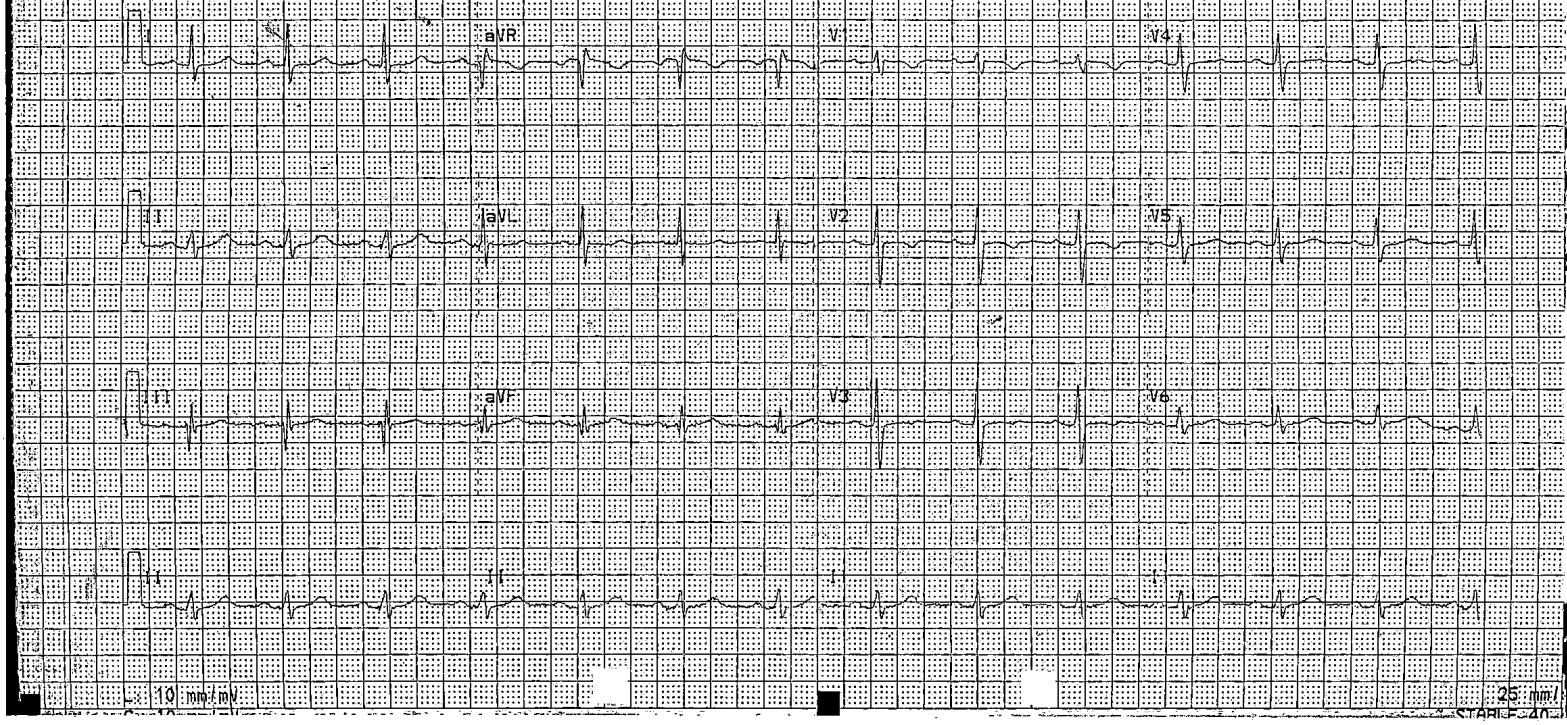

ID: #040204184543
D O B
Loc: 6
Dr
Tech
Ventricular Rate 94 bpm
P Duration 102 ms
QRS Duration 92 ms
PR Interval 156 ms
QT Interval 334 ms
QTc Interval 412 ms
QT Dispersion 38 ms
P-R-T Axes 50 7 32
aVR
V1
V4
aVL
V2
V5
II
aVF
V3
V6
10 mm/mV
ID: #040204184543

ID: #040204132434

ID: #040204132434

< CLIENTNO> 0102496145 Sex: F
Honeyman Catherine
10 Melville Street
Glasgow
G41 2LN
DOB: 01/02/1949 GP Prac: 490 [illegible] MS: M

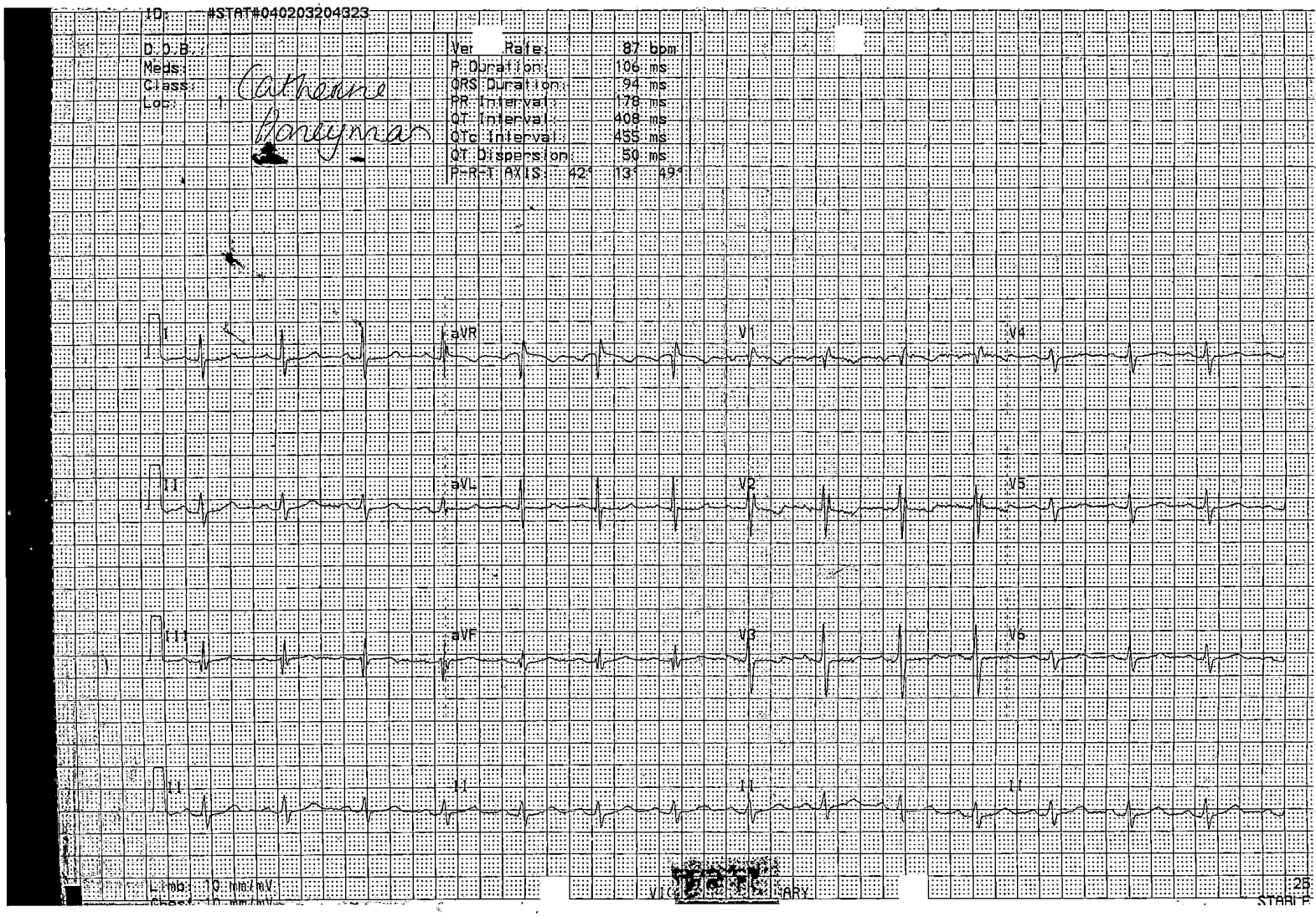
| | | | |
|---|---|---|---|
| Vent. Rate: | | 81 | bpm |
| P Duration: | | 114 | ms |
| QRS Duration: | | 98 | ms |
| PR Interval: | | 174 | ms |
| QT Interval: | | 398 | ms |
| QTc Interval: | | 434 | ms |
| QT Dispersion: | | 36 | ms |
| P-R-T axis: | 9° | -2° | 50° |

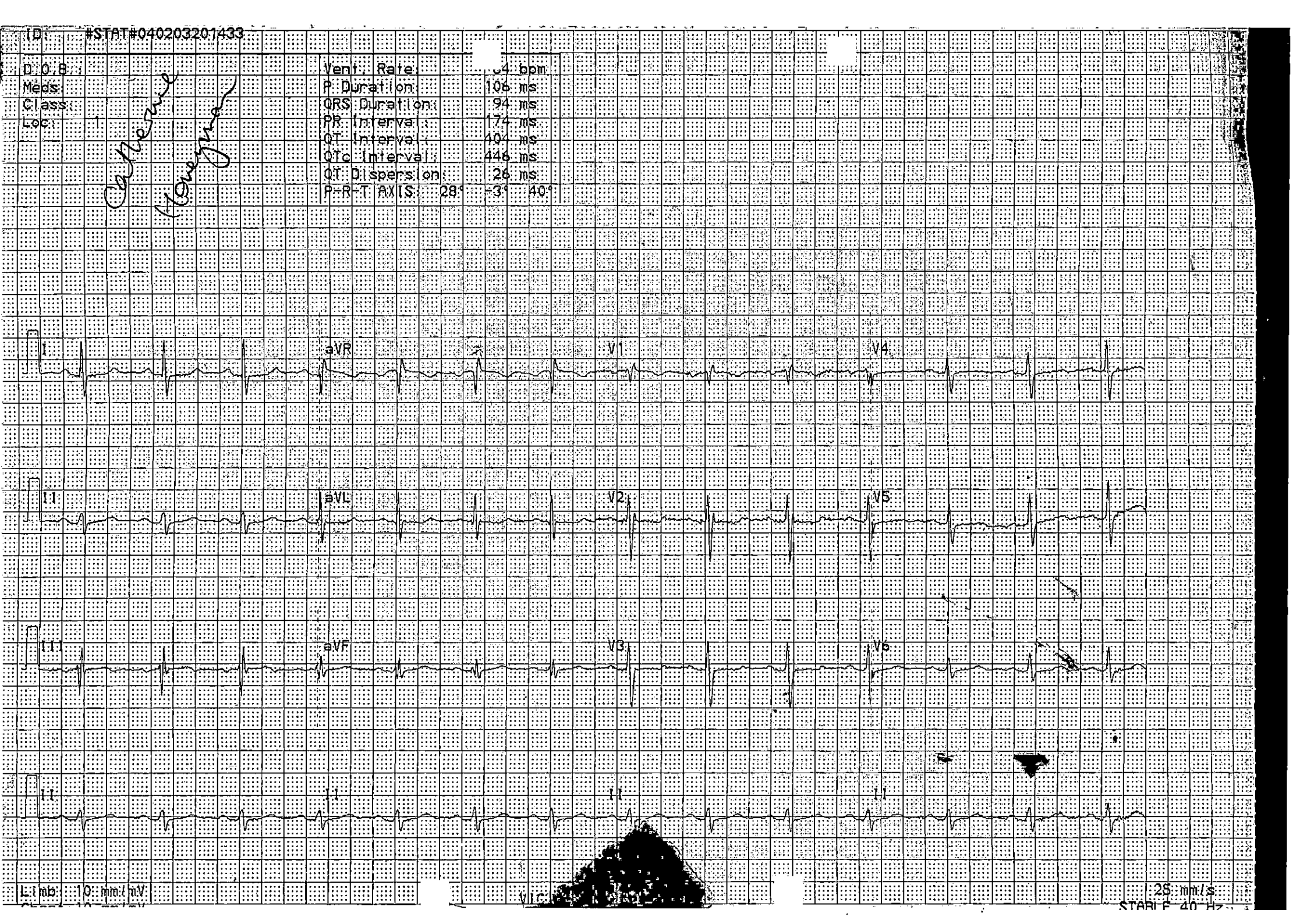



10 mm/mV

25 mm/

STAFF 40


ID: #STAT#040203204323
D.O.B.:
Meds:
Class:
Loc:
Catherine
Tonoyan
Ver Rate: 87 bpm
P Duration: 106 ms
QRS Duration: 94 ms
PR Interval: 178 ms
QT Interval: 408 ms
QTc Interval: 455 ms
QT Dispersion: 50 ms
P-R-T AXIS 42° 13° 49°
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II
II
II
II
Limb: 10 mm/mV
25
STAT


ID: #STAT#040203201433
D O B:
Meds
Class
Loc:
Vent. Rate: 84 bpm
P Duration 106 ms
QRS Duration 94 ms
PR Interval 174 ms
QT Interval 404 ms
QTc Interval 446 ms
QT Dispersion 26 ms
P-R-T AXIS 28° -3° 40°
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
Limb 10 mm/mV
25 mm/s

## Registration

**Mrs Catherine Honeyman**
**10 Melville St**
**GLASGOW**

**G41 2LN**

**Telephone: 422-1580**

Contact: ?  ContactRelship: ?

Service Code: Permanent
DoB: 01/02/1949
Age: 54

CHI Number: 0102496145
Registered GP: Dr G Marshall
Registered: ?

BMI: 28.9  Height: 1.61 m  Weight: 74.8 kg  BP: 132/62

## Priority Clinical / User Marker

| | | |
|---|---|---|
| 01/01/1998 | High | Gastro-oesophageal reflux |
| 06/06/1995 | High | Other specified drug dependence NOS<br>patient suffered a back injury - on dyhydrocodeine - dependence |
| 01/01/1989 | High | Benign breast cyst |
| 01/01/1989 | High | Osteoarthritis |
| | High | H/O: injury Back |

## Repeat Medication

| Drug/Preparation | Quantity/Dose/Frequency | Start | Last | Interval Pres. | Review |
|---|---|---|---|---|---|
| TRAMADOL SR TABS 200MG | 56 tabs 1 TAB BD | 07/10/199 | 06/01/2004 | 28 | 0 |
| Omeprazole CAPS 20MG | 28 tabs 1 TAB MANE | 09/01/199 | 06/01/2004 | 28 | 0 |

## Screening

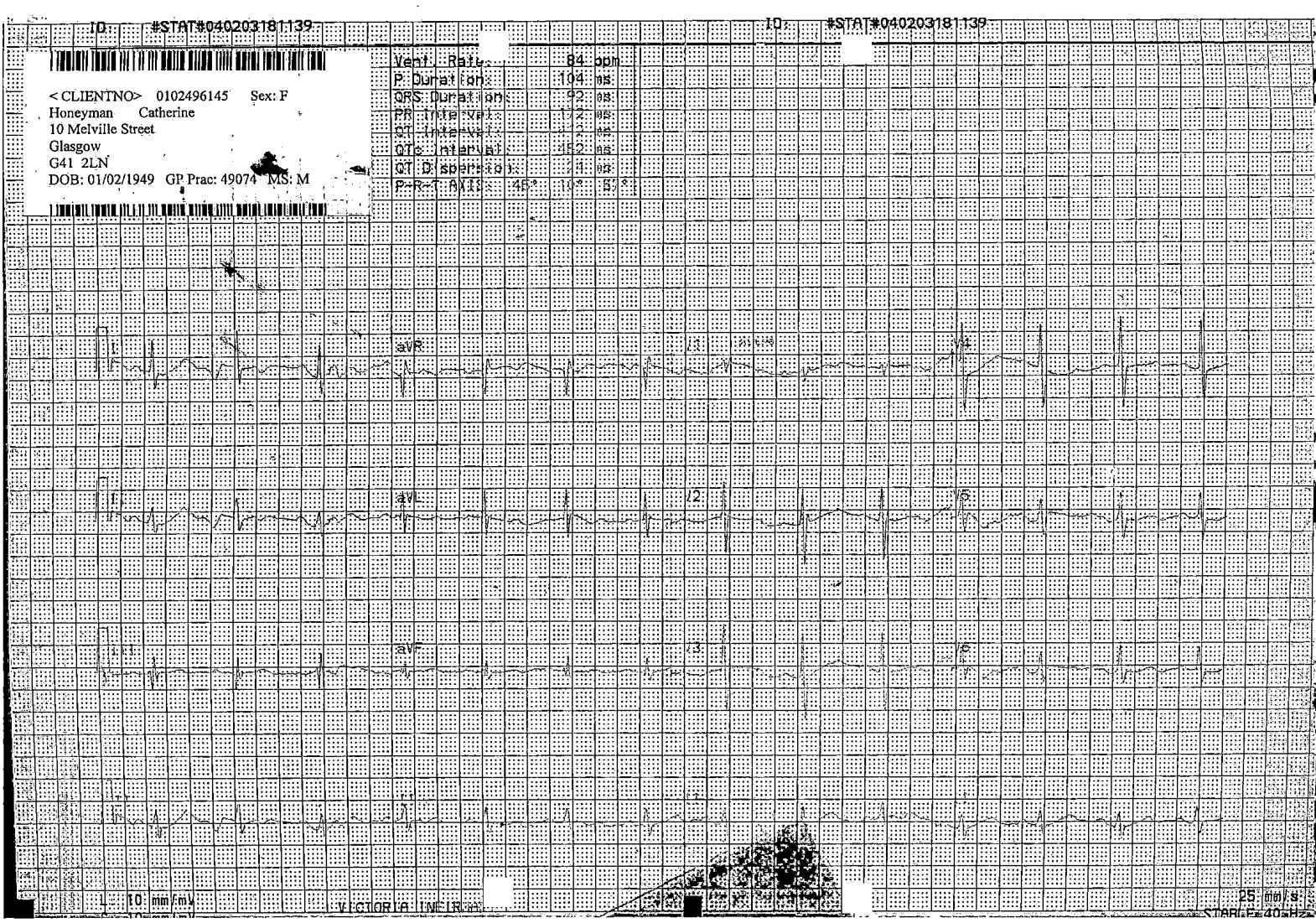
| | | | |
|---|---|---|---|
| 26/08/03 | **Cervical Screening$$** | Cervical smear: negative | |
| Repeat after an Interval - 36 Months | | Send recall when due | Result letter sent |
| 08/08/02 | **Breast Screening$$** | Letter invite to screening | |
| Call for screening | | First recall letter on queue | Send recall when due |
| 29/09/00 | **B P Screening$$** | O/E - BP reading normal | |
| Repeat after an Interval - 60 Months | | Do not send recall letter | Do not send result letter |
| 24/07/00 | **Cervical Screening$$** | Cervical smear: negative | |
| Repeat after an Interval - 36 Months | | Second recall letter sent | Result letter sent |
| 25/11/99 | **B P Screening$$** | O/E - BP borderline raised | |
| Repeat after an Interval - 6 Months | | First recall letter on queue | |
| 05/03/99 | **Alcohol Intake$$** | Trivial drinker - <1u/day | |
| Repeat after an Interval - 12 Months | | Send recall when due | |
| 05/03/99 | **B P Screening$$** | O/E - BP borderline raised | |
| 05/03/99 | **Family History$$** | FH: Ischaemic heart dis. <60 | |
| Repeat after an Interval - 5 Years | | Send recall when due | |

ID: #STAT#040203181139

ID: #STAT#040203181139

<CLIENTNO> 0102496145 Sex: F
Honeyman Catherine
10 Melville Street
Glasgow
G41 2LN
DOB: 01/02/1949 GP Prac: 49074 MS: M

| | | | |
|---|---|---|---|
| Vent. Rate | | 84 | bpm |
| P Duration | | 104 | ms |
| QRS Duration | | 92 | ms |
| PR Interval | | 172 | ms |
| QT Interval | | 412 | ms |
| QTc Interval | | 452 | ms |
| P-R-T Axes | 45° | 10° | 5° |



**Dr C Mills & Dr G Marshall**

Gorbals Health Centre
45 Pine Place, GLASGOW G5 0BQ

PRACTICE ACCREDITATION
RCGP Scotland
2002-2005

Telephone 0141 531 8250
Fax 0141 531 8248

3/2/4

Dear Doctor

Re: Catherine Honeyman
10 Melville St
1.2.49

Thankyou for seeing this 55 year old woman who came down to the surgery today as an emergency with difficulty breathing and a weeks history of central chest tightness with heaviness in her (L) arm and tingling

Today she was very distressed and seemed to be having a panic attack when triaged by

our nurse out 30-45 min late she was still panicking and the pain in her chest worsening she was definitely hyperventilating initially but it seemed to be going on too long and when questioned it became apparent that the chest tightness had been going on all week and she was having to take more off to get relief given 2.5mg diazemuls at 5.30pm (R) arm I.V.

GTN spray x3 with some effect but still has mild chest tightness

pmh

Imp ? cardiac pain

yours sincerely

Dr Amy

# SCOTTISH AMBULANCE SERVICE - PATIENT REPORT FORM

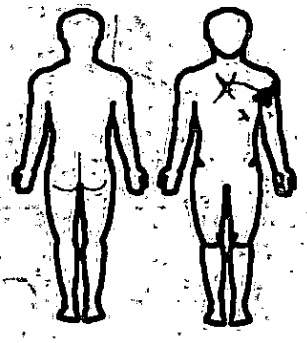
CCS INCIDENT No. A A / N 0 0 N 9 8 8 / N N N

Last Name: HONEYMAN
First Name: CATHERINE
Location: 45 PINE PLACE
Age: 55
Sex: M X
D of B: 00 00 2M 4Y 9

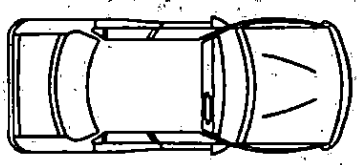
Date: 03 02 04
Time of Call: 17 22
Time at Patient: 17 30
Time Left: 17 45
AMPDS Code: 33 C 06 T
AMPDS Revised:

Airway Clear X | Suction | N/OPA | ET | LMA | Successful ? Y | C-spine Injury Y
Breathing X | Rate F A S | BVM | Ventilation | Successful ? Y | Paralysis Y | Fitting Y
Pulse X | Rate F X S | CPR | IV/IO | Fluids | Successful ? Y | ECG: N S R
Despite the above unable to
Clear airway | Detect breathing | Detect pulse | A V P U

| Injury Site | Wound | # | Pain | Splint | Dressed |
|---|---|---|---|---|---|
| Head | | | | | |
| Neck | | | | | |
| Chest | | | X | | |
| Abdomen | | | | | |
| Back | | | | | |
| R/Arm | | | | | |
| R/Leg | | | | | |
| L/Arm | | | | | |
| L/Leg | | | | | |



RTA | Trapped | Ejected | M / cyclist | Cyclist | Pedestrian | >20 min. Extricate



Temp. °C
PEFR % B. Sugar mmol

Allergies: 1 2 3 4 5 6 7 8 9
Medication: OMEPRAZOLE
Assisted by and Name:
Doctor Y | Nurse Y | Other Y

| Time | Pulse | Resp | BP | C / Refill | SpO2 % | GCS | Lpupil | Rpupil |
|---|---|---|---|---|---|---|---|---|
| 1730 | 87 | 24 | S 80 D I A | F S N | | E 5V 6M | S R | S R |
| 1745 | 93 | 20 | S 80 D I A | F S X | | E 5V 6M | S R | S R |
| | | | S Y S D I A | F S N | | E V M | S R | S R |
| | | | S Y S D I A | F S N | | E V M | S R | S R |

| Time | Fluid/Drug/Gas | Dose | Unit | Route | Effect | Rhythm | No. Joules | Repeat | Result Rhythm |
|---|---|---|---|---|---|---|---|---|---|
| 1730 | OXYG | 5 | L | IH | + 0 - | | | | |
| | | | | | + 0 - | | | | |
| | | | | | + 0 - | | | | |
| | | | | | + 0 - | | | | |

Condition at VICCAS hospital | Pulse X | Breathing Y X | Conscious X | Time at Hospital 17 56

History and Additional Information ASI-CP.

PT HAS HAD ↑ S.OB FOR PAST WEEK - WORSE WHEN SUPINE.
(PT DESCRIBED EPISODES AS UNABLE TO BREATH WHEN FLAT!)
PT ATTENDED GP TODAY FEELING DIZZY + SWEATY C/O CCP
RADIATING INTO (L) ARM.
GP GAVE GTN / DIAZEPAM - GTN WITH EFFECT.

Working assessment | Diagnosis Code

Crew Name 1: WHITESIDE EP | Grade L P X C
Crew Name 2: | Grade

| ALLERGIES | | |
|---|---|---|
| 1 | ANTIBIOTICS | |
| 2 | ANIMAL SERUM | |
| 3 | ANAESTHESIA | |
| 4 | ASPIRIN | |
| 5 | SHELLFISH | |
| 6 | PEANUTS | |
| 7 | DAIRY PRODUCE | |
| 8 | VENOM | |
| 9 | OTHER (Specify) | |

South Glasgow University Hospitals NHS Trust

NHS Greater Glasgow

# The Victoria Infirmary
## ASSESSMENT UNIT

Date of Admission: 03/02/04 Receiving Consultant

Time of Admission: 2130hrs

**Addressograph**

<CLIENTNO> 0102496145 Sex: F
Honeyman Catherine
10 Melville Street
Glasgow
G41 2LN
DOB: 01/02/1949 GP Prac: 49074 MS: M

**Next of Kin:**

Raymond Honeyman S/a (husband)

422 1580

Relatives present (Yes) / No

Next of Kin aware of admission (Yes) / No

**Valuables Listed** Yes / (No)

**House Keys** Yes / (No)

**Reason for Admission:**

Chest pain + SOB
1/7 history of central chest tightness.

**Current Medication:**

24/24 L
LOSEC

**Relevant Past Medical History:**

OA
Cholicystectomy
3 x Lumpectomy
4 BP
GORD / HH
Depression (Recently stopped RX

**Known Allergies:**

NKDA
*No BLOOD TRANSFUSION (J. WITNESS)*

**Investigations**

IV Access ☐
Bloods Taken ☐
ECG ☐
CxR ☐
Ultrasound ☐
Venflon removed ☐
Other ☐

**Observations on admission**

Appearance on admission: anguish

Waterlow Score:

| | |
|---|---|
| Temp: 36.6 | BP: 145/81 |
| Pulse: 74 | BM: |
| Resp: 28 | Weight: |
| $SpO^2$: 99% on 4L | Urinalysis: |

| Date | Nursing Notes | Signature |
|---|---|---|
| 03/02/04 | Patient presented at GP surgery with difficulty breathing and 1/52 history of central chest tightness. GP referral to A+E department. On arrival in MAU c/o of breathlessness, and SOB and chest tightness. 2 puffs of GTN administered. Obsmations stable. 4l/m O2 in-situ. Awaiting medical review. | D Russell |
| SHO | Impression:- ? Pain ? ACS following working with ? dyspepsia / reflux syndrome. Not convinced IHD but significant risks. Plan: c dimer MI screen CXR ECG (if pain, try Gaviscon). MME | |
| 1.20 | Settled afternoon - no further episodes of chest pain - Observations as charted. | V Russell |
| 17.10 | Bed available in ward 10. verbal hand over given. | V Allan |

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| HONEYMAN | CATHERINE | | 1/2/09 |

DATE

4/2/09 ASTEWART
1315

55 year old woman
Non smoker
feeling breathless ? ~ 1/52
~~inability~~
difficulty getting a breath
tight chest
yesterday morn ⊖ am pain
attended GP ? pain ? IHD
very strong FH ⊖ - 3 sister died of IHD
? ischaemia.

⊖/E Anxious
$O_2$ saturating on air.
Chest clear NO wheeze
HS pure
Abdo soft non tender
Legs NO calf tenderness
NO evidence DVT.
ECG x 2
↳ paced RBBB
SR.
Imp Largely anxiety
but ? new RBBB

→ ABG on air. ECG today
Troponin
If negative + ABG satisfactory → reserve
Discharge.
OP ETT.

VIC678.FORM 0184576

DATE

on air.

ABGs H+ 40
$pCO_2$ 5.8
~~bic 23.9~~
$pO_2$ 9.9
bic 26.0

glucose 9.2
Na 138
K 4.0
Cl 102
urea 6.8
creat 83

Troponi <0.01

Repeat ECG: SR TINV V1–V3

Can't exclude PE / ischaemia

→ Clexane.
Keep 24 hrs
VQ scan

Asthenia

1·2·4
19⁰⁰

Called to see:
Acute episode central chest pain, SOB, nausea then vomited ×1.

P 124 reg BP 172/92

but by hx of ECG: S1R3T iNV V1–2 / biphasic V3 } unchanged
IVCD

Given iv opiate (5mg diamorph) + anti-emetic (10mg metoclop)

- Settling ?? GI / Anxiety ΔΔ cardiac

Plan
Observe
MI Screen
Contd LMWH
Gaviscon, PPI
- awaits V/Q
BZD

M^c Cann (SpR).

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| | | | |

DATE

5/2/04
9:30 pm

ADSD:
. Acute episode of chest pain
Sudden in onset & severe in intensity
Radiating to back
. Nausea + 2 episodes of vomiting

O/E: Pulse: 98
B.P: 163/98
$O_2$ Sat: 100%

Chest: clear

G.I.T: NAD

Plan: . $O_2$
. Inj DIAMORPHINE
. Inj METOCLOPRAMIDE
. GTN spray
. ECG → No acute changes seen

Jw

5/2/04
9:45 pm

. ECG did not show any new/acute changes
. Pain is relieved
. SHO informed
. Form made for Tropnik (request
request @ 9:30 am (6/2/04)

Jw

VIC678 FORM 0164576

DATE

3/2 WR8#0

55 yo admitted 3/2/4 c SOB + Chest Tightness.
Exclude PTE / HHD.
Further Chest Pain last night.
Felt SOB, 'unable to get a breath'
→ burning chest pain radiating around Chest wall from back
Ant. chest tightness.
Assocd tingling in both hands + (L) arm.
Perioral tingling also. Vomited x1
Settled c Diaphoresis.
Painfree today. No resp symptoms.
$O_2$ Sats 92% on BP 140/90 HR 80 reg Apyrexial.
Chest clear
JVP ↑ to jaw. CXR: nil focal.
Calves SNT ECG: awaited.

→ Troponin + ECG.
Chase V/Q scan.
CT Clexane.
Monitor PEFR. ? for PFTs.

JVen (E061)

3/2 Stable WL

V/Q - No
MI - No
HL Ok.

## Consent to Endoscopy

I Catherine Honeyman

of 10 Melville St

Glasgow G41 2LN

hereby consent (or hereby consent to the submission of my child/ward)

_____

to undergo endoscopy, the nature and purpose of which has been forwarded to me. I have understood the information that has been given/told to me about the procedure. I have been given the opportunity to ask questions. I also give consent for any necessary biopsies, photographs or X-rays to be taken.

I understand that all endoscopic procedures carry a very small risk of haemorrhage or perforation of the gut, following which surgery may be necessary. Other rare complications include aspiration pneumonia and a reaction to the IV sedative drugs used to sedate me. Upper gastro-intestinal endoscopies may involve a slight risk to crowned teeth or dental bridgework.

Date 13-9-02 Signed Catherine Honeyman
(Patient)

I confirm that I have explained to the patient the nature and purpose of the endoscopic procedure.

Date 13-9-02 Signed _____
(Medical Practitioner)

South Glasgow University
Hospitals NHS Trust

H

Gastroenterology Unit (Ward 11)
The Victoria Infirmary
Glasgow G42 9TY
Direct Tel. No. 0141 201 5226

NHS
Greater
Glasgow

# APPOINTMENT FOR ENDOSCOPY

Dear Sir/Madam,

Arrangements have been made for you to come to the Gastroenterology Unit, Ward 11, Floor D, Victoria Infirmary at 9 am on 13th September for an endoscopy. Please DO NOT have anything to eat or drink from midnight.

It is necessary that a friend or relative accompanies you home from the Department at 12 midday.

**Please read the information given below, and the Consent form overleaf. Please bring this letter with you on the day of your examination. If you have any questions arising from this, you will have the opportunity to discuss them prior to the procedure.**

## Having an Endoscopy

Your doctor has asked us to carry out an endoscopy. This is a routine medical procedure in which an endoscope (a thin tube attached to a viewing system) is introduced into the digestive system. This allows us to look directly inside the stomach to see if there are any problems that require treatment. It can also be used to take small samples from the lining of the digestive system.

Endoscopy is not something to worry about. It should not be an unpleasant experience and to ensure that it is as comfortable as possible, you will be offered medication to sedate you and numb the throat. The sedative will make you feel drowsy (this effect may persist after the endoscopy is over). **For this reason, you should arrange for a responsible friend or relative to escort you home afterwards from the department.**

If you suffer from any specific health problems (apart from the one that is being investigated), inform the Endoscopy Unit when you attend.

**Please DO NOT drive, operate any machinery, or sign any important documents for 24 hours after the endoscopy. Please DO NOT drink any alcohol for a similar period of time.** The best advice is to go home and have a quiet day.

Please stop any ulcer healing drugs such as Cimetidine (Tagamet), Ranitidine (Zantac), Omeprazole (Losec), Lansoprazole (Zoton), Pantoprazole (Protium) or Rabeprazole (Pariet), 4 weeks prior to this investigation.

Your general practitioner, or referring doctor, will be informed of the result of the examination.

Please make a non-urgent appointment for 2-3 weeks after the examination with your GP.

*Please see Consent Form overleaf*

South Glasgow University Hospitals NHS Trust

# The Victoria Infirmary
## Gastroenterology
## PATIENT CARE PLAN

**Patient**

406473 0102496145
Name: Honeyman Catherine
Address: 10 Melville Street F
Glasgow 2
01/02/1949
G41 2LN GP Prac:49074
DoB:
Unit no:

*Use address label if available.*

Date: 13/9/02
Proposed procedure: Endoscopy

Ward: /OP

### Pre-procedure check list

| | Ward | Gastro Unit |
|---|---|---|
| Identification bracelet | YES ☐ NO ☐ | YES ☑ NO ☐ |
| False teeth removed | YES ☐ NO ☐ | YES ☐ NO ☑ |
| Any crowned/loose teeth | YES ☐ NO ☐ | YES ☑ NO ☐ |

Allergies (specify): none known

Problems with sedation (specify): ✱ Felt slightly breathless after last endoscopy ✱

| | | |
|---|---|---|
| Explanation of procedure given | YES ☐ NO ☐ | YES ☑ NO ☐ |
| Consent form signed | YES ☐ NO ☐ | YES ☑ NO ☐ |
| Fasted from - Time: since 10pm last night | | |
| Bowel prep: | YES ☐ NO ☐ | YES ☐ NO ☑ |
| IV access | YES ☐ NO ☐ | YES ☐ NO ☐ |

History of:
- Cardiac disease ☐
- Respiratory disease ☐
- Diabetes ☐
- Epilepsy ☐
- Bleeding diathesis ☐

Medications (specify): Losec Zydol ~~xxxx~~ xanicol

## Out-patient discharge arrangements

Accompanying person: Husband @ midday  Contact telephone number: 633 1333

## Care during procedure

Procedure: Endoscopy

Comments: No problems

LA throat spray: ☐ ✓

IV sedation (specify): see report re amount

Observations (If required): monitored throughout - satisfactory

## Discharge

Injection site:

access removed YES ☑ NO ☐

Patient fully responsive YES ☐ NO ☐

Signed: J Hughes

Name:

Designation:

DOCTOR'S LETTER SHEET

UNIT NUMBER

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR I W STEAD FRCS

Secretary: 0141 201 1469

IWS/CIH

06/12/05

Dr C Mills
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN DOB: 01/02/49 (SG00940779)
10 MELVILLE STREET, GLASGOW, G41 2LN

DIAGNOSIS: AWAITING RIGHT TOTAL KNEE REPLACEMENT

I postponed this lady's operation due to some infected lesion on the right leg. She had been treating this with ointment and has now healed up.

She is scheduled to come in for her total knee replacement on 11 December 2005.

Yours sincerely

I W Stead FRCS
Consultant Orthopaedic Surgeon

Run: 12/12/05-14:14 by HALLIDAY,CARRINE

S.G.H./3Y

***Mr. Mohammed' Surgical Out Patient Clinic Frid., 28th Feb., 2003***

Our Ref : RM/SB/406473

4th March 2003

Dr. Mills
Gorbals Health Centre
45 Pine Place
Glasgow G5

Dear Dr. Mills

**Re: Catherine Honeyman dob 01.02.49**
**10 Melville St., G41 2LN**

This patient was reviewed at the clinic today. As you know we performed an upper GI endoscopy and excluded anything serious or malignant in her upper GI tract. Abdominal ultrasound scan shows no biliary dilatation and a normal pancreas and liver. Her liver function tests were also normal.

Clinically when seen at the clinic she was well and had no particular symptoms to complain of. She does however get the occasional gastro-oesophageal reflux and heartburn for which she is taking Losec. This can continue on a symptomatic basis. She is trying to lose weight and I am sure this will be a good thing as well. Overall then we have not found anything to suggest a surgical pathology now and there is little point in reviewing her again at the out patient clinic unless further symptoms arise,. She was happy with this and I have therefore reassured her and discharged her from the clinic to your care.

Kind regards
Yours sincerely,

**Riaz Mohammed MD.,FRCS(Ed.,)FRCS(Glas.,)**
**Consultant Surgeon**

***Mr. Mohammed's Surgical Out Patient Clinic Frid., 18th Oct., 2002***

Our Ref : GC/SB/406473

22nd October 2002

Dr. Mills
Gorbals Health Centre
45 Pine Place
Glasgow G5

Dear Dr. Mills

**Re: Catherine Honeyman dob 01.02.49**
**10 Melville St., G41 2LN**

Further to my letter this patient was seen in clinic. She continues to have burning epigastric pain. Her abdominal ultrasound has shown no biliary tree dilatation, normal pancreas and liver. Upper GI endoscopy was normal. She does get some benefit from Losec. I have therefore advised her to keep on that and made arrangements to see her again in three month's time.

Yours sincerely,

**G. Chaubey MS.FRCS(Gen. Surgery)**
**Locum Consultant Surgeon**

***Mr. Mohammed's Endoscopy Session Frid., 13th Sept., 2002***

Our Ref : RM/SB/406473

13th September 2002

Dr. Mills
Gorbals Health Centre
45 Pine Place
Glasgow G5

copy to Mr. G. Chaubey
Locum Consultant Surgeon

Dear Dr. Mills

**RE: Catherine Honeyman dob 01.02.49**
**10 Melville St., G41 2LN**

Further to Mr. Chaubey's letter about this patient she came in for an upper GI endoscopy as arranged. I was able to pass the scope to the second part of the duodenum. The examination was within normal limits and the patient was reassured accordingly.

She will be reviewed again at the out patient clinic as arranged, but further upper GI endoscopy is not indicated.

Kind regards
Yours sincerely,

**Riaz Mohammed MD.,FRCS(Ed.,)FRCS(Glas.,)**
**Consultant Surgeon**

# THE VICTORIA INFIRMARY

## GASTROINTESTINAL ENDOSCOPY REPORT

406473 0102496145
Honeyman Catherine
10 Melville Street F
Glasgow 2
01/02/1949
G41 2LN GP Prac:49074

Name:
Address:
Unit Number
Age/sex
Civil
Occupation

Endoscopy No.:

Examination Date: 13·9·02

| Referred by: | Dept. or Ward | Date of Request | Copies to: |
|---|---|---|---|
| Mr Mohammed | OP | | |

Examination Required (please indicate)

Oesophagoscopy — Gastroscopy — Duodenoscopy — Ampullary

Indications for Examination: (Also details of previous abdominal surgery)

Dyspepsia ? CBD Stones

Report:

Upper GI tract

Normal to

D2

Bleeding?

Recent Alcohol?

Drugs?

Date 13/9/02

Biopsy Cytology Photography

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

MEDICAL IN CONFIDENCE

# THE VICTORIA INFIRMARY

CASE RECORD

## ADMISSION FORM V3

Darrel Mccutcheon
13th September 2002

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| G306H | Victoria Infirmary | V406473 |

| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAYCASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
|---|---|---|---|---|---|---|---|---|
| 13/09/2002 | 9:00 | 11 | | 10 | Dc | 5th Jun 20 | 3 | NHS |

| WARD | S. FACILITY | SPECIALTY | CONSULTANT | FROM LOCATION | W.G.E. |
|---|---|---|---|---|---|
| Gastro Unit | 11 | GASTRO | Mr R. MOHAMMED | | |

| TITLE | SURNAME | FORENAME (1) | (2) | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|---|
| Mrs | Honeyman | Catherine | | 53 years | 01/02/1949 | F | M |

ADDRESS: 10 Melville Street, Glasgow

ALT./PREV. SURNAME:

OCCUPATION:

C.H.I. NUMBER:

POSTCODE: G41 2LN

TELEPHONE No.: 422 1580

OCCUPATION (HUSBAND/FATHER):

HEALTH BOARD OF RESIDENCE: Greater Glasgow Heal

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

**NAME:**

G.P. CODE: PRACTICE:

CONTRACT No.: FH STATUS:

ADDRESS:

TEL No.: POSTCODE:

**NAME:** Dr Catherine. Mills

G.P. CODE: 2819473 PRACTICE: 49074

CONTRACT No.: FH STATUS:

ADDRESS: Gorbals Health Centr 45 Pine Place, Glasgow

TEL No.: 0141 531 8250 POSTCODE: G5 0BQ

**NAME:**

RELATIONSHIP: Unknown

ADDRESS:

DAY PHONE No.: NIGHT PHONE No.:

**RELIGION:** Unknown

VISIT REQ'D BY CHAPLAIN YES/NO:

PENSION BOOK No.:

## mission

DIAGNOSIS

SPECIAL WARNINGS

ER CONDITIONS (D.G.2)

ITIONS

R04

SMR50

| STATUS | PREVIOUS PSYCH. CARE | CONTRIBUTORY SOCIAL FACTOR |
|---|---|---|
| | | |

## DISCHARGE SUMMARY

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALTY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 3/9/02 | 11:00 | | | | | |

| 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 | 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) | | |

South Glasgow
University Hospitals
NHS Trust

Victoria Infirmary

Langside Road
Glasgow G42 9TY
Telephone 0141-201-6000
Fax 0141-201-5206
www.nhsscotland.co.uk

NHS
Greater
Glasgow

Ref: **RM/DM/V406473**
Direct Line: 0141 201 5463

Dictated on: 5th July 2002
Typed on: 5th July 2002

Dr Catherine Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

cc: Mr Chaubey
Locum Consultant Surgeon
Victoria Infirmary

Dear Dr Mills

**Mrs Catherine Honeyman 10 Melville Street Glasgow G41 2LN**
**DOB: 01/02/1949 CHI No: 0102496145**

This patient was arranged to have an upper GI endoscopy and an ultrasound scan. She was meant to come for the upper GI endoscopy today but failed to turn up. Hopefully she will keep her appointment for the ultrasound scan. We will see her again for the result of this at the Outpatient Clinic. We can then decide whether she requires a further appointment for gastroscopy or otherwise.

Yours sincerely

MR R. MOHAMMED
CONSULTANT SURGEON

Ref: **RM/DM/V406473**
Direct Line: 0141 201 5463

Dictated on: 5th July 2002
Typed on: 5th July 2002

Dr Catherine. Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

cc: Mr Chaubey
Locum Consultant Surgeon
Victoria Infirmary

Dear Dr Mills

**Mrs Catherine Honeyman 10 Melville Street Glasgow G41 2LN**
**DOB: 01/02/1949 CHI No: 0102496145**

This patient was arranged to have an upper GI endoscopy and an ultrasound scan. She was meant to come for the upper GI endoscopy today but failed to turn up. Hopefully she will keep her appointment for the ultrasound scan. We will see her again for the result of this at the Outpatient Clinic. We can then decide whether she requires a further appointment for gastroscopy or otherwise.

Yours sincerely

MR R. MOHAMMED
CONSULTANT SURGEON

# THE VICTORIA INFIRMARY

## UPPER GASTROINTESTINAL ENDOSCOPY REPORT

406473 0102496145
Honeyman Catherine
10 Melville Street F
Glasgow 2
01/02/1949
G41 2LN GP Prac:49074

Name:

Address:

Unit Number

Age/Sex

Civil

Occupation

Endoscopy No.:

Examination Date: 5-7-02

| Referred by: | Dept. or Ward | Date of Request | Copies to: |
|---|---|---|---|
| Mr Mohammed | OP | | |

Examination Required (please indicate)

Oesophagoscopy | Gastroscopy | Duodenoscopy | Ampullary

Indications for Examination: (Also details of previous abdominal surgery)

Report:

DNA

Bleeding?

Recent Alcohol?

Drugs?

Date ...../ ...../ .....

Biopsy | Cytology | Photography

Form No. 0164797

***Mr. Mohammed's Surgical Out Patient Clinic Frid., 3rd May 2002***

Our Ref : GC/SB/406473

9th May 2002

Dr. Mills
Gorbals Health Centre
45 Pine Place
Glasgow G5 OBQ

Dear Dr. Mills

**Re: Catherine Honeyman dob 01.02.49**
**10 Melville St., G41 2LN**

Thank you very much for your helpful letter regarding this patient who, as you know, is a Jehovah's Witness and had an open cholecystectomy back in 1992 for gall stones. She did very well. However of the past few years she continues to have right hypochondrium and epigastric pain. Her pain is mainly in the form of a feeling of discomfort, heaviness and swelling. Her pain does not radiate to the back and there is no radiation to shoulder tip. It is associated with marked heartburn, reflux and water brash. She seems to have a normal appetite with no loss of weight and no bowel symptoms. There are no urinary symptoms.

On examination her general condition is satisfactory. Abdominal examination was unremarkable apart from the fact she is overweight and the scar from the previous cholecystectomy. I think the most likely cause of her symptoms is reflux oesophagitis. However a residual stone cannot be ruled out. I have therefore carried out routine blood tests and made arrangements for her to have an abdominal ultrasound. I have also placed her name on the list for an upper GI endoscopy. I will let you have the result of these tests in due course.

Yours sincerely,

**G. Chaubey MS. FRCS(Gen. Surg.)**
**Locum Consultant Surgeon**

MR Mollatrined

| Hospital use only | Clinic | Day / Date | Time | Hospital No. | |
|---|---|---|---|---|---|
| | (Surgical) | Friday 3/5/02 | 3.15 | 406473 | GP112 |

**REQUEST FOR OUT-PATIENT CONSULTATION**
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine [X] Soon [ ] Urgent [ ]

Hospital: Victoria  Date: 21.3.02

CHI No. 0 1 0 2 4 9 6 1 4 5

Please arrange for the patient to attend the Surgical clinic of Dr / Mr

Patients Name: Honeyman
First Names: Catherine
Maiden Surname:
Single / Married / Widowed /
Address: 10 Melville Street, Glasgow
Date of Birth: 1.2.49
Patients Occupation:
Postal Code: G41 2LN  Contact telephone: 422 1580

Has the patient attended hospital before? Yes  If "yes" please
Name of Hospital: Victoria
Year of attendance: 1997  Hospital No. 406473
If the patients name and/or address has/have changed since then please give details:

Can the patient attend at short notice?
If YES, minimum notice required: days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

DR C. MILLS & DR G. MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW G5 0BQ
Tel: 0141 531 8250

Please use rubber stamp

149074

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given below:

Dear Doctor

I would be grateful if you could see this overweight 53 year old woman who complains of right hypochondrial discomfort, dyspepsia, and has been found to have upset liver function tests. She had a cholecystectomy following an acute cholecystitis in 1992 at the Victoria. She underwent an open cholecystectomy as Catherine is a Jehovah's Witness and Mr Gillespie felt laparoscopic cholecystectomy was contraindicated for this reason. LFTs done on 8 March showed mild elevation with AST at 47, ALT 49, Gamma GT normal, Alk. Phos. 302 with normal bilirubin, total protein and albumin. Mrs Honeyman also suffers from depression, benign breast disease and osteoarthritis. I enclose a copy of her usual prescriptions and I would be grateful if you would see her and advise on her management now. I have also checked her Hepatitis screen and if this shows anything amiss I will advise you of this.

Yours sincerely

Dr C Mills

SOUM
ALT
54 12

DATE RECEIVED 25 MAR 2002
FOR VETTING 27/3/02
1. SENT 9/4/02

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age): Date of first day of L.M.P.

Relevant X-rays available from:  No. (if known)

| Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112 |
|---|---|---|---|---|---|

**REQUEST FOR OUT-PATIENT CONSULTATION**
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

CHI No.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital ..... Date .....

Please arrange for this patient to attend the ..... clinic of Dr/Mr .....

Patient's Surname ..... Maiden Surname .....

First Names ..... Single/Married/Widowed/Other .....

Address ..... Date of Birth .....

..... Patient's Occupation .....

Postal Code ..... Contact telephone number .....

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital .....

Year of attendance ..... Hospital No. .....

If the patient's name and/or address has/have changed since then please give details:

.....

.....

Can patient attend at short notice? YES / NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Diagnosis / provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

..... Signature .....

THE VICTORIA INFIRMARY - SURGERY DEPARTMENT

Name: 406473 0102496145
Honeyman Catherine
Address: 10 Melville Street F
Glasgow 2
01/02/194
G41 2LN GP Prac:4907

Unit Number:

Date of Birth Sex / Civil state:

Occupation:

Surgeon: Mr Mahamm

BOOK
VICTORIA

SOON URGENT

Booked by.....

Diagnosis:

O.P. Treatment at..... on .....

| Date | History and Clinical Findings |
|---|---|
| 8/5/02 | Jehovah Witness<br>Previous open chole / C/S<br>RH / epigastric pain<br>dyspepsia<br>heart bury<br>bile reflux<br>appetite wt<br>Bowels - CWP<br>GC - good<br>overweight<br>Qual<br>@ 5 Residual stone<br>LFTs<br>U+E<br>Hb/WCC → 80 PO<br>ERCP |

FORM 0164724

# GREATER GLASGOW PRIMARY CARE NHS TRUST

6/4 current coding


Our Ref. SFW/AV/101536

Your Ref.

Administration Block
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

Tel : 0141 211 6486
Fax : 0141 211 6636


7 April 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW G5

L0646/93
DR RODNEY

Dear Dr Marshall

**CATHERINE HONEYMAN (DoB 01.02.49)**
**10 MELVILLE STREET, GLASGOW G41**

I assessed the above lady in Ward 10, Victoria Infirmary, on 26.3.99 following her overdose of Tramadol tablets. Mrs Honeyman was anxious to tell me that she had not knowingly taken an overdose but just some extra tablets to help her sleep. She had been drinking some wine (2 glasses) prior to this. Her husband had to break the door down to gain access to her.

I was fortunately able to speak to Sister Jan Macluskey, her C.P.N. who put me in the picture with regard to her family history. She had done some very good work with Jan in terms of sexual abuse counselling but the recent stresses which have affected her life include six bereavements over a short space of time and she is finding this very hard to come to terms with. She has certainly increased her drinking as a coping mechanism but does understand that this is not helpful. Jan has recently returned her to her caseload to help her deal with the bereavement issues and offer support and I have discussed with her the potential for exploring some of these feelings via the art therapist at Florence Street. Mrs Honeyman was keen to try this. As she was not seen as a suicidal risk at that point, she had also refused admission to Leverndale and her family were going to be around her at the weekend, she was allowed home. I discussed this with her daughter who was happy with this decision. Jan Macluskey has arranged to see her on Monday 29.3.99.

Yours sincerely

**MARLYN AITKEN**
**C.P.N. Clinical Nurse Manager**

cc Consultant Physician, Ward 10, Victoria Infirmary
Jan Macluskey, C.P.N. Florence Street
Dr E Abeln, SHO, Florence STreet

MEDICAL IN CONFIDENCE

NHS TRUST

# ADMISSION FORM V3

d/s at [illegible]

CASE RECORD

ELAINE MCLINTOCK
25th March 1999

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| G306H | Victoria Infirmary | V406473 |

| DATE | TIME | TYPE | REASON | ADM./TRANS. FROM | INPAT./DAYCASE | DATE ON W.L. | W.L. TYPE | PATIENT CATEGORY |
|---|---|---|---|---|---|---|---|---|
| 25/03/1999 | 18:30 | | 36 | 10 | | Ip | | 3 NHS |

| WARD | S. FACILITY | SPECIALTY | CONSULTANT | FROM LOCATION | W.G.E. |
|---|---|---|---|---|---|
| Ward 10 | | 11 MED | DR D.MCINTYRE | | |

| TITLE SURNAME | FORENAME (1) | (2) | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|
| Mrs Honeyman | Catherine | | 50 years | 01/02/1949 | F | M |

ADDRESS: 10 Melville Street, Pollokshields, Glasgow

ALT./PREV. SURNAME:

OCCUPATION:

C.H.I. NUMBER:

POSTCODE: G41 2LN

TELEPHONE No.: NO TELEPHONE

OCCUPATION (HUSBAND/FATHER):

HEALTH BOARD OF RESIDENCE:

HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR?

| NAME | ADDRESS |
|---|---|
| Greater Glasgow Head | |
| G.P. CODE / PRACTICE | |
| CONTRACT No. / FH STATUS | TEL No. / POSTCODE |

| NAME | ADDRESS |
|---|---|
| Dr Graeme. Marshall | Gorbals Health Centr 45 Pine Place Glasgow |
| CODE: 3486557 / PRACTICE: 49074 | |
| CONTRACT No. / FH STATUS | TEL No.: 0141 531 8250 / POSTCODE: G5 0BQ |

| NAME | ADDRESS |
|---|---|
| RELATIONSHIP: Unknown | DAY PHONE No. / NIGHT PHONE No. |
| RELIGION: Unknown | VISIT REQ. BY CHAPLAIN YES/NO / PENSION BOOK No. |

ission

IAGNOSIS

| | | SPECIAL WARNINGS |
|---|---|---|
| CONDITIONS (D.G.2) | | |
| CONDITIONS (D.G.3) | | |

04

ATUS

PREVIOUS PSYCH. CARE

SMR50
CONTRIBUTORY SOCIAL FACTOR

## DISCHARGE SUMMARY

| DATE | TIME | DISCH. TYPE | PATIENT CATEGORY | MANAGEMENT OF PATIENT | SPECIALTY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 26/3/99 | 4pm | 12 | 3 | 1 | A1 | DR ROONEY |

| 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 | | 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:

DPR/SS/406473

Department of Diabetes & Endocrinology
Direct Line 0141 201 5397 - Dr Rooney's secretary
Fax No. 0141 201 5091

Dictated 31.3.99
Typed 31.3.99

Dr G Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Marshall

CATHERINE HONEYMAN, 10 MELVILLE STREET, POLLOKSHIELDS, GLASGOW, G41 2LN. D.O.B. 1.2.49.

| | |
|---|---|
| Date of admission: | 25.3.99 |
| Date of discharge: | 26.3.99 |
| Diagnosis: | Self poisoning |

This 50 year old woman was re-admitted to the Victoria Infirmary on 25.3.99 following an overdose of Zydol and Stilnocte. She has a history of depressive illness and had been drinking alcohol. She was treated with activated charcoal in the Casualty department. Paracetamol and salicylate levels were satisfactory. Urea and electrolytes were normal. She was monitored overnight and quickly recovered. An assessment was performed by the community psychiatric nurse the following morning. She was offered an inpatient period in Leverndale Hospital but refused this saying she would rather be with her family. She did not seem to have any severe suicidal ideation and was therefore discharged to home on 26.3.99 for follow-up by her community psychiatric nurse on Monday.

Yours sincerely

D P Rooney
Consultant Physician

THE VICTORIA INFIRMARY NHS TRUST

Victoria Infirmary NHS Trust
Glasgow G42 9TY
Telephone 0141-201-6000

Ref No: 17268

# Immediate Discharge Letter and Medicine Prescription Form - Confidential

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed.

**Dear Doctor** Marshall

Your patient:

406473 0102496145

Name: Honeyman Catherine
Address: 10 Melville Street F
Pollokshields 2
Glasgow 01/02/1949
G41 2LN GP.Prac.49074

DOB: ../../..  Unit no:

Admitted to Ward: 10

On: 25/3/99

Consultant: DR ROONEY  Registrar:  JHO: DEANS

Discharged on: 26/3/99  From Ward: 10

**Diagnosis at time of discharge:**

1 Self poisoning
2
3
4
5

**Operation/Procedures**

1
2
3

**Follow-up arrangements**

Clinic:  Weeks:
*(Appointment to follow)*

**Ambulance transport arranged:** Yes ☐ No ☐

**Follow-up care:**

Remove sutures/staples on: ../../..

Other:

| MEDICINE | Dosage form | Dose | Times for administration: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 8 | pm 10 | Other times | Recommended duration of treatment after discharge | Number of days supply | Quantity, name, strength and manufacturer supplied by Pharmacy |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

**Pharmacy use only**

**COMMENTS** (including medicine sensitivity, list continuing medication not prescribed above and weight on discharge).

Dispensed by:  Date: ../../..
Checked by:

Medication collected by *(Messenger)*:

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

Doctor's name: DEANS  Signature: M.M.Deans  Date 26/3/99
Bleep number: 3226

Patient prescription number:

VI NHS TRUST MEDICAL ILLUSTRATION • ADMIN • 2725N/PM

ECG S.Rhythm

Lmp OD. ? what ? when.

plan Refer medics
discharge if tolerated.

THE VICTORIA INFIRMARY NHS TRUST

# ACCIDENT & EMERGENCY DEPARTMENT

VICTORIA INFIRMARY NHS TRUST
LANGSIDE ROAD, GLASGOW G42 9TY
TEL: 0141-201 6000

| (BLOCK LETTERS) | | D.O.B. | AGE | SEX | A/E NUMBER |
|---|---|---|---|---|---|
| SURNAME | Honeyman | 01/02/1949 | 50 Y | F | AE/963088 |
| FORENAME | Catherine | OCCUPATION | | | ARRIVAL DATE 23/03/1999 |
| ADDRESS | 16 Melville Street<br>Pollokshields<br>Glasgow | | | | ARRIVAL TIME (By clock) 0100 |
| | | | | | MODE Ambulance |
| POST CODE | G41 2LN | TEL. NO TELEPHONE | | | REFERRAL BY Emergen |

| | |
|---|---|
| GP NAME | Dr Graeme. Marshall |
| ADDRESS | Gorbals Health Centre<br>45 Pine Place Glasgow<br>G5 0BQ |
| CODE | 490741 TEL. 0141 531 8250 |

PRESENTING COMPLAINT: Other Presenting Con
INCIDENT TYPE: Other
INCIDENT LOCATION: Home

GP DISCHARGE LETTER — CODE

DIAGNOSIS: Overdose.

INVESTIGATIONS: FBC U+Es Glu Paras/sal EGG.

X-RAYS:

TREATMENT — CODE

PLEASE PRESCRIBE:

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE.

DOCTOR'S NAME (PRINT): THOMPSON — CODE: 85 - 18 30

(SIGNATURE): — DISCHARGE TIME: 18 - 18 30

FOLLOW UP: NOT ARRANGED / ARRANGED — DATE — TIME 1830

OUT PATIENTS (PLEASE CIRCLE)

A & E CLINIC | ORTHOPAEDIC | SURGERY | MEDICINE | EYE | E.N.T.

ADMISSION

TO WARD 10

MEDICINE | SURGERY | ORTHOPAEDIC | E.N.T

TRIAGE

| DATE | TIME | PRIORITY 1 | PRIORITY 2 |
|---|---|---|---|
| 25.3.99 | | | |

**PRESENTING COMPLAINT / HISTORY**

**PHYSICAL SIGNS**

OBS (AS REQUIRED) HR 118 BP 111/74

RR TEMP

G.C.S. E. M. V.

BM 6.9 mmols

**INITIAL ASSESSMENT / MANAGEMENT**

1. Resus
2. Treatment Area
3. Admission
4. Other

**TREATMENT**

NAME (PRINT)

(SIGNATURE)

**ONCE ONLY PRESCRIPTIONS**

| DATE | DRUG | DOSE | METHOD | TIME | PRESCRIBED BY | GIVEN BY |
|---|---|---|---|---|---|---|
| | | | | | | |

**REPORTS**

DATE 25.3.99 TIME 1805 NAME (PRINT) THORPE

(SIGNATURE) ce

**CLINICAL NOTES**

Presumed OD of tramadol + 30 ? tablets + wine @ 1400 today.

known depression.

on Paroxetine.

● No previous OD / parasuicide.

PMHx depression
CVS/respiratory.

DHx lactulose
tramadol
stilnoct
paroxetine

● OE GCS 14/15. Not speaking for PERL only mumbling answers.

Sats 91 on Air

RR 20

flat affect

smells of alcohol.

ex/PN/AE } RS = LSW

BS unremarkable.

HS Rue

soft non-tender

BS (N).

# SCOTTISH AMBULANCE SERVICE NHS TRUST - PATIENT REPORT FORM

INCIDENT No. A A / 2 6 / 9 7 0 N / N N N

| | | |

| ALLERGIES | |
|---|---|
| 1 | ANTIBIOTICS |
| 2 | ANIMAL SERUM |
| 3 | ANAESTHESIA |
| 4 | ASPIRIN |
| 5 | SHELLFISH |
| 6 | PEANUTS |
| 7 | DAIRY PRODUCE |
| 8 | VENOM |
| 9 | OTHER (Specify) |

THE VICTORIA INFIRMARY NHS TRUST

WARD SHEET No.

| SURNAME (BLOCK LETTERS) | FIRST NAMES (BLOCK LETTERS) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| HONEYMAN | CATHERINE | 50 | |

DATE
25/8/04
7.45pm

PC - ? overdose History taken from husband.

HPC - Husband came home from work and could not get any answer. Saw wife asleep through window.
Broke in & found tablet packet beside wife.

Had been drinking wine.
took tramadol & zdphedim

Depressive illness — over a year.

DH. Paroxetine No Known allergies
tramadol Losec.

PMH - GB out.
Breast lumps - benign.
Severe arthritis.
? stomach ulcer.

SH - Lives with husband & two adult daughter.
Non smoker.
Alcohol intake increased recently Unable to quantify.

FH - Heart disease.

SE - CV - pains in chest ? angina.
SOB - on exertion.
Resp - Productive cough. no haemoptysis.
GI - appetite very poor recently.
bowels fine.
GU - nil.
Neuro - ↳ lightheaded.

Form 0164933

OE- smells of alcohol.
tongue stained by red wine probably.
Appears confused - did not know ward or hospital but knew date.

pulse 108 regular.
pupils not pinpoint - reactive to light & equal.
Very tired & slow.

CV- apex not displaced, JVP not elevated.
HS I+II+0, tachycardic
no oedema

Resp - +rachea central
Exp
Perc } R=L=norm
Asc

GI -
Abd soft & non tender
no organomegaly / other masses
BS present
PR not performed

Neuro - Grossly intact
Not formally assessed.

Impression - Alcohol excess & overdose 2° to depressive illness.

plan. UrE, FBC, Glu.
ECG. - sinus tachy

Chordol in A&E 25/3/99 nbs
Dr. A816
psych dept
w/o depression
- took o.d.
Tramadol
SEE/mock
Bx & psych
P.S. - [illegible]

| | | | |
|---|---|---|---|
| Na | 142 | $CO_2$ | 26 |
| K | 4.8 | urea | 5.8 |
| Cl | 108 | creat | 97 |

Paracetamol < 0.04
Salicylate 0.2

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| Honeyman | Catherine | 50 | |

| DATE | |
|---|---|
| 26/3 | Seen by Sister Carter CPN. Already known CPN Services and I have spoken to her about the present situation. Very distressed over past few months due to a series of bereavements. She's finding it hard to cope with but has a supportive family. States it was an intentional overdose but needed too take extra tablets to get some sleep. Says she will not do it again. ~~Says~~ Offered Leverndale as in-patient but refused saying she'd rather be with her family - she would never live it down.<br>OK to discharge home to care of family<br>- I have spoken to the CPN who will see her on Monday. Family (daughter) has agreed to this.<br>I'll also organise a quick psychiatric follow up<br>M. Allen |
| 26.3 | INR 0.86<br>AST 23<br>ALT 17<br>GGT 33<br>AlPh 212<br>Bili 5<br>Prot 76<br>Alb 47<br>Note above.<br>Home.<br>MOCCAS<br>3426 DEANS JHO. |

FORM 0164576

# THE VICTORIA INFIRMARY NHS TRUST

MEDICAL DIVISION
INVESTIGATION SHEET

| Name / Address | Catherine Honeymoon | Unit Number / Date of Birth, Sex/ Civil State / Occupation |
|---|---|---|

| Date Requested | Date Ordered | Investigation | Result Returned |
|---|---|---|---|
| | 25/3/09 | In A+E FBC<br>U+E, Glu<br>Paracetamol/salicylate<br>ECG. | |

0164042

| Date Requested | Date Ordered | Investigation | Result Returned |
| --- | --- | --- | --- |
| | | | |

NMR Pain Relief WE 15/8/97 3pm

Hospital use Only | Clinic | Day | Date | Time | Hospital No.

**REQUEST FOR OUT-PATIENT CONSULTATION**
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointm
Routine

CHI No.

Hospital VICTORIA Date 30.7.96

Please arrange for this patient to attend the PAIN CLINIC clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname HONEYMAN Maiden Surname

First Names CATHERINE Single/Married/Widowed/Other

Address 10 MELVILLE STREET Date of Birth 1-2.49

GLASGOW Patient's Occupation

Postal Code G41 Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital: VICTORIA

Year of Attendance MAY 96 Hospital No. 406473

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES; minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR C. MILLS & DR G. MARS
GORBALS HEALTH CENTR
45 PINE PLACE
GLASGOW G5 0BQ
0141-429 6291

Please use rubber stamp

49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given

Dear Doctor

I would be very grateful if you would see Catherine who suffers from osteoarthritis. She was regularly seen by Dr Pitkeathly at the Southern General who has been treating her with Zydol & Etodolac. She has almost constant pain and stiffness after sitting and also has paraesthesia in h hands. The main joints affected are the hands and knees. Despite steroid injections and active physiotherapy Catherine gets little relief from her pain. She previously went privately for acupuncture which appeared to do her some good. I understand that acupuncture may be available through the Pain Clinic and I would be grateful if you could see her with a view to th see if any relief can be given for her pain.

12/3/97

Yours sincerely

C. Marshall

Dr G Marshall

DATE RECEIVED 03 AUG 1996
FOR VETTING 05 AUG 1996
DATE APPT. SENT 9/8/96.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Printed by HMSO Scotland. Dd 8391984 1/96 (114006)

# VICTORIA INFIRMARY - DIVISION OF ANAESTHESIA

## PAIN RELIEF CLINIC

Date first seen: 15/1/97 Date dismissed:

NAME Catherine Thompson Own Doctor Dr Marshall

ADDRESS 10 Mellor St

Hel 2LN

TEL. No. 422 0580

D.O.B. 1/2/49 UNIT No. 406473

**DIAGNOSIS:** ? OA **REFERRED BY:** GP

**DESCRIPTION OF PAIN:**
(for areas see chart)

Pain knee dull/hard
Back
knees
hands
Elbows
neck & shoulders

Severe
Moderate
Slight
Superficial
Deep
Internal
External
Constant
Intermittent

**Duration of Pain:** 40 yrs

**C.N.S.**

Motor: Active, Passive

Sensory: Parasthesia, Analgesia

Bladder
Bowel
Sleep

**TREATMENT TO DATE:** Arcoxia 60 — no help
Mobilens
Physio — no help

Injection x 3 - delayed - Voltarol

**DRUG THERAPY TO DATE:**
Zyloric 8/7 day
Lasix one/day
a Diazepam for 2/12 - dulls edge of pain

**PREVIOUS ILLNESSES:**

J.McC/883722

**GENERAL EXAMINATION:** tender knees + elbows + hands

No Pain on flexion – but some pain on extension

Painful fingers + thumbs R > L

**SOCIAL CONDITIONS:**

Home help Lives husband + 2 daughters ± 30 > 6

Nursing ↓ BP hitps

Finance

**TREATMENT - FOLLOW UP:**

16/1/97 Rx ssp | 20 mg od

27/2/97

ACP (1) knees several + sl. jo. + left hand only today (infection in finger right rel. being treated with lancing / antibiotics)

+ both knees (medical injections + local)

do elbows next week ? neck pain.

+ right hand too )

**RESULT:**

(2) Active but left hands L.L. 4.

2/3/97

(3) was so good last week

+ relief - back

- knees

- hands

NMP Pain Clinic WED 13/11/96 3PM Dr NMP Hosp No 406473 GM

Hospital use Only | Clinic | Day Date | Time | Hospital No 406473 GP112

**REQUEST FOR OUT-PATIENT CONSULTATION**
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital VICTORIA Date 30.7.96

CHI No.

Please arrange for this patient to attend the PAIN CLINIC clinic of Dr/Mr

Patient's Surname HONEYMAN Maiden Surname

First Names CATHERINE Single/Married/Widowed/Other

Address 10 MELVILLE STREET Date of Birth 11-2-49

GLASGOW Patient's Occupation

Postal Code G41 Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital VICTORIA

Year of Attendance MAY 96 Hospital No. 406473

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR C. MILLS & DR G. MARSHALL
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW G5 0BQ
0141-429 6291

Please use rubber stamp

49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

I would be very grateful if you would see Catherine who suffers from osteoarthritis. She was regularly seen by Dr Pitkeathly at the Southern General who has been treating her with Zydol and Etodolac. She has almost constant pain and stiffness after sitting and also has paraesthesia in her hands. The main joints affected are the hands and knees. Despite steroid injections and active physiotherapy Catherine gets little relief from her pain. She previously went privately for acupuncture which appeared to do her some good. I understand that acupuncture may be available through the Pain Clinic and I would be grateful if you could see her with a view to this to see if any relief can be given for her pain.

Yours sincerely

12/3/97

C. Marshall

Dr G Marshall

DATE RECEIVED 03 AUG 1996
FOR VETTING 05 AUG 1996
DATE APPT. SENT 9/8/96.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

by HMSO Scotland. Dd 8391984 1/96 (114006)

355-2104

PAIN RELIEF CLINIC

| Name | 406473<br>HONEYMAN CATHERINE | Unit Number | |
|---|---|---|---|
| Address | 10 MELVILLE STREET F<br>POLLOKSHIELDS M<br>GLASGOW 01/02/49<br>G41 2LN G.P.Prac.49074 | Date of Birth Sex/ Civil State | Date of First Attendance |
| | | Occupation | Physician |

DATE

19/3 Acup - 20'

21/5 DUNX

28/2/03 Upper GI Endoscopy OIC.

3.05pm Clinical melena CBD

Not Dilated LFTs Normal.

Suggest (D). R/ Mahmood (Cons-Surg.)

JHM/ESW/406473

Directorate of Anaesthesia, Theatres and Intensive Care

Direct Line 0141 201 5320

Pain Relief Clinic

Dictated: 15.1.97
Typed: 16.1.97

Dr. G. Marshall,
Gorbals Health Centre,
45 Pine Place,
Glasgow,
G5 0BQ

Dear Dr. Marshall,

Catherine Honeyman, 10 Melville Street, Glasgow, G41 DOB 1.2.49

Diagnosis: Widespread arthritis.
Treatment: Acupuncture/TENS.

Summary: Thank you for referring this lady to the Pain Relief Clinic. She gives a long history of arthritic pain but her worst areas at the moment are low back, hands, elbows and knees. I propose to try some acupuncture and/or TENS treatment with this lady and a course has been arranged to start in a few weeks' time. I will let you know how she gets on at a later date.

Yours sincerely

J.H. MAULE
CONSULTANT ANAESTHETIST

OUR REF: IRP/VW/406473/10MAY.LET.21

YOUR REF:

CONTACT: MR PICKFORD'S SECRETARY
TEL 0141-201 5172 FAX 0141-201 5206

GENERAL SURGICAL CLINIC

DICTATED: 10.5.96
TYPED: 16.5.96

Dr Mills
Gorbals Health Centre
GLASGOW G5

Dear Dr Mills

CATHERINE HONEYMAN (1.2.49) 10 MELVILLE STREET G41

Just to let you know that Catherine Honeyman attended the Clinic today. I couldn't find any specific abnormality in relation to either breast. As you know, she has a scar from a previous breast biopsy on the left side. What is significant is that she does have quite severe flexural intertrigo in the fold beneath both breasts. I have asked her to come and discuss this with you.

I will see her in a years' time for review.

Yours sincerely

I R PICKFORD
CONSULTANT SURGEON

# YORKHILL NHS TRUST

West of Scotland Regional
Genetics Service

Duncan Guthrie Institute of Medical Genetics
Yorkhill
Glasgow G3 8SJ

Professor J M Connor
Dr John Tolmie
Dr H Rosemarie Davidson
Dr Douglas E Wilcox

Telephone: 0141-201 0365
Fax: 0141-357 4277

Please quote reference in all correspondence

FD/CRS/12684

25 October 1995

NOTES please
Refer.
Her patient GP follow up
Refer file please.
4/25
6/25

Mr Pickford
Cons. Surgeon
Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Dear Mr Pickford

RE: Catherine Honeyman (dob 1.2.49) Our Ref: 12684 Your Ref: 406473
10 Melville Street, Pollokshields, Glasgow, G41 2LN.

Please find enclosed a copy of a letter I have sent to the above patient of yours. I have been unable with this lady to confirm whether or not her sister did indeed have breast cancer at a very young age. The only history that I could confirm was that her paternal aunt, Catherine Morrison, died of breast cancer at age 53 years. Since we cannot confirm her sister's diagnosis of breast cancer, I will leave it up to you whether to err on the cautious side and continue with some sort of screening, I believe she sees you anyway for her own benign breast disease or whether to leave the screening until she is older.

Yours sincerely

Fiona Douglas

Fiona Douglas
Honorary Senior Registrar in Medical Genetics

# YORKHILL NHS TRUST

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Please quote reference in all correspondence

FD/CRS/12684

25 October 1995

Mrs Catherine Honeyman
10 Melville Street
Pollokshields
Glasgow
G41 2LN

Dear Mrs Honeyman

Thank you for attending the Genetics clinic. As you know, you were referred here because of the possibility of breast cancer being inherited in your family. I am sorry it has taken me so long to get back to you but I have been trying to track down more details about other family members, unfortunately I failed to get any further information regarding your sister, Dorothy McLean.

I explained that breast cancer is a common disease that affects among 8-10% of the population. For most women it is a disease that occurs in old age. Most breast cancer occurs by chance. Only 5-10% appears to arise because of an inherited predisposition. In women who have an inherited tendency it tends to occur at a younger age than usual.

I explained that a person's body consists of millions of cells that each contain the genetic information that is unique to that individual. This information is in the form of chromosomes. The genes are arranged on these chromosomes. These are arranged in pairs, one of each pair being inherited from each parent. Certain genes are responsible for the control of the cell. If these become damaged then it is possible for that particular cell to turn into a cancer cell and grow into a cancer. The cell can repair some damage to the genes, the immune system may also destroy damaged cells and it takes time for any one cell to accumulate enough damaged genes to become a cancer cell. This is why most cancer is a disease of old age. In a person with an inherited predisposition to breast cancer one of these important genes is damaged in a previously generation or when the individual is at a very early stage in the womb. This means that all the cells have one damaged gene. It therefore takes less time to accumulate other bits of damage and thus, the cancer occurs at a younger age.

We currently recommend that women who have a risk of developing breast cancer that is twice that of the normal population should take part in a screening programme. We suggest that this screening is as follows: once yearly examination at a breast clinic. Mammograms every 2 years from the age of 35 as long as the first one is informative. I also think that monthly self-examination is a reasonable thing to do as long as it does not make you too anxious. With regard to this, it is difficult to be sure whether or not you should be having any sort of

screening as there is apparently no way of confirming your sister's diagnosis. In view of the fact that you also have benign breast disease, I would assume that you would be followed up by Mr Smith and therefore have mammograms performed every so often for that.

If it is assumed there is a gene in your family then your father has a 50:50 chance of having inherited the faulty gene, you have half his chance of inheriting it meaning that you have a 1 in 4 chance of inheriting the faulty gene. This does not mean that you have a 25% chance of developing breast cancer because we know that some people have the gene but do not in fact develop breast cancer.

If it is assumed that there is a gene in your family then you have a 50:50 chance of either inheriting the faulty gene or the normal gene from your father. This does not mean that you have a 50% chance of developing breast cancer because we know that some people have the gene but do not in fact develop breast cancer. It is possible to give you an estimate of the chance that you will develop breast cancer. In fact your risk may be considerably lower but it would be difficult to confirm this.

We also discussed possible prevention strategies. Again, this is an area that we do not fully understand as yet but currently we are aware of a number of protective factors. It appears that the earlier that a woman has her children the better, also it helps to breast feed. A high vegetable diet probably has a protective effect as well. Having said this, some women who do all these things still get breast cancer so there is no way of being certain of avoiding breast cancer.

I hope this letter explains again what we discussed. If there are any areas that still remain unclear please get in touch. Equally if you would like a further appointment, please let me know as this can easily be arranged.

Yours sincerely

Fiona Douglas

Dr Fiona Douglas
Honorary Senior Registrar in Medical Genetics

cc - Mr Pickford, Cons. Surgeon, Victoria Infirmary, Langside Rd, Glasgow, G42 9TY.
Dr Catherine Mills, Gorbals Health Centre, Pine Place, Glasgow, G5.

JD/SS/406473

Direct Line 0141 201 5172

Dictated 3.11.95
Typed 9.11.95

Dr Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN, 10 MELVILLE STREET, POLLOKSHIELDS, GLASGOW, G41 2LN. D.O.B. 1.2.49.

I reviewed this lady at Mr Pickford's clinic today. The recent erythematous area below her right breast has now resolved completely.

On examination today I could find no abnormality on either breast. I have simply organised to review her back at the clinic in six months.

Yours sincerely

Jim Docherty
Surgical Registrar

KW/AB/406473

DIRECT LINE 0141 201 5172

GENERAL SURGICAL CLINIC
DICTATED 22/9/95
TYPED 29/9/95

Dr Mills
Gorbals Health Centre
45 Pine Place
GLASGOW G5

Dear Mills

CATHERINE HONEYMAN, 10 MELVILLE STREET, GLASGOW G41. DOB 1/2/49

This lady came up to Mr Pickford's clinic for review today. She continues to have some heaviness and pain in her right breast around the nipple, which is not cyclical. She has not been keeping a diary though, because of other problems with her health have been occupying her attention, such as her rheumatoid arthritis. She seems to be a bit less anxious about the pain. I note that she tried Efamast previously without any relief.

Bilateral mammography in March, was as you know normal.

On examination today the only abnormality of note was a tiny erythematous area below the right nipple, for which she cannot account. There was no real skin tethering nor any discrete lump. It looks like her bra has been irritating her there. However I have arranged for her to come back in 4 weeks for us to make sure that this has resolved and for her to be re-examined in that area. If there is any doubt we can arrange a mammogram at that time.

Incidentally she has seen Dr Davidson at Yorkhill for genetic counselling and I understand that she is in the process of investigating her family history and working out some advice about her risk. In any case she seems reassured by her first visit to Dr Davidson.

Yours sincerely

Kenneth Walker
SHO to Mr Pickford

Ref AK/AB/406473

GYNAECOLOGY DEPARTMENT

Tel DIRECT LINE 0141 201 5372

DICTATED 9/8/95
TYPED 10/8/95

Dr Mills
Gorbals Health Centre
45 Pine Place
GLASGOW
G5

Dear Dr Mills

CATHERINE HONEYMAN, 10 MELVILLE STREET, GLASGOW G41. DOB 1.2.49

I reviewed your patient at my Gynaecological Clinic on 9 August. She is keeping well and her periods are lasting only 2-3 days and are regular. I have therfore discharged her from my clinc but would be happy to see her again should she have any further problems.

Yours sincerely

ANDREW KRASZEWSKI
CONSULTANT GYNAECOLOGIST

GS/GM/406473

3 May 1995

0141-201-5372

Dr C Mills
Gorbals Health Centre
45 Pine Place
GLASGOW
G5

Dear Dr Mills

RE; CATHERINE HONEYMAN (01.02.49)
10 MELVLLE STREET, GLASGOW G41

Your patient was reviewed at Dr Kraszewski's, gynaecology clinic today. She feels that she is much better than before and her periods are now settling. Although her oestrogen levels were low she does not have any menopausal symptoms and she is not very keen to go on HRT now as she is trying to lose weight.

She will be reviewed again in three months' time. A menstrual calendar was given to her to monitor her blood loss over this period.

Yours sincerely

DR G SABET
REGISTRAR TO DR A KRASZEWSKI

AK/GM/406473

23 February 1995

0141-201-5372

Dr C Mills
Gorbals Health Centre
45 Pine Place
GLASGOW
G5

Dear Dr Mills

RE; CATHERINE HONEYMAN (01.02.49)
10 MELVILLE STREET, GLASGOW G41

Your patient was admitted on 06.02.95 for investigation of menorrhagia. Examination under anaesthesia revealed a normal vulva, the vagina was lax and the cervix was healthy. The uterus was bulky and anteverted and no adnexal lesion was palpable. Hysteroscopy was undertaken and this revealed a mainly atrophic cavity with a small amount of polypoidal tissue on the right, lateral wall.

Diagnostic curettage was performed and histological examination shows a shedding endometrium, some of the gland appearing rather inactive. There was, however, no diagnostic abnormality.

Hormonal assays were also performed and these suggest that the patient is perimenopausal.

Post-operatively she made a satisfactory recovery and will be reviewed at the clinic in two months' time.

Yours sincerely

ANDREW KRASZEWSKI
CONSULTANT GYNAECOLOGIST

# DEPARTMENT OF PATHOLOGY, VICTORIA INFIRMARY, GLASGOW

| | | | |
|---|---|---|---|
| Name: | Catherine Honeyman | Report No. | 9501000 |
| Address: | 10 Melville Street<br>G41 2LN | Unit No. | 406473 |
| | | DOB/Age: | 01.02.49 |
| Consultant: | Dr. Kraszewski | Ward: | 12a Hospital: VI |
| Date Received: | 06.02.95 | Date Reported: | 13.02.95 |
| Reported By: | Dr. Kerr | Supervised By: | Dr. Jackson |
| Specimen: | Uterine curettings | | |

NAKED EYE: Bulky curettings.

HISTOLOGY: Sections show a shedding endometrium. Some of the glands are rather inactive but there is no diagnostic abnormality. No polyp is identified.

ENDOMETRIUM: Shedding 21 N

SK/RJ/JEA/14

Sanehka

NJ

# THE VICTORIA INFIRMARY N.H.S. TRUST

OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HONEYMAN | CATHERINE |

| DATE | NAME OF OPERATION PERFORMED | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| 6/2/95 | ELFT, Hysteroscopy + D+C. | | 406473 |

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| AI Bylaws Ikasz | PR | Davidson |

ELFA - Urine MSU.
- Lax vaginae
Cx - Nodular
Uterus bulky anteverted
No adnexal mass

Hysteroscopy - cavity normal shape
with small polypoidal tissue
mainly (12) fundal wall.
No evidence of malignancy.

D+C - SP - Scan.
Blood clot + tissue obtained
to pathology

FORM 0168262

JMcC/920526

# THE VICTORIA INFIRMARY
## NHS TRUST

MEDICAL IN CONFIDENCE

CASE RECOR

## ADMISSION FORM V2

| HOSPITAL CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| G306H | VICTORIA INFIRMARY NHS TRUST | VIU-406473 |

ISSION TAILS

| DATE | TIME | TYPE | SOURCE | INPAT./DAYCASE | DATE ON W.L. | PATIENT CATEGORY |
|---|---|---|---|---|---|---|
| 05/02/95 | 13:50 | WLDB | HOME | Inpatient | 1/01/95 | 3 NHS |

| WARD | SPECIALTY | CONSULTANT |
|---|---|---|
| WARD 12A | GYNAECOLOGY | DR A KRASZEWSKI |

P A T I E N T

| TITLE SURNAME | FORENAME | INITIALS | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|
| MRS HONEYMAN | CATHERINE | | 46 | 01/02/1949 | F | M |

ADDRESS
10 MELVILLE STREET
POLLOKSHIELDS
GLASGOW

ALT./PREV. SURNAME

OCCUPATION
HOUSEWIFE

POSTCODE G41 2LN

TELEPHONE No. NO TELEPHONE

OCCUPATION (HUSBAND/FATHER)

EF. .P.

NAME MILLS C
G.P. CODE 2819473 PRACTICE 49074 1

ADDRESS
45 PINE PLACE
GLASGOW

CONTRACT No.

TELEPHONE No. 429 6291 POSTCODE G5 0BQ

EXT OF IN

NAME MR RAYMOND HONEYMAN RELATIONSHIP HUSBAND

ADDRESS S/A

DAY PHONE No. 422 1580 NIGHT PHONE No.

AND / OR

NAME RELATIONSHIP

ADDRESS

DAY PHONE No. NIGHT PHONE No.

SC.

RELIGION Jeh.Witness

VISIT REQ. BY CHAPLAIN YES/NO

PENSION BOOK No.

### DISCHARGE SUMMARY

ARGE AILS

| DATE | TIME | DISCH. CODE | PATIENT CATEGORY | TYPE FACILITY | SPECIALTY | CONSULTANT | CODE |
|---|---|---|---|---|---|---|---|
| 6/2/95 | | | | | GYN | DR KRASZEWSKI | |

| DISCHARGED/ TRANSFERRED TO | HOSPITAL | CODE | WARD | SPECIALTY | CONSULTANT | CODE |
|---|---|---|---|---|---|---|
| Home | | | 12A | | | |

IN DIAGNOSIS Menorrhagia — CODE

| OTHER CONDITIONS | SPECIAL WARNINGS |
|---|---|
| (D.G,2) | |
| (D.G,3) | |
| (D.G,4) | |
| (D.G,5) | |
| (D.G,6) | |

ID

| | CODE | DATE |
|---|---|---|
| MAIN OPERATION: Evn, Hysteroscopy D+C | | 06/02/95 |
| OTHER OPERATION (O.P,2) | | |
| (O.P,3) | | |
| (O.P,4) | | |

| LOCAL USE | | | NATIONAL USE | |
|---|---|---|---|---|

# THE VICTORIA INFIRMARY N.H.S. TRUST

ANESTHESIA SHEET

| SURNAME (Block Letters) MR. MRS. MISS | FIRST NAMES (Block Letters) | AGE. | REGISTRATION No. |
|---|---|---|---|
| HONEYMAN | CATHERINE | | 4 0 6 4 7 |

**PREOPERATIVE OBSERVATIONS**

Schoudi - Unsa No Allergy
- Obese.
- HT - no Ra.
- ~~Scalpel~~ Cold ↓ R.A.

**DATE OF OPERATION**

6/2/95

**PREMEDICATION**

Temazepam 20mg

TIME ADMINISTERED a.m./p.m.

**OPERATION PERFORMED**

Hysteroscopy / D+C

**OPERATION** BEGAN / ENDED

**ANAESTHESIA** BEGAN / ENDED

**AGENTS AND TECHNIQUE EMPLOYED**

Alfentanil 300µg
Propofol 120mg
N.O10.1 Enf → 1%
LMA #3
Spont Resp.

TIME

$SaO_2$ 98 98

200
180
160
140
120
100
80
60
40

ECG
BP
$SaO_2$
$RO_2$
$EtCO_2$

HAEMOGLOBIN

BLOOD GROUP

JMcC/920416 FORM 0163149

Operation performed

Estimated Blood Loss

Tubes

Drains

Urinary Catheter

Packing

| I.V. Fluids During Operation |
|---|
| |

**INSTRUCTIONS**

Record Pulse and B.P. every 15: 30: 60: mins.

Record Central Venous Pressure every 15: 30: 60: mins

Oxygen :

Gastric Aspiration :

Catheter :

Medication :

Other :

| Continue I.V. Fluids with | Rate |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Signature

O2 Bat 9½-

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | a.m./ p.m. | 9[50] | 10[02] | | | | | | | | | | |
| Pulse | Rate | 87 | 73 | | | | | | | | | | |
| | Irregular | | | | | | | | | | | | |
| Blood Pressure | | 127/~~90~~ | 135/82 | | | | | | | | | | |
| Central Venous Pressure | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | |
| Airway | Present | ✓ | ✓ | | | | | | | | | | |
| | Inserted | | | | | | | | | | | | |
| Oxygen | | ✓ | ✓ | | | | | | | | | | |
| Conscious | | ✓ | ✓ | | | | | | | | | | |
| Unconscious | | | | | | | | | | | | | |
| Colour | Satisfactory | ✓ | ✓ | | | | | | | | | | |
| | Poor | | | | | | | | | | | | |
| Volume Fluid Loss | Vomit | | | | | | | | | | | | |
| | Aspiration | | | | | | | | | | | | |
| | Urine | | | | | | | | | | | | |
| | Drain | | | | | | | | | | | | |
| | Wound | | | | | | | | | | | | |

Discharge to Ward : Time :

| | I.V. Fluids Given | |
|---|---|---|
| Time | Type of Fluid | Amnt. |
| | | |

| Time | Medication | Initial |
|---|---|---|
| | | |

Signature

PRE-OP

BEFOR 406473
PLEAS HONEYMAN CATHERINE TO A PATIENT.
10 MELVILLE STREET ECT:-
NAME POLLOKSHIELDS F M NAN (Addressograph)
GLASGOW 01/02/49
ADDRE G41 2LN G.P.Prac.49074

DATE OF BIRTH ..... WARD 12P

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | ~~Yes/No~~ | (Yes)/No |
| 2. | Artificial teeth removed Upper ☐ Lower ☐ | ~~Yes/No~~ | ~~Yes/No~~ |
| 3. | Crowned teeth Present Upper ☐ ~~Lower~~ ☐ | Yes/No | (Yes)/No |
| 4. | Artificial limbs removed | ~~Yes/No~~ | ~~Yes/No~~ |
| | Artificial eyes removed ~~Yes/No~~ — Contact lens removed | ~~Yes/No~~ | ~~Yes/No~~ |
| | Hearing Aid removed ~~Yes/No~~ — Wigs removed | ~~Yes/No~~ | ~~Yes/No~~ |
| 5. | Jewellery removed ~~Yes/No~~ — Wedding rings taped | Yes/No | (Yes)/No |
| 6. | Skin preparation and area shaved | ~~Yes/No~~ | ~~Yes/No~~ |
| 7. | Anaesthetic consent form signed | Yes/No | (Yes)/No |
| 8. | Passed urine | Yes/No | (Yes)/No |
| 9. | In-dwelling catheter drained | ~~Yes/No~~ | ~~Yes/No~~ |
| 10. | Premedication given | Yes/No | (Yes)/No |
| 11. | Correct position of patient on tilting trolley - head down | Yes/No | (Yes)/No |
| 12. | Patients head on the canvas | Yes/No | (Yes)/No |
| 13. | Confirm nature of operation from patient | Yes/No | (Yes)/No |
| 14. | Operation site where appropriate Enter (Left or Right) | | |

TO ACCOMPANY PATIENT

| | | | |
|---|---|---|---|
| 1. | Case notes | Yes/No | (Yes)/No |
| 2. | X-Ray | ~~Yes/No~~ | ~~Yes/No~~ |
| 3. | Any other appliances e.g. splints | ~~Yes/No~~ | ~~Yes/No~~ |

Signed ..... Ward Nurse

Signed SN J. Macphee Theatre Nurse

---

POST OPERATIVE

SURGEON DR. KASENSKI/Dr Bryglass ANAESTHETIST ~~DR.~~ A. Davidson

OPERATION HYSTEROSCOPY DILITATION & CURETTAGE Instructions to Ward

Drains —

Dressings —

HAND OVER TO WARD NURSE AT RECOVERY ROOM

To return with patient to ward (please Ring)

X-Ray folder ..... Yes/No ..... Prescription sheet Yes/No

Intravenous Regimen prescribed Yes/No

Recovery Nurse ..... A Mackinnon .....

0164539

# THE VICTORIA INFIRMARY OF GLASGOW

GYNAECOLOGY

| SURNAME (Black Letters) | FIRST NAMES (Block Letters) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| Mrs / Miss HONEYMAN | CATHERINE | 47 | 4 0 6 4 7 3 |

**COMPLAINTS & DURATION**

EUA, D+C + HYSTEROSCOPY

(+) REFUSED BLOOD TRANSFUSION

JEHOVAH'S WITNESS (+)

O.P.D. DIAGNOSIS

**HISTORY**

MENARCHE 14 MENOPAUSE

MENSTRUAL CYCLE 7-8 / 28 (REGULAR / IRREGULAR)

L.M.P. At present on time

Worsening menorrhagia over last 6-12/52
↑severity. Mild dysmenorrhoea
7-8 day heeding with clots + bleeding on cyclical basis
Using towels + tampons.
No IMB / PCB
No vaginal discharge
No dyspareunia

~~VAGINAL~~ CERVICAL SMEAR - 2yrs ago - Normal

CVS: palpitations with panic attacks.
RS: NAD GUS: NAD
Abdo: NAD CNS: NAD.

DHx
Lives with 2 daughters + husband
Ex-smoker 20-30/d (1973)
Alcohol - occasional

DHx
ZYNOL PM
GOLD INJECTIONS - ended 6 weekly
NKA

**OBSTETRIC HISTORY** PARITY: 4 + 0

| YEAR | DURATION | DELIVERY SPONT | DELIVERY INST | DELIVERY CS | REPAIR | CHILD | PUERPERIUM |
|---|---|---|---|---|---|---|---|
| 66 | Term | ✓ | | | Episiotomy | ♀ | — |
| 67 | —"— | ✓ | | | | ♂ | — |
| 68 | —"— | ✓ | | | | ♂ | — |
| 70 | —"— | ✓ | | | | ♀ | — |

**PREVIOUS GENERAL HEALTH**

TOP - treated last year. Dysctimed
CHOLECYSTECTOMY - 3yrs ago
x3 LUMPECTOMIES x2 (B) x1 (C) → no malignancy
No ~~TB~~ / DM / MI / CVA / asthma / epilepsy

# EXAMINATION OF PATIENT

**GENERAL EXAMINATION**

Well
No a / J / nodes
Apyrexial
Full range of neck movements

**CARDIO — VASCULAR SYSTEM** B.P. 144 / 90

RR 80/min . Reg
HS I + II + 0
No oedema

**RESPIRATORY SYSTEM**

Trachea 0
Chest : Clear

**GYNAECOLOGICAL EXAMINATION**

ABDOMEN

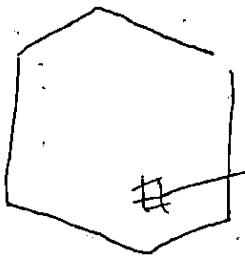
VULVA

VAGINA

CERVIX

CORPUS

XA



Soft. Normoactive . No organomegaly
BSL

Tube . No record

IMP

47 year old lady with menorrhagia for D+C + Hysteroscopy.

REFUSED BLOOD TRANSFUSION — Not signed form re blood transfusion

FBC ✓
UEC ✓
CCNDANT ✓

Hong Chuan 2/12

S. TILOTON

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| HONEY MAN | CATHERINE | | |

**DATE**

06/02/95 Post-op see by AK

Findings explained
Home today
Clinic 2/12

S. TILSTON

9/6/95 Wound healed lasting 2-3 days, regular.
Does not wish any further treatment eg HRT

JMcC/884388 FORM 0164576

**CONSENT TO MEDICAL TREATMENT BY PATIENT WHO REFUSES TO HAVE A BLOOD TRANSFUSION**

| SURNAME (Block Letters) | UNIT NUMBER | WARD No. |
|---|---|---|
| HONEYMAN | | |

I, CATHERINE HONEYMAN of 10 HECULLES T

acknowledge that I have been informed that I am or may be suffering from ENDOMETRIAL DISORDER / ELECTIVE D+C / EUA HYSTEROSCOPY and that I require or may require treatment, the nature and effect of which have been explained to me by Dr/~~Mr.~~ TILSTON I hereby give my consent to the administration of such medical treatment as the physician considers necessary; except that, although it has been explained to me that in the course of the said treatment it may be necessary to give me a blood transfusion so as to enhance the effectiveness of any treatment, or even to preserve my life, I hereby expressly withhold my consent to and forbid the administration to me of a blood transfusion in any circumstances or for any reason whatsoever, and I accordingly absolve the physician, the hospital Board of Management and every member of the medical staff concerned, from all responsibility, and from any liability to me, or to my estate, or to my dependants, for any damage or injury which may be caused to me, or to my estate or to my dependants, in any way arising out of or connected with this my refusal to consent to any such blood transfusion. / or blood components.

Date 05 02 95 Signed Catherine Honeyman

Witnesses to patient't signature .....

(Physician)

.....

(Witness present at interview)

I confirm that I have explained to the patient the nature and effect of this treatment and the possible risks attendant upon his refusal to accept a blood transfusion.

Date 05/02/95 Signed .....

Form 0101

# THE VICTORIA INFIRMARY
## NHS TRUST

# CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

(Notes for Guidance of Doctors and Patients overleaf)

Patient Name (BLOCK CAPITALS) CATHERINE HONEYMAN Date 05 02 97

Unit Number 406473 Proposed Procedure (BLOCK CAPITALS) EUA, HYSTEROSCOPY + DILATATION + CURETTAGE

**TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER**

HAVE FULLY EXPLAINED: To the patient / parent / guardian / next of kin*
(*DELETE AS APPROPRIATE)

1. The procedure named on this form
2. Appropriate alternatives which are available
3. Side-effects which may result from the procedure

Name (BLOCK CAPITALS) [signature]

SIGNATURE SIMON TILTON

**TO BE COMPLETED BY THE PATIENT**

You should read this form and the notes overleaf carefully. If there is anything you do not understand, ask the doctor or dentist for an explanation. If the information is correct and you understand the procedure, you should sign the form.

I AM The patient / ~~parent / guardian / next of kin~~ (DELETE AS APPROPRIATE)

I UNDERSTAND The procedure which has been explained to me by the Doctor or Dentist named on this form.

That the procedure may not be carried out by the Doctor / Dentist who has been treating me so far.

That any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

⊕ NO ADMINISTRATION OF BLOOD PRODUCTS ⊕ ⇒ SEE OTHER CONSENT FORM

I AGREE To the administration of an anaesthetic or to sedation if required.

To the procedure named on this form.

That examination for the purposes of teaching will not be undertaken without my consent (see overleaf).

Signature S Catherine Honeyman

Name (BLOCK CAPITALS) CATHERINE HONEYMAN

Address

Patient / Parent / Guardian / Next of Kin*
(*DELETE AS APPROPRIATE)

AAR/SS/406473

Surgical Clinic
Direct Line 0141 201 5172

Dictated 17.3.95
Typed 21.3.95

Dr Rosemary Davidson
Consultant Geneticist
Yorkhill Hospital
Glasgow, G12

Dear Dr Davidson

CATHERINE HONEYMAN, 10 MELVILLE STREET, POLLOKSHIELDS, GLASGOW, G41 2LN
D.O.B. 1.2.49

Please could you see the above lady who keeps on coming to Mr Pickford's Clinic with a benign breast lump. At the last examination, however, she was not found to have any lumps and the patient herself was unable to identify any although she had been worried about one in her right breast for many months. Mammography has shown no radiological evidence of malignancy and is unchanged from her previous examinations. She has an aunt and a sister who have died and had had a mastectomy respectively for breast cancer. She is obviously very worried with regard to this and I feel this is the reason for her repeated presentations at the Clinic. I would be grateful if you could see her and advise with regard to her genetic profile.

Yours sincerely

A A Renwick
Senior House Officer

AAR/SS/406473

Surgical Clinic
Direct Line 0141 201 5172

Dictated 17.3.95
Typed 21.3.95

Dr C Mills
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN, 10 MELVILLE STREET, POLLOKSHIELDS, GLASGOW, G41 2LN
D.O.B. 1.2.49

I reviewed this lady at the Clinic today. Her mammogram shows no areas of any malignant disease and is unchanged from her previous one which was carried out in 1993. In view of her continued breast pain, however, I have given her a breast pain chart which she is to fill out and we shall review this in three months time and decide whether her pain is severe enough to treat. With regard to the family history where her an aunt and sister had breast carcinoma, I am referring her to Dr Rosemary Davidson at Yorkhill Hospital so that she can receive the appropriate advice with regard to her genetic profile.

Yours sincerely

A A Renwick
Senior House Officer

AC.RW.406473
GENERAL SURGICAL CLINIC

0141 201 5172

Dictated 10 2 95
Typed 13 2 95

Dr C Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN 1 2 49 10 MELVILLE STREET, G41 2LN

Thank you for referring this lady to Mr Pickford's clinic where I saw her today. She gives a six month history of painful right breast and about three months ago she noticed a lump within her right breast inframamary. Since this time she has found the lump has gone although at time she feels she can convince herself there might be a lump again. Her over-riding symptom today is pain in her right breast.

Her family history consists of her auntie who had breast cancer as did her sister who has recently had a mastectomy. She herself has had a couple of benign breast lumps removed in the past.

On examination today her left breast is entirely normal with no lymphadenopathy. Examination of her right breast revealed tenderness inframamary but I was unable to identify any lump today. I also invited the patient to see if she could feel the lump she had felt before and she was also unable to identify anything.

In the first instance I have arranged for her to have a mammogram as she has not had one for a few years and we will review her in the clinic with the results of this at which point we can discuss management of her mastalgia.

Yours sincerely

Andrew Chappell
SHO to Mr I R Pickford

OA 16/6
ref appt
1/9/95
345.

YR. APP ROUTINE.

| Hospital use Only | Clinic MR PICKFORD (SURG) | Day FRI Date 10/2/95 | Time 8.30 | Hospital No. 406473 | GP112 |
|---|---|---|---|---|---|

**REQUEST FOR OUT-PATIENT CONSULTATION**
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital Victoria Date 14.12.94 CHI No.

Please arrange for this patient to attend the Surgical clinic of Dr/Mr Tasker

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Honeyman Maiden Surname

First Names Catherine Single/Married/Widowed/Other

Address 10 Melville Street Date of Birth 1.2.49

Patient's Occupation

Postal Code G41 2LN Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance Hospital No. 406473

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. P. BLAKELEY & DR. C. M.
GORBALS HEALTH CENTRE
GLASGOW G5 0EU

Please use rubber stamp

**49074**

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

Thank you for seeing Catherine again who has been troubled with benign breast lumps in the past and now complains of a painful right breast and has a small mobile lump just below the right nipple. She had a mammogram done last year which was normal and she had a left breast lump removed which was benign in September 1993. She has been on Efamast in the past for breast pain with no real effect and she is on this now. I would be grateful for advice.

Yours sincerely

Dr C Mills

DATE RECEIVED 21 DEC 1994
IN VETTING 23/12/94
APPT. SENT 27/12/94

Sam
Fri 8.30 PD

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

THE VICTORIA INFIRMARY N.H.S. TRUST - SURGERY DEPARTMENT

Name

Address

Unit Number

Date of Birth Sex / Civil state

Occupation

Surgeon

BOOK

| VICTORIA | |
|---|---|
| | |

SOON URGENT

Booked by.....

Diagnosis

O.P. Treatment

at..... on .....

| Date | History and Clinical Findings |
|---|---|
| 17.3.95 | prev. Breast Cysts.<br>noticed lump R breast ~~1 year~~ Aug/Sept 94.<br>↑size. Nipple Δ's or discharge<br>FHx: Aunt + Breast Ca.<br>Sister had mastectomy.<br>lump doesn't vary ± period.<br>Mmgm NAD<br>℞ NO lump.<br>BPC.<br>Review 3/12 |

FORM 0164724

AMP/GM/406473

11 January 1995

0141-201-5372

Dr C Mills
Gorbals Health Centre
45 Pine Place
GLASGOW
G5

Dear Dr Mills

RE; CATHERINE HONEYMAN (01.02.49)
10 MELVILLE STREET, GLASGOW G41

Thank you for referring this 46 year old, housewife who has a family of four in her 20's and has had worsening menorrhagia over the last few years. She bleeds for 7 or 8 days, has clots and flooding on a cyclical basis and is beginning to get fed up with this.

I explained the options of hormone treatment with either Primolut, Danazol or Zoladex until nature cures the problem with her menopause or hysterectomy. She seems keen on the latter option.

In the first instance I have arranged for D&C and hysteroscopy on 06.02.95 and she will be admitted overnight rather than a day case because she is having gold injections for her arthritis.

I have not checked her bloods today because she is due a gold injection next week but I will have her white count and platelets checked on admission to ensure the gold is not causing significant marrow suppression or platelet destruction.

She will be seen in the clinic in six weeks for discussion of the results of her D&C and her choice of options.

Yours sincerely

ALEXANDER M PIRIE
REGISTRAR (OBSTETRICS & GYNAECOLOGY)

A

Hospital use Only | Clinic Dr Krasuski Cyst | Day Date wed 11/1/95 | Time 1200 | Hospital No. S48200 H06473 | GP112

**REQUEST FOR OUT-PATIENT CONSULTATION**
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital Victoria Date 13.12.94 CHI No.

Please arrange for this patient to attend the Gynaecology clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Honeyman Maiden Surname

First Names Catherine Single/Married/Widowed/Other

Address 10 Melville St Date of Birth 01.02.49

Glasgow Patient's Occupation

Postal Code G41 2LN Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendance Oct 94 Hospital No. ~~940779~~

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. P. BLAKELEY & DR. C. MI
GORBALS HEALTH CENTR

Please use rubber stamp

49074

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

Thank you for seeing this lady who is troubled with menorrhagia over the past year. She bleeds for 7 days every 28 days and it is associated with abdominal pain and back pain. The bleeding is accompanied by heavy clots and she is very embarrassed by the fact that she is flooding with blood for this week of the month. She was treated last year with Dicynene which helped initially. A smear test done in April, 1994, was negative. I would be grateful if you would see her with a view to D & C.

Yours sincerely

Dr C Mills

Soon

DATE RECEIVED 17 DEC 1994
CONVETTING
DATE APPT SENT 20 DEC 1994 21/12/94

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

355-2104

Dd8435631 3/93 15M 13161

# DEPARTMENT OF GYNAECOLOGY OPD

Name

Unit Number

Address

Date of Birth
Civil State

Occupation

Date of First Attendance 11.1.95

Surgeon
Amt Pirie

Diagnosis

Disposal

Report to Dr. _____

Admit – Immediate
per Waiting List
Urgent/Soon/Non-Urgent

O.P. Treatment _____

at _____ on _____

Years Married

Total Pregnancies
4 +

HISTORY
- Age 46 : housewife (28, 26, 27, 26)
- Menorrhagia for years now worsening
Td t clots every 28d
Bloating.

MENARCHE
MENOPAUSE

PREVIOUS MENSTRUAL CYCLE /

PRESENT MENSTRUAL CYCLE / **L.M.P.**

PAST HISTORY
Abdominal section
Breast Lump
Otherwise Fit
Sch : Contd

EXAMINATION

Examined by

RECOMMENDATIONS
Endo/Dil/Hysteroscopy - due one on Friday
(Not daycase in view
Contd (Check Bloods)

JMcC/942505

Form 0163739

2/5/95

- reviewed today
- Feels that her period are settling
- Some months sunny but ~~not~~ flushes.
- not keen for HRT now as she is trying to loose wt
- Review in 3 M. menst Calendar.

SC/MAL/128468

7th September, 1989

Mrs. C. Honeyman,
10 Melville Street,
Glasgow G41 2LN

Dear Mrs. Honeyman,

The result of your recent cervical smear has been reported as negative. It has been recommended that this be repeated routinely in 3 years time.

Yours sincerely,

S. Quayum
Well Woman Clinical Officer.

c.c. Dr. Berkeley,
Gorbals Health Centre,
45 Pine Place, Glasgow G5

ROYAL SAMARITAN HOSPITAL FOR WOMEN

F

CLINICAL RECORD

U
N
A

128468 01.02.49

HONEYMAN CATHERINE
10 MELVILLE STREET
GLASGOW.
0412LN 0344 404P.

MAIDEN NAME Tilzpatrick

CHILDREN ALIVE 4

CHILDREN DEAD

MISCARRIAGES

SINGLE ____ MARRIED ✓ WIDOWED ____

DATE OF LAST CONFINEMENT

PHONE NUMBER —

DATE OF LAST MISCARRIAGE

DOCTORS NAME Dr Berkeley

PATIENTS OCCUPATION Hswife

ADDRESS G.H.C 45 Pine Place
Glasgow.

HUSBAND'S/FATHER'S OCCUPATION London Telecom

BLOOD EXAMINATION GROUP

W.R. RHESUS

PHONE NUMBER

KAHN H.b

DATE OF FIRST ATTENDANCE 4/8/89

CONSULTANT Dr L. McNeilla.

MENARCHE AGE

MENOPAUSE AGE

MENSTRUAL CYCLE

L.M.P. FROM 7/7/89 TO 6/28

CYTOLOGY NUMBER

PREVIOUS OPERATIONS OR ILLNESS steilised 13-14 years ago
lump removed from rt breast 1988.

PRESENT COMPLAINT feeling depressed generally also
slight dysmenorrhoea not seen years ago

FINDINGS WT. 81 Kgs B.P. 130/80
UT A/V NAD ex healthy
Breasts still lumpy but pt told it
is ok smear

W.L. RETURN DISCHARGED

JMcC/873575

# ROYAL SAMARITAN HOSPITAL FOR WOMEN
## LASGOW G42 7JF

CONTINUATION CHART

128468 01.02.49

HONEYMAN CATHERINE
10 MELVILLE STREET
GLASGOW.
G41 2644

| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
|---|---|---|
| | | |

| DATE | |
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J McC/873574

# CONSENT FORM FOR PLANNED OPERATIVE PROCEDURES

## ROYAL SAMARITAN HOSPITAL FOR WOMEN

128468 01.02.49

HONEYMAN CATHERINE
10 MELVILLE STREET
GLASGOW.
041 2644

I ..... of .....
(Patient's name)

.....
(Patient's address)

hereby consent to undergo the operation of .....

the nature and purpose of which have been explained to me by Dr. .....

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 ..... Signed .....
(Patient/parent/guardian) *

I confirm that I have explained the nature and purpose of this operation to the patient/ parent/guardian.*

Date ..... Signed .....
(Medical 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.

JMcC/873573

# ROYAL SAMARITAN HOSPITAL FOR WOMEN

## OPERATION CHART

| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
|---|---|---|
| | | |

128468 01.02.49

HONEYMAN CATHERINE
10 MELVILLE STREET
GLASGOW.
041 2644

DETAILS OF OPERATION :—

SURGEON _____

ASSISTANT _____

_____

ANAESTHETIST _____

**SURGEON'S NOTES**

SPECIMEN TO PATHOLOGY

J McC/873572

DATE _____ SIGNATURE _____

ROYAL
SAMARITAN
HOSPITAL

ANESTHESIA SHEET

| SURNAME (Block Letters)<br>MR.<br>MRS.<br>MISS | FIRST NAMES (Block Letters) | AGE | REGISTRATION No. |
|---|---|---|---|
| | | | |

PREOPERATIVE OBSERVATIONS

DATE OF OPERATION

PREMEDICATION

TIME ADMINISTERED a.m./p.m.

OPERATION PERFORMED

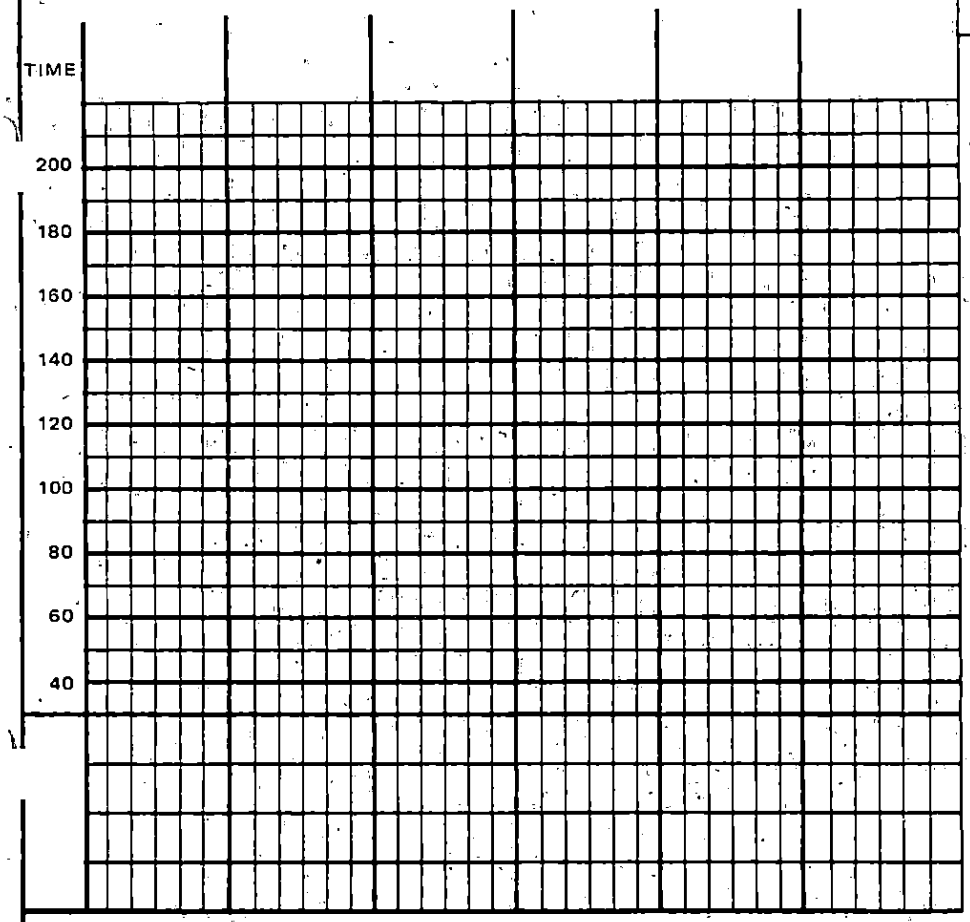
OPERATION BEGAN

OPERATION ENDED

ANAESTHESIA BEGAN

ANAESTHESIA ENDED

AGENTS AND TECHNIQUE EMPLOYED




HAEMOGLOBIN

BLOOD GROUP

ANAESTHETIST'S SIGNATURE

JMcC/884271

ELECTROLYTES AND UREA CUMULATIVE REPORT
MOUNT SHEET

BIOCHEMISTRY

ROYAL
SAMARITAN
HOSPITAL

A NEW MOUNT SHEET SHOULD BE USED ON EACH RE-ADMISSION

twelfth

eleventh

tenth

ninth

eighth

seventh

sixth

Mount the top of the fifth report to this line

Mount the top of the first four report to this line

JMcC/873570

NOTE: For cation-anion balance a plasma total protein concentration of 6.1 g per 100ml. has been assumed (anion equivalent of 15mM per litre).

# LABORATORY REPORTS

BACTERIOLOGY

| SURNAME (Block Letters) Mr. Mrs. Miss | FIRST NAMES (Block Letters) | Unit No. |
|---|---|---|
| 6 | | |
| 5 | | |
| 4 | | |
| 3 | | |
| 2 | | |
| 1 | | |

## GYNAECOLOGICAL CYTOLOGY

HOSPITAL .....

V.I.(C)

LAB. NUMBER ..... 89/ 11971

USE BALLPOINT PEN FIRMLY

Surname HONEYMAN

Forenames Catherine

Previous Surname

Permanent Address (with postal code) 10 Melville St

Postal Code G41

Address Results to be sent if different

Postal Code

Name and Full Postal Address of G.P. Dr Berkley G.H.C

Postal Code

Birth Date 40 — D 01 M 02 Y 49

Date of Examination 04 08 89

CHI. Number

Hospital Record Number 128468

Previous Examination or Cytology Number

Date of Previous Examination

Name and Address of Sender Dr Runyan / Dr McMillan RSH OPD

Postal Code G42

Sender: G.P. 1, F.P. Clinic 2, W.W. Clinic 3, Maternity 4, Gynaecology 5, G.U.M. 6, Other 7, Colposcopy 8

Reason for Smear: 1st Ever Examination 1, Routine Repeat 2, Repeat of previous non-neg. 3, Other (specify) 4

Date of L.M.P. 7-7-89

No. of Pregnancies

Age at Menopause

Radiation (Pelvic) YES 1

Hormone Treatment YES 1

Contraception: Nil — I.U.C.D. 1, Oral 2; Past — I.U.C.D. 2, Oral 3; Current — I.U.C.D. 3, Oral 4

Smear Type: Cervical 1, Vaginal 2, Other 3

Appearance of Cervix: Intact 1, Ectopy 2, Infected 3, Suspicious 4, Malignant 5

Clinical Diagnosis and Comments: Routine Smear

Clinician's Signature S Cleary

Pathologist's Comments

Pathologist's Signature Date 25-8-89

RESULT — FOR LAB. USE ONLY: Negative 1, Borderline 2, Mild Dyskaryosis 3, Moderate " 4, Severe " 5, Other 6, Unsatisfactory 7

Trich 1, Yeast 2, Virus 3

ADVICE: Routine Repeat in 3 years; Repeat in ..... Months; Refer to Gynaecology/Colposcopy

J McC/873569

JA.RW.406473

SURGICAL DIVISION

Dictated 8 10 93
Typed 11 10 93

Dr Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Mills

CATHERINE HONEYMAN 1 2 49 10 MELVILLE STREET, POLLOKSHIELDS G41 2LN

I am pleased to report that histological examination of this lady's recent left breast biopsy demonstrated normal breast tissue with no evidence of malignancy. Her wound is healing satisfactorily. I have discharged her from the clinic but will be pleased to review her if she has any trouble in the future.

Yours sincerely

John Anderson
Career Registrar

CAL IN CONFIDENCE

NHS TRUST

# ADMISSION FORM V2

Duplicate notes 548200

CASE RECORD 9

| CODE | HOSPITAL NAME | CASE RECORD NUMBER |
|---|---|---|
| 5H | VICTORIA INFIRMARY NHS TRUST | VIU 406473 |

| TIME | TYPE | SOURCE | INPAT/DAYCASE | DATE ON W.L. | PATIENT CATEGORY |
|---|---|---|---|---|---|
| 09/93 | 10:30 | 1 WLDB | 1 HOME | Inpatient | 3 NHS |

| | SPECIALTY | CONSULTANT |
|---|---|---|
| RD 9 | GENERAL SURGERY | MR R PICKFORD |

| LE SURNAME | FORENAME | INITIALS | AGE | DATE OF BIRTH | SEX | MARITAL STATUS |
|---|---|---|---|---|---|---|
| RS HONEYMAN | CATHERINE | | 44 | 01/02/1949 | | |
| M | | | | | | |

DRESS

O MELVILLE STREET
OLLOKSHIELDS
LASGOW

ALT/PREV SURNAME

OCCUPATION

STCODE TELEPHONE No. H/W OCCUPATION (HUSBAND/FATHER)

41 2LN

| ME | ADDRESS |
|---|---|
| P. CODE MILLS PRACTICE C | 45 PINE PLACE |
| ONTRACT No. 2819473 49074 1 | GLASGOW |
| | TELEPHONE No. 429 6291 POSTCODE G5 0BQ |

| AM | RELATIONSHIP | | NAME | RELATIONSHIP |
|---|---|---|---|---|
| YMOND HONEYMAN | HUSBAND | AND / OR | | |
| ADDRESS S/A | | | ADDRESS | |
| AY PHONE No. | NIGHT PHONE No. | | DAY PHONE No. | NIGHT PHONE No. |

| FDICON | | VISIT REQ. BY CHAPLAIN YES/NO | PENSION BOOK No. |
|---|---|---|---|
| F29 2265 | SAME | | |

eh. Witness

## ISCHARGE SUMMARY

| ATE | TIME | DISCH CODE | PATIENT CATEGORY | TYPE FACILITY | SPECIALTY | CONSULTANT CODE |
|---|---|---|---|---|---|---|
| 21/9/93 | | | | | SURGICAL | MR PICKFORD |
| | HOSPITAL | CODE | | WARD | SPECIALTY | CONSULTANT CODE |
| ISCHARGED/ RANSFERRED TO | | | | | | |

CODE

| | | |
|---|---|---|
| AIN DIAGNOSIS | LEFT BREAST LESION | SPECIAL WARNINGS |
| THE NDITIONS (D.G,2) | | |
| (D.G,3) | | |
| (D.G,4) | | |
| (D.G,5) | | |
| (D.G,6) | | |
| | CODE | DATE |
| AIN OPERATION | Exc. Biopsy of lesion | |
| THER OPERATION O.P,2) | | |
| O.P,3) | | |
| O.P,4) | | |

CODED

| OCAL JSE | | | NATIONAL USE | |
|---|---|---|---|---|

5/10/93.

EMcL.RW.406473

SURGICAL DIVISION

Dictated 28 9 93
Typed 29 9 93

Dr Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN 1 2 49 10 MELVILLE STREET, POLLOKSHIELDS G41 2LN

This 44 year old lady was admitted as arranged on 19 9 93 under the care of Mr Pickford for excision biopsy of lesion in the left breast. This was performed the following day and Mrs Honeyman was fit for dicharge on 21 9 93.

She will be seen at the surgical out patient clinic on 8 10 93 at which time the result of histology will be available.

Yours sincerely

E McLaughlin
Surgical SHO

8/10/93 Path CMRS
Healy
(B)

IP.RW.548200

EXT 5116

Dictated 10 9 93
Typed 13 9 93

Dr Mills
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Mills

CATHERINE HONEYMAN 1 2 49 10 MELVILLE STREET, G41 2LN

I saw this lady in my out patient clinic this afternoon. The recent mammography was reported as normal. However, on examination, Mrs Honeyman was able to point out to me a lump medial aspect of the left breast in the upper quadrant which she says has been present for at least a year and she is concerned it is getting bigger.

I did not perform fine needle aspiration today because I think with a persisting lump like this the best policy is to recommend excision and I felt Mrs Honeyman was of similar thought.

I will arrange for admission in the near future for excision biopsy.

Yours sincerely

I Pickford
Consultant Surgeon

EMcL.RW.548200

EXT 5452 SURGICAL DIVISION

Dictated 6 8 93
Typed 10 8 93

Dr Mills
Gorbals Health Centre
45 Pine Place
Glasgow G5

Dear Dr Mills

CATHERINE HONEYMAN 1 2 49 10 MELVILLE STREET, G41 2LN

I reviewed this lady at Mr Tasker's surgical out patient clinic today. Mrs Honeyman has remained well and is not aware of any new breast lumps. On examination the breasts are normal and there are no masses palpable. There is a slight tenderness on the right side which is longstanding.

I have arranged for Mrs Honeyman to have routine mammography performed and will see her back in the clinic in four weeks' time with the result of this.

Yours sincerely

E McLaughlin
SHO to Mr P R S Tasker

– lump medial upper quad (L) breast

– mammo OK

Surgical Division
IFK/EMM/548200

Dictated: 15.1.93
Typed: 15.1.93

Dr. Mills,
Gorbals Health Centre,
45 Pine Place,
GLASGOW, G5.

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 MELVILLE ST., G41

This patient returned for review and I could not palpate any significant abnormality in either breast. In view of her family history and her recurrent symptoms she should have regular mammograms and one will be arranged when she attends in August. This will be the third anniversary since her last one and it would seem prudent to have her x-rayed every three years.

Yours sincerely,

I.F. KERR
LOCUM CONSULTANT SURGEON

Surgical Division
AM/EMM/548200

Dictated; 10.7.92
Typed: 13.7.92

Dr. Mills,
Gorbals Health Centre,
45 Pine Place,
GLASGOW, G5.
#

Dear Dr Mills,

CATHERINE HONEYMAN, 10 MELVILLE ST., G41

I reviewed this lady at Mr. Mack's Clinic today. She complains of some tenderness in the inner lower quadrant of the right breast.

On examination there are no lumps palpable and no lymphadenopathy. I re-assured her about this and will review her again in six months, at which stage a mammogram will be arranged.

Yours sincerely,

A. Meighan
SHO to Mr. A.J.Mack

EW/AMMG/548200

EXT 5463

DIC - 24/4/92
TYP - 1/5/92

Dr Mills
Gorbals Health Centre
45 Pine Place
GLASGOW
G5

Dear Dr Mills

CATHERINE HONEYMAN - 10 MELVILLE STREET, GLASGOW G41
D.O.B. 1/2/49

Your patient was reviewed at Mr Gillespie's clinic today. She recently underwent open cholecystectomy for acute cholecystitis.

Histology of the gall bladder confirmed the diagnosis. She has remained well since discharge and is currently at work part-time. Her wound has healed nicely and there is no evidence of any tenderness.

I believe she is also being kept under review by Mr Mack with regards to recurrent breast lumps. Her last mammogram on August 1990 showed no suspicious features in the right breast. She has had occasional pains in the upper inner quadrant of her right breast but has not felt any new breast lumps.

On examination, she has some slight thickening of the breast tissue on the lateral aspect of the right breast. There is no discrete breast lumps and no evidence of lymphadenopathy.

I have therefore asked her to make an appointment to see Mr Mack again in 6 month's time.

Yours sincerely

E Wilson
SURGICAL S.H.O. TO MR GILLESPIE

RM.AD.548200 SURGICAL
Dict 24.3.92
Discharges

31st March, 1992.

Dr. Mills,
Gorbals Health Centre,
Glasgow. G5 0BQ

Dear Dr. Mills,

Catherine Honeyman - 10 Melville Street, G41 2LN DOB 1.2.49

This lady was recently admitted under the care of Mr. Gillespie with a history suggestive of a cute cholecystitis. This was confirmed on ultrasound and she was treated with antibiotics. Her condition appeared to settle and she was discharged back to your care on 5.3.92. She however had to be re-admitted the same evening with a recurrence of her symptoms, and we therefore proceeded to perform ERCP in order to rule out the presence of stones in the common bile duct. This was essentially normal. We then performed an open cholecystectomy. We did not however attempt to perform laparoscopic cholecystectomy as we felt that this was contra-indicated given her refusal to accept any blood products because of her religion.

he tolerated the procedure without difficulty, although was a little slow to mobilise following operation. She was discharged back to your care on 20.3.92. At that time she was making a good post-operative recovery. She has an Out patient appointment for review in due course.

Yours sincerely,

RICHARD MOLLOY,
REGISTRAR TO MR. G. GILLESPIE

AJM.RW.548200

EXT 5452

Dictated 24 2 92
Typed 26 2 92

20.3.92
10.00
Appt Sent (RW)

Dr Mills
Gorbals Health Centre
45 Pine Place
Glasgow G5

Dear Dr Mills

CATHERINE HONEYMAN 1 2 49
10 MELVILLE STREET, POLLOKSHIELDS

This lady was admitted as an emergency on 16 2 92.

She presented with severe upper abdominal pain. Clinically she was thought to have an episode of acute cholecystitis and an ultrasound did indeed confirm this diagnosis.

Mrs Honeyman has settled quite well on conservative treatment. She has now been discharged and I will review her at the clinic in one month when I will discuss with her a cholecystectomy.

Kind regards,

Yours sincerely

A J MACK
CONSULTANT SURGEON

SURGICAL
GHW/EMM/658200

27th August, 1991

Dr. C. Mills
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 MELVILLE ST., G41

I saw Mrs. Honeyman for review at the clinic today. She is well and there is no palpable abnormality in either breast.

In view of her age I am a bit reluctant to continue to irradiate her breast. I think we could quite safely defer mammography for a further year.

We will see her for review in six months' time.

Yours sincerely,

G.H. WELCH
SENIOR REGISTRAR TO MR.A.J.MACK

SURGICAL
SMM/EMM/

3rd May, 1991

Dr.CX.Mills
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 MELVILLE ST., G41

Thank you for referring this lady to Mr. Mack's Clinic. The patient is unaware of any abnormalities in her breast. Examination today revealed no specific lumps in either breast.

I am arranging for her to be reviewed back at the clinic in 4 months' time. at which time a mammogram will be carried out.

Yours sincerely,

S. MOHAMMAD
SHO TO MR. A.J.MACK

well
No palpable abn in
either breast.
Defer mammogram.
-> 6/12

SURGICAL
AJM/EMM/548200

24th August, 1990

Dr.G. Mills
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 MELVILLE ST., G41

I saw this lady today. I was pleased to see that mammography did not show any suspicious features and I have re-assured her that all is well.

I have not arranged any review appointment.

Kind regards,
Yours sincerely,

A.J.MACK
CONSULTANT SURGEON

SURGICAL
AJM/EMM/548200

13th July, 1990

Dr. G. Mills
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 MELVILLE ST., G41

I saw this lady today. Clinically I could not find anything significant in either breast, I have arranged for her to have mammography and I will see her when the results are to hand.

Kind regards,
Yours sincerely,

A.J.MACK
CONSULTANT SURGEON

DIVISION OF SURGERY

RA.PG.548200

Ext. 5452

24th November, 1989

Dr. G. Mills,
Gorbals Health Centre,
Glasgow G5.

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 MELVILLE STREET, GLASGOW G41.

The above young lady attended the Clinic to-day where I was pleased to be able to inform her that her recent lumpectomy from her right breast revealed only benign cystic disease. I have planned to review her again at the Clinic in six months time for review.

Yours sincerely,

RONALD ALEXANDER,
S.H.O. TO MR. A.J. MACK.

SURGICAL
GHW/EMM/548200

27th October, 19899

Dr. M. Miller,
Consultant Radiologist,
VICTORIA INFIRMARY

Dear Dr. Miller,

CATHERINE HONEYMAN, 10 MELVILLE STREET, G41

You recently performed mammography on this lady who had a previous excision biopsy of the inferior aspect of the right breast. The report on mammography shows micro-calcification adjacent to the previous excision biopsy, there is no palpable lump in the breast. She is being admitted for excision biopsy on the 14th November and I would be grateful if you would consider placing localisation needles on the afternoon of Tuesday, 14th November, for biopsy the following day.

Kind regards,
Yours sincerely,

G.H. WELCH
SENIOR REGISTRAR TO MR. A.J.MACK

24/11/89.
Recent Ebiopsy
Benign
Reassured
See 6/12

GHW?EMMY548200

27th October, 1989

Dr. G. Mills
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

CATHERINE HONEYMAN, 10 Melville Street, G41

This lady was reviewed at the clinic today. Mammography shows some micro²calcification inferior to the previous excision. This is suspicious and I have arranged to admit her for a localisation biopsy of this area.

Yours sincerely,

G.H. WELCH
SENIOR REGISTRAR TO MR. A.J.MACK

SURGICAL
RA/EMM/548200

Extn. 5452

29th September, 1989

Dr. G. Mills,
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

MRS. CATHERINE HONEYMAN, 10 MELVILLE ST., G41

I saw the above lady at the out-patient clinic today. She remains well with no evidence of any recurrence of her breast carcinoma. ?

No

I have arranged for another mammogram to be performed and we will review her again when we have the results of the above.

Yours sincerely,

R. ALEXANDER
SHO TO MR. .AJ.MACK

Mammogram report
— Mammaletter
— Scalerator
2/52

SURGICAL

Extn. 5452

Dr. G . Mills,
Gorbals Health Centre
GLASGOW, G5

30th September, 1988

Dear Dr. Mills,

Mrs. Catherine Honeyman, 10 Melville St., G41

I saw this lady today. Mammography does not show any significant pathology in either breast and I have r-eassured her accordingly.

I will see this lady for review next year when I will arrange further mammography.Ki

Kind regards,
Yours sincerely,

A.J.MACK
CONSULTANT SURGOEN

29/9/89

Well No
ev &
recurrence

MMG
Rev w/ results

SURGICAL
DTH/EMM/548200

17th June, 1988

Dr. C. Mills,
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

Mrs. Catherine Honeyman, 10 Melville Street

I saw this lady at Mr. Mack's Clinic today. She complains of pain in the right axillary tail and of a lump there.

On examination there is generalised lumpiness and tenderness in this region, but no discrete mass. Examination of the rest of the breast is normal and the wound from her previous excision biopsy is healing well. The other breast is also normal.

I have re-assured her that I think this is simply a further area of fibroadenosis but I have arranged for her to have a repeat mammogram.

She will be reviewed at the clinic once this has been done.

I also looked at the sebaceous cyst on her neck and I have arranged for this to be excised under local anaesthetic at the Out-patient Theatre next month.

Yours sincerely,

DOUGLAS T. HANSELL, M.D.(HONS)FRCS ( SENIOR REGISTRAR TO MR. A.J.MACK)

14/7/88 Epidermoid cyst
excised LA
→ Histology. 3 x 5/0 Nylon
ROS 4/52

AJM/EMM/548200

SURGICAL DIVISION

21st March, 1988

Dr. C. Mills,
Gorbals Health Centre
GLASGOW, G5 OBQW

Dear Dr Mills,

Mrs. Catherine Honeyman, 10 Melville St., G41

This lady was admitted as arranged for operation. Mammography was reported as showing some minor calcification which was thought to be slightly suspicious and the area was, therefore, targetted with locating needles and biopsied.

I was pleased to find that the area proved to be benign, Mrs. Honeyman made an excellent convalescence and has now been discharged.

I would obviously want to keep this lady under review and will see her at the clinic again in one month.

Kind regards,
Yours sincerely,

A.J.MACK
Consultant Surgeon

Appt 21/4/88

SURGICAL

UGF/EMM/548200

11th March, 1988

Dr.C. Mills,
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

Catherine Honeyman, 10 Melville St.,G41

I reviewed this lady today at Mr. Mack's Clinic. The fine needle aspirate did not reveal anything worrying, however, the mammogram showed an area of micro-calcification below the right nipple suspicious of malignancy. I examined her again today and could feel no lump in this position. However, in view of the results of the mammogram we have arranged for her to be admitted in the near future for targetted biopsy of this area.

We will be in touch with you with the results.

Yours sincerely,

Umberto G. Fazzi
SHO to MR. A.J.MACK

DIVISION OF SURGERY

UGF/EMM/548200 5th February, 1988

Dr. C. Mills
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

Mrs. Catherine Noneyman, 10 Melville St., G41

Thank you for referring this lady to Mr. Mack's Clinic. She gives a history of having a lump in her right breast for over a year but it has only recently been bothering her in that it has become painful. She thinks it has increased in size slowly over this year. There is no relationship of her pain to her menstrual cycle, which has been normal.

On examination there is a small 1½ x 1 cm. mobile lump in her upper outer quadrant of the rightr breast which is very tender. There is no obvious lymphadenopathy.

I have taken a fine needle aspirate today and arranged for her to have mammography. We will review her with the results.

Yours sincerely,

Umberto G.Fazzi
SHO to MR. A.J.MACK

DM/SMB/ 548200

6th Feb. 1985.

Dr. Berkeley,
Pine Place,
Glasgow.

Dear Dr. Berkeley,

Cath. Honeyman d.o.b. 1.2.49 21 Maxwell Road. GLASGOW.

Mrs. Honeyman did not return for her clinic review appointment. It would seem unlikely that there is any significant cardiac problem. I have not arranged any further review but would be happy to see her again if necessary.

Yours sincerely,

D. MacIntyre.
Consultant Physician.

CD/NMcM/548200 6th September 1984.

Dr. A. Berkeley
Gorbals Health Centre
45 Pine Place
GLASGOW G5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman (1.2.49), 10 Melville Street, G41.

I reviewed this 35 year old lady at Dr. MacIntyre's medical clinic on 5th September. You will recall that she has suffered from several episodes of palpitations in the past but that a 24 hr. cardiac tape has been essentially normal. Since her last visit she3 has had two further episodes of palpitation one of 15 mins. and the other 45 mins. duration. However, on these occasions there was associated breathlessness, shaking of hands, fading of her voice, chest tightness and she experienced a sensation of seeing lights in front of her eyes. She felt faint but never passed out. There was no associated nausea or vomiting. She gives a story of there being a gradual prelude to the attacks which occur over several hours. There is no relation to stress or to anxiety. Otherwise she is well. You will recall that she has had similar problems in the past since she attended Dr. Begg's medical clinic and they spontaneously resolved. At present she is taking DF118 for headaches.

On examination she was anxious and tense but her pulse rate was 68 beats per minute in sinus rhythm. Her blood pressure both lying and standing was 90/60. Cardiac and respiratory examination were negative.

Her major worry at present is that she is about to have a heart attack and I have assured her that no significant coronary artery disease has been noticed. I tend to feel that these are episodes of paroxysmal atrial tachycardia or some other form of cardiac arrhythmia. I have not instituted any treatment at present but if they become increasingly troublesome then I think it may be worthwhile beta blocking this young lady. She will be seen for review in three months' time.

Yours sincerely,

COLIN DOIG
Senior House Officer.

ICT/LMN/548099

24 July 1984

Dr Berkeley
45 Pine Place
GLASGOW G5

Dear Dr Berkeley

CATHERINE HONEYMAN 10 MELVILLE STREET G41 DoB: 1.2.49

Further to my last letter, this lady's resting ECG and 24 hour tape are essentially normal. Her chest X-ray is also normal. We will see her once more but in the meantime you can reassure her that there is no significant cardiac problem.

Yours sincerely

IAIN C TODD
Registrar

ICT/LMN/548200

23 June 1984

Dr Berkeley
45 Pine Place
GLASGOW G5

Dear Dr Berkeley

Mrs CATHERINE HONEYMAN 10 MELVILLE STREET G41 DoB: 1.2.49

Thank you for referring this lady to Dr MacIntyre's Clinic where I saw her. Three weeks ago she had an attack of palpitations which she describes as being rapid and regular preceded by feeling very tired. During this episode she was noted to be pale and faint and was apparently breathless. Palpitations gradually wore off. There was also an associated vague central chest pain and since that time she has had attacks of tiredness and palpitations occurring apparently every few days. Interestingly enough she attended Dr Begg's Clinic in November of 1979 with similar problems and these subsequently settled since which time she has remained well. Also relevant perhaps is the fact that she has 2 sisters in their 50s who have both apparently had myocardial infarcts in the last 2 months. She is a non-smoker and takes DF118 for pains in her back.

On examination she was a little overweight but otherwise well. Blood pressure was 130/70, JVP was not elevated and apex beat was not displaced. Heart sounds one and 2 were heard with no murmur and the chest was clear.

I think in the first instance we will check her resting ECG and chest X-ray and I have also ordered a 24 hour ambulatory monitoring. It is just possible that these attacks are paroxysmal atrial tachycardia but I tend on balance to favour hyperventillation and would not at thisstage be desperately keen on starting anti-arrhythmic treatment. Should we find anything of note on the tape then we will of course contact you with a view to further treatmeht but if it is as I suspect entirely normal, we will simply review her after the tape to consider the need for further therapy.

Yours sincerely

IAIN C TODD
Registrar

WS/FM/548200

12th August, 1983.

Dr. Berkeley,
Gorbals Health Centre,
45 Pine Place,
Glasgow G5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman, 21 Maxwell Road, G41.

Further to my letter of 10th August this patient's liver function tests were normal and thyroid tests showed her to be euthyroid. Screening test for porphyrins in blood, urine and faeces was normal. Blood film for porphyrin test although the specimen had partially clotted was reported as negative. Urea and electrolytes were normal. E.S.R. was 5mm. in the first hour, platelets 250,000, white count 4,400, red count 4.50 million, Hb. 13.5gm.%, H.C.T. .409, M.C.V. 91, M.C.H. 30, M.C.H.C. 33.0. Differential white blood count 49% neutrophils, 5% eosinophils, 0% basophils, 46% lymphocytes, 0% monocytes. The film was normochromic and normocytic.

Kind regards,
Yours sincerely,

W. Susskind,
Consultant Dermatologist.

WS/FM/548200

10th August, 1983.

Dr. Berkeley,
Gorbals Health Centre,
45 Pine Place,
Glasgow G5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman, 21 Maxwell Road, G41.

Thank you for referring this patient who has complained of pigmentation of cheeks which has become more noticeable in the last nine months. She first noticed a small mark four or five years ago on her right cheek and nowhere else was affected. She did not have pigmentation of her face at her four pregnancies. Her general health, I understand, is good. There were no know drug allergies and no other past or family history of skin or allergic disorder. She finds in sunlight that she feels sick and her hands swell but this tends to happen in a hot environment anyway and may not be a sunlight effect. Routine investigations have been undertaken regarding the chloasma like pigmentation of cheeks, upper lip and nose. Thyroid gland was not palpably enlarged. Conjunctivae and mucosae were well injected and mouth was normal.

Quinoderm Cream twice daily is suggested meantime to try and pale down the pigmentation. Review has been arranged for four weeks.

Kind regards,
Yours sincerely,

W. Susskind,
Consultant Dermatologist.

JM/SLR/548200 19th June, 1981.

Dr. Berkeley
Gorbals Health Centre
45 Pine Place
Glasgow, G.5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman, 21 Maxwell Road, G.41.

I saw Mrs. Honeyman today. I mentioned in my letter that she had a normal uterus, but, in fact, she has a retroversion and a Hodge Pessary was inserted. She had a lot of backache and mild cramps.

On examination the Hodge Pessary was well in situ and I think she should keep it in a bit longer and see how things are.

Yours sincerely,

J. Mowat
Consultant Gynaecologist.

JM/SLR/548200 16th June, 1981.

Dr. Berkeley
Gorbals Health Centre
45 Pine Place
Glasgow, G.5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman, 24 Maxwell Road, G.41.

Mrs. Honeyman was admitted for sterilisation. I saw her at Florence Street Clinic where she came requesting this and we agreed to carry this out.

She had a D and C performed and no pelvic abnormality was noted. Rings were applied to both tubes for sterilisation.

Her post-operative recovery was satisfactory and she went home on 7th June.

Histological examination of the curettings was normal proliferative phase endometrium.

Yours sincerely,

J. Mowat
Consultant Gynaecologist.

TBB/NMcM/548200

15th November, 1979.

Dr. . Berkeley,
Gorbals Health Centre,
45 Pine Place,
GLASGOW G5.

Bear Dr. Berkeley,

Mrs. Catherine Honeyman (1.2.49), 21 Maxwell Road, G41.

I saw Mrs. Honeyman in my medical clinic on 14th November. She had originally attended on 8th October with a complaint of recurrent episodes of rapid palpitation in the past year and there had been one attack of anterior chest pain in late August which persisted 3 hours.

On both visits to the clinic she appeared rather anxious but euthyroid. Her B.P. on the first visit was 120/80 and the second 146/106. The ECG has been normal and a 24 hour recording of the ECG on 1st November failed to show any arrhythmia. The highest heart rate noted was 115 per minute.

It is uncertain whether she is having attacks of anxiety and hyperventilation or true paroxysmal tachycardia. It would be useful if she were seen in an attack and if the heart rate were counted and the rhythm noted. Even without an ECG this would be very useful diagnostic information. If, however, she were near the Infirmary she could report to the Casualty Department during an attack and have an ECG recorded. I would be loathe to prescribe any anti-arrhythmic or other potent drugs until we knew what we were dealing with.

Yours sincerely,

T.B. HEGG,
Consultant Physician.

URGICAL
TH/EMM/548200

22nd April, 1988

Dr. G. Mills,
Gorbals Health Centre
GLASGOW, G5

Dear Dr. Mills,

Mrs. Catherine Honeyman, 10 Melville St., G41

I saw this patient in Mr. Mack's clinic today. I am happy to say that she is well following excision of a benign area of fibrocystic disease.

Examination is negative and I have arranged simply to review her in six months at which time we will repeat her bilateral mammogram.

Yours sincerley,

Douglas T. Hansell,M.D.(Hons)FRCS
Senior Registrar to MR. A.J.MACK

JM/NF/548200

11th November 1977.

Dr. A. Berkeley,
Gorbals Health Centre,
45 Pine Place,
GLASGOW G5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman,
21 Maxwell Road, Glasgow G41.

Your patient came back for review on 8th November and in spite of the diagnostic curettage she is still having a lot of bleeding between the periods. Just before the bleeding she has some pain in her side. I should be grateful if you would prescribe for her Primolut-N 5mg. three times a day for three weeks from day 5 of the menstrual cycle for two months. I will see her for review thereafter.

With kind regards,
Yours sincerely,

Consultant Gynaecologist

c.c. Dr. A. B. Johnstone,
The Clinic,
26 Florence Street,
GLASGOW G5.

# THE VICTORIA INFIRMARY OF GLASGOW

OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HONEYMAN | CATHERINE 548200 |

| DATE | NAME OF OPERATION PERFORMED | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| 20 9 93 | EXCISION OF LEFT BREAST LESION | | |

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| E McLAUGHLIN | | |

Under general anaesthetic the left breast was prepared and draped and a circumferential incision made in the superomedial quadrant of the breast. The palpable lesion was excised with an area of surrounding normal tissue and sent for histology. Haemostasis was secured with diathermy. The wound was closed with subcutaneous Proline with beads.

EMcL.rw

FORM J0602

JMcC/920526

ASC/JM/AR/548200

9th August, 1977.

Dr. A. Berkeley,
Gorbals Health Centre,
45 Pine Place,
GLASGOW, G5 0BP.

Dear Dr. Berkeley,

Your patient, Mrs. Catherine Honeyman, of 21 Maxwell Road, was admitted as arranged on 4th August, for investigation of intermenstrual post-coital bleeding. She was taken to theatre on 5th August and examination under anaesthesia revealed no abnormality in the pelvis and diagnostic curettage was performed.

Following an uneventful postoperative recovery, Mrs. Honeyman was allowed home on 6th August and she will be seen at the clinic for review in three months' time.

With kind regards,
Yours sincerely,

c.c. Dr. A. B. Johnstone,
The Clinic,
26 Florence Street,
GLASGOW, G5 0YX.

JM/NF/NC

26th May 1977.

Dr. A. Berkeley,
Gorbals Health Centre,
45 Pine Place,
GLASGOW G5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman,
21 Maxwell Road, Glasgow.

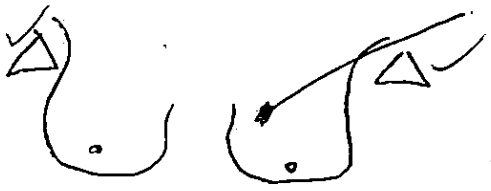
I saw this patient today at the Florence Street Clinic complaining of intermenstrual and postcoital bleeding. This has been going on for some time. I note that she is on the pill.

On examination the cervix is quite healthy but after taking a smear there was a considerable amount of blood coming through the cervical os and in view of this I think she should be admitted for further investigation. I shall arrange this.

With kind regards,
Yours sincerely,

Consultant Gynaecologist.

c.c. Dr. A. B. Johnstone,
The Clinic,
26 Florence Street,
GLASGOW G5.

| DATE | |
|---|---|
| 9/6 | WELL, ALERT & COMFORTABLE |
| Breast |  ILL DEFINED MASS ~ 2cm x 1cm WELL TENDER<br>○ SKIN INVOLVEMENT.<br>○ DEEP FIXATION.<br>○ NIPPLE INVOLVEMENT. |
| Derm. | TRACK. 1<br>C.E. L=R & (N)<br>P.M. L=R & BREAST<br>A.E. L=R & VESICULAR (P) WHL ✓ |
| CVS | PULSE = REGULAR REG.<br>B.P. 130/80<br>H.S. I/II NIL. |
| CNS | GROSSLY INTACT. |
| MT | LOCAL EXCISE OF LEFT BREAST FOR BIOPSY OF (L) BREAST LUMP. |
| Plan | CONSENT. ✓<br>TELEVISION DISCHARGE ✓<br>Murray Fleming<br>JHO |
| 20/9/93 | WELL POST-OP<br>LITTLE PAIN.<br>HOME TOMORROW<br>Murray Fleming |

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| HONEYMAN | KATHLEEN | 44 | 19.9.93 |

**DATE**

8 - JEHOVAH WITNESS - NOT FOR BLOOD TRANSFUSION

P.C. A/A FOR EXCISED BIOPSY (L) BREAST.

HPC. NOTICED LUMP IN (L) BREAST 8/12 AGO G.P. SENT TO BREAST SCREENING UNIT WHO FELT MAMMOGRAPHY UNDERTAKEN IN VIEW OF HER HISTORY OF 2 PREVIOUS LUMPECTOMIES - BENIGN. FROM (R) BREAST. THIS LUMP HAS GROWN OVER THIS PERIOD. LUMP IS NOW PAINFUL, DOES NOT CHANGE WITH MENSTRUAL CYCLE. °NIPPLE DISCHARGE °SKIN DESQUAMATION. MENARCHE - 14 YRS OLD. LMP - 12/9/93. OCP - 2-5/12 AGO. F.H. - SISTER - MASTECTOMY AUNT - MASTECTOMY. -VE MAMMOGRAPHY 4/52 AGO

PMH. OTHER CHOLECYSTECTOMY - 92.
LUMPECTOMY (R) BREAST ~91
LUMPECTOMY (L) BREAST ~90.
°DM/ASTHMA/TB/EPILEPSY/GLAUCOMA/ALLERGY/RHF

D.H. NIL.
°ALLERGIES -

F.H. - BREAST CA - AUNT & SISTER.
-

S.H. LIVES WITH 2 DAUGHTERS & HUSBAND.
4 CHILDREN - ALL WELL.
°SMOKING
OCCASIONAL ALCOHOL.
HAIRDRESSING.
JEHOVAHS WITNESS.

SE. CVS, RESP, GIT } NAD.

54820O
CATHERINE HONEYMAN
10 MELVILLE SR
GLASGOW
G41 2LN
1/2/49
F/M

THE VICTORIA INFIRMARY OF GLASGOW — OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HONEYMAN | CATHERINE |

NAME OF OPERATION PERFORMED

EXCISION (R) BREAST CYST.

AGE | REGISTRATION NUMBER

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| MCCAUGHLIN KE. | MR DICKFORD. | |

UNDER GA. (R) BREAST PREPARED AND DRAPED.

CIRCUMAREOLAR INCISION OVER PALPABLE LESION IN SUPERO-MEDIAL QUADRANT.

LESION EXCISED WITH SURROUNDING NORMAL TISSUE AND SENT FOR HISTOLOGY.

HAEMOSTASIS SECURED WITH DIATHERMY AND FINE VICRYL LIGATURES.

SKIN CLOSURE WITH S/C ~~[illegible]~~ PROLENE AND BEADS.

MELORE DRESSING.

MCCAUGHLIN

FORM J0602

JMcC 920526

GREATER GLASGO

ERATION CHART

548200
HONEYMAN CATHERINE F
10 MELVILLE ST M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074

UNIT NUMBER 548200

Catherine Honeyman of 10 Melville St.

hereby consent to undergo the operation of Excision Right (B) Breast

the nature and effect of which has been explained to me by Dr. JMF. Fleming.

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 19/9/93 (Signed) Catherine Honeyman

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 19/9/93 Signed (Doctor's Signature) [signature]

Form J0102

PRE-OPE

BEFORE TO A PATIENT,
PLEASE CT:-

548200
NAME HONEYMAN CATHERINE (Addressograph)
ADDRES 10 MELVILLE ST F
GLASGOW M
01/02/49
DATE OI G41 2LN G.P.Prac. 49074 WARD 9

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | Yes/No | Yes/No |
| 2. | Artificial teeth removed Upper ☐ Lower ☐ | N/A Yes/No | Yes/No |
| 3. | Crowned teeth Present Upper ☑ Lower ☐ | Yes/No | Yes/No |
| 4. | Artificial limbs removed | N/A Yes/No | Yes/No |
| | Artificial eyes removed N/A Yes/No | Contact lens removed N/A Yes/No | Yes/No |
| | Hearing Aid removed N/A Yes/No | Wigs removed N/A Yes/No | Yes/No |
| 5. | Jewellery removed Yes/No | Wedding rings taped Yes/No | Yes/No |
| 6. | Skin preparation and area shaved | Yes/No | Yes/No |
| 7. | Anaesthetic consent form signed | Yes/No | Yes/No |
| 8. | Passed urine | Yes/No | Yes/No |
| 9. | In-dwelling catheter drained | N/A Yes/No | Yes/No |
| 10. | Premedication given | N/A Yes/No | Yes/No |
| 11. | Correct position of patient on tilting trolley - head down | Yes/No | Yes/No |
| 12. | Patients head on the canvas | Yes/No | Yes/No |
| 13. | Confirm nature of operation from patient | Yes/No | Yes/No |
| 14. | Operation site where appropriate Enter (Left or Right) | Left ✓ | |

TO ACCOMPANY PATIENT

| | | | |
|---|---|---|---|
| 1. | Case notes | Yes/No | Yes/No |
| 2. | X-Ray | Yes/No | Yes/No |
| 3. | Any other appliances e.g. splints | Yes/No | Yes/No |

Signed S/N Adair Ward Nurse

Signed S/N J. McCann Theatre Nurse

---

POST OPERATIVE

SURGEON MR. Pickford / DR. McLaughlin ANAESTHETIST DR N.M.Mc / DR. Randall

OPERATION Excision of lump left Breast Instructions to Ward

Drains ..... May Eat or Drink anytime

Dressings Mepore .....

HAND OVER TO WARD NURSE AT RECOVERY ROOM

To return with patient to ward (please Ring)

X-Ray folder ..... Yes/No ..... Prescription sheet ..... Yes/No .....

Intravenous Regimen prescribed Yes/No .....

Recovery Nurse M McBlack

Date 20/9/13

Form J0684

* Jehovahs Witness accepts Gelofusine / Hetastarch, Not to Have Blood Transfusion.

# THE VICTORIA INFIRMARY N.H.S. TRUST

ANAESTHESIA SHEET

| SURNAME (Block Letters) MR. MRS. MISS | FIRST NAMES (Block Letters) | AGE | REGISTRATION No. |
|---|---|---|---|
| HONEYMAN | KATHLEEN | 44 | 5 4 8 2 0 0 |

**PREOPERATIVE OBSERVATIONS** allergies - Nkda; Meds Nkn.
Cholecystectomy ? No anaes problems. Smoker.
Bp 132/90. Bdpins ×2.

**DATE OF OPERATION** 22/9/93.

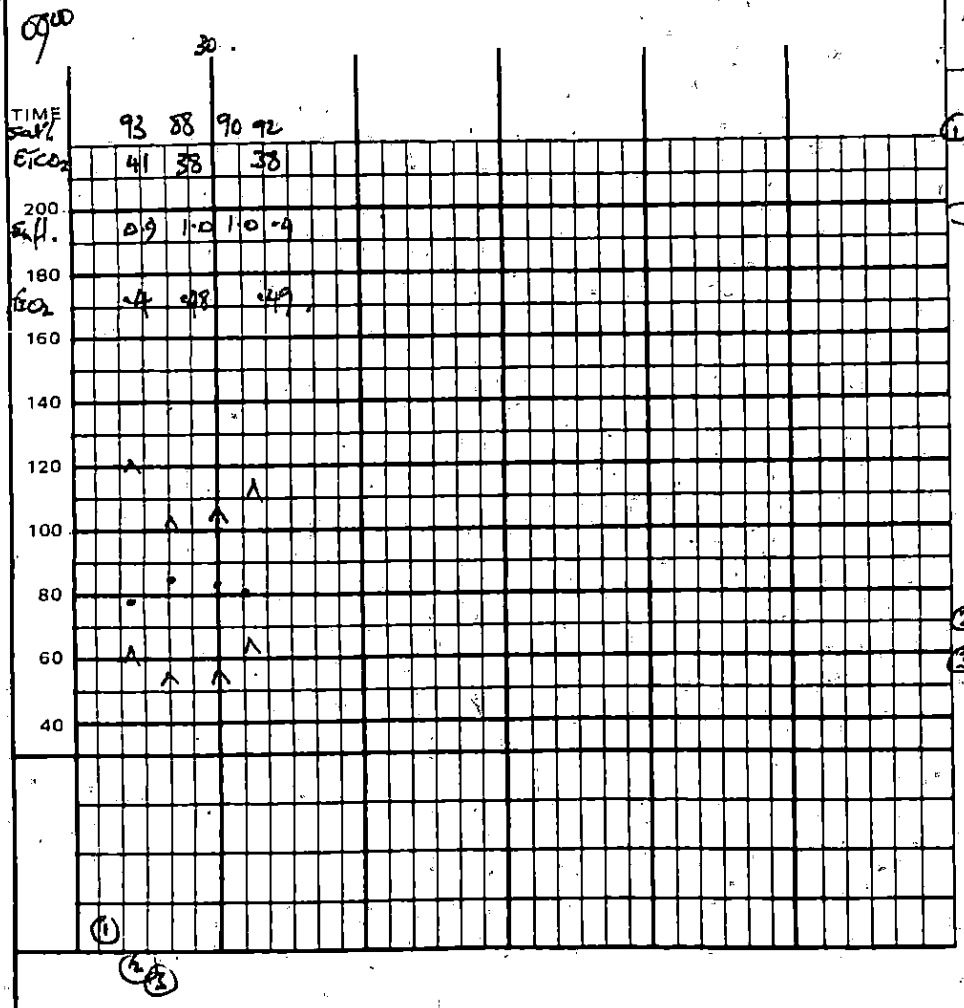
**PREMEDICATION** Nkn.

TIME ADMINISTERED a.m./p.m.

**OPERATION PERFORMED** Left Breast Biopsy

OPERATION BEGAN 0920.
ENDED

ANAESTHESIA BEGAN 0925.
ENDED




**AGENTS AND TECHNIQUE EMPLOYED**

(1) 17G Cannula (R) hand.
Propofol 0.75. Fentanyl 75.
Repeated. 175.
LMA (3).
Spont. Resp.
$O_2$/$N_2O$ | Enflurane.
(1) $CO_2$ absorber.
(2) Morphine 3mg
(3) Incision (KTS).

Full recovered Monday.

HAEMOGLOBIN

BLOOD GROUP

JMcC/920416 J0038

Operation performed Left Dorsal bunion

Estimated Blood Loss

Tubes

Drains

Urinary Catheter

Packing

I.V. Fluids During Operation

RUCTIONS

Record Pulse and B.P. every (15:) 30: 60: mins.

Record Central Venous Pressure every 15: 30: 60: mins

Oxygen : 4 L/min. for post 4 hours.

Gastric Aspiration :

Catheter :

Medication : as prescribed

Other :

| Continue I.V. Fluids with | Rate |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Signature

SaO2 98% 98/91

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | a.m./ p.m. | 0940 | 0950 | 1005 | | | | | | | | | |
| Pulse | Rate | 70 | 59 | 60 | | | | | | | | | |
| | Irregular | | | | | | | | | | | | |
| Blood Pressure | | 121/71 | 115/69 | 129/80 | | | | | | | | | |
| Central Venous Pressure | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | |
| Airway | Present | ✓ | ✓ | ✓ | | | | | | | | | |
| | Inserted | | | | | | | | | | | | |
| | Oxygen | 4L | 4L | 4L | | | | | | | | | |
| | Conscious | ✓ | ✓ | ✓ | | | | | | | | | |
| | Unconscious | | | | | | | | | | | | |
| Colour | Satisfactory | ✓ | ✓ | ✓ | | | | | | | | | |
| | Poor | | | | | | | | | | | | |
| Volume Fluid Loss | Vomit | | | | | | | | | | | | |
| | Aspiration | | | | | | | | | | | | |
| | Urine | | | | | | | | | | | | |
| | Drain | — | — | — | | | | | | | | | |
| | Wound | DRY | DRY | DRY | | | | | | | | | |

Discharge to Ward Time :

| I.V. Fluids Given | | |
|---|---|---|
| Time | Type of Fluid | Amnt. |
| | | |

| Time | Medication | Initial |
|---|---|---|
| | | |

Signature

**CONSENT TO MEDICAL TREATMENT BY PATIENT WHO REFUSES TO HAVE A BLOOD TRANSFUSION**

| SURNAME (Block Letters) | UNIT NUMBER | WARD No. |
|---|---|---|
| HOUGHMAN | | 9 |

I, Catherine Houghman of 10 Marcus St.

acknowledge that I have been informed that I am or may be suffering from

Breast Lesion and that I require

or may require treatment, the nature and effect of which have been explained to me

by Dr./~~Mr.~~ Fleming. I hereby give my consent

to the administration of such medical treatment as the physician considers necessary; except that, although it has been explained to me that in the course of the said treatment it may be necessary to give me a blood transfusion so as to enhance the effectiveness of any treatment, or even to preserve my life, I hereby expressly withhold my consent to and forbid the administration to me of a blood transfusion in any circumstances or for any reason whatsoever, and I accordingly absolve the physician, the hospital Board of Management and every member of the medical staff concerned, from all responsibility, and from any liability to me, or to my estate, or to my dependants, for any damage or injury which may be caused to me, or to my estate or to my dependants, in any way arising out of or connected with this my refusal to consent to any such blood transfusion.

Date 19/9/93. Signed Catherine Houghman

Witnesses to patient't signature Murray Hoare (Physician)

K Mayland

(Witness present at interview)

I confirm that I have explained to the patient the nature and effect of this treatment and the possible risks attendant upon his refusal to accept a blood transfusion.

Date 19/9/93 Signed Murray Hoare

Form 0101

SHEET NUMBER

# THE VICTORIA INFIRMARY OF GLASGOW

URINE TEST SHEET

SURNAME (Block Letters) MR. MRS. MISS HOWEYMAN

FIRST NAMES (Block Letters) KATHLEEN

REGISTRATION NUMBER 5 4 8 2 0 0

| DATE | REACTION | SPECIFIC GRAVITY | COLOUR | DEPOSIT | ALBUMIN | SUGAR | ACETONE | BLOOD | BILE | |
|---|---|---|---|---|---|---|---|---|---|---|
| 20/9/83 | Alk | 1005 | Straw | — | — | — | — | — | — | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | |

GREATER GLASGOW HEALTH BOARD

**VICTORIA INFIRMARY**

Our ref:
Your ref:
If 'phoning ask for –

Victoria Infirmary
Langside
Glasgow G42 9TY
Telephone: 041-649 4545

I CATHERINE HONEYMAN direct that no blood transfusions be given to me, even though Doctors deem such vital to my health or my life. I accept dextran, saline, Ringer's solution. I release doctors, hospitals & their personnel from responsibility for any untoward results caused by my refusal despite their competent care.

Catherine Honeyman

11 · 3 · 92.

GREATER GLASGOW HEALTH BOARD — HOSPITAL

e .....

our patient Catherine Tbney Mcn Age 43 Unit No. .....

ddress .....

nder the care of MR GILLESPIE was discharged from Ward 9 on 20.3.92

with a diagnosis of OPEN CHOLECYSTECTOMY

SP: 3 02

A discharge letter will follow. The patient was discharged on the drug treatment detailed below.
Further duration of treatment from date of discharge is shown in "Continuation of Treatment" column.
A five days supply has/has not been dispensed by the hospital.

**Note to the hospital prescriber:** (a) In the "Continuation of Treatment" column it is important to state the number of days for which treatment should be continued from the date of discharge.
(b) If treatment is to be for an indefinite period, mark 'INDEFINITE'.
(c) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.
(d) Mark X in box if child resistant containers are not suitable.
(e) Delete N.P. if name of medicine is not required on label.

NP

To the Hospital Pharmacist, please supply the following

| Medicine | Form of Preparation e.g. tablets | Dose | Times of Administration: 8am | 1 | 7pm | 6pm | 10pm | Continuation of Treatment from Date of Discharge (Days) | Quantity, Name & Strength Supplied by Pharmacy |
|---|---|---|---|---|---|---|---|---|---|
| PANSTAN | TABLETS | 500mg | ✓ | | ✓ | ✓ | ✓ | | |
| AUGMENTIN | TABLETS | 375mg | ✓ | | ✓ | | ✓ | THREE DAYS | |
| PONSTAN | TABLETS | 500mg | 6-8 hourly for pain Max 3x24hr | | | | | INDEFINITE | |
| MILPAR | LIQUID | 10ml | | | | ✓ | | INDEFINITE | |
| | | | | | | | | | |
| | | | | | | | | | |

ug/Medicine Sensitivity

Pharmacist [signature] Date Dispensed 20/3/92

HER TREATMENT and COMMENTS (including details of appliances, etc.)

Admitted with cholecystitis originally. Had open cholecystectomy a week ago.

HIS FORM MUST BE COMPLETED BEFORE IT WILL BE DISPENSED

[signature]
MEDICAL OFFICER

0190

Name | Unit Number | Surgeon

# VICTORIA INFIRMARY

ACCIDENT AND EMERGENCY DEPARTMENT · 041-649 4545

INDEX NUMBER: 97572

DATE: 7/9/92 TIME: A.M. P.M. 19.20

| SURNAME (BLOCK LETTERS) | AGE | DATE OF BIRTH |
|---|---|---|
| HONEYMAN | 43 | 1/2/49 |
| **FORENAMES** | **SEX** | **OCCUPATION** |
| CATHERINE | F | — |

ADDRESS: 10 MELVILLE ST
641

TELEPHONE: —

GENERAL PRACTITIONER: Dr MILLS
GORBALS H/C
G5

DIAGNOSIS: pyelonephritis

INVESTIGATIONS: CATHERINE HONEYMAN.

X-RAYS:

TREATMENT: Admit 9.

PLEASE PRESCRIBE:

FOLLOW UP: < ARRANGED / NOT ARRANGED — CLINIC ON

TETANUS TOXOID / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

SIGNED:

BLOCK LETTERS: MCGECHNIE

4020

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

BP 145/100 P 80 Temp 36·7°C

HISTORY

PLEASE WRITE CLEARLY

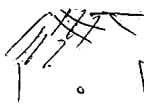
20¹⁰ IV { Pethidine 100mg
Prochlorperazine 12.5mg IM

7/8/92
20¹⁰ Just discharged from Ward 9 : ? cholecystitis/pancreatitis
(1 in 24 ago).

- acute epigastric/RUQ pain radiating to back and upwards "to lungs". Not colicky in nature.
- assoc. vomiting ++.
= ° haematemesis.

Is due for cholecystectomy on Thursday.

O/E



severe pain
Guarding ++
Tender. NO bowel sounds here.
No masses.
rest of abdo. soft, non-tender.

→ recurrence of pancreatitis.

Discuss Dr. Wilson (Surg.)
- Admit 9.
Fast.
IV access → analgesia/anti-emetics as above.

MULLEGHAN

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| HONEYMAN | Catherine | | |

| DATE | |
|---|---|
| | Notes in wrong order. |
| 13/3/92 | 1/7 post op still pyrexial. ∴ continue IV cefotaxime meantime. ~~Urea~~ No urine passed since theatre. To be catheterised. — Doreen Wak (SHO) |

# THE VICTORIA INFIRMARY OF GLASGOW

ANESTHESIA SHEET

| SURNAME (Block Letters) MR. MRS. MISS | FIRST NAMES (Block Letters) | AGE | REGISTRATION No. |
|---|---|---|---|
| HONEYMAN | Catherine. | 43 | |

**PREOPERATIVE OBSERVATIONS**

General health good apart from gall-bladder problem.
Obese.
Jehovah's Witness.

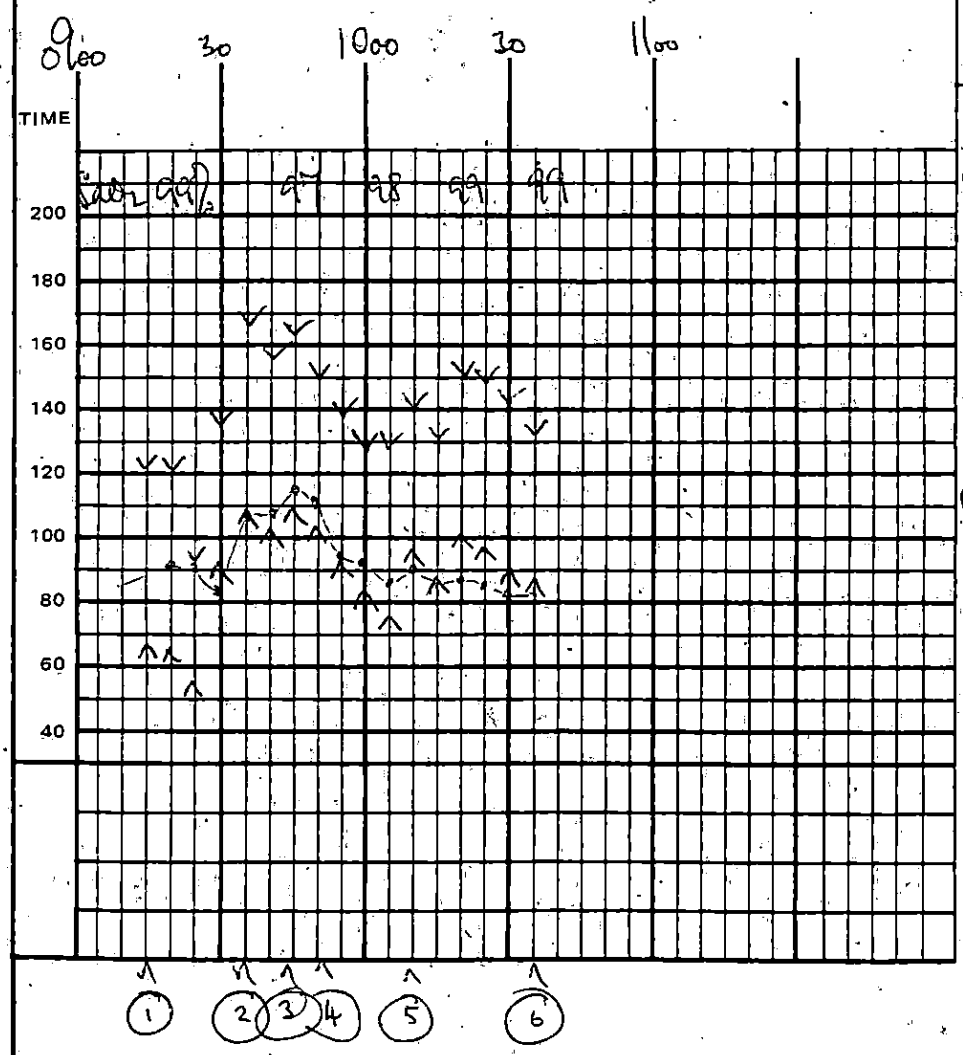
**DATE OF OPERATION**
12-3-92

**PREMEDICATION**
Morphine 10mg
Atropine 0.6mg } I/M.
TIME ADMINISTERED a.m./p.m.

**OPERATION PERFORMED**
Cholecystectomy

OPERATION BEGAN
ENDED

ANAESTHESIA BEGAN
ENDED




**AGENTS AND TECHNIQUE EMPLOYED**

CEFOTAXIME 1G

(1) Fentanyl 100µg
STP 350mg
Vecuronium 6mg
S/T 9.0mm
$N_2O$/$O_2$ Enflurane IPPV

(2) Morphine 4mg
Droperidol 5mg

(3) Fentanyl 100µg

(4) Labetalol 5mg

(5) " + 2.5 x 2
+ Morphine 4mg

(6) Glycopyrrolate 0.5mg
Neostigmine 2.5mg

I/V Hartmann's 500ml
+ Hartmann's 500ml

HAEMOGLOBIN

BLOOD GROUP

Operation performed

Estimated Blood Loss

Tubes

Drains

Urinary Catheter

Packing

**I.V. Fluids During Operation**

**INSTRUCTIONS**

Record Pulse and B.P. every (15:) 30: 60: mins.

Record Central Venous Pressure every 15: 30: 60: mins

Oxygen :

Gastric Aspiration :

Catheter :

Medication :

Other :

| Continue I.V. Fluids with | | Rate |
|---|---|---|
| 1 | ~~Dextrose 5%~~ | 500ml 4 |
| 2 | Saline 0.9% | 500ml 4 |
| 3 | Dextrose 5% | 500ml 4 |
| 4 | Saline 0.9% | 500ml 4 |
| 5 | ~~Dextrose 5%~~ | 500ml 4 |
| 6 | Saline 0.9% | 500ml 4 |

Signature T Marshall

SaO2 99% 100 99 99 [illegible] 99 99

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | a.m./p.m. | 1000 | 11[20] | 11[30] | 11[40] | 12 | 12[30] | 12[45] | | | |
| Pulse | Rate | 70 | 68 | 68 | 74 | 86 | 80 | 82 | | | |
| | Irregular | | | | | | | | | | |
| Blood Pressure | | 194/109 | 174/103 | 166/103 | 150/110 | 140/90 | 122/83 | 139/98 | | | |
| Central Venous Pressure | | | | | | | | | | | |
| Temperature | | | | | | | | | | | |
| Airway | Present | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| | Inserted | | | | | | | | | | |
| Oxygen | | 4L | 4L | 4L | 4L | 4L | 4L | 4L | | | |
| Conscious | | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Unconscious | | | ✓ | | | | | | | | |
| Colour | Satisfactory | ✓ | | ✓ | ✓ | | ✓ | ✓ | | | |
| | Poor | | PALE | PALE | PALE | | PALE | PALE | | | |
| Volume of Fluid Loss | Vomit | | | | | | | | | | |
| | Aspiration | | | | | | | | | | |
| | Urine | | | | | | | | | | |
| | Drain | NIL | NIL | SL STAINING | SL STAINING | | SL STAINING | ✓ | | | |
| | Wound | DRY | DRY | DRY | DRY | DRY | DRY | DRY | | | |

Discharge to Ward : Time :

**I.V. Fluids Given**

| Time | Type of Fluid | Amnt. |
|---|---|---|
| 1210 | Dextrose 5% | 500 |

| Time | Medication | Initial |
|---|---|---|
| 1055 | MORPHINE 10mg 1mL IM | MO'N |

Signature

PRE-OPERATIVE/ANAESTHETIC CHECK LIST

BEFORE ADMINISTERING THE PREMEDICATION TO A PATIENT, PLEASE RING THAT THE FOLLOWING ARE CORRECT:-

NAME ..... C. Mooney ..... (Addressograph)

ADDRESS .....

DATE OF BIRTH ..... WARD ..... 4 .....

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | (Yes)/No | (Yes)/No |
| 2. | Artificial teeth removed Upper ☐ Lower ☐ | N/A Yes/No | ~~Yes/No~~ |
| 3. | Crowned teeth Present Upper ☑ Lower ☐ | (Yes)/No | (Yes)/No |
| 4. | Artificial limbs removed | N/A Yes/No | ~~Yes/No~~ |
| | Artificial eyes removed Yes/No N/A | Contact lens removed | N/A Yes/No ~~Yes/No~~ |
| | Hearing Aid removed Yes/No N/A | Wigs removed | N/A Yes/No ~~Yes/No~~ |
| 5. | Jewellery removed Yes/No N/A | Wedding rings taped | (Yes)/No ~~Yes/No~~ |
| 6. | Skin preparation and area shaved | Yes/(No) | Yes/(No) |
| 7. | Anaesthetic consent form signed | (Yes)/No | (Yes)/No |
| 8. | Passed urine | (Yes)/No | (Yes)/No |
| 9. | In-dwelling catheter drained | N/A Yes/No | ~~Yes/No~~ |
| 10. | Premedication given | (Yes)/No | (Yes)/No |
| 11. | Correct position of patient on tilting trolley - head down | (Yes)/No | (Yes)/No |
| 12. | Patients head on the canvas | (Yes)/No | (Yes)/No |
| 13. | Confirm nature of operation from patient | (Yes)/No | (Yes)/No |
| 14. | Operation site where appropriate. Enter (Left or Right) | | |

TO ACCOMPANY PATIENT

| | | | |
|---|---|---|---|
| 1. | Case notes | (Yes)/No | (Yes)/No |
| 2. | X-Ray | Yes/(No) | Yes/(No) |
| 3. | Any other appliances e.g. splints ? | Yes/No | Yes/No |

Signed ..... Ward Nurse

Signed L. Campbell ..... Theatre Nurse

---

POST OPERATIVE

SURGEON MR. GILLESPIE / MR. MOLLOY ANAESTHETIST DR MARSHALL

OPERATION Cholecystectomy & operative cholangiogram Instructions to Ward

Drains 18 FG Sheath

Dressings Melpore blue swabs micropore

HAND OVER TO WARD NURSE AT RECOVERY ROOM

To return with patient to ward (please Ring)

X-Ray folder (Yes)/No Prescription sheet (Yes)/No

Intravenous Regimen prescribed (Yes)/No

Recovery Nurse Maria O'Neill

Date 12/3/92

PATIENT CARE PLAN:

NAME: Catherine Honeyman WARD: 9. B 6 DATE OF ADMISSION: 7/3/92

HOSPITAL: Victoria Inf HOSPITAL NO.

| DATE COMM. | BASIC CARE & PERSONAL HYGIENE | DATE DISC. |
|---|---|---|
| 7/3 | ~~Basin to wash with assistance~~ | |
| 7/3 | ~~offer oral hygiene facilities regularly~~ | |
| 9.3 | ~~washed STAT a invasive with I/C assistance~~ | |
| 12.3 | | |
| | **MOBILISATION** | |
| 7/3 | ~~up to commode~~ | |
| 8.3 | ~~Gently mobile as able~~ | |
| | **DIET** | |
| 7/3 | ~~fasting~~ | |
| 9/3 | ~~free fluids~~ | 9/3 |
| 10/3 | ~~low fat diet~~ | |
| 11/3 | Fasting | |
| | **BLADDER & BOWEL CARE** | |
| 4/3 | 2 glycerine suppositories | ✓ 7/3 |
| | **SPECIAL NEEDS** | |
| 11/3 | Skin prep | |
| 11/3 | Explain pre + post op care | |

| DATE COMM. | TECHNICAL CARE | DATE DISC. |
|---|---|---|
| 7/3 | ~~care of operation site~~ | |
| 7/3 | ~~c/o IV, Monitor rate and record on fluid balance chart~~ | |
| | ~~observe site for inflammation, bleeding~~ | |
| 12.3 | Size 18 Drivac drain in site | 10/3 |
| | **OBSERVATIONS** | |
| 7/3 | Daily Temp, pulse, BP, BO | |
| 7/3 | ~~4 hrly temp, pulse~~ | |
| 7/3 | ~~record fluid input + output on fluid balance chart~~ | |
| | **SKIN CARE** | |
| | **SPECIMENS** | **INVESTIGATIONS** |
| 7/3 | MSOU ✓ | Theatre Thurs. 12.3 ✓ |
| | | ERCP 11/3 |

# THE VICTORIA INFIRMARY OF GLASGOW

OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HONEYMAN | CATHERINE |

| DATE | NAME OF OPERATION PERFORMED | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| 12/3/92 | OPEN CHOLECYSTECTOMY. INTEROPERATIVE CHOLANGIOGRAPHY | | 548206 |

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| MR MOLLOY | MR GILLESPIE | |

A right subcostal kocher's incision was made. The gall bladder was found to be thickened and mildly inflamed with some pepper pot haemorrhages. The junction of the cystic duct and common bile duct was dissected free by division of anterior and posterior peritoneal folds. Several small 1/4 cm stones were found in the cystic duct and these were moved back into the common bile duct. The cystic duct was dissected free, cannulated and an interoperative cholangiogram was performed. This was satisfactory and showed no evidence of stones in the common bile duct, with adequate filling of the duodenum and the hepatic radical.

The cystic duct was then divided and ligated with heavy silk sutures. The cystic artery was identified, ligated and divided in the callot's triangle. The gall bladder was then dissected free from the gall bladder bed. There was some minimal oozing from the gall bladder bed, and this was treated with a Surgicele Haemostatic Sponge.

A drain was inserted into the bed and brought out below and lateral to the cholecystectomy incision. The wound was closed with looped nylon continuous suture to anterior and posterior sheaths, including the peritoneum, and the skin was closed with sub-cuticular PDS sutures.

RM

# GREATER GLASGOW HEALTH BOARD – UNIT SOUTH 3

**CONSENT TO OPERATION CHART**

| SURNAME | CHRISTIAN/FORENAMES | UNIT NUMBER |
|---|---|---|
| HONEYMAN | Catherine | |

CATHERINE HONEYMAN of 10 MERVILLE STREET

hereby consent to undergo the operation of LAPAROSCOPIC CHOLECYSTECTOMY.

the nature and effect of which has been explained to me by Dr./Mr. [redacted] YOUNG

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 11/3/92 (Signed) Catherine Honeyman

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 11/3/92 Signed (Doctor's Signature) [redacted]

PRE-OPERATIVE/ANAESTHETIC CHECK LIST

BEFORE ADMINISTERING THE PREMEDICATION TO A PATIENT,
PLEASE RING THAT THE FOLLOWING ARE CORRECT:-

NAME ... Catherine Honeyman ... (Addressograph)

ADDRESS ...

DATE OF BIRTH ... WARD ... 9 ...

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | (Yes)/No | (Yes)/No |
| 2. | Artificial teeth removed Upper ☐ Lower ☐ N/A. | Yes/No | ~~Yes/No~~ |
| 3. | Crowned teeth Present Upper ☑ Lower ☐ | Yes/No | (Yes)/No |
| 4. | Artificial limbs removed | Yes/No | ~~Yes/No~~ |
| | Artificial eyes removed Yes/No (Y) N/A. | | |
| | Hearing Aid removed Yes/No | | |
| 5. | Jewellery removed (Yes)/No | | |
| | Contact lens removed } N/A Yes/No | ~~Yes/No~~ | |
| | Wigs removed } | | |
| | Wedding rings taped | Yes/No | ~~Yes/No~~ |
| 6. | Skin preparation and area shaved | N/A Yes/No | Yes/No |
| 7. | Anaesthetic consent form signed | (Yes)/No | (Yes)/No |
| 8. | Passed urine | (Yes)/No | (Yes)/No |
| 9. | In-dwelling catheter drained | N/A Yes/No | Yes/No |
| 10. | Premedication given | (Yes)/No | (Yes)/No |
| 11. | Correct position of patient on tilting trolley - head down Xray Trolley | N/A Yes/No | Yes/No |
| 12. | Patients head on the canvas | N/A Yes/No | Yes/No |
| 13. | Confirm nature of operation from patient | (Yes)/No | (Yes)/No |
| 14. | Operation site where appropriate Enter (Left or Right) | ..... | |

TO ACCOMPANY PATIENT

| | | | |
|---|---|---|---|
| 1. | Case notes | (Yes)/No | (Yes)/No |
| 2. | X-Ray | Yes/(No) | Yes/(No) |
| 3. | Any other appliances e.g. splints Venflon in (L) arm | (Yes)/No | (Yes)/No |

Signed ..... A Rafferty ..... Ward Nurse

Signed ..... J K Wallace ..... Theatre Nurse

---

POST OPERATIVE

SURGEON ... Mr Gillespie ... ANAESTHETIST ...

OPERATION ... excl ... Instructions to Ward

Drains ... Hyprovel 10mg IV

Dressings ... Buscopan 20mg IV

HAND OVER TO WARD NURSE AT RECOVERY ROOM Mylocaine Spray and pharyngeal NVI orally 2hrly Till 1

To return with patient to ward (please Ring) 1640 BP 129/75 P 101

X-Ray folder ..... Yes/No ..... 1655 BP 130/60 P 100. Prescription sheet ..... Yes/No

Intravenous Regimen prescribed Yes/No 1710. BP 131/97 P. 100

Recovery Nurse S/N S. Machaffie

Date 11.3.92

Form 0684

# GREATER GLASGOW HEALTH BOARD – UNIT SOUTH 3

**CONSENT TO OPERATION CHART**

| SURNAME | CHRISTIAN/FORENAMES | UNIT NUMBER |
|---|---|---|
| HONEYMAN | CATHERINE | 528200 |

CATHERINE HONEYMAN of _____

hereby consent to undergo the operation of ERCP

the nature and effect of which has been explained to me by Dr./~~Mr.~~ D WATSON

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 11/3/92 (Signed) X Catherine Honeyman

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 11/3/92 Signed (Doctor's Signature) _____

# THE VICTORIA INFIRMARY OF GLASGOW

## UPPER GASTROINTESTINAL ENDOSCOPY REPORT

| | | | |
|---|---|---|---|
| Name: HONEYMAN, CATHERINE | 548200 | Unit Number | Endoscopy No.: |
| Address: 10 MELVILLE ST | 01/02/49 | Age/sex | Examination Date: 11/4/92 |
| | Female | Civil / Occupation | |

| Referred by: | Dept. or Ward | Date of Request | Copies to: |
|---|---|---|---|
| | | | |

Examination Required (please indicate)

Oesophagogoscopy | Gastroscopy | Duodenoscopy | Ampullary

Indications for Examination: (Also details of previous abdominal surgery)

Awaiting ? lap Cholecystectomy ; Mild LFT disturbance
ERCP

Report:

Normal oesophagus below accessory sphincter
Difficult technically but eventually cannulated
to reveal normal bile duct on the MRI
no obvious duct stones. Gall bladder not
filled

US evidence of gallstones in gallbladder -

D 2 normal Bx taken

→ lap Chole

| | |
|---|---|
| Bleeding? | |
| Recent Alcohol? | |
| Drugs? | |

11/4/92

Date ...../...../.....

E/A via A+E

CS

PC: Abdominal pain.

HPC: 9pm tonight - rapid onset of (R) hypochondrial pain.
Constant nature. Radiated round to back + across upper abdomen into chest.
Occurred after a cuing.
Vomited ++. Bile ? coffee ground.
Similar, although milder pain 2/52 ago. Admitted under SR Mach. US → gallstones. Awaiting cholecystectomy. On low fat diet since then.

2yr Hx of dyspepsia.
Last bowel movement last night ° blood ° tarry.

PMH: °DM ° J ° Ep ° Rhf ° MI ° IHD ° TBP.
Laparoscopy

Drugs: Tylex - stopped recently. no known allergies.

Soc Hx: Ex-smoker.
No recent alcohol. S/E: ↑ urinary frequency recently.
Jehovah's Witness.

O/E: Distressed. Rolling about in pain °P °J °Cy °Cl °CN. T=37°C.
CVS: P=70/min, Reg. HS I+II + no murmurs. Drainage. Hyperventilating.
RS: Clinically clear.
Abdo:

Tender epigastrium + (R) hypochondrium - guarding.
⊕ ve Murphy's.
° KLS. Ho intact. BS ~~space~~ sparse.

Inv: ? Acute cholecystitis

Plan: Admit Wd 9.
IM analgesia + stemetil.

VICTORIA INFIRMARY
ACCIDENT AND EMERGENCY DEPARTMENT 041-649 4548

INDOOR NUMBER 88[illegible]

DATE 1/3/92 TIME A.M. P.M. 335

SURNAME (BLOCK LETTERS) H.DNEY MAN

AGE 43 YRS MTHS

DATE OF BIRTH 2.49

FORENAMES CATHERINE

SEX F

OCCUPATION 11

ADDRESS 10 MELVILLE Skgth

TELEPHONE

G41 2LN

GENERAL PRACTITIONER DR C MILLS GORBALS H/C

DIAGNOSIS Acute cholecyst[illegible]

INVESTIGATIONS

X-RAYS

TREATMENT Admit Wd 9.

PLEASE PRESCRIBE

FOLLOW UP < ARRANGED / NOT ARRANGED CLINIC ON

TETANUS TOXOID / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

SIGNED

BLOCK LETTERS

0020

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

T. 37° B.P. 134/70 P. 66 HISTORY PLEASE WRITE CLEARLY

? Cholecystitis cont's
Jaundice cholecystectomy
Pre med complete

Vomited + abd pain this evening
pulse 80 resp 24 BP 170/60
Jaundiced ⇒ +++
Tender
RUQ

Chest clear
Vomit ++ food debris. ++ ? no blood.

Given ~~Pethidine~~ 50 mg Stat 12.15 } 1.14
00.10 Given

Bleeds / supine stat

Refer surgeon

THE VICTORIA INFIRMARY OF GLASGOW

WARD SHEET No.

| SURNAME (BLOCK LETTERS) | FIRST NAMES (BLOCK LETTERS) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| Honeyman | | | |

DATE

CxR → No pneumoperitoneum

AxR → ? Sentinel loop over epigastrium

U+E : Na = 139
K = 3.7
Cl = 104
$CO_3$ = 23
Urea = 6.8
Creat = 116
Glucose = 10.0
Amylase = 329

Fast.

Monitor urine output.

IV fluids

U/S

multiple gallstones lying within the GB. There is slight thickening of GB wall and a trace of free fluid around it, in keeping ? acute cholecystitis

Both kidneys appear normal.

JN

11/3/92 For cholecystectomy tomorrow but, in view of abnormal LFT, ERCP has been suggested.

PT 16
APTT 40
Throm 12
Fibs 2

(JHO).

Form 0801

7/3/92 43yr ♀

11.30pm Readmitted via A+E.

Discharged 2/7 ago from ward 9 with gallstone induced pancreatitis. Has to be readmitted on Monday for cholecystectomy on Tuesday.

Yesterday felt non-specifically unwell. Chiefly nausea.

Today 5pm developed (R) hypochondrial discomfort after eating ~~stew~~ stew

By 6pm pain had become constant + severe.

(R) hypochondrium radiating → back.

Vomited x4 (foodstuffs only)

No alteration in bowel habit.

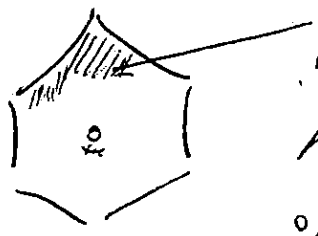
O/E: Settled after IM pethidine. Afebrile

°P °S °Cy °Cl °CN

CVS: P = 58/min Reg. BP = 174/100 HS I+II+no murmurs

RS: Chest clinically clear.

Abd:



Epigastric tenderness + guarding.

Murphy's sign ⊕ve.

°LKKS °nasses °renal angle tenderness

HO intact. BS present but ↓

Imp Acute cholecystitis ± pancreatitis.

Plan U+E. Amylase. ABG. Glucose

Na = 141 K = 3.8 Cl = 103 $CO_2$ = 26 Urea = 4.1 Creat = 96

Glu = 8.0 Amylase = 113

H+ = 40 $pCO_2$ = 5.5 $pO_2$ = 11.4 $HCO_3$ = 25.5

IV fluids. Nil by mouth

IM opiate analgesia

SHO

# VICTORIA INFIRMARY

ACCIDENT AND EMERGENCY DEPARTMENT 041-649 4545

INDEX NUMBER 6755

DATE 16/5/93 TIME A.M. P.M. 1945

| SURNAME (BLOCK LETTERS) | AGE | DATE OF BIRTH |
|---|---|---|
| HONE-MANN | 43 | 12/49 |
| FORENAMES | SEX | OCCUPATION |
| CATHERINE | F | PART TIME |

ADDRESS 10, MELVILLE ST
POLLOCKSHIELDS

TELEPHONE

GENERAL PRACTITIONER
Dr C. MILLS
GORBALS H/C
G5

DIAGNOSIS

INVESTIGATIONS

X-RAYS

TREATMENT WD 1b

PLEASE PRESCRIBE

FOLLOW UP < ARRANGED / NOT ARRANGED CLINIC ON

TETANUS TOXOID / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

SIGNED

BLOCK LETTERS

0020

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

16.2.92

43 year old ♀ with epigastric pain and vomiting

Plan
- NPO
- iv fluids
- U/E/Amylase
- Pethidine 100mg 4 hourly

T - 36.4°C
P - 60
BP - 140/80

HISTORY
PLEASE WRITE CLEARLY

16/2/92 Upper abdominal pain for 1½ hours.
Previously well.
Phoned surgery doctor but pain so severe did not wait and came to A&E.
Had at Mont Have last night. Chicken for lunch today.
No previous stomach problems.

O/E Abd soft, no guarding.
Tender epigastrium and R hypochondrium.
Bowel sounds normal.
Given 20ml of Maalox but promptly brought it back up.

? Gastritis
Dr [illegible] contacted, scrubbed at present, will phone back.

Meantime 1:5mg stemetil IM
X-ray Abd erect & supine.

**THE VICTORIA INFIRMARY OF GLASGOW**

WARD SHEET No.

| SURNAME (BLOCK LETTERS) | FIRST NAMES (BLOCK LETTERS) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| HONEYMAN | CATHRINE | 43 | |

DATE

16.2.92

43 year old F

A+E Referral

Abdominal Pain over the last 12 hours.

Patient was allright until 2 hours ago when she developed sharp Pain in the epigastric and RUQ region associated with vomiting. No previous history of similar attack.

PMH

- Hypertension
- DM
- HI
- Peptic ulceration.

DH

No known allergy

SH

- Leaving with Husband and 4 Children
- Drinking occasionaly (social)
- NO Smoking

FH

NIL of Note

Review of Systems

CVS

NIL of Note

Respiratory

NIL of Note

CNS

Nil of Note

Urinary Nil of Note

Form 0801

OE

Distressed pain ?

BP 120/80 P 70/mt/regular Temp 36·2°C

Not anaemic No jaundice Not dehydrated.

CVS

HR 70/mt/regular.
JVP Not raised
Normal I + II HS
No ankle oedema

Respiratory

Chest expansion Good and equal bilaterally
Good air entry bilaterally
No added sound.

CNS

NAD

Abd

Soft
Tenderness epigastric region and RUQ
No Guarding
No Rigidity
Bowel sound + — Quiet

PR Empty rectum
No tenderness

Δ Peptic ulcer ?
Biliary colic ?

FBC + ESR
U/E
- B. group
- LFT
MSSM

Plan
- NPO
- iv fluids
- Analgesia
- Stemetil
- Gaviscon
- U/E amylase
- U/S tomorrow morning

17/2/92 U/S Acute, calculus cholecystitis. CBD not dilated.

H. Ellamushi
SHO

REATER GLASGOW HEALTH BOARD

HOSPITAL

ar Dr. .....

ur Patient Catherine Honeyman Age 47 Unit No. 548200

ldress 10 Melville St

der the care of Mr Mack was discharged from Ward 16 on 21.2.92

th a diagnosis of Gallstones

A discharge letter will follow. The patient was discharged on the drug treatment detailed below.
rther duration of treatment from date of discharge is shown in "Continuation of Treatment" column.
ive days supply has/has not been dispensed by the hospital.

**Note to the hospital prescriber:** (a) In the "Continuation of Treatment" column it is important to state the number of days for which treatment should be continued from the date of discharge.
(b) If treatment is to be for an indefinite period, mark 'INDEFINITE'.
(c) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.
(d) Mark X in box if child resistant containers are not suitable.
(e) Delete N.P. if name of medicine is not required on label.

☐ N.P.

To the Hospital Pharmacist, please supply the following

| Medicine | Form of Preparation e.g. tablets | Dose | Times of Administration | | | | | Continuation of Treatment from Date of Discharge (Days) | Quantity, Name & Strength Supplied by Pharmacy |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| Dihydrocodeine | TAB | 2 TAB | 4-6 | hrly | as req | for | pain | | 20 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ug/Medicine Sensitivity

Pharmacist L Mackman Date Dispensed 21/2/92 CR

THER TREATMENT and COMMENTS (including details of appliances, etc.)

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

MEDICAL OFFICER

0190

22 [illegible]

Clinic Surg | Day Date 3/5/91 | Time 1130 | Hospital No. 548200 | GP112

**REQUEST FOR OUT-PATIENT CONSULTATION**
**THE INFORMATION IN THIS SECTION MUST BE COMPLETED**

Appointment Category
Routine ☐ Soon ☐ Urgent ☑

Hospital Victoria Date 18.4.91

Please arrange for this patient to attend the Surgical clinic of Dr/Mr Mr Mack

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Honeyman
First Names Catherine
Address 10 Melville St
Glasgow
G41
Postal Code ..... Contact telephone number.....

Maiden Surname .....
Single/Married/Widowed/Other
Date of Birth 01.02.49
Patient's Occupation .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital .....
Year of Attendance Aug., 1990 Hospital No 548200
If the patient's name and/or address has/have changed since then please give details:
.....
.....

Can patient attend at short notice? YES/NO
If YES, minimum notice required..... days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER
Gorbals Health Centre
[illegible]ce
[illegible] 5 0BQ
Dr C Mills
Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Mr Mack

Thank you for seeing Mrs Honeyman again who has had breast lumps excised previously for fibrocystic disease. She again has a mobile tender breast lump in the right breast, elliptical in shape, 1½cms long, in the mid-line below the nipple. I therefore would be grateful if you would see her and advise on management again.

Yours sincerely

Chris

Dr C Mills

24 APR 1991

24 APR 1991

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known).....

548200
CATHERINE HONEYMAN
10 MELVILLE SR
GLASGOW
G41 2LN
1/2/49
F/M

3.5.91

Lump noted by GP - 2 wks ago - (12) wks

NAD.

£4/12:

THE VICTORIA INFIRMARY OF GLASGOW

WARD SHEET No.

| SURNAME (BLOCK LETTERS) | FIRST NAMES (BLOCK LETTERS) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| Honeyman | Catherine | 40 | 5 4 8 2 0 |

DATE

14/11/89

A/A for locating needles e excision biopsy ® breast.

HPC – Found a lump in ® breast.
Pain in © breast on e off for 1½ yrs.
Unrelated to menstrual cycle.
° blood, discharge from breast.
Can still express milk from both breasts.
smells funny.
Sharp, burning pain, also under ® arm.

– Also, a lump in © breast for 6 months.
slightly tender.

– Mammogram showed calcification in ® breast.

PMH – Excision biopsy ® breast lump 18 mths ago.

– Arthritis in hips, knees, feet, fingers, elbows, neck, back.

– °RF, TB, diabetes, jaundice, epilepsy, TH, asthma, HBP.

DH – TYLEX
° allergies.

SH – married. 4 children.
non-smoker.
occas alcohol.

CVS – ° chest pain. slight dyspnoea on exertion. slight swelling in all joints.

Resp – ° cough, spit, wheeze.

GIT – occas. indigestion. good appetite. wt gain 2° ♁ hormone tablets. Tends to constipation.

GUS – ° dysuria, frequency, nocturia. Irreg. periods. menorrhagia.

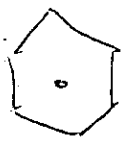
CNS – ° headaches. occas. dizziness.

PE Looks well.
°p.c.j.nodes.

CVS Pulse 88 bpm, reg, good vol. BP 130/70.
JVP → Apex undisplaced. ° heaves, thrills.
HS = 1+11+0 – very indistinct.

Resp trachea ⊥
PN – L=R=Res
BS – L=R=Ves. nil added.
poor air entry R>L.

GIT Abdo soft, non-tender.
° masses °LEKS
BS ✓



CNS Grossly intact.

Breasts (R) – NAD
(L) – ? 3/4 cm firm round lump in upper inner quadrant.

Imp Fit 40 yr old ♀ with micro-calcification on mammogram for locating needles ± excision biopsy.

Plan FBC, ESR, UEES, LFTs, glu
CXR
ECG
Consent

NB Jehovah's witness. Refuses transfusion <transfusion

## THE VICTORIA INFIRMARY OF GLASGOW

WARD SHEET No.

| SURNAME (BLOCK LETTERS) | FIRST NAMES (BLOCK LETTERS) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| Honeyman | Catherine | 40 | S 4 8 2 0 K |

| DATE | |
|---|---|
| 16/11/89 | well post op.<br>Awaiting histology.<br>S Shapleson |
| 17/11/89 | Histology unavailable until 20/11/89<br>S Shapleson |
| 19/11/89 | Wound today<br>Awaiting pathology results.<br>Shapleson. |

GREATER GLASGOW HEALTH BOARD

**VICTORIA INFIRMARY/SOUTHERN GENERAL HOSPITAL UNIT**

Our ref:

Your ref:

If 'phoning ask for –

Victoria Infirmary
Langside
Glasgow G42 9TY
Telephone: 041-649 4545

CATHERINE HONEYMAN, direct that no blood transfusions be given to me, even though doctors deem such vital to my health or my life. I accept dextran, saline, Ringer's sol^n. I release doctors, hospitals & their personnel from responsibility for any untoward results caused by my refusal, despite their competent care.

Mrs Catherine Honeyman.

14/11/89

## GREATER GLASGOW HEALTH BOARD – UNIT SOUTH 3

CONSENT TO OPERATION CHART

| SURNAME | CHRISTIAN/FORENAMES | UNIT NUMBER |
|---|---|---|
| Honeyman | Catherine | 548200 |

I, CATHERINE HONEYMAN of 10 MELVILLE ST

hereby consent to undergo the operation of EXCISION BIOPSY (R) BREAST +/- AXILLARY SAMPLING

the nature and effect of which has been explained to me by Dr./~~Mr.~~ MACPHERSON

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 14/11/89 (Signed) Catherine Honeyman

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 14/11/89 Signed (Doctor's Signature) S Macpherson

## UNIT SOUTH 3

BP 115/80

PRE-OPERATIVE/ANAESTHETIC CHECK LIST

BEFORE ADMINISTERING THE PREMEDICATION TO A PATIENT, PLEASE RING THAT THE FOLLOWING ARE CORRECT:-

54320O
CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW G41 2LN
1/2/49 F/M

NAME .....

ADDRESS .....

DATE OF BIRTH ..... WARD 16 .....

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | Yes/No | Yes/No |
| 2. | Artificial teeth removed Upper ☑ Lower ☐ | Yes/No | Yes/No |
| 3. | Crowned teeth Present Upper ☑ Lower ☐ | Yes/No | Yes/No |
| 4. | Artificial limbs removed | Yes/No | Yes/No |
| | Artificial eyes removed Yes/No } N/A | Yes/No | Yes/No |
| | Hearing Aid removed Yes/No } N/A — Contact lens removed / Wigs removed | Yes/No | Yes/No |
| 5. | Jewellery removed Yes/No — Wedding rings taped | Yes/No | Yes/No |
| 6. | Skin preparation and area shaved | Yes/No | Yes/No |
| 7. | Anaesthetic consent form signed | Yes/No | Yes/No |
| 8. | Passed urine | Yes/No | Yes/No |
| 9. | In-dwelling catheter drained | N/A Yes/No | Yes/No |
| 10. | Premedication given | Yes/No | Yes/No |
| 11. | Correct position of patient on tilting trolley - head down | Yes/No | Yes/No |
| 12. | Patients head on the canvas | Yes/No | Yes/No |
| 13. | Confirm nature of operation from patient | Yes/No | Yes/No |
| 14. | Operation site where appropriate Enter (Left or Right) | RIGHT | |

TO ACCOMPANY PATIENT

| | | | |
|---|---|---|---|
| 1. | Case notes | Yes/No | Yes/No |
| 2. | X-Ray | Yes/No | Yes/No |
| 3. | Any other appliances e.g. splints | Yes/No | Yes/No |

Signed ... SN J Macal ... Ward Nurse

Signed ... J. Baxter ... Theatre Nurse

---

POST OPERATIVE

SURGEON ... Mr Welch ... ANAESTHETIST ... Dr Thomson ...

OPERATION ~~Right breast~~ Excision biopsy of Right breast lump

Drains ... 10 Drain ...

Dressings ... Blue Sterile ... GPS ...

HAND OVER TO WARD NURSE AT RECOVERY ROOM

To return with patient to ward (please Ring)

X-Ray folder ... Yes/No ... Prescription sheet ... Yes/No ...

Intravenous Regimen prescribed Yes/No ...

Recovery Nurse ... L. Langhorn ...

Date ... 15/11/89 ...

# THE VICTORIA INFIRMARY OF GLASGOW

ANESTHESIA SHEET

| SURNAME (Block Letters) MR. MRS. MISS | FIRST NAMES (Block Letters) | AGE | REGISTRATION No. |
|---|---|---|---|
| Honeyman | Catherine | 40 | 5 4 8 2 0 |

PREOPERATIVE OBSERVATIONS

DATE OF OPERATION: 15/11/89.

PREMEDICATION

TIME ADMINISTERED a.m./p.m.

OPERATION PERFORMED: Biopsy lesion (R) breast.

OPERATION: BEGAN / ENDED

ANAESTHESIA: BEGAN / ENDED

AGENTS AND TECHNIQUE EMPLOYED: STP 350 Nitrous Oxide Sparkhesf.

9 10.

30

TIME

200
180
160
140
120
100
80
60
40

ECG

HAEMOGLOBIN

BLOOD GROUP

Operation performed

Estimated Blood Loss

Tubes

Drains

Urinary Catheter

Packing

| I.V. Fluids During Operation |
|---|
| |

**INSTRUCTIONS**

rd Pulse and B.P. every 15: 30: 60: mins.

Record Central Venous Pressure every 15: 30: 60: mins

Oxygen :

Gastric Aspiration :

Catheter :

Medication :

Other :

| Continue I.V. Fluids with | Rate |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Signature

50 05 20 35

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | a.m./p.m. | 10 | 11 | 11 | 11 | | | | | | | |
| Pulse | Rate | 78 | 86 | 73 | 80 | | | | | | | |
| | Irregular | | | | | | | | | | | |
| Blood Pressure | | 129/89 | 140/94 | 128/86 | 120/80 | | | | | | | |
| Central Venous Pressure | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | |
| Airway | Present | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| | Inserted | | | | | | | | | | | |
| | Oxygen | 4L | 4L | 4L | 4L | | | | | | | |
| | Conscious | | ✓ | ✓ | ✓ | | | | | | | |
| | Unconscious | ✓ | | | | | | | | | | |
| Colour | Satisfactory | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| | Poor | | | | | | | | | | | |
| Volume Fluid Loss | Vomit | | | | | | | | | | | |
| | Aspiration | | | | | | | | | | | |
| | Urine | | | | | | | | | | | |
| | Drain | Nil | 11 | 11 | 11 | | | | | | | |
| | Wound | Dry | 11 | 11 | 11 | | | | | | | |

Discharge to Ward : Time :

| I.V. Fluids Given | | |
|---|---|---|
| Time | Type of Fluid | Amnt. |
| | | |

| Time | Medication | Initial |
|---|---|---|
| 11.10 am | Omnopon 15mgs given IM | SK |

Signature J. Richardson SN

# THE VICTORIA INFIRMARY OF GLASGOW

OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HONEYMAN | Mrs. Ward 16 |

| DATE | NAME OF OPERATION PERFORMED | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| 15.11.89 | EXCISION BIOPSY R. BREAST LESION | | |

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| MR. G.H. WELCH | | |

A circum areolar incision including an ellipse of skin containing the localisation needle was excised. An excision was performed around the needle and the lesion submitted for x-ray, which confirmed that the suspicious area had been excised.
Haemostasis was secured and the wound closed with 2/O Vicryl and subcuticular Dexon.

GHW/EMM

## MANUAL PATIENT RECORDS

2

| | | | |
|---|---|---|---|
| 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 AMBULATORY CARE HOSPITAL | ☐ | | |
| WESTERN INFIRMARY RECORDS | ☐ | | |

**Including:**

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

| Hospital use Only | Clinic | Day Date 17/6. | Time | Hospital No. 548200 | GP112 |
|---|---|---|---|---|---|

**REQUEST FOR OUT-PATIENT CONSULTATION**

Urgent Appointment Required YES/NO

Hospital VICTORIA Date 10.6.88

Please arrange for this patient to attend the SURGICAL clinic of ~~Dr~~/Mr A.M Ack

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname HONEYMAN Maiden Surname

First Names CATHERINE Single/Married/Widowed/Other

Address 10 Melville ST Date of Birth 1-2-49

Patient's Occupation

Postal Code Telephone Number

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital VIC

Year of Attendance 1988 Hospital No 548200

If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

C. Mills.

Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ
041-429 8291

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor.

Thank you for seeing this lady who has a sebaceous cyst on the (R) posterior side of her neck.

It is tender and I would be grateful if you would arrange its excision.

Yours sincerely
Dr Mills

Diagnosis/provisional diagnosis: SEBACEOUS CYST

Present drug treatment and potential special hazards:

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Dd8102300 5M pads 10/87 R.P.(53791).

THE VICTORIA INFIRMARY OF GLASGOW

| SURNAME (BLOCK LETTERS) | FIRST NAMES (BLOCK LETTERS) | AGE | WARD SHEET No. REGISTRATION NUMBI |
|---|---|---|---|
| Honeyman | Catherine | 34 | 5 4 8 2 0 |

DATE

15.3.88

Arranged Admission for target biopsy (R) breast

38 year old lady who noticed lump in (R) breast about a year ago. More recently it became painful and she thought she should see about it. Thinks that it has become smaller since she first noticed it. Not related to menstrual cycle. No discharge from nipple. No previous history of breast disease.

PMH

back trouble. on DF118:

DRUGS DF118

ALLERGIES

SOCIAL - married 4 children

Systematic Enquiry

CVS no chest pain / no orthopnoea / no ankle swelling

RESP - feels short of breath on moderate exertion. Attributes this to obesity

GI - good appetite. no dyspepsia

CVS - usual periods.
CNS - no symptoms

Examination

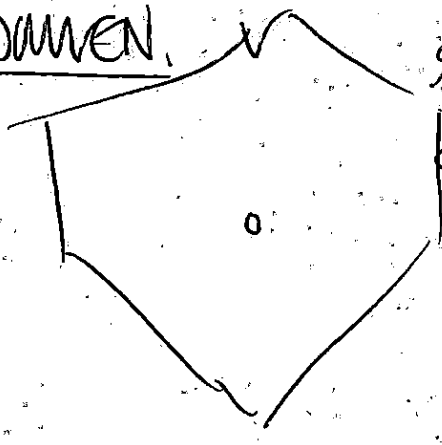
Pleasant attractive 38 year old woman
Overweight.
pulse 80 min regular BP 120/80 mmHg

BREASTS

no lymphadenopathy
no skin changes around nipple.

feels abit tender here but hard to define an actual lump

ABDOMEN.



obese
normo-tender
no organomegaly

CNS - grossly intact.

Impression.
38 year old woman c breast lump
most probably benign but more will

THE VICTORIA INFIRMARY OF GLASGOW

PROGRESS

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | DATE OF ADMISSION |
|---|---|---|---|
| Honeyman | Catherine | 39 | 15/3/88 |

DATE

ADMISSION Hb: (SAHLI)

for.
UTE ~
LFTs ~
CXR ~
Glu ~ consent ✓
FBC ~
ESR ~
ECG.

hangerburger tumour

ymlaneum
(JHO)

16/3/88 Theatre

Excision biopsy (R) breast lump.

Frozen section benign.

Utazzi

GREATER GLASGOW HEALTH BOARD – UNIT SOUTH 3

CONSENT TO OPERATION CHART

| SURNAME | CHRISTIAN/FORENAMES | UNIT NUMBER |
|---|---|---|
| Honeyman. | Catherine*. | 548200 |

I, CATHERINE HONEYMAN of 21, MAXWELL ROAD

hereby consent to undergo the operation of TARGET BIOPSY RIGHT BREAST. MASTECTOMY + AXILLARY CLEARANCE IF REQUIRED

the nature and effect of which has been explained to me by Dr./Mr. CAMERON

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 15.3.88 (Signed) MB Catherine Honeyman.

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 15.3.88 Signed (Doctor's Signature) M J Cameron

I, CATHERINE HONEYMAN, OF ~~21 MAXWELL ROAD~~ 10 MCNEILL ST, WOULD NOT WISH UNDER ANY CIRCUMSTANCE TO HAVE A BLOOD TRANSFUSION.

Signed. MB Catherine Honeyman.

## UNIT SOUTH 3

### PRE-OPERATIVE/ANAESTHETIC CHECK LIST

BEFORE ADMINISTERING THE PREMEDICATION TO A PATIENT, PLEASE RING THAT THE FOLLOWING ARE CORRECT:-

NAME ..... Catherine Honeyman 548200 ..... (Addressograph)

ADDRESS ..... 10 Melville Str. G41 .....

DATE OF BIRTH ..... 1-2-49 ..... WARD ..... 16 .....

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | Yes/No | Yes/No |
| 2. | Artificial teeth removed Upper ☐ Lower ☑ | Yes/No | Yes/No |
| 3. | Crowned teeth Present Upper ☑ Lower ☐ | Yes/No | Yes/No |
| 4. | Artificial limbs removed N/A | Yes/No | Yes/No |
| | Artificial eyes removed Yes/No N/A | Contact lens removed N/A Yes/No | Yes/No |
| | Hearing Aid removed Yes/No N/A | Wigs removed N/A Yes/No | Yes/No |
| 5. | Jewellery removed Yes/No | Wedding rings taped GLOVED Yes/No | Yes/No |
| 6. | Skin preparation and area shaved | Yes/No | Yes/No |
| 7. | Anaesthetic consent form signed | Yes/No | Yes/No |
| 8. | Passed urine | Yes/No | Yes/No |
| 9. | In-dwelling catheter drained | N/A Yes/No | Yes/No |
| 10. | Premedication given | Yes/No | Yes/No |
| 11. | Correct position of patient on tilting trolley - head down | Yes/No | Yes/No |
| 12. | Patients head on the canvas | Yes/No | Yes/No |
| 13. | Confirm nature of operation from patient | Yes/No | Yes/No |
| 14. | Operation site where appropriate Enter (Left or Right) | Right breast | Right |

TO ACCOMPANY PATIENT

| | | |
|---|---|---|
| 1. | Case notes | Yes/No Yes/No |
| 2. | X-Ray | Yes/No Yes/No |
| 3. | Any other appliances e.g. splints | Yes/No Yes/No |

Signed ..... Ward Nurse

Signed ..... Theatre Nurse

---

POST OPERATIVE

SURGEON Mr Hansell / Dr Fazi ..... ANAESTHETIST Dr Thomson

OPERATION ~~Excision of breast tissue~~ right ..... Instructions to Ward

Drains Redivac FG 14 ..... Excision biopsy right breast lump

Dressings Blue swabs + ELS .....

HAND OVER TO WARD NURSE AT RECOVERY ROOM

To return with patient to ward (please Ring)

X-Ray folder ..... Yes/No ..... Prescription sheet ..... Yes/No .....

Intravenous Regimen prescribed Yes/No .....

Recovery Nurse .....

Date

# THE VICTORIA INFIRMARY OF GLASGOW

ANESTHESIA SHEET

| SURNAME (Block Letters) MR. MRS. MISS | FIRST NAMES (Block Letters) | AGE | REGISTRATION No. |
|---|---|---|---|
| Honeyman | Catherine | 39 | 5 4 8 2 0 C |

PREOPERATIVE OBSERVATIONS

DATE OF OPERATION
15/3/88

PREMEDICATION

TIME ADMINISTERED a.m./p.m.

OPERATION PERFORMED
Biopsy (R) breast -

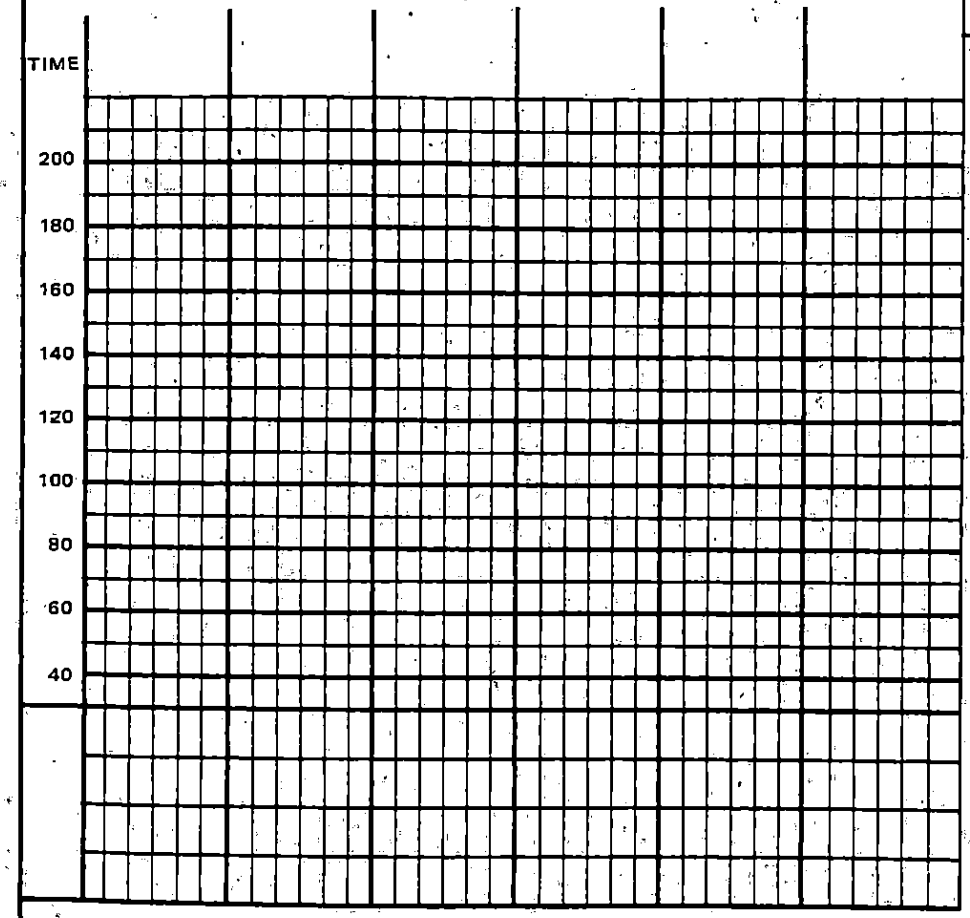
OPERATION BEGAN

OPERATION ENDED

ANAESTHESIA BEGAN

ANAESTHESIA ENDED

AGENTS AND TECHNIQUE EMPLOYED
Cyclog
STP 350
Nitrous Oxide
Sparvesc -




HAEMOGLOBIN

BLOOD GROUP

Operation performed

Estimated Blood Loss

Tubes

Drains

Urinary Catheter

Packing

| I.V. Fluids During Operation |
|---|
| |

INSTRUCTIONS

R----- Pulse and B.P. every 15: 30: 60: mins.

F--- Central Venous Pressure every 15: 30: 60: mins.

Oxygen :

Gastric Aspiration :

Catheter :

Medication :

Other :

| Continue I.V. Fluids with | Rate |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Signature

| Time | | 12[05] | 12[20] | 12[35] |
|---|---|---|---|---|
| Pulse | Rate | 88 | 79 | |
| | Irregular | | | |
| Blood Pressure | | 100/ | 100/ | |
| Central Venous Pressure | | | | |
| Temperature | | | | |
| Airway | Present | ✓ | | |
| | Inserted | | | |
| Oxygen | | ✓ | | |
| Conscious | | ✓ | ✓ | |
| Unconscious | | | | |
| Colour | Satisfactory | ✓ | ✓ | |
| | Poor | | | |
| Volume of Fluid Loss | Vomit | | | |
| | Aspiration | | | |
| | Urine | | | |
| | Drain | | | |
| | Wound | | | |

Discharge to Ward : 16 Time : 1240

| | I.V. Fluids Given | |
|---|---|---|
| Time | Type of Fluid | Amnt. |
| | | |

| Time | Medication | Initial |
|---|---|---|
| | | |

Signature

# THE VICTORIA INFIRMARY OF GLASGOW

OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HONEYMAN | CATHERINE Ward 16 |

| DATE | NAME OF OPERATION PERFORMED | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| 16.3.88 | EXCISIONBIOPSY R. BREAST LUMP | | |

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| MR. HANSELL | DR. FAZZI | |

Through a circum areolar incision incorporating the localising needle a large area of breast tissue was excised including all the area around the localising needle. The specimen was x-rayed confirming excision of the area of micro-calcification.

The wound was then closed with catgut and nylon and a size 14 Drevac drain inserted. Frozen section of the lump confirmed the presence of fibrocystic disease only.

DTH/EMM

| Hospital use Only | Clinic | Day / Date | Time | Hospital No. | GP112 |
|---|---|---|---|---|---|
| | Mr. Mack | Fri 5/2/88 | 11:25 am | 548200 | |

**REQUEST FOR OUT-PATIENT CONSULTATION**

Urgent Appointment Required YES/NO

Hospital VIG Date 26/1

Please arrange for this patient to attend the SURGICAL clinic of Dr/Mr MACK

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname HONEYMAN
First Names CATHERINE
Address 10 MELVILLE ST

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 1.2.49
Patient's Occupation

Postal Code G41 Telephone Number
Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital VIG
Year of Attendance 1987 Hospital No 548200
If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

C. MILNS

Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ
041-429 6241
Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Mr Mack

Thank you for seeing this lady who has a (R) breast lump which is causing her much discomfort (R) (L)

O/E

and pendulous breasts.

RUQ - mobile elliptical lump 1.5cm x 1cm tender.

There is no evidence of lymphadenopathy. It seems to be an area of fibroadenosis but I would value your opinion as to its management

Diagnosis/provisional diagnosis: (R) breast lump

Yours sincerely

Present drug treatment and potential special hazards:

Dr Mills

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

Recent X-rays available from: No. (if known)

Signature

Dd8036347 5.5M pads 6/87 R.P.(53791)

THE VICTORIA INFIRMARY OF GLASGOW—SURGERY DEPARTMENT

Name / Address: 548200
CATHERINE HONEYMAN,
10 MELVILLE ST., F/I
GLASGOW G41 2LN 1.2.49

Unit Number

Date of Birth / Sex / Civil state

Occupation

Surgeon: Mr. Mack

BOOK

| VICTORIA | MEARNSKIRK |
|---|---|
| | |

SOON URGENT

Booked by.....

Diagnosis

O.P. Treatment

at..... on.....

Date

5/2/88

History and Clinical Findings

She has noticed a small lump in (R) breast over 1yr. It has got bigger over this time. It became painful over last 2-3/12. It is painful periodically — not related to menstrual cycle.

No nipple discharge.

No previous lumps.

Sister had bilat. mastectomies — carcinoma.

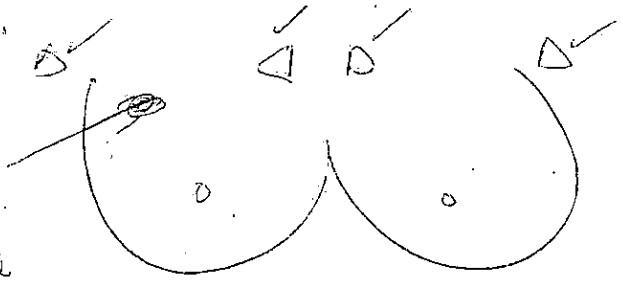
Para 4+0.

Tried breast feeding — unsuccessful.

O.C. pill 4-5yrs.

Periods $\frac{7\text{-}8}{28}$ LMP 22/1/88.

O/E.



Large pendulous breasts

Tender nodule lump 1.5x1cm

Plan F.N.A.
Mammography.

# ORTHOPAEDIC

Name
Address

54820
CATHERINE HONEYMAN,
10 MELVILLE ST., F/M
GLASGOW G41 2LN 1.2.49

Unit Number

Date of Birth Sex/ Civil state

Date of First Attendance

Surgeon

MR J F CROSSAN

Diagnosis

Disposal

Report to Dr.

Admit—Immediate
Per Waiting List
Urgent/Soon/Non-Urgent

O.P. Treatment

at .....on.....

X-Ray Number

| Date | History and Clinical Findings |
|---|---|
| 15 09 87 | NEW PATIENT REFERRED BY GP<br><br>History: 38 year old lady with a long standing history of flexion deformity of her right middle finger. She says this has probably been present since birth but she has noticed it worse over the past year or two. It is not particularly painful but she finds it occasionally troublesome and gets in the road.<br><br>On examination she does indeed have a flexion deformity of about 15 - 20° at the PIP joint of the right 5th finger. There is no evidence of tendon problem. She has full flexion. On X-ray there is no sign of previous trauma.<br><br>Impression: I have explained to this lady that there is little we should do for her finger at present. She is adamant that it is slowly getting worse. In view of this I think she should be kept under review. See again in 6 months. cc to GP.<br><br>RI/CB |

| Hospital use Only | Clinic | Day / Date | Time | Hospital No. | GP112 |
|---|---|---|---|---|---|
| | J&C/HAND | TUES 15.9.87 | 2.30. | 548200 | |

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital VICTORIA Date 27/8/87

Please arrange for this patient to attend the HAND clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname HONEYMAN Maiden Surname .....

First Names CATHERINE Single/Married/Widowed/Other

Address 60 MELVILLE ST. Date of Birth 1/2/49

Patient's Occupation .....

Postal Code G41 Telephone Number .....

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital VIC. Hospital No 548700

Year of Attendance .....

If the patient's name and/or address has/have changed since then please give details:

.....

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ
041-429 6291
Dr. P BERKELEY

Please use rubber stamp

Dear Doctor,

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This lady suffers from a flexion deformity of the (R) little finger for many years. Recently the pain in the joint has worsened and it is starting to get worse in the wrist. And it is starting to get worse in the wrist. Please assess this lady with a view to surgical release.

Yours faithfully

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

Signature .....

Dd 8691272 26M Pads 11/82 Barr Printers

# ORTHOPAEDIC

| | | | |
|---|---|---|---|
| Name | CATHERINE HONEYMAN ..... 548200 | Unit Number | Date of First Attendance |
| Address | 10 Melville Street, Glasgow G41 2LN | Date of Birth Sex/ Civil state | Surgeon MR PETER SCOTT |

Diagnosis

Disposal

Report to Dr.

Admit—Immediate
Per Waiting List
Urgent/Soon/Non-Urgent

X-Ray Number

O.P. Treatment

at .....on.....

| Date | History and Clinical Findings |
|---|---|
| 16.1.85 | REFERRED BY DR BERKELEY:<br>This 35-year old lady has had low back pain and neck pain for the past year or two. The back pain tends to radiate to the back of her thighs but she has no root pain. In her neck, the pain tends to radiate round into the shoulders and upper arms, and very occasionally does she get tingling in her fingers.<br>She was grossly overweight but has lost several stones in weight although she is still overweight.<br>Examination shows a good range of spinal movements with some discomfort on spinal extension. SLR normal. No neurological deficit. Neck movements again are good with slight discomfort felt on rotation of the cervical spine.<br>Xray does not reveal any bony abnormality.<br>The diagnosis here is of mechanical pain from both lumbar spine and neck, and she has been given advice about how to manage this. She has had a back support in the past without success, and has simply been referred to physio. for instruction in back exercises. DISCHARGED. PDRS/MM cc GP |

GREATER GLASGOW HEALTH BOARD

548200

SOUTH-EASTERN DISTRICT

# GORBALS HEALTH CENTRE

*Please reply to:*

45 PINE PLACE
GLASGOW G5 0BQ
Tel. 041-429 6291

ORTHO
PS/NP
WED/WED/AM 5/12/84 (INA) @ 9 AM.
WED. 16/1/85 @ 9 AM.

17/6/84.

Mrs Catherine Honeyman
10 Melville St.
Glasgow G41
b 1/2/49

Dear Sir.

This patient has a pain in lower back for many years.
Pain passes down both legs to Knees.
Tenderness over lumbo sacral area.
Flexion of spine & Straight Leg Raising are almost full.
However analgesics do not really help.

I should be very obliged if you will see her.

Yours truly

Aberdeen

THE VICTORIA INFIRMARY OF GLASGOW — MEDICAL DIVISION — O.P.D.

| Name | Catherine Honeyman | Unit Number | Physician |
|---|---|---|---|
| | 548200 | | Dr. McStyle |
| Address | 10 Melville St. G41 | Date of birth, sex/ civil state | Ht. 5'3½" |
| | | Occupation | Wt. 10st 12lbs |

Urine Alb. Neg
Sugar Neg
Other Neg

| Date | History and Clinical Findings |
|---|---|
| 20.6.86 | 3/52 ago. Attack of palpitations rapid + regular. Preceded by feeling very tired. Pale + faint during the attack. Breathless. Gradually wore off. Assoc. with central chest pains. Since then has had attacks of tiredness + palps every few days.<br>PMH - Back trouble.<br>FH - Sisters? both had MI's 3/12 ago. Both in their 50's.<br>SH - Non-smoker.<br>Drugs - Analgesics DF118.<br>O/E BP 130/70 JVP ↓ AB STHETICS<br>HS T + ⊼ ē0<br>Int clear<br>ECG Imp. Could be PAT or hyperventilation<br>CXR<br>Tape.<br>Review after tape<br>DCT |

5-9-84 11ST.

2 further episodes, one 15, other 45 mins.
Palpitation, dyspnoea, hands shaking, voice faded, chest pain of tightness, tightness in front of eyes. No n/v. Felt faint but did not pass out.
Gradual prelude to the attacks over several hours.
No relation to stress or anxiety.
Drinks well.
Similar problems in the past ⇒ spontaneous resolution.
DH DF118 for backache

o/e P 68/min reg BP 90/60 [illegible]
HS1 HS2
chest ✓.
Anxious / tense.

? recurrent PAT
?? hyperventilation. (3/12)
AS.
Reassured re no heart attack : [illegible]
? β block.

6/2/85
DNA

548200

GREATER GLASGOW HEALTH BOARD SOUTH-EASTERN DISTRICT

# GORBALS HEALTH CENTRE

*Please reply to:*

45 PINE PLACE
GLASGOW G5 0BQ
Tel. 041-429 6291

Dr McIntyre
20.6.84
12.00 noon

Mrs Catherine Honeyman
10 Isabella St.
Glasgow G4

D 4/6/84

D 1/7449

Dear Dr The patient is normally quite fit.
For the past few weeks she has had intermittent attacks of palpitation & weakness with pain across chest. She feels more tired
B.P. 120/75. Heart Sounds normal
I should be much obliged if

You will see her.

Yours Sincerely

A Berkeley

# DERMATOLOGY DEPARTMENT

Name Catherine Honeyman | Unit Number | Date of First Attendance

Address | Date of Birth | Sex/ Civil state | Occupation | Physician

DATE

6/8/83. Letter from GP. last

c/o pigmentation of cheeks. - worse in last 9 yrs. Noted small patch + Sympt. Rash. Tried Vaseline Hydroquinone cream. Hx of pregnancy. General health good. No known drug allergies. Hx of PMH. Skin - no allergies last. Periods regular. Hx of children aet 17, 16, 15, 13 not on the pill. No other complaints. Bowels regular

Ry with Hx of feels sun + hands well. Responses with hot ++ hot environment.

Rx Full Blood U+E LFT

2 U+E ✓

3 T3 + T4 ✓ Pap Smear ✓ Blood ✓

4 ✓ Pap Smear ✓ Urine ✓

?? Chloasma - like pigmentation of cheeks, upper lip + nose

Photosensitivity nil

Hydroquinone cream

Letter typed & signed & sent

Rx Dermatone Cream

Letter

R 4/52

9/9/83 Dec H/N.

Allergic reaction to Dermatone.

Rx 50 tablets

Dr Kenyon

not at

Letter

Rx 4/52 Rpt x 3

DATE OF FIRST ATTENDANCE 12 JAN 1968

| CLINIC No. | FLORENCE STREET CLINIC | PHYSICIAN |
|---|---|---|
| F/64050 | | 15/4/68 2/2/69 |

| NOTIFICATION No. | SURNAME (Block Letters) | CHRISTIAN NAMES |
|---|---|---|
| | ~~MOHAMMED~~ HONEYMAN. | Mr. ~~Mrs.~~ Miss Catherine |

AGE : 18 | DATE OF BIRTH 1. 2. 49 | M S W D | DIAGNOSIS

ADDRESS 158 Rutherglen Road C.5.

29 Nicholson St. Pos. 5.

~~21 Maxwell Rd. Gill~~ Pos.

10 Melville St Tilery's Gill Pos.

CLASSIFICATION ~~6~~ 6

Referred by— O.D

Occupation

Duration

Doctor's Name and Address

Dr Allan Berkeley
37 Cobourg St C.5.

Other Occupations

Dr Alla Berkeley
45 Pine Pl
G5.

Date

VACCINATION AGAINST TUBERCULOSIS

Yes/No. Date :—

Successful/Unsuccessful

SIGNIFICANT FAMILY OR CONTACT HISTORY

Father

Siblings

Mother

Husband or Wife

2 Children 14/12 . 9/52

Others (Workmates, Lodgers, Schoolmates)

Degree of Contact— None/Occasional/Frequent

PREVIOUS HEALTH. Including any Previous Treatment for Tuberculosis.

Normally quite healthy.

ENTING Symptom Pain behind scapulae for a few

Duration months.

TORY of Present Illness Easily tires since last confinement

Wt probably steady.

SENT CONDITION—General Average.

AN 15 1968

Pulse Respirations

Height 5 feet 2½ inches

Usual Weight

Weight 8st 13lbs

Clubbing

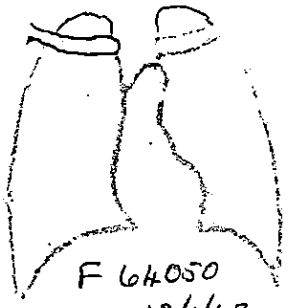
SICAL EXAMINATION Nad.

dio-Vascular System Normal.

ıer

BACTERIOLOGY

RADIOLOGY



F 64050
12/1/68

Wl active

DISPOSAL

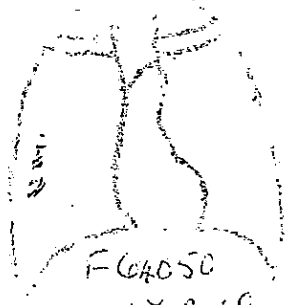
Notify
Observe
Hospital
Refer
O.P. Treatment

NEXT APPOINTMENT

Ambulance Sitting Car.

DATE

NOTES



F 64050
17-2-69

Slight infiltration R mid zone.

(34 years ago)

**GREATER GLASGOW HEALTH BOARD**

**X-RAY DEPARTMENT, [redacted] G1 1JA**

Florence St chest clinic

Date 22/12/78

Name Catherine Honeyman Age 1.2.49

Address 21 Maxwell Rd. G41 1QP

Clinical Notes Contact (Mr Mahoney) Physician Dr Silver

Please attend the X-Ray Department, [redacted], for chest X-ray on:

Dr Berkeley (Date) Monday to FRIDAY at (Time) ....a.m./p.m.

PLACE

**PLEASE BRING THIS FORM WITH YOU**

9 to 11 am or 2 to 4 pm

---

## CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, G5 0YX

### REQUEST FOR X-RAY EXAMINATION

NAME Catherine Honeyman AGE

ADDRESS

OCCUPATION

PLEASE X-RAY

(1)

(2)

(3)

No. OF PREVIOUS FILM 64050

CLINICAL NOTES AND DIAGNOSIS:-

Contact

X-ray only

SIGNED

MEDICAL OFFICER

CLINIC OR HOSPITAL WARD Date

CLINIC:-

Clinic No.: F 64050

NAME:- Catherine Haveyman

Age: 20

| Date | Weight | Sputum | E.S.R. | X-RAY, REMARKS, ETC. |
|---|---|---|---|---|
| 10/7/69 | 8st 12lbs. | | | |

C/o Pains shoulders & generally
Ankles swell.

C/o pain
NAD. Lost of lungs -
Centre Complex - especially L side.

"Fibroidis"

3. 2. 1. & 2/12 pregnan

| | | | | |
|---|---|---|---|---|
| 5.2.70. | 8 sts. 11 lbs. | | | |

Pain around R scapula moving round to front.
Sometimes happens when sitting.

Lt side.

Art steady -

Lungs now

Muscular -

Arms Rus

Art action

—

McC 2892

CLINIC:-

Clinic No.: F.64

NAME:- HONEYMAN, Mrs Catherine

Age: 27 yrs

| Date | Weight | Sputum | E.S.R. | X-RAY REMARKS, ETC. |
|---|---|---|---|---|
| 5.3.76 | 9st 6lbs | | | |

Urine :- N.A.D.

c/o Coughing chest in festival regions

Not pregnant - on the pill for 2 yrs

CXR 050 5/3/76

No pains leg veins. No wheeze.

Nil untoward

E.C. good. Chest dry.

Tender Reveiller Spinae mus - fibrositis

Relax,

64050
20/12/76

J.McC. 2892

CLINIC:-

Clinic No

NAME:-

Age:

| Date | Weight | Sputum | E.S.R. | X-RAY, REMARKS, ETC. |
|---|---|---|---|---|
| 20·2·69 | 8sts. 13½lbs. | | | |

Has had pain R shoulder blade area after birth of son on 9:1·69.
the pain persists.
Coughs a spit. Not unduly stored.
No sweats.

E.C. fair -
Tender R trapezius muscle.
Lungs clear.
Abt - nad -

2 Specs for AFB.

Observe.

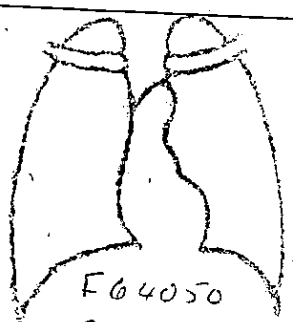
Exp Bronchiectasis -

1/12.

21/3/69. 9sts 3½lbs.

Tired. Wt. up.
Pains L shoulder blade area.
No real wheeze. Has some sputum.

E.C. fair. Chest clear.



F 64050
21-3-69

Chest clear.
Sputum.

Refer

Chest archive

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, G5 0YX

REQUEST FOR X-RAY EXAMINATION

NAME Catherine Honeyman AGE

ADDRESS

OCCUPATION

PLEASE X-RAY

(1)

(2)

(3)

No. OF PREVIOUS FILM F 64050

CLINICAL NOTES AND DIAGNOSIS:-

"CONTACT"

SIGNED

MEDICAL OFFICER

CLINIC OR HOSPITAL WARD Date

RADIOLOGICAL REPORT

CHEST:

The appearances of heart and lung fields remain within normal limits.

8 MAR 1976

JC

DATE

RADIOLOGIST

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, G5 0YX

REQUEST FOR X-RAY EXAMINATION

NAME Katherine Horrigan AGE 27

ADDRESS

OCCUPATION

PLEASE X-RAY

(1)

(2)

(3)

NO. OF PREVIOUS FILM F 64050

CLINICAL NOTES AND DIAGNOSIS:-

SIGNED

MEDICAL OFFICER

CLINIC OR HOSPITAL WARD

Date

5 [illegible] 1970

[illegible]

**RADIOLOGICAL REPORT**

Chest: No [illegible] seen in the [illegible].

S.D.

3 FEB 197[illegible]

**DATE** **RADIOLOGIST**

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

NAME CATHERINE HARKYMAN AGE 21

ADDRESS .....

OCCUPATION .....

PLEASE X-RAY

(1) .....

(2) .....

(3) .....

NO. OF PREVIOUS FILM F/64050

CLINICAL NOTES AND DIAGNOSIS:—

SIGNED .....
MEDICAL OFFICER

CLINIC OR HOSPITAL WARD ..... Date .....

RADIOLOGICAL REPORT

No abnormality seen in heart or lungs.

JL.

- 8 JUL 1969

DATE .....  RADIOLOGIST .....

## RADIOLOGICAL REPORT

No abnormality seen in heart or lungs.

JL.

- 8 JUL 1969

DATE..... RADIOLOGIST .....

## RADIOLOGICAL REPORT

No abnormality seen in heart or lungs.

T.

- 6 JUL 1963

DATE _____ RADIOLOGIST _____

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

NAME CATHERINE HONEYMAN AGE 20

ADDRESS .....

OCCUPATION .....

PLEASE X-RAY

(1) .....

(2) .....

(3) .....

NO. OF PREVIOUS FILM F/64050

CLINICAL NOTES AND DIAGNOSIS:—

SIGNED ..... MEDICAL OFFICER

7 JUL 1969

CLINIC OR HOSPITAL WARD ..... Date .....

RADIOLOGICAL REPORT

Chest: There has been improvement in the right mid zone since the previous examination and both lungs are now within normal limits.

J.L.

DATE 24 MAR 1969 RADIOLOGIST .....

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

CLINICAL NOTES AND DIAGNOSIS:—

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

NAME Catherine HONEYMAN AGE 19

ADDRESS .....

OCCUPATION .....

PLEASE X-RAY

(1) PA & RAO Feet

(2) .....

(3) .....

NO. OF PREVIOUS FILM 5/6H050

CLINICAL NOTES AND DIAGNOSIS:—

SIGNED .....
MEDICAL OFFICER

CLINIC OR HOSPITAL WARD ..... Date .....

RADIOLOGICAL REPORT

Chest: There is an area of infiltration in the right mid zone. The left lung is clear.

J.L.

18 FEB 1969

DATE .....

RADIOLOGIST .....

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

CLINICAL NOTES AND DIAGNOSIS:—

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

NAME Catherine HONEYMAN AGE 20

ADDRESS .....

OCCUPATION .....

PLEASE X-RAY

(1) .....

(2) .....

(3) .....

NO. OF PREVIOUS FILM F/64050

CLINICAL NOTES AND DIAGNOSIS:—

Appointment

SIGNED ..... MEDICAL OFFICER

CLINIC OR HOSPITAL WARD

17 FEB 1969

RADIOLOGICAL REPORT

Chest: No abnormality is seen in the heart, lungs or mediastinum.

D.W.W.

DATE 15 JAN 1968

RADIOLOGIST .....

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

CLINICAL NOTES AND DIAGNOSIS:—

CHEST CLINIC, 60 FLORENCE STREET, GLASGOW, C.5

REQUEST FOR X-RAY EXAMINATION

NAME MOHAMMED Gabhenne AGE 18

ADDRESS .....

OCCUPATION .....

PLEASE X-RAY

(1) .....

(2) .....

(3) .....

NO. OF PREVIOUS FILM F/61050

CLINICAL NOTES AND DIAGNOSIS:—

SIGNED .....
MEDICAL OFFICER

CLINIC OR HOSPITAL WARD ..... Date .....

12 JAN 1968

Final Report

DEPT OF BACT. & VIR. IMMUN.
MEDICINE & M. TUBERCULOSIS

Signed .....

JC/FR

9th March, 1976

Dr. A. Berkeley,
45 Pine Place,
GLASGOW, G5

Dear Dr. Berkeley,

re: Catherine Honeyman - 27,
21 Maxwell Road, G41

This patient has pains round her chest in her pectoral region and she has no trouble with leg veins at the moment and no wheeze.

On examination her chest was dry and she was in good condition. The right erector spinae muscles were tender to press suggesting that her pains have a neuromuscular origin. Her chest x-ray of 5.3.76 is within normal limits.

I think I could safely refer her back to you.

Yours sincerely,

JAR/SMB

6th Jan. 1978.

Dr. Allan Berekeley,
45 Pine Place,
Glasgow. G5.

Dear Dr. Berkeley,

Catherine Honeyman 1.2.49
21 Maxwell Road, Glasgow. G41.

This patient was x-rayed here on 3rd January, 1979.

There is no abnormality seen in the heart or the lungs.

Yours sincerely,

Dr. Allan Berkley, M.B. Ch.B

Surgery:
Gorbals Health Centre,
45 Pine Place,
Glasgow, G5.
Phone: 429 6291

House Address:
1 Arran Drive,
Giffnock, Glasgow.
Phone: 638 6789

15 MAR 1976

4/3176

Mr Catherine 1/2/49,
Honeyman
21 Maxwell Rd
Glasgow S1
Age 27

Dear Dr.

This patient
c/o cough & pain in
Chest.
She got treated locally.

I should be much
obliged if you will
see her.

Yours sincerely,
Abercrombie

Dr. Allan Berkeley, M.B.Ch.B.

Surgery—
37, Coburg Street,
Glasgow, C.5
[illegible]th 0704

House Address—
144, Kenilworth Ave.,
Glasgow, S.1
Tel. : LANgside 5237

3/2/70

Mrs Catherine Honeyman
29. Nicholson St
Glasgow C1
Age 21
1/2/49.

FEB 1970

Dear Dr. This patient c/o pain in chest & cough
She gets tired easily. — ?
loss of weight.
I should be much obliged if you will see her.

Yours sincerely,
A Berkeley

JAR/HMC

9th February, 1970.

Dr. A. Berkeley,
37 Coburg Street,
GLASGOW, C.5.

Dear Dr. Berkeley,

re: Mrs. Catherine Honeyman - 21,
29 Nicholson Street, C.5:

This lady complains of pain round the right scapular area and I think it is due to some muscle spasm.

There is no sign of disease in the heart or lungs to account for this.

Perhaps she would benefit from a counterirritant lotion applied at night.

Yours sincerely,

JC/EB

11th July, 1969

Dr. A. Berkeley,
37 Coburg Street,
Glasgow, C.5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman, 29 Nicholson Street.

Further to my letter of 10th inst., this lady attended later that day for examination.

Her complaint is of pains in the shoulders and left side of the chest, and she says that her ankles swell occasionally.

I could find no auscultatory abnormality in her heart or lungs when I examined her. The trapezius muscles, especially on the left side, were very tender to press, but I thought that her pain had a neuromuscular origin.

Yours sincerely,

JC/EB.

10th July, 1969

Dr. A. Berkeley,
37 Coburg Street,
Glasgow, C.5.

Dear Dr. Berkeley,

Mrs. Catherine Honeyman, 29 Nicholson St.

This patient was x-rayed at your request on 7.7.69.
The film shows no abnormality in the heart or lungs.

Yours sincerely,

JC/EB

25th March, 1969

Dr. A. Berkeley,
37 Coburg Street,
Glasgow, C.5.

Dear Dr. Berkeley,

Mrs. Cath. Honeyman, 158 Rutherglen Road.

This patient complains of pains in the left shoulder blade area, but she has gained a few pounds in weight and her chest is clear on auscultation.

The chest x-ray shows considerable improvement in the infiltration in the mid zone of the right lung. Both lung fields are now within normal limits. I shall refer her back to you.

Yours sincerely,

JC/DW

Dr. A. Berkeley,
37 Coburg Street,
GLASGOW, C.5.

24th February, 1969.

Dear Dr. Berkeley,

Re: Mrs. Catherine Honeyman - 20,
158 Rutherglen Road,
Glasgow, C.5.

This patient has had pain in the right shoulder blade area since the birth of her son on 9.1.69.

Lately she has had a cough and spit but no sweats. She is in fairly good condition at the moment but the right trapezius muscle is tender to press. The lungs are dry on auscultation and there is no obvious cardiac abnormality.

The chest x-ray shows a small area of infiltration in the right mid zone at the periphery of the lung.

I have sent away a sputum test for tubercle bacilli.

In the first instance I would advise that she be treated with a chemotherapeutic agent in case the lesion is pneumonic in nature. Please give her a course of Bactrim, (Roche), two drapsules twice a day.

I will see her again in a month's time.

Yours sincerely,

JAR/HEIC

16th January, 1968.

Dr. A. Berkeley,
37 Coburg Street,
GLASGOW, C .5.

Dear Dr. Berkeley,

re: Mrs. Cath. Mohammed - 18,
158 Rutherglen Road, C.5:

I should think Mrs. Mohammed's tiredness is due to the fact that she has 2 children, one of 14 months and the other of 2 months.

At any rate there is no evidence of any disease in the heart or lungs.

I have referred her back to you.

Yours sincerely,

Allan Berkeley,

M.B.,CH.B.

HOME ADDRESS:
144 KENILWORTH AVENUE,
GLASGOW. S.1.

SURGERY:
37 COBURG STREET.
GLASGOW. C.5.

14/2/69

Mrs Catherine Honeyman
158 Rutherglen Rd
Glasgow C5
Age 20

Dear Sir.
This patient has had cough & pain in chest for last year
I should be much obliged

Dr. Allan Berkeley, M.B.Ch.B.

27 JUL

| Surgery | House Address |
|---|---|
| 37 Coburg Street, | 1 Arran Drive, |
| Glasgow, C.5. | Giffnock Glasgow |
| Phone : 429 0704 | Phone : 638 6789 |

4/7/69

Mrs Catherine Honeyman
29. Nicholson St
Glasgow C5
Age 20

1-2-49.

Dear Sir. This patient c/o loss of energy & breathlessness on exertion

If you will see her.

Yours truly
A Berkley

C. foam in left side of chest.

She has a cough.

I should be much obliged if you will see her.

Yours truly
A Berkley

5/6/87

Catherine Honeyman
21 Maxwell Road.

I do not wish any blood
or blood product to be
~~transfused~~.

Mrs. Catherine Honeyman
Catherine Honeyman
S/N. Lesley Ferris.

THE VICTORIA INFIRMARY OF GLASGOW

GYNAECOLOGY

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| Mrs. / Miss MONEYMAN | CATHERINE | 32 | |

**COMPLAINTS & DURATION**

O.P.D. DIAGNOSIS:

**HISTORY**

MENARCHE
MENOPAUSE

MENSTRUAL CYCLE /

REGULAR
IRREGULAR

**L.M.P.**

**OBSTETRIC HISTORY** **PARITY:**

| YEAR | DURATION | DELIVERY SPONT. | DELIVERY INST. | DELIVERY C.S. | REPAIR | CHILD | PUERPERIUM |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**PREVIOUS GENERAL HEALTH**

6/6 Minute sent.

Leave 7/6 JM

## GREATER GLASGOW HEALTH BOARD - SOUTH EASTERN DISTRICT

**CONSENT TO OPERATION CHART**

| SURNAME | CHRISTIAN/FORENAMES | UNIT NUMBER |
|---|---|---|
| HONEYMEN | CATHERINE | |

Catherine Honeyman of 21 Maywell Rd

hereby consent to undergo the operation of D+C, cervical stitch + laparoscopy

the nature and effect of which have been explained to me by Dr./Mr. Edwards Munro

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 5/6/87 (Signed) M/S. Catherine Honeyman

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 5/6/87 Signed (Doctor's Signature) [signature]

McC/482976

## SOUTH EASTERN DISTRICT

**PRE-OPERATIVE CHECK LIST**

BEFORE ADMINISTERING THE PREMEDICATION TO A PATIENT,
PLEASE RING THAT THE FOLLOWING ARE CORRECT:-

NAME Mrs. Catherine Hamilton (Addressograph)

ADDRESS 21 Maxwell Road

DATE OF BIRTH 1/2/49 WARD 12A

| | | Ward | Theatre |
|---|---|---|---|
| 1. | Identification bracelet | ~~Yes/No~~ | (Yes)/No |
| 2. | Artificial teeth removed Upper ☐ Lower ☐ | ~~Yes/No~~ | Yes/No N/A |
| 3. | Crowned teeth Present Upper ☐ Lower ☐ | ~~Yes/No~~ | Yes/No N/A |
| 4. | Artificial limbs removed | ~~Yes/No~~ | Yes/No N/A |
| | Artificial eyes removed ~~Yes/No~~ — Contact lens removed | ~~Yes/No~~ | Yes/No N/A |
| | Hearing Aid removed ~~Yes/No~~ — Wigs removed | ~~Yes/No~~ | Yes/No N/A |
| 5. | Jewellery removed ~~Yes/No~~ — Wedding rings taped | ✓ ~~Yes/No~~ | (Yes)/No |
| 6. | Skin preparation and area shaved | ~~Yes/No~~ | (Yes)/No |
| 7. | Anaesthetic consent form signed | ~~Yes/No~~ | (Yes)/No |
| 8. | Passed urine | ~~Yes/No~~ | (Yes)/No |
| 9. | In-dwelling catheter drained | N/T ~~Yes/No~~ | Yes/No N/A |
| 10. | Premedication given | ~~Yes/No~~ | (Yes)/No |
| 11. | Correct position of patient on tilting trolley - head down | ~~Yes/No~~ | (Yes)/No |
| 12. | Patients head on the canvas | ~~Yes/No~~ | (Yes)/No |
| 13. | Confirm nature of operation from patient | ~~Yes/No~~ | (Yes)/No |
| 14. | Operation site where appropriate Enter (Left or Right) | | |

TO ACCOMPANY PATIENT

| | | | |
|---|---|---|---|
| 1. | Case notes | ~~Yes/No~~ | Yes/No |
| 2. | X-Ray | Yes/No | Yes/No N/A |
| 3. | Any other appliances e.g. splints | Yes/No | Yes/No N/A |

Signed J Muirhead Ward Nurse

Signed St/N J. Paterson Theatre Nurse

---

POST OPERATIVE

SURGEON Dr Mowat ANAESTHETIST Dr Lees

OPERATION D+C lap. ster. Instructions to Ward:
insertion of hodge pessary

Drains

Dressings

HAND OVER TO WARD NURSE AT RECOVERY ROOM

To return with patient to ward (please Ring)

X-Ray folder ..... Yes/No ..... Prescription sheet Yes/No

Intravenous Regimen prescribed Yes/No

Recovery Nurse

Date 5/6/81

J.McC/482887

**CONSENT BY PATIENT TO AN OPERATION FOR PRIMARY STERILISATION**

| SURNAME (block letters) Mr. Mrs. Miss HONEYMAN | UNIT NUMBER | WARD No. 12A |
|---|---|---|

I, CATHERINE HONEYMAN of 21 MAYFIELD ROAD

being over the age of twenty-one years hereby consent to undergo the operation of laparoscopic sterilisation the nature and effect of which have been explained to me by Dr./~~Mr.~~ [illegible] I have been told that the operation should render me sterile and incapable of parenthood.

I also consent to the administration of a local or other anaesthetic.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 5 6 81 Signed C Honeyman

---

I confirm that I have explained to the patient the nature and effect of this operation.

Date 5 6 81 Signed [illegible]

---

**AGREEMENT BY SPOUSE**

I, ..... of 21 MAYFIELD RD, GLASGOW

the Husband/~~Wife~~ of CATHERINE HONEYMAN being over the age of twenty-one years hereby agree to the operation of .....

being carried out on my Wife/~~Husband~~, the nature and effect of which have been explained to me by Dr./Mr. .....

I have read and understand the whole of this form and it has been signed by my Wife/Husband, in my presence.

Date 5/6/81 Signed R. Honeyman

---

I confirm that I have explained the nature and effect of this operation to the patient's spouse.

Date ..... Signed .....

# THE VICTORIA INFIRMARY OF GLASGOW

ANESTHESIA SHEET

| SURNAME (Block Letters) MR. MRS. MISS Honeyman | FIRST NAMES (Block Letters) | AGE | REGISTRATION No. |
|---|---|---|---|
| | | | |

PREOPERATIVE OBSERVATIONS

DATE OF OPERATION

PREMEDICATION

TIME ADMINISTERED a.m./p.m.

OPERATION PERFORMED

Doc. + hip Stn

OPERATION BEGAN

OPERATION ENDED

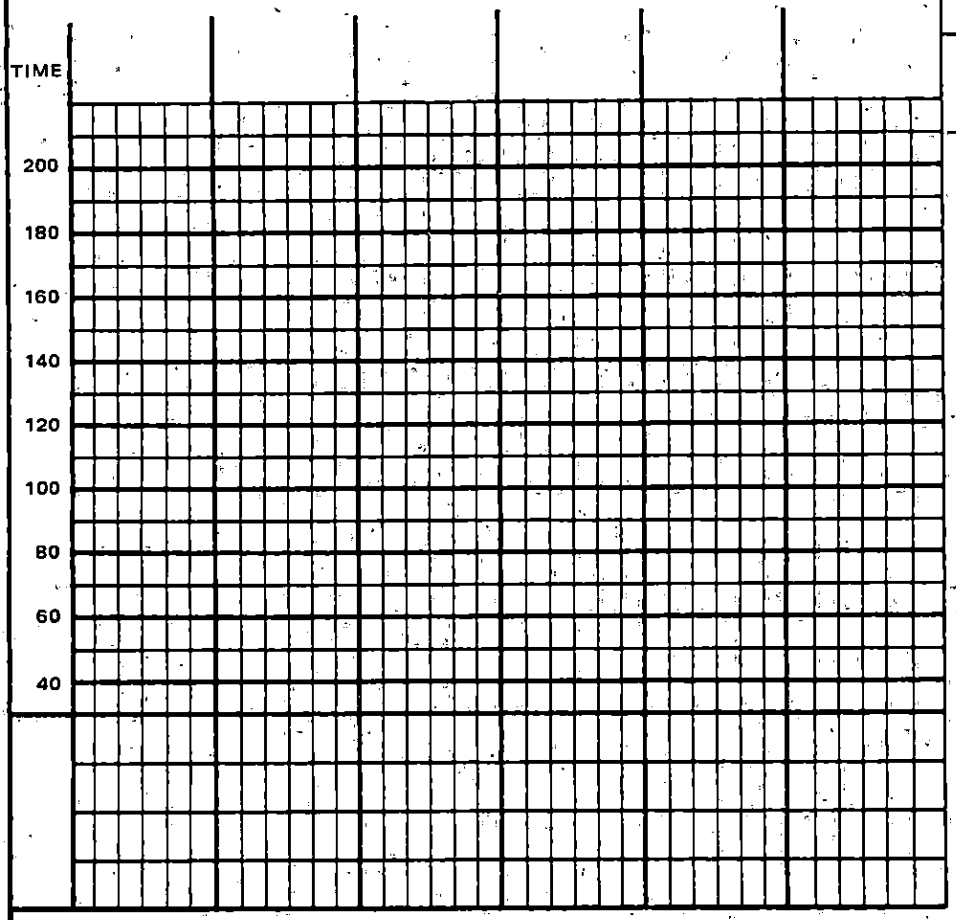
ANAESTHESIA BEGAN

ANAESTHESIA ENDED

AGENTS AND TECHNIQUE EMPLOYED

Thio 350mg
Scoline 100mg } $O_2$ | $N_2O$ | Halo

CETT 8.5.




HAEMOGLOBIN

BLOOD GROUP

ANAESTHETIST'S SIGNATURE Norman W. Lee

THE VICTORIA INFIRMARY OF GLASGOW – MEDICAL DIVISION – O.P.D.

| Name / Address | Unit Number / Date of birth, sex/ civil state / Occupation | Physician |
|---|---|---|
| Mrs. Catherine Honeyman<br>21 Maxwell Rd.,<br>Glasgow, G41 1QP. | 548200<br>1.2.49.<br>F/M. | Dr Begg |

Ht. 5'3½"
Wt. 11 st 1½
Urine Alb. neg
Sugar Blue
Other Kel- neg

| Date | History and Clinical Findings |
|---|---|
| 21/9/79<br>8/10/79 | 30 yo ♀.<br>? Racing feeling in heart<br>+ fainting x 1yr.<br><br>6/52 ago – episode of ant chest pain<br>– lasted 3 hrs or so<br>– tightness - dull. Mod breathless.<br>– at rest.<br>– no radiation – some discomfort (L) shoulder.<br>– no other features. – no palpit.<br><br>1yr – racing<br>– ? duration – lasts up to few hrs.<br>– assoc w sweating 2-3/52.<br>– no faints<br>– no obvious precip.<br><br>Occas CHOA.<br><br>Non smoker<br>General health good.<br>wt steady.<br><br>GUS. ✓<br><br>PH – DDC 1977. Children 13, 12, 11 & 9.<br>No RF. TB.<br><br>FH – sister aged 30 + TB.<br>No known CAD. – ? mother. |

RH nad

No OCP - -

SH married.
Para 4+0. No problems.
Housewife.

FH Heart. well. Anxious.
Breast - Thyroid.
Kidneys

PSO reg. no retops.
B.P 120/80 Hot ✓
Heart ✓ Abd ✓ CVS ✓ resp ✓

Dx ? P.S.V.T.

RBC
WCC
T3 TH.
CXR
24h ambulatory monitoring.

on holiday
fin 12/10 X 2/52 !
(unable to get in).
11/10/79 2h.

6/52.

14/11/79
Wt:- 11st 5lbs

1/12 ago had dyspnoea & central chest pain all day; palpitation coincided. A few other attacks of palpitation. 1-11-79.

No drugs. Stopped "the pill" 2 yrs ago.

24 hr tracing showed no arrhythmia. Sinus rhythm up to 115/min.

OE Sl. over-weight.

No phlebothromboses. Heart / Chest } NAD

BP 146/106.

ECG - ISQ Normal

? Hypertential.

? Paroxysmal Tachy.

To see GP or Cardiol Cas Dept.

548200

GREATER GLASGOW HEALTH BOARD SOUTH-EASTERN DISTRICT

# GORBALS HEALTH CENTRE

Please reply to:

45 PINE PLACE
GLASGOW G5 0BQ
Tel. 041-429 6291

HOLIDAY
12 - 26th OCT.

31/8/79

Dr. Begg
Fri'd 21.9.79
11.40

Mrs Catherine Honeyman
21 Maxwell Rd
Glasgow G41
b. 1/7/49

Dear Dr. This patient c/o pain in chest
Flu; felt tired easily
Slight cough
Pain passes down L arm at times
No gastric symptoms
Heart sounds affair normal
BP 120/78.
She is worried about this & I

should be much obliged if
you could see her.

Yours sincerely
A Berkeley

CASUALTY & TRAUMATIC RECORD

Glasgow Victoria mary

N.B. – If the patient becomes an OUT- or IN-PATIENT, slit the sides of this Casualty Wallet and include open sheet in Patient's Unit Record.

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | INDEX NUMBER | YEAR |
|---|---|---|---|
| Honeyman | Catherine | 35148 | |

| ADDRESS | SEX | CIVIL STATE | AGE | DATE OF BIRTH |
|---|---|---|---|---|
| 21 Maxwell Rd G41 | M. (F.) | (M.) S. W. | 28 | 1 2 49. |
| | OCCUPATION: home help. | | Date and Time of First Attendance: 2.55 a.m. p.m. | 17 11 77 |
| NAME AND ADDRESS OF OWN DOCTOR: Dr. Berkeley Govbals Health Centre | | | DATE DISCHARGED | |
| | | | REF'D BY | |
| DIAGNOSIS | | | X-RAY NUMBER | |

| DATE | |
|---|---|
| 17/11/77. | c/o RTA last night<br>C/o lower back pain + headache<br>R NAD except anxiety. Lungs clr<br>Rx Valium 5mg (2 tabs) 1 tab given now 1 tab to go with pxs.<br>Reassured + D/C<br>Left dept SIGNATURE |
| 7.9.78 | MEDICAL REPORT COMPLETED JWEF/EPS |

A.T.S.

| TEST DOSE ± | FULL DOSE |
|---|---|

TETANUS TOXOID

| Date: 1st | Date: 2nd | Date: 3rd |
|---|---|---|
| | | |

NOT GIVEN
Reason

THE VICTORIA INFIRMARY OF GLASGOW

OPERATION SHEET

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) |
|---|---|
| HOFFMAN | CATHERINE |

| DATE | NAME OF OPERATION PERFORMED | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| | | | |

| SURGEON | ASSISTANT | ANAESTHETIST |
|---|---|---|
| Dr. Chamberlain | | Dr. N. Lees |

5/8/77

EUA - D&C

Ut M/s R/V mobile

Cavity 2½"

Adnexa free

Cervical dilated to H/2

Endometrial cavity curetted

Curettings → Histopathology

8/11/77

Ante bearing scheme periods

- 2 days after menses return

2 days later.

before the bearing pain in the

previous 2 cycles

In 3/12 - See 4/12

# ORTHOPAEDIC

| | | | |
|---|---|---|---|
| Name / Address | Mrs. Catherine Honeyman<br>21 Maxwell Rd.,<br>Glasgow, G41 1QP. | Unit Number: 548200<br>Date of Birth: 1.2.49.<br>Sex/Civil state: F/M. | Date of First Attendance<br>Surgeon: Mr A McDougall |
| Diagnosis | | | Disposal<br>Report to Dr.<br>Admit—Immediate / Per Waiting List / Urgent/Soon/Non-Urgent<br>O.P. Treatment at.....on..... |
| X-Ray Number | | | |

| Date | History and Clinical Findings |
|---|---|
| 8.3.78. | REFERRED BY DR BERKELEY:<br>COMPLAINT:<br>This girl complains of backache which has troubled her on and off for 10 years but became worse after her first pregnancy. Since a road accident in November her pain has been more severe and she notices the pain going down the front of both thighs which comes on after walking. The pain in the back is constant and present at night.<br>EXAMINATION:<br>She has a full range of spinal movement. There is a tender area over the lumbar spine. Straight leg raising 90deg. both sides. There is slight weakness in hamstrings and quadriceps on the right. This is of rather dubious significance. No sensory deficit and all reflexes are present and equal.<br>XRAY:<br>Xray spine shows a normal lumbosacral spine. Oblique views likewise show no evidence of spondylolisthesis.<br>OPINION:<br>There does not seem to be anything Orthopaedic the matter with her. She has been attending the Gyn. Clinic and she wishes to have a further appointment as she still has problems. BW/MM c.c. Dr Berkeley. |

Dr. Allan Berkeley, M.B.Ch.B.

Surgery: 44 Pine Place
~~133 Oxford Street,~~
Glasgow, G5 9JE.
~~Phone: 429 0704~~ 6291

House Address:
1 Arran Drive,
Giffnock, Glasgow.
Phone: 638 6789

16/11/77

attended before.

378.00
Mr Catherine Honeyman
(HONEYMAN
21. Maxwell Rd
Glasgow 641
6 1/2/49.

930
15/2/78
AM:O/NP.

Dear Sir - This patient was involved in a car accident on 16/11/77. Since then she has c/o pains in lower back.

Pain passes down L leg.

I should be much obliged if you will see her.

Yours truly

A Berkeley

GLASGOW VICTORIA HOSPITALS

PRESCRIPTION SHEET

| | | | |
|---|---|---|---|
| Name | CATHERINE HONEYMAN | Unit Number | B-20. |
| Address | 21 MAXWELL ROAD GLASGOW | Age/Sex Civil Occupation | 23/F/M Home Help |

HOSPITAL VIC WARD 17A

CONSULTANT

DRUG SENSITIVITIES

ONCE ONLY DRUGS
INCLUDING
PRE-MEDICATION AND PRE-OPERATIVE DRUGS

| DATE | DRUG NAME AND FORM (Please use Approved Name and Block Letters) | DOSE | ROUTE OF ADMIN. | TIME OF ADMIN | PRESCRIBER'S SIGNATURE | GIVEN BY |
|---|---|---|---|---|---|---|
| 5/6/77 | Omnopon | 10mg | IM | 9.30 | NWL Lees | |
| | Stelazine | 0.2mg | | | | J. Adam |
| | | | | | | |
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ADDRESSOGRAPH

DRUG SENSITIVITY:—

ONCE ONLY PRESCRIPTIONS

| DATE | INDICATION | DRUG NAME AND FORM (Please use Approved Name and Block Letters) | DOSE | ROUTE OF ADMIN. | TIME OF ADMIN. | PRESCRIBER'S SIGNATURE | GIVEN BY |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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REGULAR PRESCRIPTIONS

| | DATE | DRUG NAME AND FORM (Please use Approved Name and Block Letters) | DOSE | ROUTE OF ADMIN. | TIME OF ADMIN. | PRESCRIBER'S SIGNATURE | |
|---|---|---|---|---|---|---|---|
| A | 4/1/97 | Morphine MORPHINE | 1mg. | Oral | 10.00 A.M. | | A |
| B | | | | | | | B |
| C | | | | | | | C |
| D | | | | | | | D |
| E | | | | | | | E |
| F | | | | | | | F |
| G | | | | | | | G |
| H | | | | | | | H |
| I | | | | | | | I |
| J | | | | | | | J |
| K | | | | | | | K |
| L | | | | | | | L |
| M | | | | | | | M |
| N | | | | | | | N |

MPERATURE, PULSE AND BLOOD PRESSURE CHART

| DATE | | 4/1 | 5 | 6 | 7 | 8 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 260 | C. | | | | | | | | | | | | | |
| 240 | 39.5 | | | | | | | | | | | | | |
| 220 | 39.0 | | | | | | | | | | | | | |
| 200 | 38.5 | | | | | | | | | | | | | |
| 180 | 38.0 | | | | | | | | | | | | | |
| 160 | 37.5 | | | | | | | | | | | | | |
| 140 | 37.0 | | | | | | | | | | | | | |
| 120 | 36.5 | | | | | | | | | | | | | |
| 110 | 36.0 | | | | | | | | | | | | | |
| 100 | 35.5 | | | | | | | | | | | | | |
| 90 | 35.0 | | | | | | | | | | | | | |
| 80 | 34.5 | | | | | | | | | | | | | |
| 70 | 34.0 | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |
| URINE (ml) | | | | | | | | | | | | | | |
| BOWELS | | | | | | | | | | | | | | |

PULSE AND BLOOD PRESSURE

RECORD OF DRUG ADMINISTRATION

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 10.30 | 10.15 | | | | | | | | | | | | A |
| B | | | | | | | | | | | | | | B |
| C | | | | | | | | | | | | | | C |
| D | | | | | | | | | | | | | | D |
| E | | | | | | | | | | | | | | E |
| F | | | | | | | | | | | | | | F |
| G | | | | | | | | | | | | | | G |
| H | | | | | | | | | | | | | | H |
| I | | | | | | | | | | | | | | I |
| J | | | | | | | | | | | | | | J |
| K | | | | | | | | | | | | | | K |
| L | | | | | | | | | | | | | | L |
| M | | | | | | | | | | | | | | M |

THE VICTORIA INFIRMARY OF GLASGOW

GYNAECOLOGY

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | AGE | REGISTRATION NUMBER |
|---|---|---|---|
| Mrs. Miss HONEYMAN | CATHERINE | 28 | |

**COMPLAINTS & DURATION**

Irregular bleeding P.V. - 1 year
Abdominal pain - 3/12

O.P.D. DIAGNOSIS:

**HISTORY**

MENARCHE / MENOPAUSE 14yrs MENSTRUAL CYCLE 5/30 REGULAR / IRREGULAR L.M.P. 2/8/77

Pt has in fact intermenstrual bleeding.
She was on the pill - Anovain.
Her periods are regular and flow normal.
? Probably breakthrough bleeding.

Bowels
Micturition / NAD

D+C in 1970 because of post partum haemorrhage.

Drugs - nil
No H/O blood transfusion
No H/O allergies

**OBSTETRIC HISTORY** PARITY: 4+0

| YEAR | DURATION | DELIVERY SPONT. | DELIVERY INST. | DELIVERY C.S. | REPAIR | CHILD | PUERPERIUM |
|---|---|---|---|---|---|---|---|
| 1966 | Term | Hospital delivery | | | | Fem. | Uneventful |
| 1967 | Term | | | | | Male. | " |
| 1968 | Term | All spontaneous | | | | Male | " |
| 1970 | Term | | | | | Fem. | " |

**PREVIOUS GENERAL HEALTH**

Nil.

## EXAMINATION OF PATIENT

**GENERAL EXAMINATION**

Healthy looking lady
Not anaemic
No lymphadenopathy

**CARDIO-VASCULAR SYSTEM** B.P. 140/90

Normal H.S
No murmurs.

**RESPIRATORY SYSTEM**

Clear

**GYNAECOLOGICAL EXAMINATION**

ABDOMEN – NAD.

VULVA

VAGINA

CERVIX

CORPUS

ADNEXA

- FBC
- ESR

for ? ECUA-Dac, in view of the fact that she is having her periods

P.

6/11/11 No bleeding P.V.

To continue on the pill

Discharge Rev B/P OPD

P

8/11/11

# THE VICTORIA INFIRMARY OF GLASGOW

ANESTHESIA SHEET

| SURNAME (Block Letters) MR/MRS./MISS | FIRST NAMES (Block Letters) | AGE | REGISTRATION NUMBE |
|---|---|---|---|
| HONEYMAN | CATHERINE | 28 | |

PREOPERATIVE OBSERVATIONS

DATE OF OPERATION

PREMEDICATION

TIME ADMINISTERED a.m./p.m.

OPERATION PERFORMED

EUA : D&C

OPERATION BEGAN

OPERATION ENDED

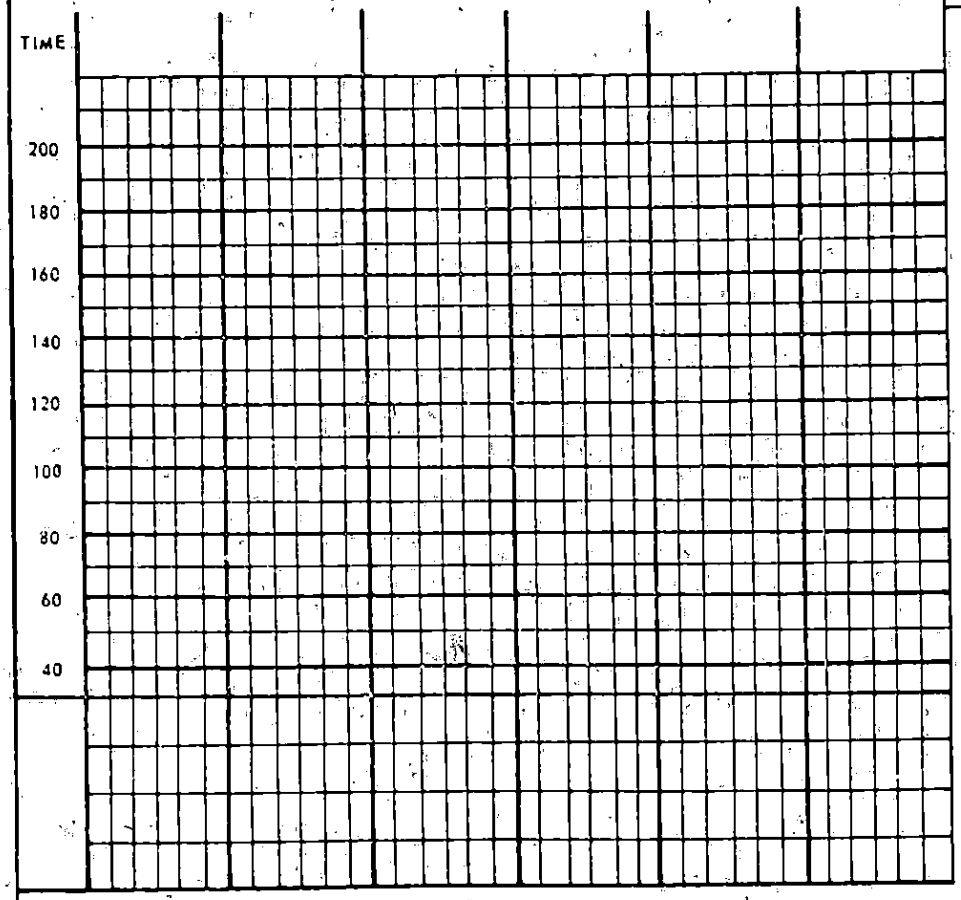
ANAESTHESIA BEGAN

ANAESTHESIA ENDED

AGENTS AND TECHNIQUE EMPLOYED

'Alfacain' 5 m/s

→ $N_2O/O_2$ | Halothane




HAEMOGLOBIN

BLOOD GROUP

# The Victoria Infirmary of Glasgow

27th July, 1977.

**A bed will be vacant for you in Ward** 12A

**on** Thursday, 4th August, 1977 **at** 1.30 ~~a.m.~~/p.m.

**Please attend at Patients Admission Office BEFORE proceeding to ward, bringing this Notice with you. You should enter by Grange Road, Accident/Admission Entrance.**

**If, for any reason, you are unable to attend you should report the fact immediately to the Enquiry Office (Telephone - 041/649/4545 Extension 224, otherwise hospital accommodation will be wasted.**

**PLEASE FILL IN THE FOLLOWING DETAILS BEFORE COMING TO HOSPITAL**

Full Name Mrs. Catherine Honeyman,

Address 21, Maxwell Road, Glasgow, G41.

Date of Birth 1-2-49 Religious Denomination Jehovah Witness

~~Married~~ ~~Single~~ ~~Widowed~~ ~~Divorced~~ Separated

Occupation in full Domestic Home Help

~~[Where child enter occupation of parent or guardian.~~
Where housewife enter husband's occupation.
Where retired enter last main occupation, preceded by (R)]

Own Doctor's Name Dr Allan Berkley

Address Govbals Health Centre

Next of Kin Name Raymond Honeyman Relationship Husband.

Address 21 maxwell Rd

Telephone Number

Please State if in Receipt of a Pension.

~~WAR~~ ~~RETIREMENT~~ ~~WIDOW'S~~ (Delete if applicable)

Please state if in Receipt of Supplementary Benefit. ~~YES~~/NO

VICTORIA INFIRMARY OF GLASGOW

**HAEMATOLOGY**

## MOUNT SHEET

| | | | |
|---|---|---|---|
| Name | CATHERINE HONEYMAN | Unit Number | |
| Address | 21 MAXWELL ROAD GLASGOW | Age/Sex/ Civil State | 23 / F / M |
| | | Occupation | HOME HELP |

**HAEMATOLOGY** — Glasgow Victoria Infirmary

| | |
|---|---|
| 2 | ESR mm/hr |
| | Retics. % |
| | Plates. $x10^9/l$ |
| | DAY |
| | TEST |
| | WBC $x10^9/l$ |
| | RBC $x10^{12}/l$ |
| | Hb g/dl |
| 14 | HCT |
| | MCV fl |
| | MCH pg |
| | MCHC g/dl |
| % | Neutrophils |
| % | Eosinophils |
| % | Basophils |
| % | Lymphocytes |
| % | Monocytes |
| % | |

| FILM APPEARANCES | |
|---|---|
| Normochromic | |
| Hypochromic | |
| Normocytic | |
| Macrocytic | |
| Microcytic | |
| Anisocytosis | |
| Poikilocytosis | |
| Polychromasia | |

COMMENTS

FILMS NOT EXAMINED

DATE 5/6/99 SCRUTINISED

LABORATORY USE ONLY ABOVE THIS LINE

| | |
|---|---|
| SURNAME HONEYMAN | FORENAMES CATHERINE |
| UNIT No. | DATE OF BIRTH 1.2.49 |
| HOSPITAL VI | CONSULTANT/G.P. Dr Clark |
| WARD/DEPT. 12a | G.P. ADDRESS |

640

| SURNAME (Block Letters) | UNIT NUMBER | WARD No. |
|---|---|---|
| Mr. / Mrs. / Miss HONEYMAN | | 12A |

Consent by Patient

I CATHERINE HONEYMAN of 21 MAXWELL ROAD GLASGOW

hereby consent to undergo such operation as the Surgeon may consider necessary and to the administration of a local or other anaesthetic for this purpose.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 4.8.77 (Signed) MRS. Catherine Honeyman.

Witness M. Mackay

---

Consent by Parent or Guardian

I _____ of _____

hereby consent to the submission of _____

to such operation as the Surgeon may consider necessary and to the administration of a local or other anaesthetic for this purpose.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date _____ (Signed) _____

Witness _____

9. Dan — SR

Initials

**THE VICTORIA INFIRMARY OF GLASGOW**

**Request/Report E.C.G.**

Name Catherine Honeyman

Unit Number

Dr./Mr. Mack

Address

Age/Sex Civil State

Ward No. 10

Hospital V

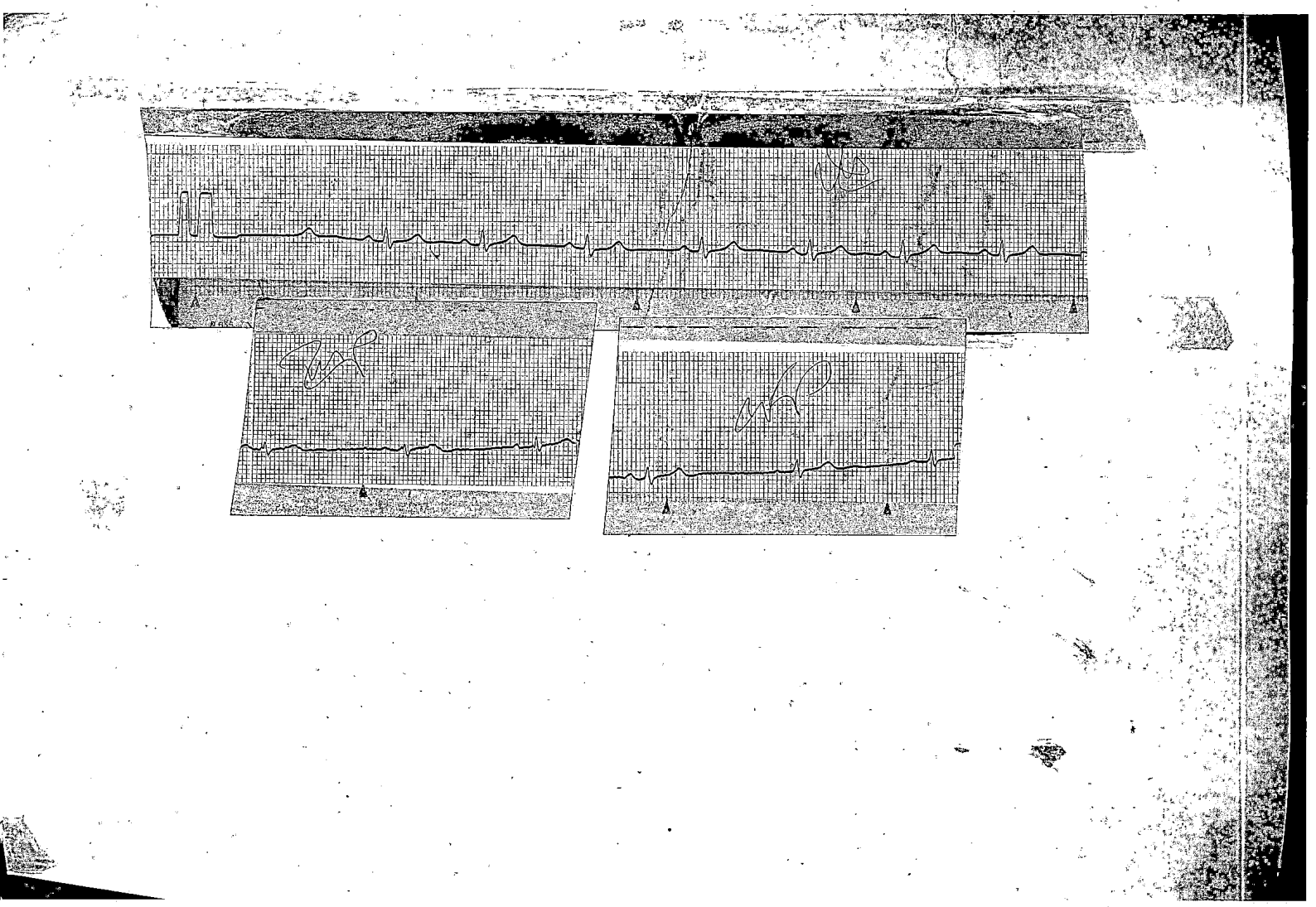
Occupation

Date 15-3-88

Blood Pressure

ng Therapy (especially Digitalis)

p for theatre



Initials

## THE VICTORIA INFIRMARY OF GLASGOW

Request/Report E.C.G.

Name Catherine Money man

Unit Number 548200

Dr./Mr. Todd

Address

Age/Sex Civil State

Ward No. CP

Hospital V.I.C

Occupation

Blood Pressure 1-84

Brief Clinical History including Therapy (especially [illegible])

Pre op ECG

CP

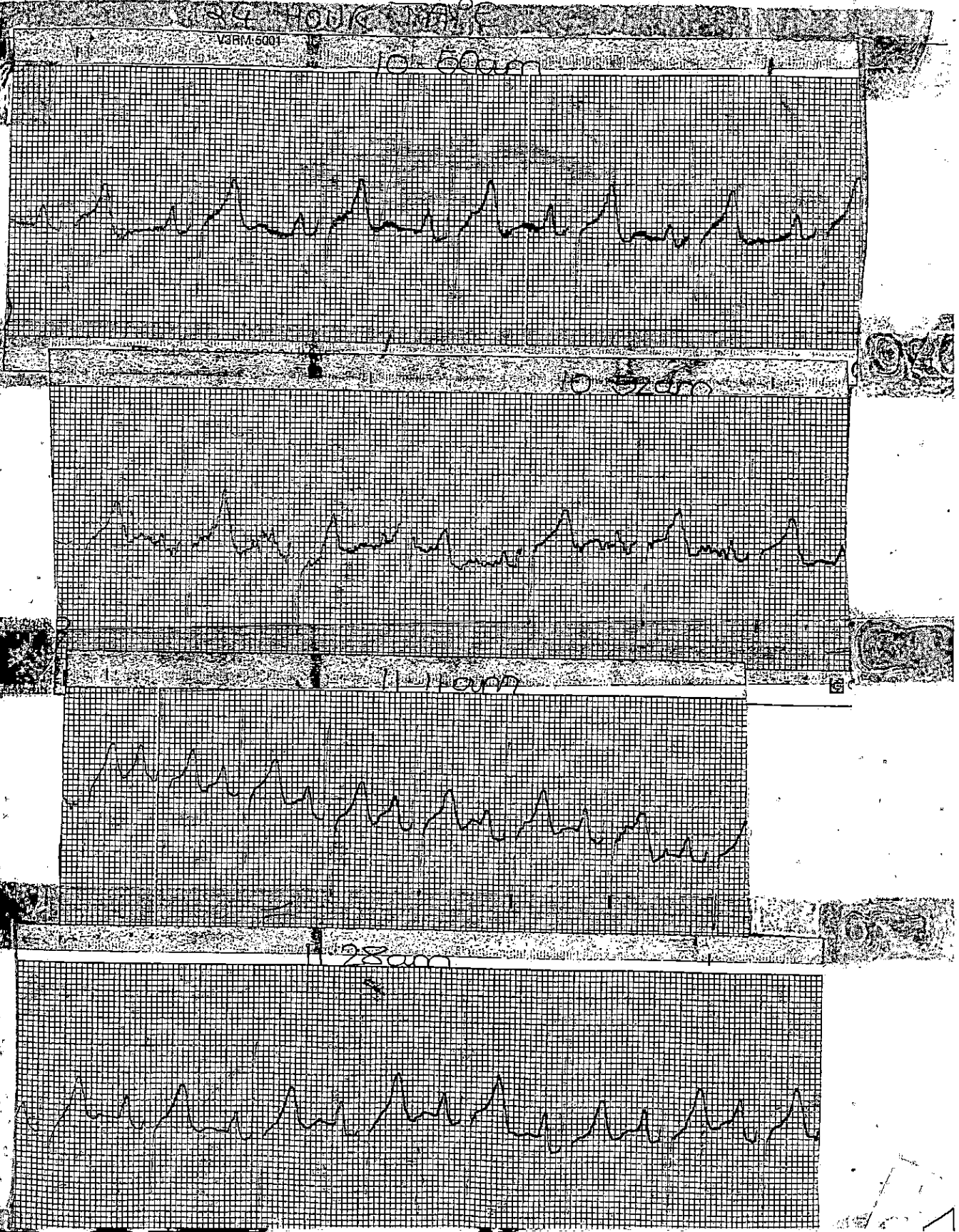
Initials

**THE VICTORIA INFIRMARY OF GLASGOW** — **Request/Report E.C.G.**

| | | | |
|---|---|---|---|
| Name Cath Honeyman | Unit Number | Dr./Mr. Todd | |
| Address | Age/Sex Civil State | Ward No. | Hospital VIC |
| | Occupation | Date 10/7/84 | Blood Pressure |

Brief Clinical History including Therapy (especially Digitalis)

84 Hour Holter



4/10
3304S
2-1/2" DIA. GALV. PIPE
2-1/2" DIA. GALV. PIPE

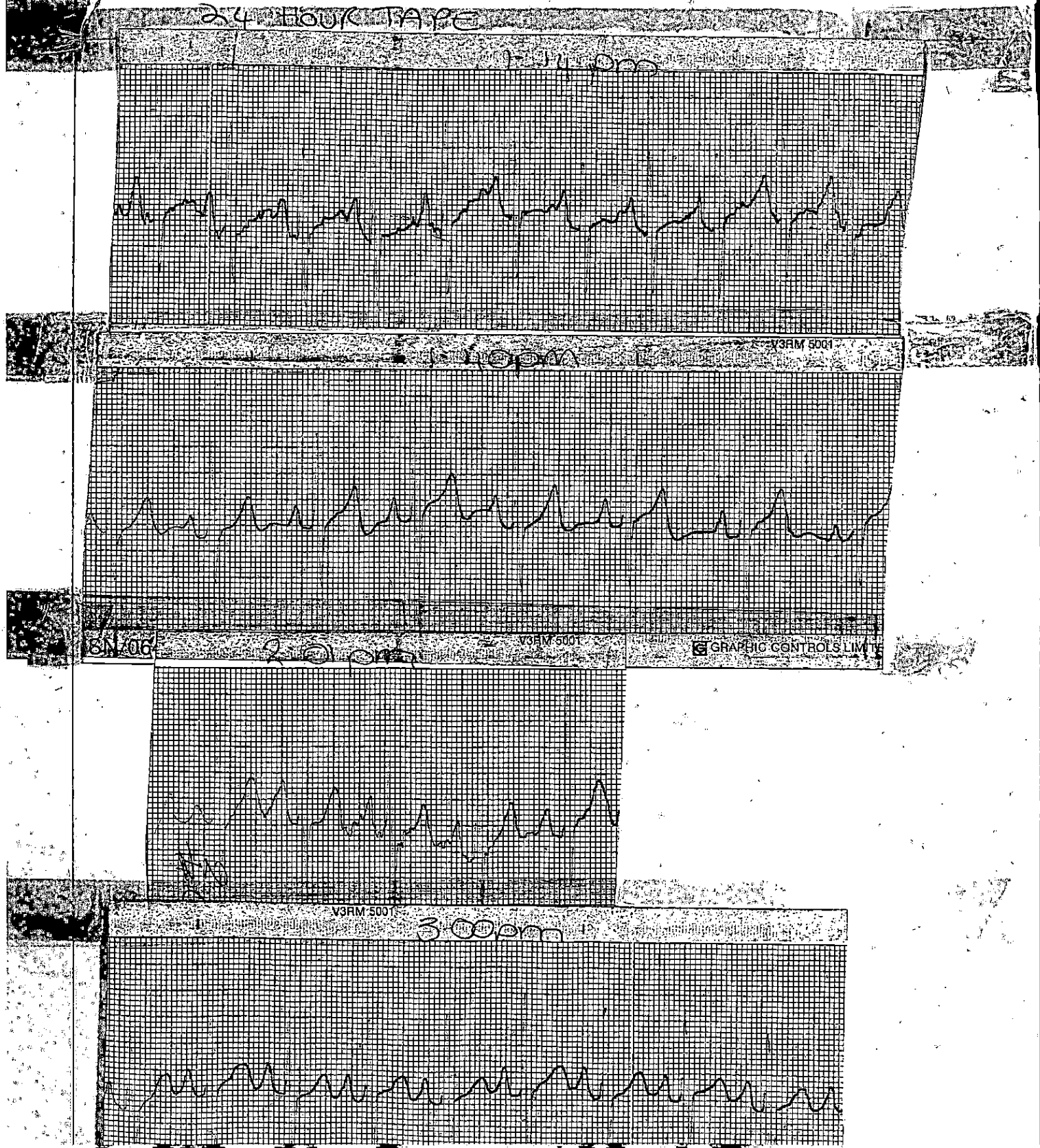
Initials CP

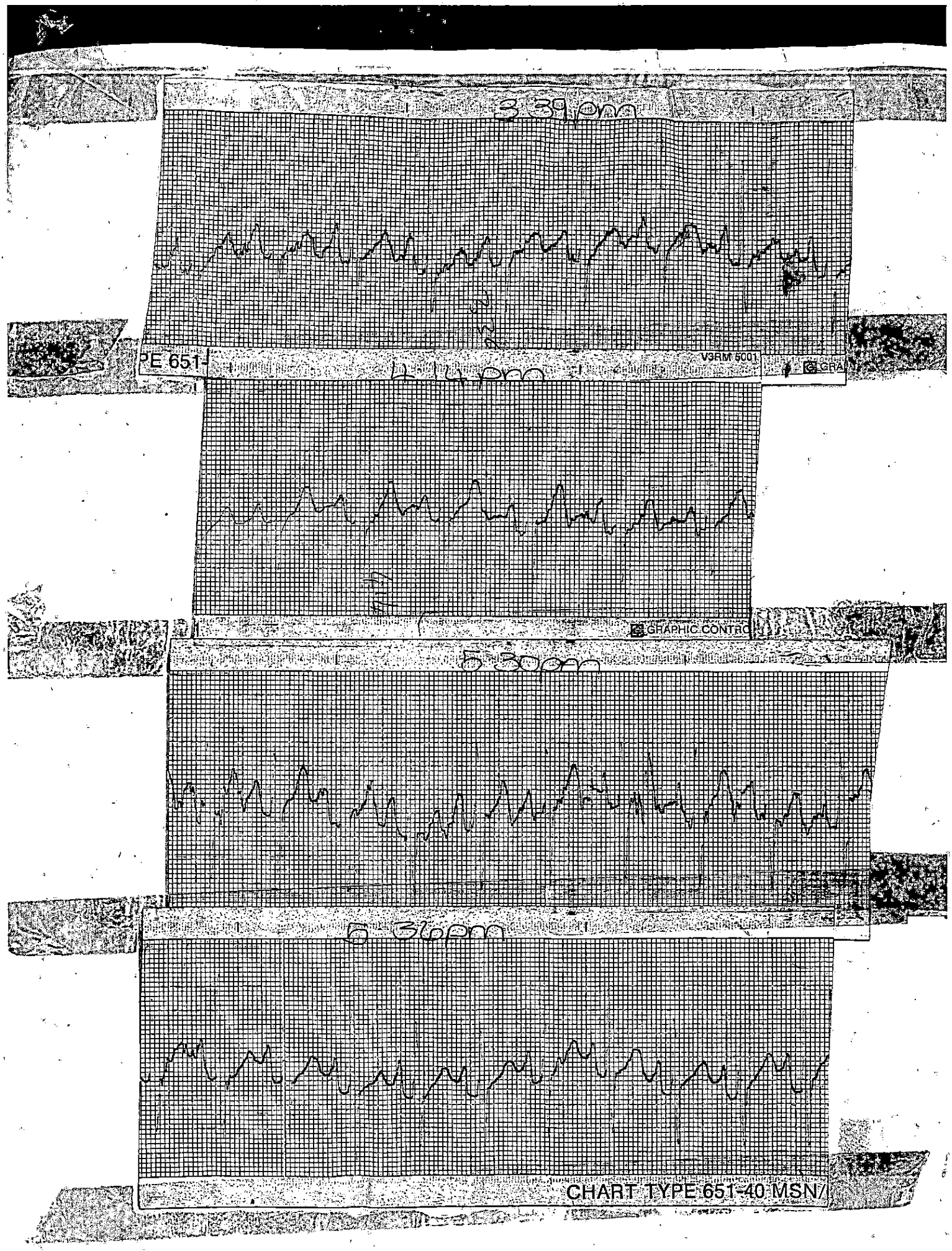
**THE VICTORIA INFIRMARY OF GLASGOW** — **Request/Report E.C.G.**

| | | | |
|---|---|---|---|
| Name Cath Honeyman | Unit Number | Dr./Mr. Todd | |
| Address | Age/Sex Civil State | Ward No. OP | Hospital VIC |
| | Occupation | Date 10/7/84 | Blood Pressure |

Brief Clinical History including Therapy (especially Digitalis)

24 HOUR TAPE

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PE 651
V3RM 5001
GRA
GRAPHIC CONTRO
6.30pm
6.30pm
CHART TYPE 651-40 MSN/

CP

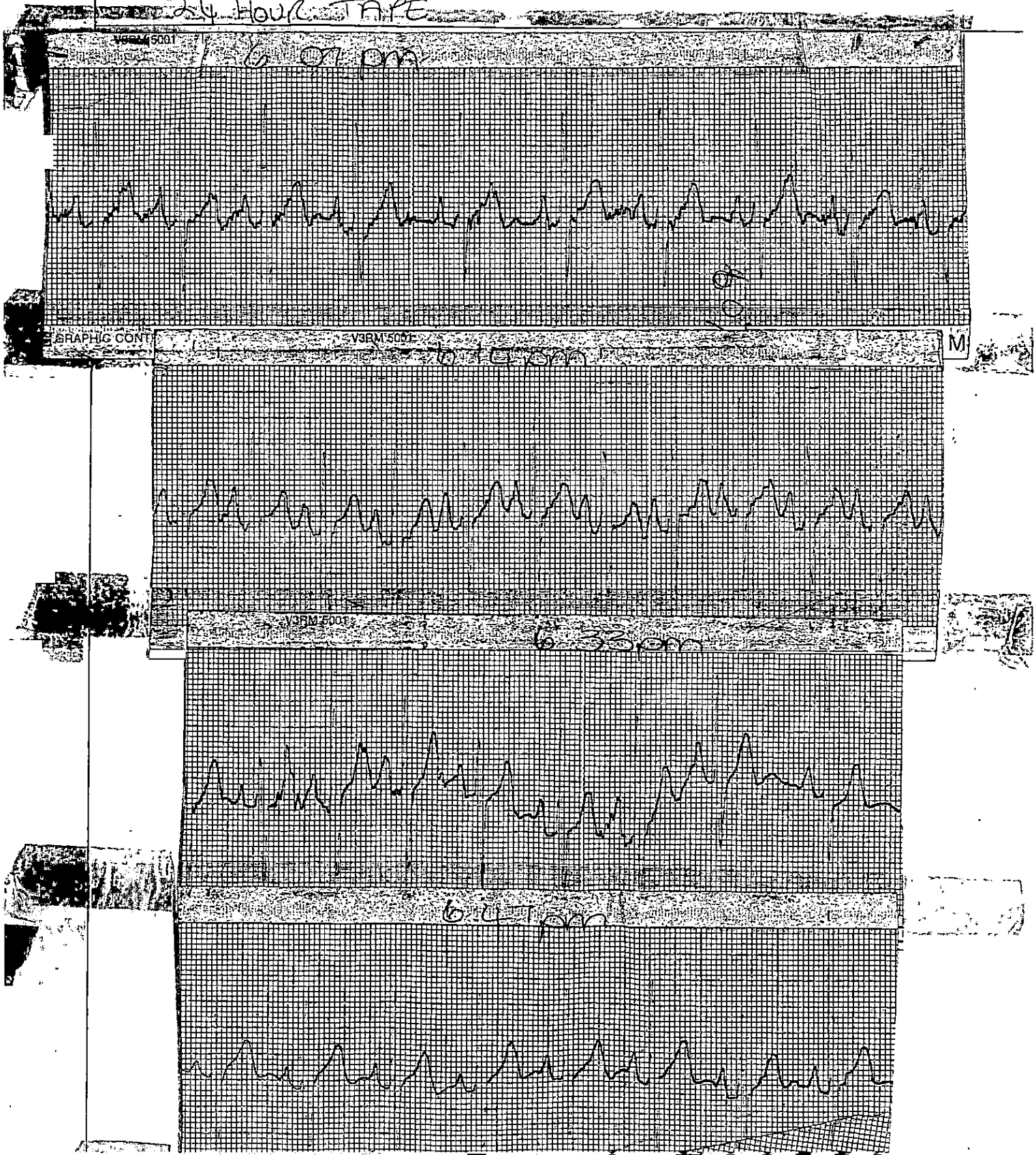
Initials

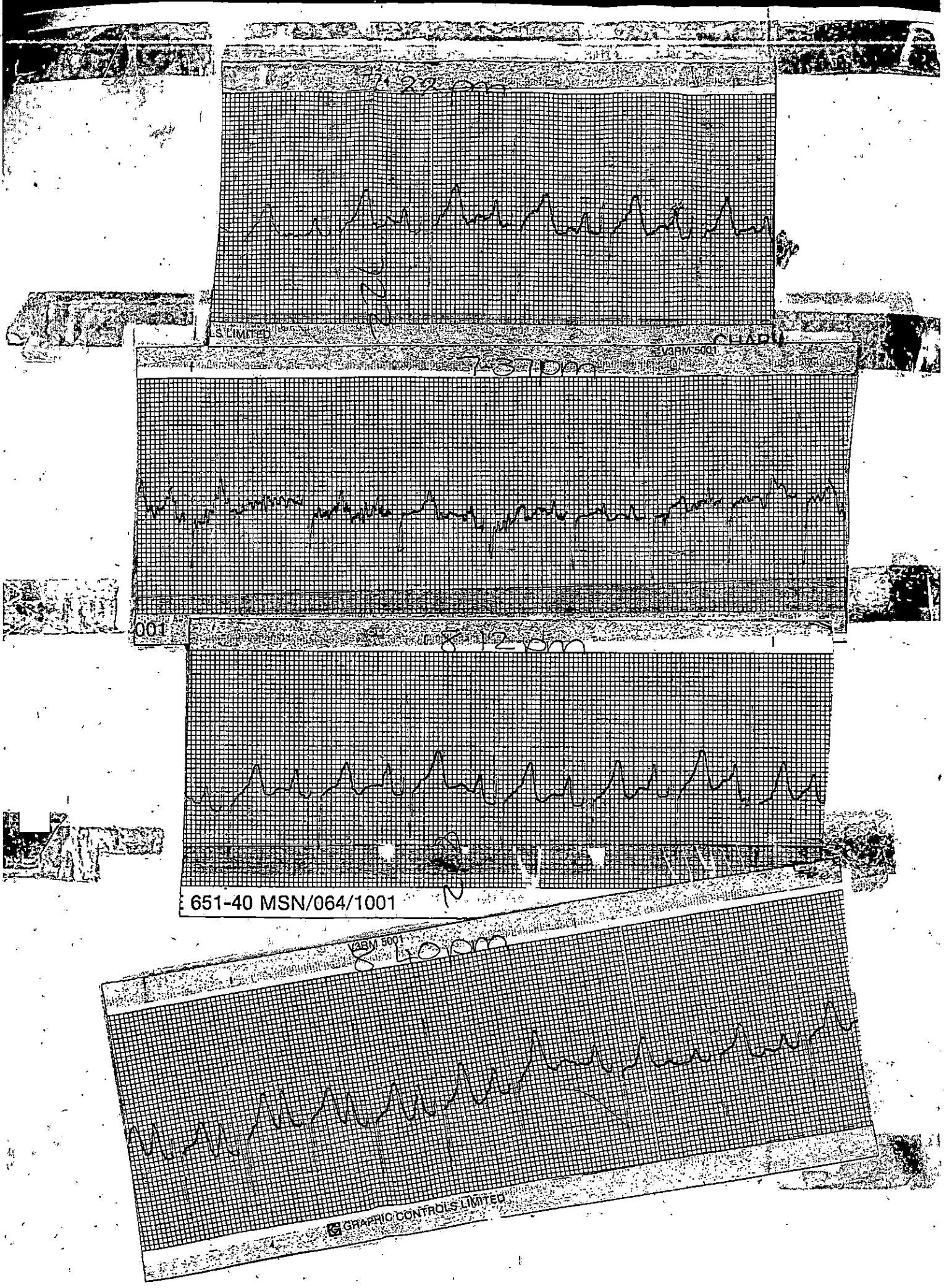
**THE VICTORIA INFIRMARY OF GLASGOW** — **Request/Report E.C.G.**

| | | | |
|---|---|---|---|
| Name Cath Honeyman | Unit Number | Dr./Mr. Todd | |
| Address | Age/Sex Civil State | Ward No. 8P | Hospital VIC |
| | Occupation | Date 10/7/84 | Blood Pressure |

Brief Clinical History including Therapy (especially Digitalis)

24 HOUR TAPE




GRAPHIC CONTROLS LIMITED
651-40 MSN/064/1001

4

Initials GP

**THE VICTORIA INFIRMARY OF GLASGOW** — **Request/Report E.C.G.**

Name Cath Honeyman

Address

Unit Number

Age/Sex Civil State

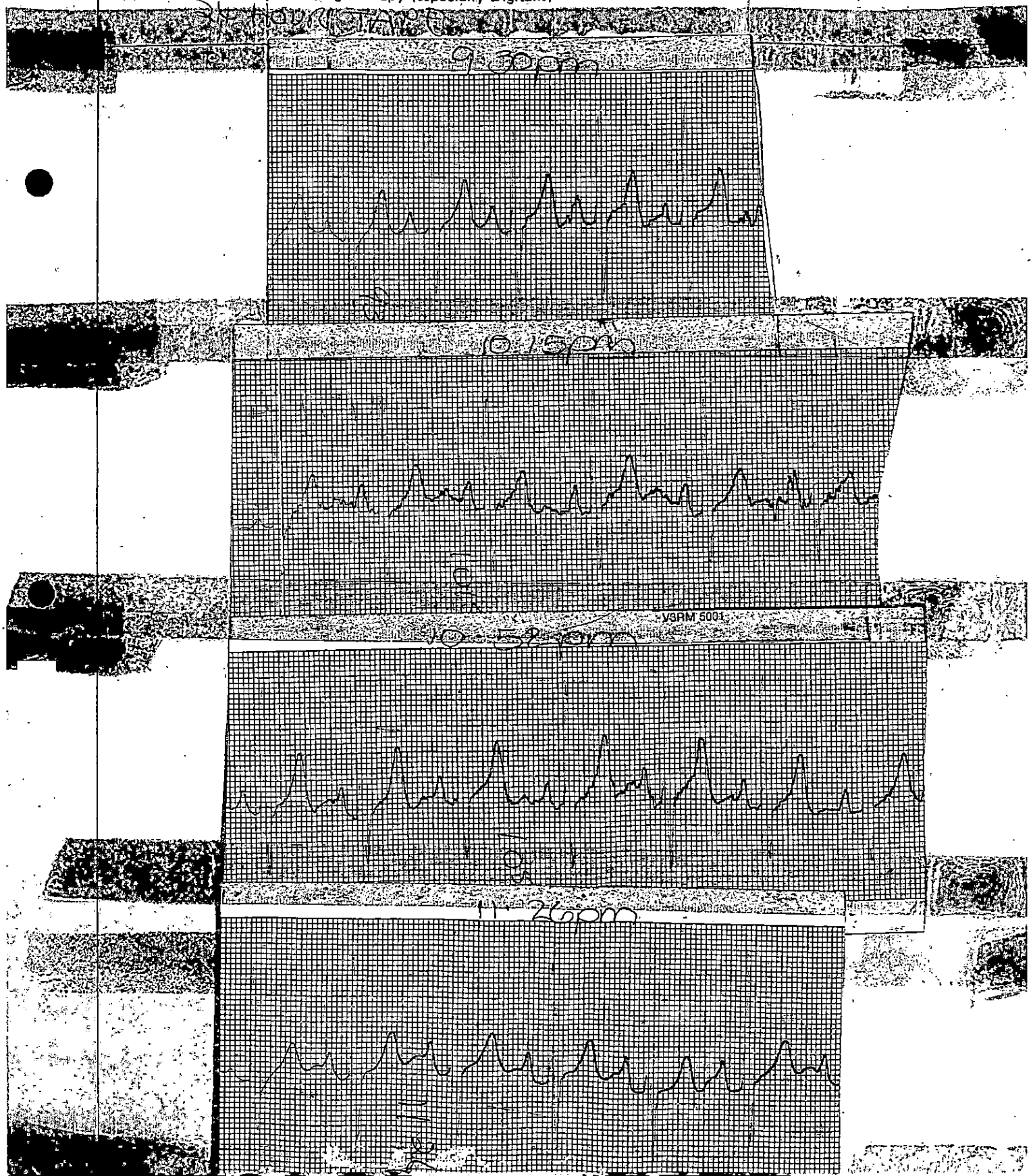
Occupation

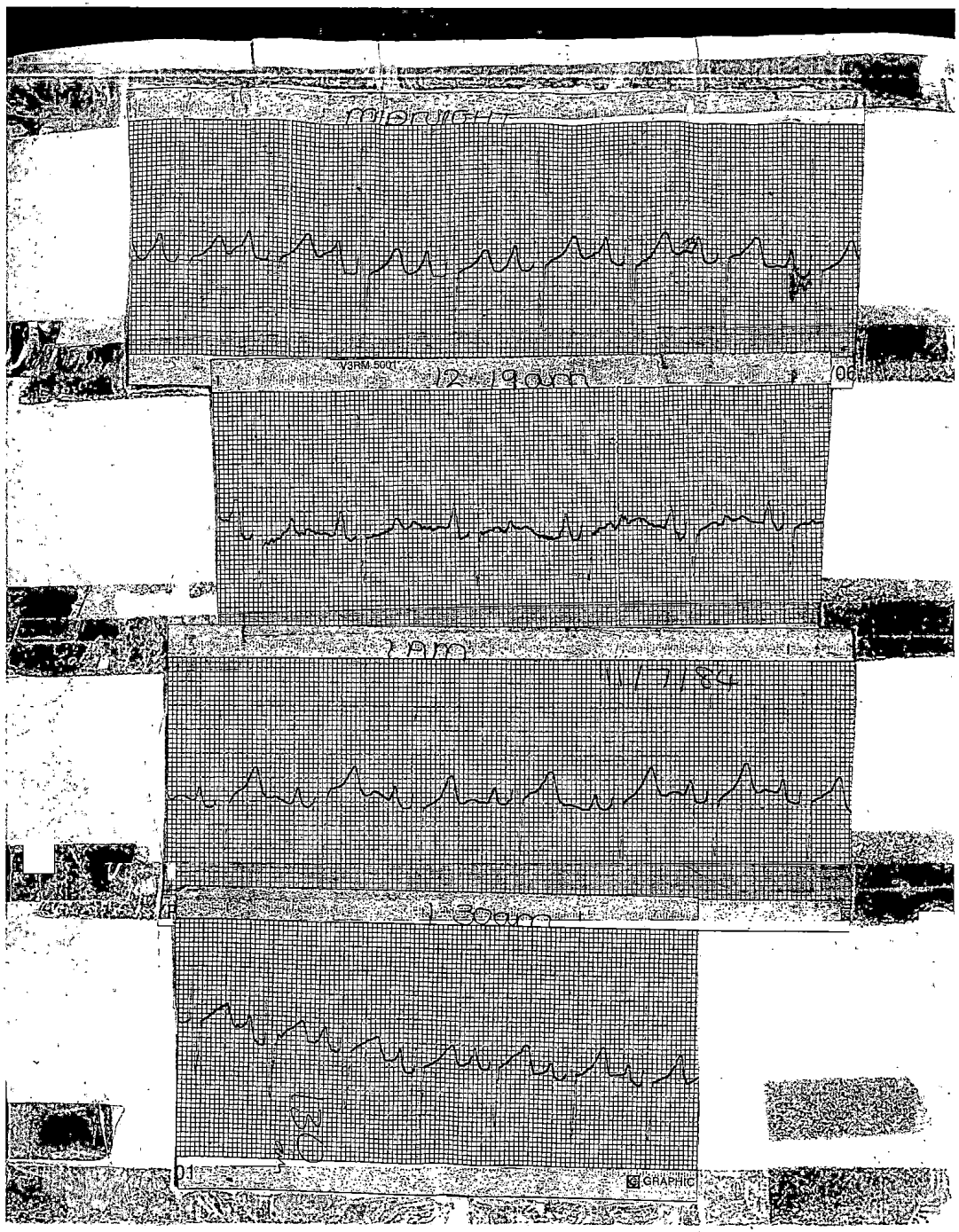
Dr./Mr. TODD

Ward No. OP | Hospital VIC

Date 10/7/84 | Blood Pressure

Brief Clinical History including Therapy (especially Digitalis)

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V3RM-5001
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GRAPHIC

Initials CP

## THE VICTORIA INFIRMARY OF GLASGOW

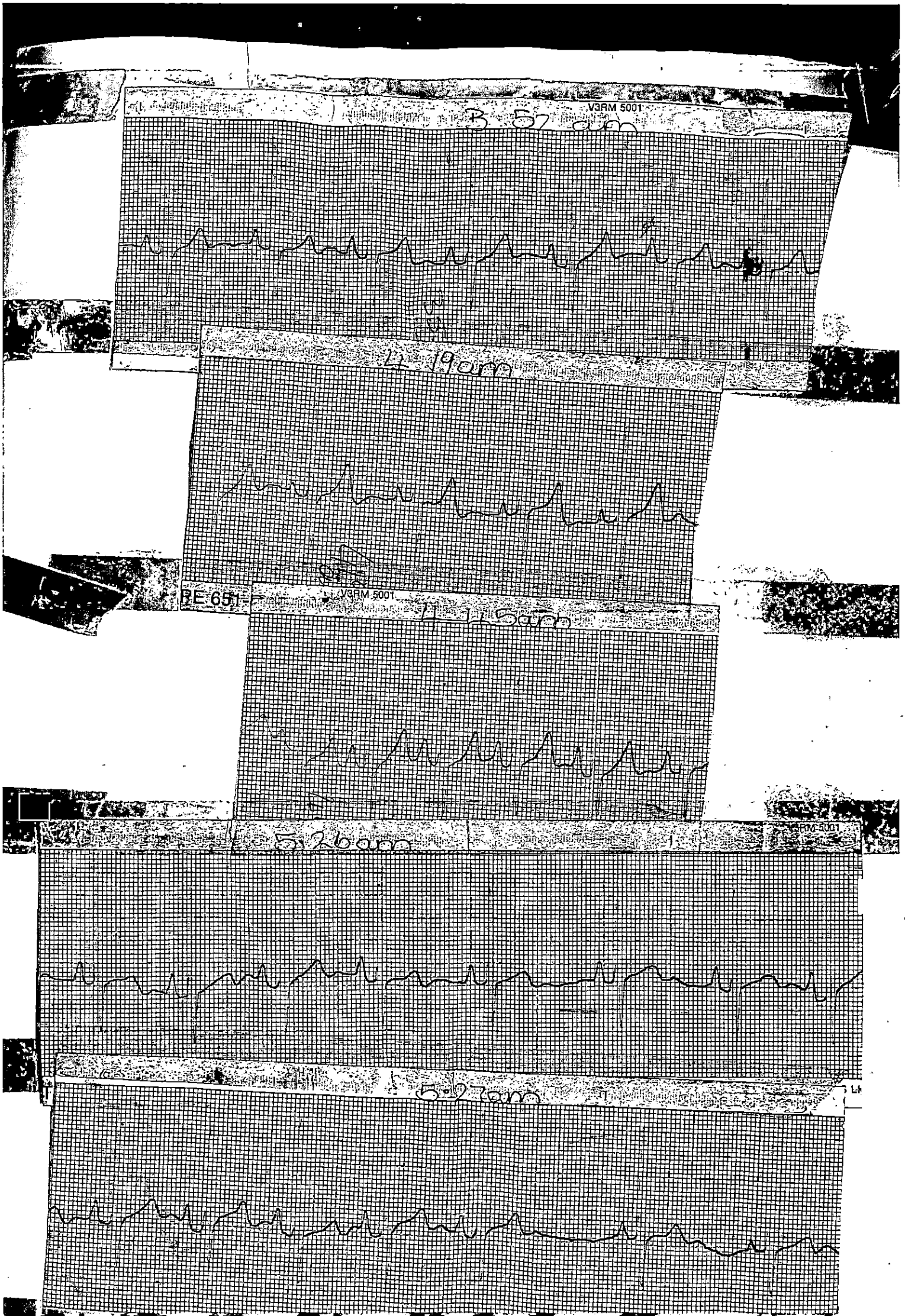
Request/Report E.C.G.

5

| | | | |
|---|---|---|---|
| Name Cath Honeyman | Unit Number | Dr./Mr. TODD. | |
| Address | Age/Sex Civil State | Ward No. OP | Hospital VIC |
| | Occupation | Date 11/7/84 | Blood Pressure |

Brief Clinical History including Therapy (especially Digitalis)

24 HOUR TAPE


V3RM 5001
PE 651

Initials CP THE VICTORIA INFIRMARY OF GLASGOW Request/Report E.C.G.

6

Name Cath Honeyman

Unit Number

Dr./Mr. Todd

Address

Age/Sex Civil State

Ward No. ap

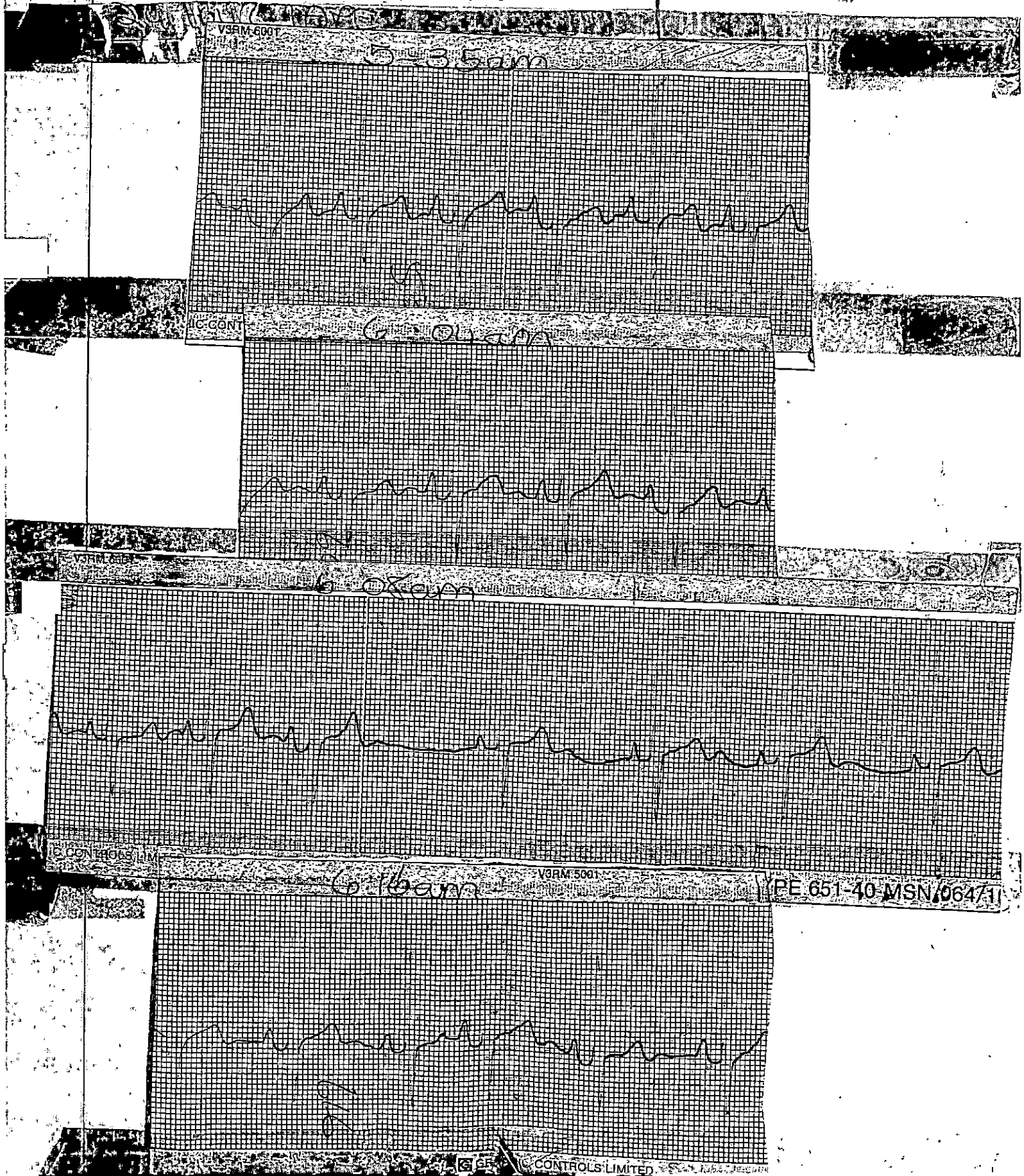
Hospital VIC

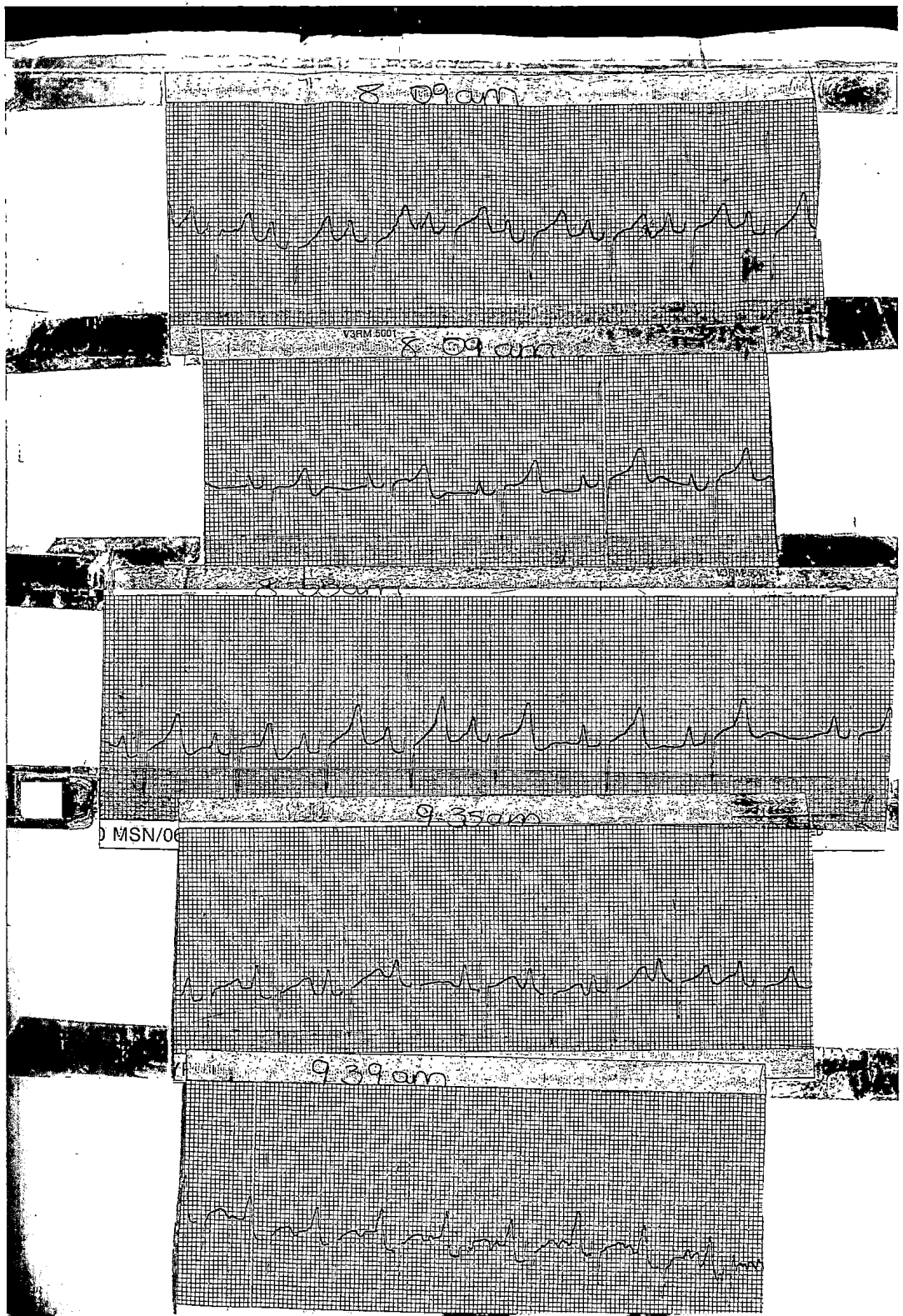
Occupation

Date 17/5/84

Blood Pressure

Brief Clinical History including Therapy (especially Digitalis)

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Initials CP

**THE VICTORIA INFIRMARY OF GLASGOW** — **Request/Report E.C.G.**

Name Cath Honeyman

Address

Unit Number

Age/Sex Civil State

Occupation

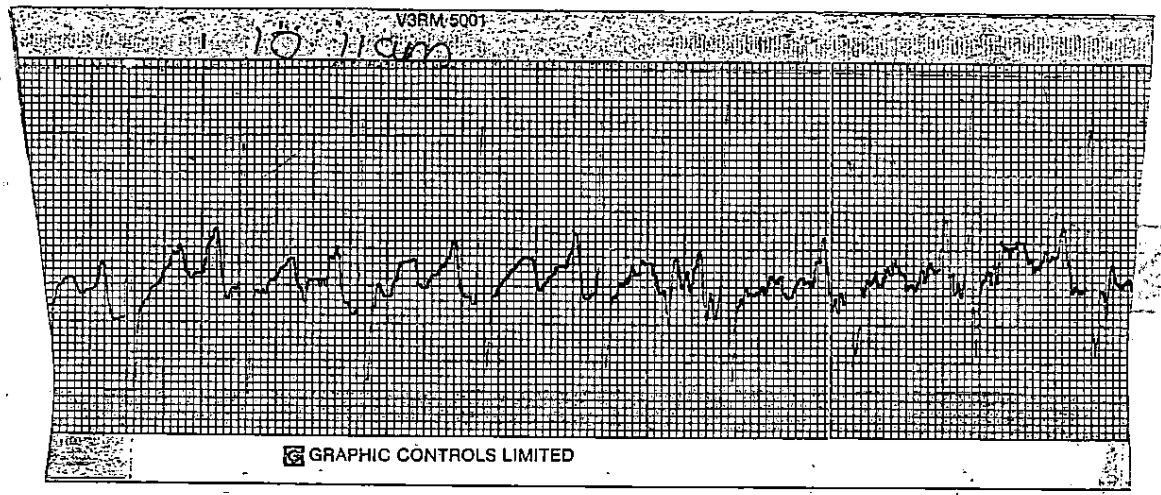
Dr./Mr. Todd.

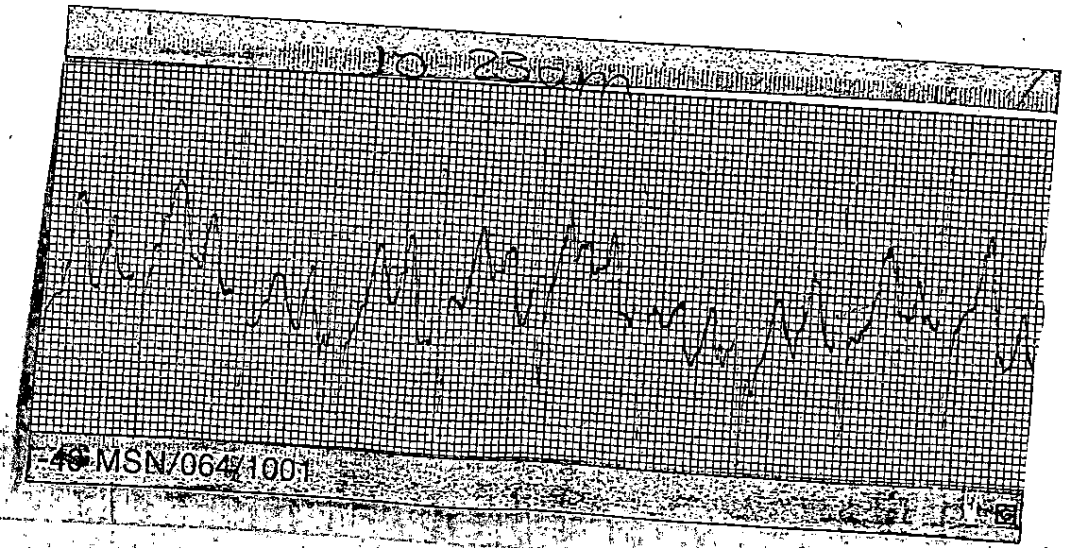
Ward No. 8P | Hospital VIC

Date 11/7/84 | Blood Pressure

Brief Clinical History including Therapy (especially Digitalis)

24 hour tape



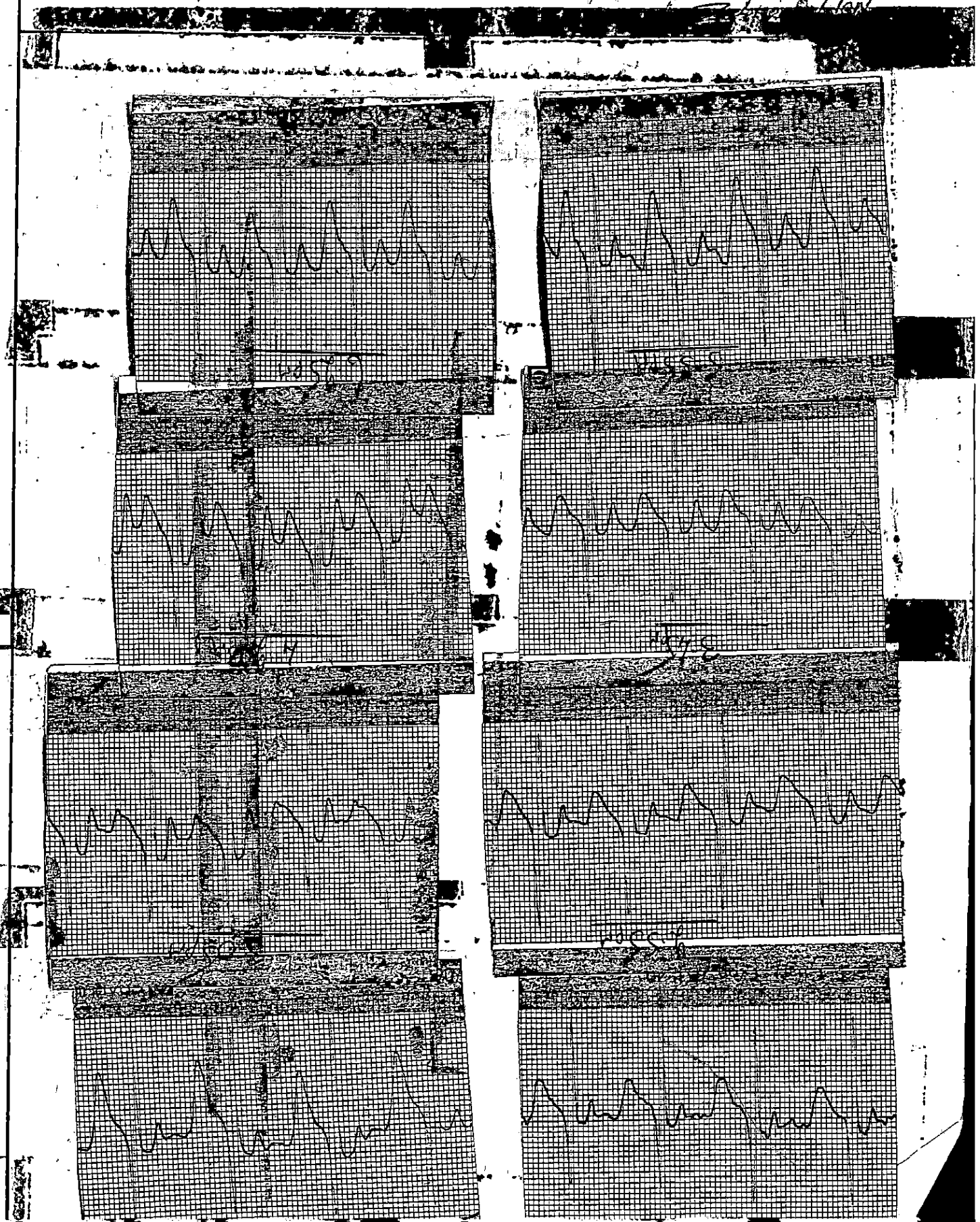



Initials CC

**THE VICTORIA INFIRMARY OF GLASGOW** — Request/Report E.C.G.

| | | | |
|---|---|---|---|
| Name CATHERINE HONEYMAN | Unit Number | Dr./Mr. McMURDO | |
| Address | Age/Sex Civil State | Ward No. OP | Hospital |
| | Occupation | Date 1/11-2/11/77 | Blood Pressure |

Brief Clinical History including Therapy (especially Digitalis)



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2

Initials CL

THE VICTORIA INFIRMARY OF GLASGOW

Request/Report E.C.G.

Name CATHERINE HONEYMAN

Unit Number

Dr./Mr. McMurdo

Address

Age/Sex Civil State

Ward No. OP

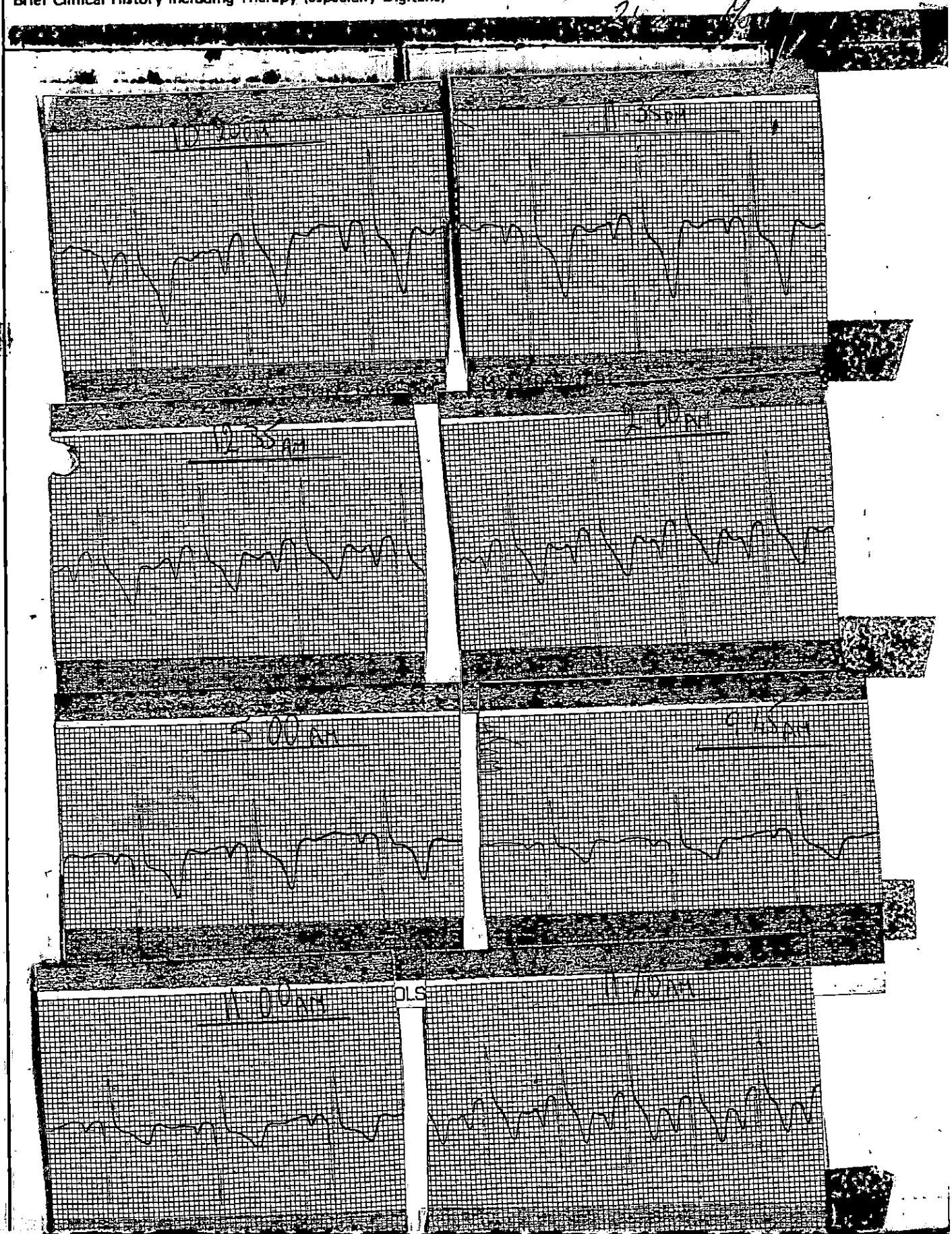
Hospital

Occupation

Date 1/11/79 - 2/11/79

Blood Pressure

Brief Clinical History including Therapy (especially Digitalis)

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3

Initials

**THE VICTORIA INFIRMARY OF GLASGOW** — Request/Report E.C.G.

Name: CATHERINE HONEYMAN

Address:

Unit Number:

Age/Sex Civil State:

Occupation:

Dr./Mr.: McMurdo

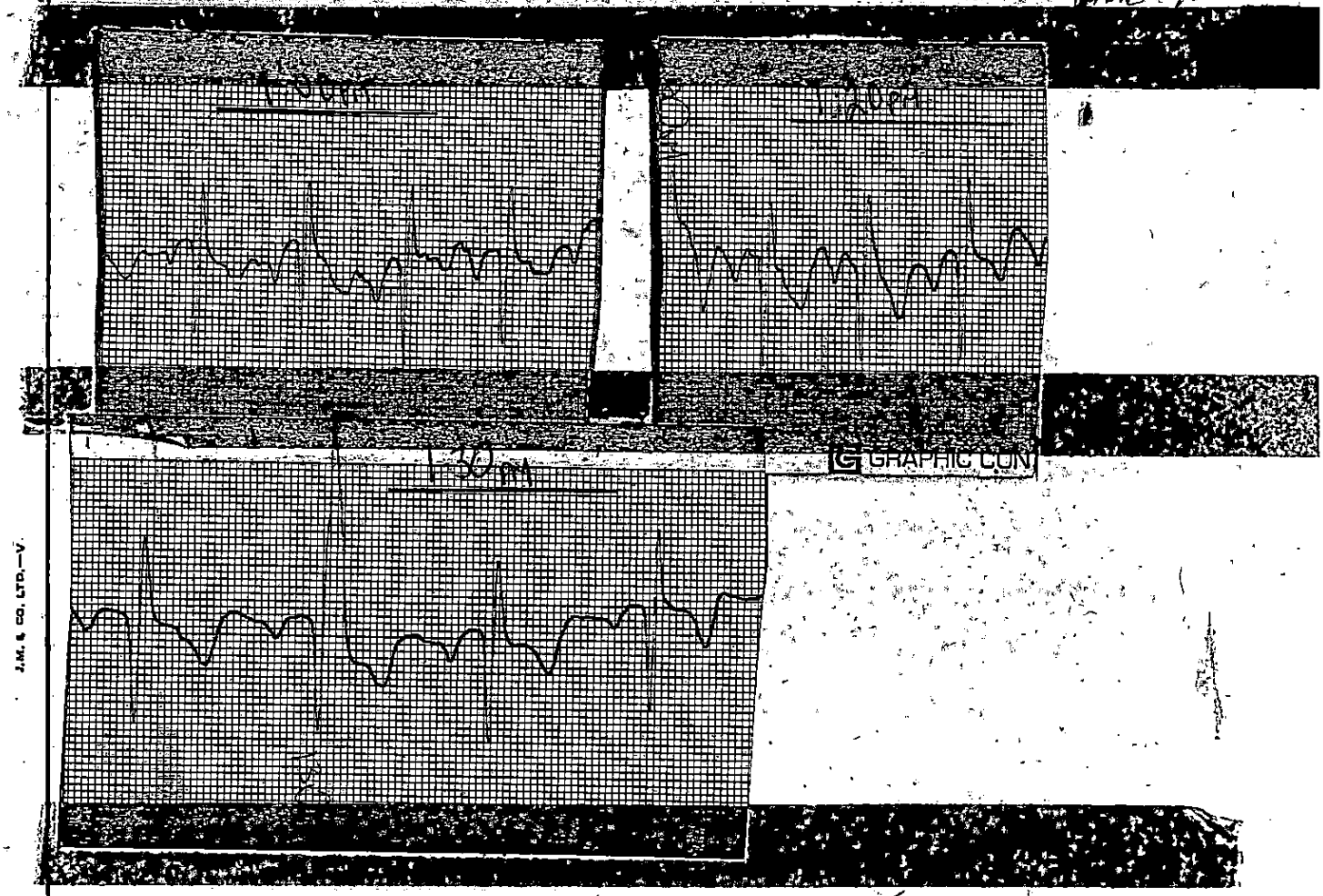
Ward No.: OP

Hospital:

Date: 1/11/79 - 2/11/79

Blood Pressure:

Brief Clinical History including Therapy (especially Digitalis): [illegible] MON.




KIND OF TAPE

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# LABORATORY REPORTS

**BACTERIOLOGY**

| SURNAME (Block Letters) Mr. Mrs. Miss | FIRST NAMES (Block Letters) | Unit No. |
|---|---|---|
| Honeyman | Catherine | S 4 8 2 0 6 |

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1

**VICTORIA INFIRMARY, GLASGOW** Commencing at Number One. **BACTERIOLOGY**

Use RALL PEN or label BOTH COPIES

Name 54820O
CATHERINE HONEYMAN

Addr. 10 MELVILLE SR
GLASGOW
G41 2LN
1/2/49
F/M

New Case. / Follow up — Lab. No. 51030

Hospital/Clinic: V.I. — Ward/Dept.: 16.

Unit No. — Dr/Mr. (address if G.P.): MR. MACK

| Age/D.O.B. | Sex | Occupation |
|---|---|---|
| | | |

**REQUEST FORM**

Diagnosis and clinical details

Excision + Biopsy to (R) breast

Antimicrobial Therapy—Current / Planned

Specimen (one specimen per form) MSSU — Date 15/11/89 — Time 7.40 a.m ~~p.m~~

Investigation C+S ploope — Signed pp Dr McPherson

**REPORT**

Urine Micro
WBC ___ /HPF
RBC ___ /HPF
BACT. ___

CULT. NO GROWTH

SCH

**FOR LABORATORY USE ONLY**

| Penicillin | Cloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Ampicillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Nalidixic Acid | Chloramphenicol | Gentamicin | Netilmicin | Piperacillin | Ciprofloxacin | Framycetin | Mupirocin | | | | |
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FAX REPORT → TOP EDGE TO LINE ABOVE 7

REQUEST FORM

...LEMARY, GLASGOW

BACTERIOLOGY

...COPIES

CATHERINE HONEYMAN
10 MELVILLE SR
GLASGOW
G41 2LN
1/2/49
F/M

New Case / Follow up

78098 7

Hospital/Clinic: V1

Ward/Dept.: 9

Unit No.

| Age/D.O.B. | Sex | Occupation |
|---|---|---|
| | | |

Consultant/G.P. (Address if G.P.): GILLESPIE

Diagnosis and clinical details.

Pyrexia on Cefotaxime
? Chest infection

Antimicrobial Therapy—~~Current~~ / ~~Planned~~: current Cefotaxime 750mg tds/ V

Specimen (one specimen per form): VB

Date: 15.3.92 Time: a.m / p.m

Investigation: C+S

Signed: Nicholson

REPORT

NO GROWTH AFTER 48HRS. INCUBATION

Urine Micro

WBC /HPF

RBC /HPF

BACT.

FOR LABORATORY USE ONLY

| | Penicillin | Flucloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Amp/Amox-icillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Cephalexin | Chloramphenicol | Gentamicin | Netilmicin | Piperacillin | Ciprofloxacin | Framycetin | Mupirocin | | | | | |
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+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Form 0440

Received 16 MAR 1992

Reported 17/3

Signed

Form 04

+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Received 15 MAR 1992 | Reported 17/3 | Signed

VICTORIA INFIRMARY, GLASGOW

BACTERIOLOGY

54200
CATHERINE HONEYMAN
10 MELVILLE SR
GLASGOW
G41 2LN
1/2/49
F/M

New Case. ✓ Follow up

Lab. No. -78041

Hospital/Clinic VI

Ward/Dept. G

REQUEST FORM

Unit No.

Age/D.O.B. | Sex F | Occupation

Dr/Mr. (address if G.P.)

Diagnosis and clinical details.

cholecystectomy
urinary retension

Antimicrobial Therapy—Current
Planned

Specimen (one specimen per form) MSU

Date 13 3 92 Time 16 ~~a.m~~ p.m

Investigation C+S

Signed pp DR Watson

REPORT

CULT. NO GROWTH

Urine Micro
WBC — /HPF
RBC — /HPF
BACT. ±

Amorphous debris +

FOR LABORATORY USE ONLY

| | Penicillin | Flucloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Amp/Amox-Icillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Cephalexin | Chloramphenicol | Gentamicin | Netilmicin | Piperacillin | Ciprofloxacin | Framycetin | Mupirocin | | | | |
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Form 0440

+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Received 14 MAR 1992 | Reported | Signed

## VICTORIA INFIRMARY, GLASGOW

**BACTERIOLOGY**

REQUEST FORM

Use BALL PEN or label BOTH COPIES

Name CATHERINE HONEYMAN

Address
10 MARYVILLE ST
GLASGOW
G41 2LN

New Case. / Follow up

Lab. No. 77472

Hospital/Clinic: V.I.

Ward/Dept.: 9.

Unit No. 548200

Age/D.O.B.: 1-2-49

Sex: F

Occupation

Dr/Mr. (address if G.P.): Mr Gillespie

Diagnosis and clinical details.

Cholecystectomy

Antimicrobial Therapy—Current / Planned: Metronidazole / Cefotaxime.

Specimen (one specimen per form): SWAB FROM CYSTIC DUCT

Date: 12-3-92

Time: 9.55 a.m ~~p.m~~

Investigation: C+S.

Signed: [signature]

REPORT

Urine Micro

WBC /HPF

RBC /HPF

BACT.

**CULT. NO GROWTH**

FOR LABORATORY USE ONLY

Form 0440

| | Penicillin | Flucloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Amp/Amox-Icillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Cephalexin | Chloramphenicol | Gentamicin | Netilmicin | Piperacillin | Ciprofloxacin | Framycetin | Mupirocin | | | | | |
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+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Received: 12 MAR 1992 | Reported: 16/3 | Signed: M

VICTORIA INFIRMARY, GLASGOW

REQUEST FORM

Use BALL PEN or label BOTH COPIES

Name CATHERINE HONEYMAN

Address 10 MELVILLE ST
GLASGOW G41 2LN

New Case. / Follow up

No. 75201

Hospital/Clinic: VICTORIA INF.

Ward/Dept.: 9

Unit No.

Age/D.O.B.: 43yrs | Sex: F | Occupation

Dr/Mr. (address if G.P.)

Diagnosis and clinical details.

CHOLECYSTITIS

Antimicrobial Therapy—Current / Planned

Specimen (one specimen per form): MSSU. | Date: 2/3/92 | Time: 645 ~~a.m~~ p.m

Investigation: C+S. | Signed: pp Dr O WATSON.

REPORT

Urine Micro

WBC 4 /HPF

RBC — /HPF

BACT. —

CULT. NO GROWTH

FOR LABORATORY USE ONLY

| | Penicillin | Flucloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Amp/Amox-Icillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Cephalexin | Chloramphenicol | Gentamicin | Netilmicin | Piperacillin | Ciprofloxacin | Framycetin | Mupirocin | | | | |
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+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Received 3 MAR 1992 | Reported | Signed

Form 0440

# VICTORIA INFIRMARY, GLASGOW

## BACTERIOLOGY REQUEST FORM

Use BALL PEN or label BOTH COPIES

Name: Catherine Honeyman

Address: 10 Melville St, Pollockshields

New Case. / Follow up

Lab. No. 71511

Hospital/~~Clinic~~: Victoria

Ward/~~Dept.~~: 16

Unit No.

Age/D.O.B.: 1/2/49

Sex: F

Occupation: Sales Assistant

~~Dr~~/Mr. (address if G.P.): Gray

Diagnosis and clinical details:

E/A on 16/2/92 ½ abdominal pain
? gastritis.

Antimicrobial Therapy—Current / Planned

Specimen (one specimen per form)

Investigation: M.S.S.U, C+S please

Date: 17/2/92

Time: 7.00 a.m / p.m

Signed: Pp Dr. Thomson

REPORT

Urine Micro
WBC — /HPF
RBC — /HPF
BACT. +

CULT. NO SIGNIFICANT GROWTH

FOR LABORATORY USE ONLY

| | Penicillin | Flucloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Amp/Amox-Icillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Cephalexin | Chloramphenicol | Gentamicin | Netilmicin | Piperacillin | Ciprofloxacin | Framycetin | Mupirocin |
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+ = SENSITIVE ± = MODERATELY RESISTANT – = RESISTANT

Form 0440

Received 17 FEB 1992 | Reported | Signed 19/2

# LABORATORY REPORTS

**BACTERIOLOGY**

| SURNAME (Block Letters) | FIRST NAMES (Block Letters) | Unit No. |
|---|---|---|
| Mr. Mrs. Miss Honeyman | Catherine | 5 4 8 2 0 6 |

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1

**VICTORIA INFIRMARY, GLASGOW**

**BACTERIOLOGY**

REQUEST FORM

Use BALL PEN or label BOTH COPIES

Name CATHERINE HONEYMAN

Address 10 MELVILLE ST. G41 2LN

Ward/Dept. 16

Lab. No. 77939.

Hospital/Clinic VIC INF.

New case. ✓

Follow up

Unit No.

Age/~~D.O.B.~~ 39YRS

Sex F

Occupation HOUSEWIFE

Dr/Mr. (address if G.P.) MR MACK

Diagnosis and clinical details, including Antimicrobial Therapy

(R) breast lump

routine MSSU

Specimen (one specimen per form) MSSU

Date 15/3/88

Time 3.40 ~~a.m.~~ p.m.

Investigation C+S please

Signed PP Dr Cameron

REPORT

Urine Micro

WBC — /HPF

RBC — /HPF

BACT. —

**CULT:** NO GROWTH

FOR LABORATORY USE ONLY

| | Penicillin | Cloxacillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Ampicillin | Amox. + Clav. | Trimethoprim | Nitrofurantoin | Nalidixic Acid | Chloramphenicol | Gentamicin | Netilmicin | Framycetin | Azlocillin | Mezlocillin | Piperacillin | | | | |
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+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Received 15 MAR 1988

Reported

Signed

...ARY OF GLASGOW — Bacteriology

| | | |
|---|---|---|
| CATHERINE HOWYMAN | Unit No. | 8129505 |
| Address 21 Morrell Road GLASGOW G41 | Age F Sex Civil State M. / Occupation | New case. Follow up |
| Dr./~~Mrs~~ (with address if from G.P) BERKELY | Ward/~~Dept.~~ 12A | Hosp/~~Clinic~~ VICTORIA |

Diagnosis & clinical details, including Chemotherapy

laparoscopic sterilization

5/6/81

Nature of specimen MSSU — Date 8/6/81 — Time 11 a.m. / ~~p.m.~~

Investigation Required C & S — Signed pp. Dr Tenor

Report

LEUCOCYTES — /HPF
RBCs — /HPF
BACTERURIA —

CULTURE; CONTAMINANTS ONLY

FOR LABORATORY USE ONLY

| | Penicillin | Methicillin | Erythromycin | Fusidic Acid | Metronidazole | Tetracycline | Amoxy/Ampi-cillin | Trimethoprim | Sulphamethoxazole | Nitrofurantoin | Nalidixic Acid | Chloramphenicol | Gentamicin | Carbenicillin | Framycetin | Cephalosporins | Cefuroxime | Cefoxitin | | |
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+ = SENSITIVE ± = MODERATELY RESISTANT − = RESISTANT

Date received 8 JUN 1981 — Date reported 9/6 — Signed

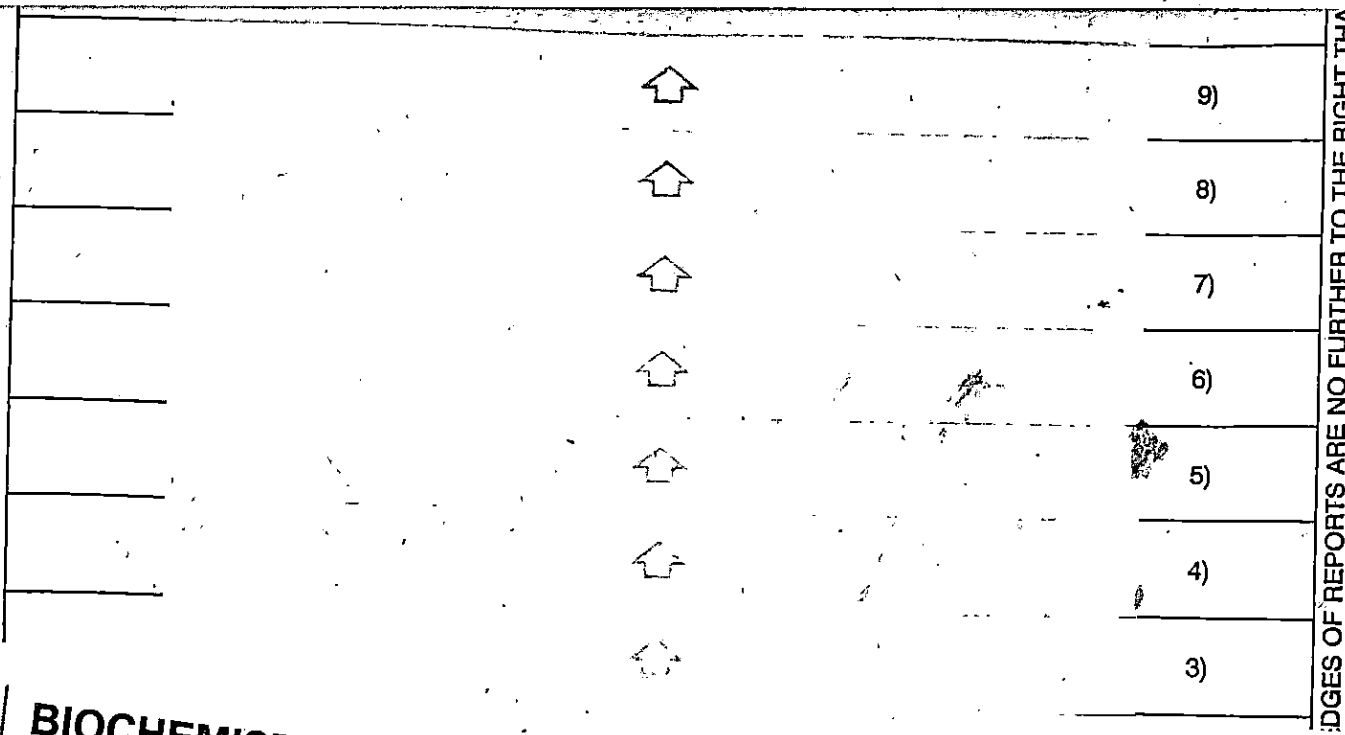
# VICTORIA INFIRMARY of GLASGOW

| Name | | Sex | Date of Birth | Regn No | Dr. / Consultant |
|---|---|---|---|---|---|
| HONEYMAN C | | F | 01.02.49 | 548200 | MCMURDO |
| **Hospital** | **Unit** | **Laboratory No** | **Date Received** | **Time** | **Prov. Diagnosis** |
| VIC | MOP | 46189 H | 08.10.79 | 0000 | PALPITATION |

$T_4$ by R. I. A. : 120 nmol/l (Normal 55-155 nmol/l)

$T_3$ resin uptake: 106 Units (Normal 92-117 units)

Biochemist

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# BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681

NHS Greater Glasgow and Clyde

A

Name HONEYMAN CATHERINE

Unit No. ~~SG~~99406473

CHI Number 0102496145

D.O.B. 01.02.49 Sex F

Lab Number R,08.2012359.C

Received 11.02.08 at 08:55

Location Acc / Emergency Victoria

Consultant NOT KNOWN

Prov. Diagnosis Chest Pain

CCU 11 2 12 12 AM

| Withdrawal Date | Time | Na 135–145 | K 3.5–5.0 | Cl 97–107 | $HCO_3$ 23–30 | Urea 2.5–7.0 | Creat 40–130 | eGFR | Glucose | * | CRP <10 | Amylase <100 | Magnesium 0.70–1.00 | Urate 0.15–0.35 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | mmol/L | | | | | umol/L | mL/min | mmol/L | | mg/L | U/L | mmol/L | |
| 11.02.08 | 08:00 | 136 | 4.0 | 101 | 22 | 8.0 | 77 | >60 | 6.7 | N | | | | |

| Withdrawal Date | Time | T.Protein 62–82 | Albumin 32–45 | Globulins 23–38 | Bilirubin <20 | Alk. Phos. 30–120 | AST <40 | ALT <40 | GGT <40 | CK <170 | Calcium | Adj Ca 2.15–2.60 | Phosphate 0.70–1.40 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | g/L | | | umol/L | U/L | | | | | mmol/L | | |
| 11.02.08 | 08:00 | | | | | | | | | | | | |

* Fasting: Y = Yes, N = No

**Report authorised by Computer validation**

Run No: 247 Issued 11.02.08 at 10:30

UKAS Accredited Medical Laboratory Reference No: 2923

# BIOCHEMISTRY DEPARTMENT

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# BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681

NHS Greater Glasgow and Clyde

A

Name **HONEYMAN CATHERINE** CHI Number **0102496145** Location **Acc / Emergency Victoria**

Unit No. ~~SG~~99406473 Lab Number R,08.2012359.C Consultant **NOT KNOWN**

D.O.B. **01.02.49** Sex **F** Received 11.02.08 at 08:55 Prov. Diagnosis Chest Pain

| Withdrawal Date | Time | Na 135–145 | K 3.5–5.0 | Cl 97–107 | $HCO_3$ 23–30 | Urea 2.5–7.0 | Creat 40–130 | eGFR | Glucose | * | CRP <10 | Amylase <100 | Magnesium 0.70–1.00 | Urate 0.15–0.35 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | mmol/L | | | | | umol/L | mL/min | mmol/L | | mg/L | U/L | mmol/L | |
| 11.02.08 | 08:00 | 136 | 4.0 | 101 | 22 | 8.0 | 77 | >60 | 6.7 | N | 1 | | | |

| Withdrawal Date | Time | T.Protein 62–82 | Albumin 32–45 | Globulins 23–38 | Bilirubin <20 | Alk. Phos. 30–120 | AST <40 | ALT <40 | GGT <40 | CK <170 | Calcium | Adj Ca 2.15–2.60 | Phosphate 0.70–1.40 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | g/L | | | umol/L | U/L | | | | | mmol/L | | |
| 11.02.08 | 08:00 | | | | | | | | | | | | |

* Fasting: Y = Yes, N = No

CPA Accredited Medical Laboratory Reference No: 2923

***Report authorised by Computer validation***

Run No: 251 Issued 11.02.08 at 14:30

# BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde **A**

| | | | | | |
|---|---|---|---|---|---|
| *Name* | **HONEYMAN CATHERINE** | *CHI Number* | **0102496145** | *Location* | **Coronary Care Unit, Vic I** |
| *Unit No.* | **SG99406473** | *Lab Number* | R,08.2012730.C | *Consultant* | **NOT KNOWN** |
| *D.O.B.* | **01.02.49** *Sex* **F** | *Received* | 12.02.08 *at* 08:18 | *Prov. Diagnosis* | Not given |

| Withdrawal | | Na | K | Cl | $HCO_3$ | Urea | Creat | eGFR | Glucose | * | CRP | Amylase | Magnesium | Urate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time | 135–145 | 3.5–5.0 | 97–107 | 23–30 | 2.5–7.0 | 40–130 | | | | <10 | <100 | 0.70–1.00 | 0.15–0.35 |
| | | mmol/L | | | | | umol/L | mL/min | mmol/L | | mg/L | U/L | mmol/L | |
| 11.02.08 | 08:00 | 136 | 4.0 | 101 | 22 | 8.0 | 77 | >60 | 6.7 | N | 1 | | | |
| 12.02.08 | 08:00 | 139 | 3.3 | 101 | 26 | 6.9 | 84 | >60 | | | 2 | 27 | | |

| Withdrawal | | T.Protein | Albumin | Globulins | Bilirubin | Alk. Phos. | AST | ALT | GGT | CK | Calcium | Adj Ca | Phosphate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time | 62–82 | 32–45 | 23–38 | <20 | 30–120 | <40 | <40 | <40 | <170 | | 2.15–2.60 | 0.70–1.40 |
| | | g/L | | | umol/L | U/L | | | | | mmol/L | | |
| 12.02.08 | 08:00 | 64 | 37 | 27 | 9 | 100 | 36 | 46 | | | | | |

* Fasting: Y = Yes, N = No

A

# BIOCHEMISTRY DEPARTMENT

Run: 864

## SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

### VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

A

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | M | 01.02.49 | 406473 | CHAUBEY |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | SOP | 069438.G | 03.05.02 | 16:24 | Gallstones |

## ELECTROLYTES, UREA, GLUCOSE AND CRP

('Gap' is the sum of serum Na+ and K+ less Cl- and $HCO_3$-. An increased Gap reflects the presence of an excess of undetermined anions.)

Authorised by Computer Validation

WHO definition of diabetes mellitus : symptoms + fasting venous plasma glucose ≥ 7.0 mmol/L

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | | <10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µ mol/L | mmol/L | mg/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | 'Creat | Glucose | CRP | |
| 03.05.02 | | 140 | 4.3 | 102 | 26 | 16 | 4.7 | 100 | | <3 | |
| 29.09.00 | 10:00 | 140 | 4.7 | 102 | 30 | 13 | 6.5 | 103 | 5.6 | | |
| 26.03.99 | | 140 | S4.7 | 103 | 31 | 11 | 7.1 | 95 | | | |
| 25.03.99 | 18:00 | 142 | 4.8 | 108 | 26 | 13 | 5.8 | 97 | 5.3 | | |

Issued on 04.05.02 at 10:12

TAKE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 10

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

A

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 021430.S | 17.03.92 | 1127 | Post-op |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 17.03.92 | | 140 | 3.9 | 104 | 27 | 13 | 1.7 | 76 | |
| 13.03.92 | | 135 | 3.6 | 99 | 21 | 19 | 3.1 | 99 | |
| 09.03.92 | | 142 | 4.1 | 102 | 28 | 16 | 3.0 | 86 | |
| 07.03.92 | | 141 | 3.8 | 103 | 26 | 16 | 4.1 | 96 | 8.0 |
| 03.03.92 | 1110C | 142 | 3.6 | 104 | 28 | 14 | 4.0 | 89 | |

31

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

A

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 020427.J | 13.03.92 | 1111 | Post-op |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

RHFab

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 13.03.92 | | 135 | 3.6 | 99 | 21 | 19 | 3.1 | 99 | |
| 09.03.92 | | 142 | 4.1 | 102 | 28 | 16 | 3.0 | 86 | |
| 07.03.92 | | 141 | 3.8 | 103 | 26 | 16 | 4.1 | 96 | 8.0 |
| 03.03.92 | 11:00 | 142 | 3.6 | 104 | 28 | 14 | 4.0 | 89 | |
| 02.03.92 | 12:00 | 142 | 3.6 | 98 | 25 | 23 | 7.0 | 96 | 5.1 |

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

A

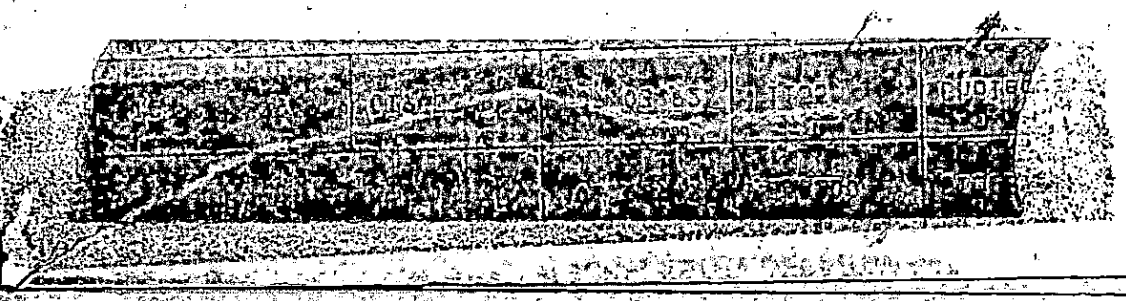
| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| [redacted] CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |
| Ward/Hospital No. / Unit | Lab. Laboratory No. | Date Received | Time | |
| WTC 9 | 019053-R | 09.03.92 | 1155 | Cholecystitis |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) | |
|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | |
| 09.03.92 | | 142 | 4.1 | 102 | 28 | 16 | 3.0 | 86 | | |
| 07.03.92 | | 141 | 3.8 | 103 | 26 | 16 | 4.1 | 96 | 8.0 | |
| 03.03.92 | 11:00 | 142 | 3.6 | 104 | 28 | 14 | 4.0 | 89 | | |
| 02.03.92 | 12:00 | 142 | 3.6 | 98 | 25 | 23 | 7.0 | 96 | 5.1 | |
| 02.03.92 | 01:00 | 139 | 3.7 | 104 | 23 | 16 | 6.8 | 116 | 10.0 | |



# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

**A**

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 018850.B | 07.03.92 | 2317 | ?PANCREATITIS |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 07.03.92 | | 141 | 3.8 | 103 | 26 | 16 | 4.1 | 96 | 8.0 |
| 03.03.92 | 11:00 | 142 | 3.6 | 104 | 28 | 14 | 4.0 | 89 | |
| 02.03.92 | 12:00 | 142 | 3.6 | 98 | 25 | 23 | 7.0 | 96 | 5.1 |
| 02.03.92 | 01:00 | 139 | 3.7 | 104 | 23 | 16 | 6.8 | 116 | 10.0 |
| 19.02.92 | 09:00 | 142 | 3.9 | 103 | 25 | 18 | 2.4 | 94 | |

29

# VICTORIA INFIRMARY OF GLASGOW

A

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 017258.W | 03.03.92 | 1207 | Cholecystitis |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 03.03.92 | 11:00 | 142 | 3.6 | 104 | 28 | 14 | 4.0 | 89 | |
| 02.03.92 | 12:00 | 142 | 3.6 | 98 | 25 | 23 | 7.0 | 96 | 5.1 |
| 02.03.92 | 01:00 | 139 | 3.7 | 104 | 23 | 16 | 6.8 | 116 | 10.0 |
| 19.02.92 | 09:00 | 142 | 3.9 | 103 | 25 | 18 | 2.4 | 94 | |
| 17:02.92 | 10:00 | 138 | 3.5 | 104 | 24 | 14 | 4.5 | 96 | |

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 016851.Z | 02.03.92 | 1342 | ?ACUTE PANCREATITIS |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 02.03.92 | 12:00 | 142 | 3.6 | 98 | 25 | 23 | 7.0 | 96 | 5.1 |
| 02.03.92 | 01:00 | 139 | 3.7 | 104 | 23 | 16 | 6.6 | 116 | 10.0 |
| 19.02.92 | 09:00 | 142 | 3.9 | 103 | 25 | 18 | 2.4 | 94 | |
| 17.02.92 | 10:00 | 138 | 3.5 | 104 | 24 | 14 | 4.5 | 96 | |
| 17.02.92 | 00:00 | 138 | 3.8 | 103 | 28 | 11 | 4.5 | 101 | 6.7 |

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

**A**

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 016646.Z | 02.03.92 | 0131 | Vomiting |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 02.03.92 | 01:00 | 139 | 3.7 | 104 | 23 | 16 | 6.8 | 116 | 10.0 |
| 19.02.92 | 09:00 | 142 | 3.9 | 103 | 25 | 18 | 2.4 | 94 | |
| 17.02.92 | 10:00 | 138 | 3.5 | 104 | 24 | 14 | 4.5 | 96 | |
| 17.02.92 | 00:00 | 138 | 3.8 | 103 | 28 | 11 | 4.5 | 101 | 6.7 |

3

REMOVE THIS STRIP & APEX REPORT TO [illegible]

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 16 | 013325.D | 19.02.92 | 1048 | Abdominal pain |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

RHEala
Biochem

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) | |
|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | |
| 19.02.92 | 09:00 | 142 | 3.9 | 103 | 25 | 18 | 2.4 | 94 | | |

ON 82

REMOVE THIS SLIP & AFFIX REPORT

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

A

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z924748 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 16 | 012612.K | 17.02.92 | 1054 | Gallstones |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

RHFala

Biochem

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose |
| 17.02.92 | 10:00 | 138 | 3.5 | 104 | 24 | 14 | 4.5 | 96 | |
| 17.02.92 | 00:00 | 138 | 3.8 | 103 | | 11 | 4.5 | 101 | 6.7 |

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 11

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 10

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 9

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 8

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 7

RIP FROM THIS SIDE

# BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW (0141) 201 1681 NHS Greater Glasgow and Clyde

A

Name HONEYMAN CATHERINE
Unit No. SG99406473
D.O.B. 01.02.49 Sex F

CHI Number 0102496145
Lab Number R,10.2090384.S
Received 14.10.10 at 20:55

Location Acc / Emergency Victoria
Consultant Dr.David.Ritchie
Prov. Diagnosis # r tib

| Withdrawal Date | Time | Na 135–145 | K 3.5–5.0 | Cl 98–108 | $HCO_3$ 23–30 | Urea 2.5–7.0 | Creat 40–130 | eGFR | Glucose | * | CRP <10 | Amylase <100 | Magnesium 0.70–1.00 | Urate 0.15–0.35 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | mmol/L | | | | | umol/L | mL/min | mmol/L | | mg/L | U/L | mmol/L | |
| 4.10.10 | 20:20 | 141 | 3.8 | 95 | 24 | 4.4 | 73 | >60 | 7.3 | Y | 9 | | | |

| Withdrawal Date | Time | T.Protein 60–80 | Albumin 32–45 | Globulins 23–38 | Bilirubin <20 | Alk. Phos. 35–135 | AST <40 | ALT <50 | GGT <40 | CK <170 | Calcium | Adj Ca 2.10–2.60 | Phosphate 0.70–1.40 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | g/L | | | umol/L | U/L | | | | | mmol/L | | |
| 10.10 | 20:20 | 85 | 45 | 40 | 7 | 164 | 28 | 27 | | | | | |

* Fasting: Y = Yes, N = No

CPA Accredited Medical Laboratory Reference No: 2923

Report authorised by Computer validation
No: 316 Issued 15.10.10 at 09:30 Specimen type: Blood

REMOVE THIS STRIP & ...

Run: 481

# SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

## VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

**A**

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z9719698 | DR A.STEWART (DIA) |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 10 | 021712.Q | 05.02.04 | 10:41 | Chest pain |

## ELECTROLYTES, UREA, GLUCOSE AND CRP

('Gap' is the sum of serum Na+ and K+ less Cl- and $HCO_3$-. An increased Gap reflects the presence of an excess of undetermined anions.)

Authorised by Computer Validation

WHO definition of diabetes mellitus : symptoms + fasting venous plasma glucose ≥ 7.0 mmol/L

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | | <10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µ mol/L | mmol/L | mg/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | CRP | |
| 05.02.04 | 09:00 | 139 | 4.2 | 103 | 22 | 18 | 4.5 | 65 | | <3 | |
| 04.02.04 | 13:00 | 138 | 4.0 | 102 | 25 | 15 | 6.8 | 83 | 9.2 | <3 | |
| 25.11.99 | 11:00 | 137 | 4.8 | 102 | 28 | 12 | 6.6 | 98 | 5.5 | | |
| 27.08.98 | | | | | | | | | | <3 | |

Issued on 05.02.04 at 11:46

Run: 475

# SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

## VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

**A**

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z9719698 | DR A.STEWART (DIA) |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | MAU | 021148.C | 04.02.04 | 13:34 | Short of Breath |

## ELECTROLYTES, UREA, GLUCOSE AND CRP

('Gap' is the sum of serum $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

WHO definition of diabetes mellitus : symptoms + fasting venous plasma glucose ≥ 7.0 mmol/L

Authorised by Computer Validation

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | | <10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µ mol/L | mmol/L | mg/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | CRP | |
| 04.02.04 | 13:00 | 138 | 4.0 | 102 | 25 | 15 | 6.8 | 83 | 9.2 | <3 | DKO 5/2/04 |
| 25.11.99 | 11:00 | 137 | 4.8 | 102 | 28 | 12 | 6.6 | 98 | 5.5 | | |
| 27.08.98 | | | | | | | | | | <3 | |

Issued on 04.02.04 at 14:22

REMOVE VICTORIA INFIRMARY NHS TRUST LIKE ABOVE

**A**

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | M | 01.02.49 | 406473 | UNKNOWN |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 10 | 042160.M | 26.03.99 | 1211 | Overdose |

## ELECTROLYTES, UREA, GLUCOSE AND CRP

('Gap' is the sum of serum Na+ and K+ less Cl- and $HCO_3$-. An increased Gap reflects the presence of an excess of undetermined anions.)

S = Slightly haemolysed

Passed Computer Validation
Biochemist

Fasting plasma glucose above 7.7 mmol/L defines diabetes mellitus.

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.3 (Fasting) | <10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µ mol/L | mmol/L | mg/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | CRP | |
| 26.03.99 | | 140 | S4.7 | 103 | 31 | 11 | 7.1 | 95 | | | |
| 25.03.99 | 18:00 | 142 | 4.8 | 108 | 26 | 13 | 5.8 | 97 | 5.3 | | |

Issued on 26-Mar-99 at 14:14

REMOVE THIS

# VICTORIA INFIRMARY NHS TRUST

## BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 12A | 012749.N | 05.02.95 | 2321 | Pre-op |

## PITUITARY — GONADAL HORMONES

| Reference Range / Units | | U/L | U/L | up to 500 mU/L | pmol/L | nmol/L | |
|---|---|---|---|---|---|---|---|
| Date | Time | LH | FSH | PRL | OEST | PROG | |
| 05.02.95 | | 2.8 | 9.1 | | <100 | | |

Note : Reference values depend on age, sex and menstrual status

? pre-surgical. HB

Biochemist

REMOVE THIS STICKER & APPLY REPORT

# VICTORIA INFIRMARY NHS TRUST

## BIOCHEMISTRY DEPARTMENT

A

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 12A | 012749.N | 05.02.95 | 2321 | Pre-op |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3$. An increased Gap reflects the presence of an excess of undetermined anions).

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) | |
|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µ mol/L | mmol/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | |
| 05.02.95 | | 142 | 3.8 | 103 | 25 | 18 | 4.6 | 94 | | |

# BIOCHEMISTRY DEPARTMENT

B

Run: 435

## SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
### VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z9719698 | DR A.STEWART (DIA) |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | MAU | 021148.C | 04.02.04 | 13:34 | Short of Breath |

| REFERENCE RANGE | | < 37 | < 40 | < 150 | F<30M<45 | 60-260 | | F<17M<21 | 62-82 | 38-53 | | 2.20-2.60 | 0.80-1.50 | <100 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µ mol/L | g/L | | | mmol/L | | U/L 37°C |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 04.02.04 | 13:00 | 41 | 45 | 91 | 29 | 226 | | 11 | 69 | 45 | 2.27 | 2.23 | 1.12 | |
| 27.08.98 | | 22 | 12 | | 22 | 222 | | 5 | 74 | 45 | | | | |

| REFERENCE RANGE | | 55-120 | URINE TESTS | | | | | | | 0.09-0.74 | 78-90 | 0.8-1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µ mol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| 04.02.04 | 13:00 | | | | | | | | | | | | | | |

JHO 5/2/04

Issued on 04.02.04 at 14:21

Authorised by Computer Validation Biochemist

# SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
## VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

Run: 209 **B**

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | M | 01.02.49 | 406473 | CHAUBEY |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | SOP | 069438.G | 03.05.02 | 16:24 | Gallstones |

| REFERENCE RANGE | | < 37 | < 40 | < 150 | F<30M<45 | 60-260 | | F<17M<21 | 62-82 | 38-53 | | 2.20-2.60 | 0.80-1.50 | <100 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µ mol/L | g/L | | | mmol/L | | U/L 37°C |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 03.05.02 | | 21 | 26 | | 13 | 305 | | 5 | 72 | 45 | | | | |
| 15.04.02 | 10:00 | 21 | 28 | | 14 | 296 | | 7 | 72 | 43 | | | | |
| 08.03.02 | 14:00 | 47 | 49 | | 19 | 302 | | 7 | 73 | 44 | | | | |
| 29.09.00 | 10:00 | 29 | 44 | | 30 | 292 | | 6 | 77 | 44 | | | | |
| 26.03.99 | | 23 | 17 | | 33 | 212 | | 5 | 76 | 47 | | | | |

| REFERENCE RANGE | | 55-120 | URINE TESTS | | | | | | | 0.09-0.74 | 78-90 | 0.8-1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µ mol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| 03.05.02 | | | | | | | | | | | | | | | |

Biochemist

Authorised by Computer Validation

Issued on 04.05.02 at 10:12

# VICTORIA INFIRMARY NHS TRUST

## BIOCHEMISTRY DEPARTMENT

**B**

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | M | 01.02.49 | 406473 | UNKNOWN |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 10 | 042160.M | 26.03.99 | 1211 | Overdose |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60-260 | | F<17M<21 | 62-82 | 38-53 | | 2.20-2.60 | 0.80-1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L AT 37°C | | | | | | µ mol/L | g/L | | mmol/L | | | U/L 37°C |
| Date | Time | AST | ALT | CK | ɣ-GT | Alk Phos | | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 26.03.99 | | 23 | 17 | | 33 | 212 | | 5 | 76 | 47 | | | | |

| REFERENCE RANGE | | 55-120 | URINE TESTS | | | | | | | 0.09-0.74 | 78-90 | 0.8-1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µ mol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm $PO_4$ | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

MD

Passed Computer Validation
Biochemist

Issued on 26-Mar-99 at 14:14

# ROYAL INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

**B**

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| ROBERTSON CATHERINE | F | 01-02-49 | 548200 | GILLESPIE |

| Hospital Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|
| VIC 9 | 021430.S | 17.03.92 | 1127 | Post-op |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(37°) |
| Date | Time | AST | ALT | CK | δ-GT | Alk Phos | P.ACP | Bilirubin | T Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 17.03.92 | | 31 | 41 | | 79 | 217 | | 7 | 62 | 36 | | | | |
| 13.03.92 | | 30 | 57 | | 116 | 248 | | 15 | 69 | 38 | | | | |
| 09.03.92 | | 37 | 130 | | 171 | 326 | | 8 | 74 | 42 | | | | |
| 07.03.92 | | | | | | 350 | | | 77 | 44 | 2.34 | 2.40 | 0.98 | 113 |
| 03.03.92 | 11:00 | 578 | 1001 | | 360 | 507 | | 26 | 75 | 43 | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | | |
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/ L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO. | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

Biochemist

5

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 020427.J | 13.03.92 | 1111 | Post-op |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(37°) |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj.Ca | Phosphate | Amylase |
| 13.03.92 | | 30 | 57 | | 116 | 248 | | 15 | 69 | 38 | | | | |
| 09.03.92 | | 37 | 130 | | 171 | 326 | | 8 | 74 | 42 | | | | |
| 07.03.92 | | | | | | 350 | | | 77 | 44 | 2.34 | 2.40 | 0.98 | 113 |
| 03.03.92 | 11:00 | 578 | 1001 | | 360 | 507 | | 26 | 75 | 43 | | | | |
| 02.03.92 | 12:00 | 1169 | 948 | | 384 | 287 | | 31 | 80 | 46 | 2.42 | 2.44 | 1.09 | 181 |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

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# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 019053.B | 09.03.92 | 1155 | Cholecystitis |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(37 |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 09.03.92 | 7 | 37 | 130 | | 171 | 326 | | 8 | 74 | 42 | | | | |
| 07.03.92 | | | | | | 350 | | | 77 | 44 | 2.34 | 2.40 | 0.98 | 113 |
| 03.03.92 | 11:00 | 578 | 1001 | | 360 | 507 | | 26 | 75 | 43 | | | | |
| 02.03.92 | 12:00 | 1169 | 948 | | 384 | 287 | | 31 | 80 | 46 | 2.42 | 2.44 | 1.09 | 181 |
| 02.03.92 | 01:00 | 20 | 37 | | 78 | 172 | | 8 | 78 | 46 | 2.47 | 2.49 | 0.42 | 329 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | |
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro |
| | | | | | | | | | | | | | | |

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# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 018850.B | 07.03.92 | 2317 | Cholecystitis |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(37°) |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 07.03.92 | | | | | | 350 | | | 77 | 44 | 2.34 | 2.40 | 0.98 | 113 |
| 03.03.92 | 11:00 | 578 | 1001 | | 360 | 507 | | 26 | 75 | 43 | | | | |
| 02.03.92 | 12:00 | 1169 | 948 | | 384 | 287 | | 31 | 80 | 46 | 2.42 | 2.44 | 1.09 | 181 |
| 02.03.92 | 01:00 | 20 | 37 | | 78 | 172 | | 8 | 78 | 46 | 2.47 | 2.49 | 0.42 | 329 |
| 19.02.92 | 09:00 | 47 | 103 | | 94 | 190 | | 10 | 78 | 46 | | | | |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0 8 - 1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/ L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

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24

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 017258.W | 03.03.92 | 1207 | Cholecystitis |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(37°) |
| Date | Time | AST | ALT | CK | ɣ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 03.03.92 | 11:00 | 578 | 1001 | | 360 | 507 | | 26 | 75 | 43 | | | | |
| 02.03.92 | 12:00 | 1169 | 948 | | 384 | 287 | | 31 | 80 | 46 | 2.42 | 2.44 | 1.09 | 181 |
| 02.03.92 | 01:00 | 20 | 37 | | 78 | 172 | | 8 | 78 | 46 | 2.47 | 2.49 | 0.42 | 329 |
| 19.02.92 | 09:00 | 47 | 103 | | 94 | 190 | | 10 | 78 | 46 | | | | |
| 17.02.92 | 10:00 | 156 | 125 | | 124 | 201 | | 17 | 68 | 41 | 2.10 | 2.21 | 0.76 | 119 |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

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# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 016646.Z | 02.03.92 | 0131 | ?ACUTE PANCREATITIS |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(37°) |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 02.03.92 | 01:00 | 20 | 37 | | 78 | 172 | | 8 | 78 | 46 | 2.47 | 2.49 | 0.42 | 329 |
| 19.02.92 | 09:00 | 47 | 103 | | 94 | 190 | | 10 | 78 | 46 | | | | |
| 17.02.92 | 10:00 | 156 | 125 | | 124 | 201 | | 17 | 68 | 41 | 2.10 | 2.31 | 0.76 | 119 |
| 17.02.92 | 00:00 | 44 | 37 | | 46 | 171 | | 12 | 73 | 45 | 2.22 | 2.26 | 0.92 | 231 |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

(Low phosphate.)

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# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 9 | 016851.7 | 02.03.92 | 1342 | ?ACUTE PANCREATITIS |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | | mmol/L | | U/L(37 |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylas |
| 02.03.92 | 12:00 | 1169 | 948 | | 384 | 287 | | 31 | 80 | 46 | 2.42 | 2.44 | 1.09 | 181 |
| 02.03.92 | 01:00 | 20 | 37 | | 78 | 172 | | 8 | 78 | 46 | 2.47 | 2.49 | 0.42 | 329 |
| 19.02.92 | 09:00 | 47 | 103 | | 94 | 190 | | 10 | 78 | 46 | | | | |
| 17.02.92 | 10:00 | 156 | 125 | | 124 | 201 | | 17 | 68 | 41 | 2.10 | 2.21 | 0.76 | 119 |
| 17.02.92 | 00:00 | 44 | 37 | | 46 | 171 | | 12 | 73 | 45 | 2.22 | 2.26 | 0.92 | 231 |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro |

↑AST ↑ALT ? hepatocellular damage + ↑γGT + ↑bili.

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# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 16 | 013325.D | 19.02.92 | 1048 | Abdominal pain |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20 2.60 | 0.80-1.50 | <20( |
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(3 |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amyla |
| 19.02.92 | 09:00 | 47 | 103 | | 94 | 190 | | 10 | 78 | 46 | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | | |
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | |

RHEaton
Bioch

↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑ 2 ←

# VICTORIA INFIRMARY OF GLASGOW
## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z924748 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 16 | 012612.K | 17.02.92 | 1054 | Gallstones |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20-2.60 | 0.80-1.50 | <20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | mmol/L | | | U/L(3 |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T Protein | Albumin | Calcium | Adj Ca | Phosphate | Amyl |
| 17.02.92 | 10:00 | (156) | (125) | | (124) | 201 | | 17 | 68 | 41 | 2.10 | 2.21 | 0.76 | 11 |
| 17.02.92 | 00:00 | 44 | 37 | | 46 | 171 | | 12 | 73 | 45 | 2.22 | 2.26 | 0.92 | 23 |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09-0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min. | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro |
| | | | | | | | | | | | | | | |

B

# BIOCHEMISTRY DEPARTMENT

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 11

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 10

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 9

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 8

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 7

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 6

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 5

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 4

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 3

REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE 2

LIFT TAB AND PEEL OFF STRIP FROM THIS SIDE

Run: 441

## SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST
### VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

B

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z9719698 | DR A.STEWART (DIA) |

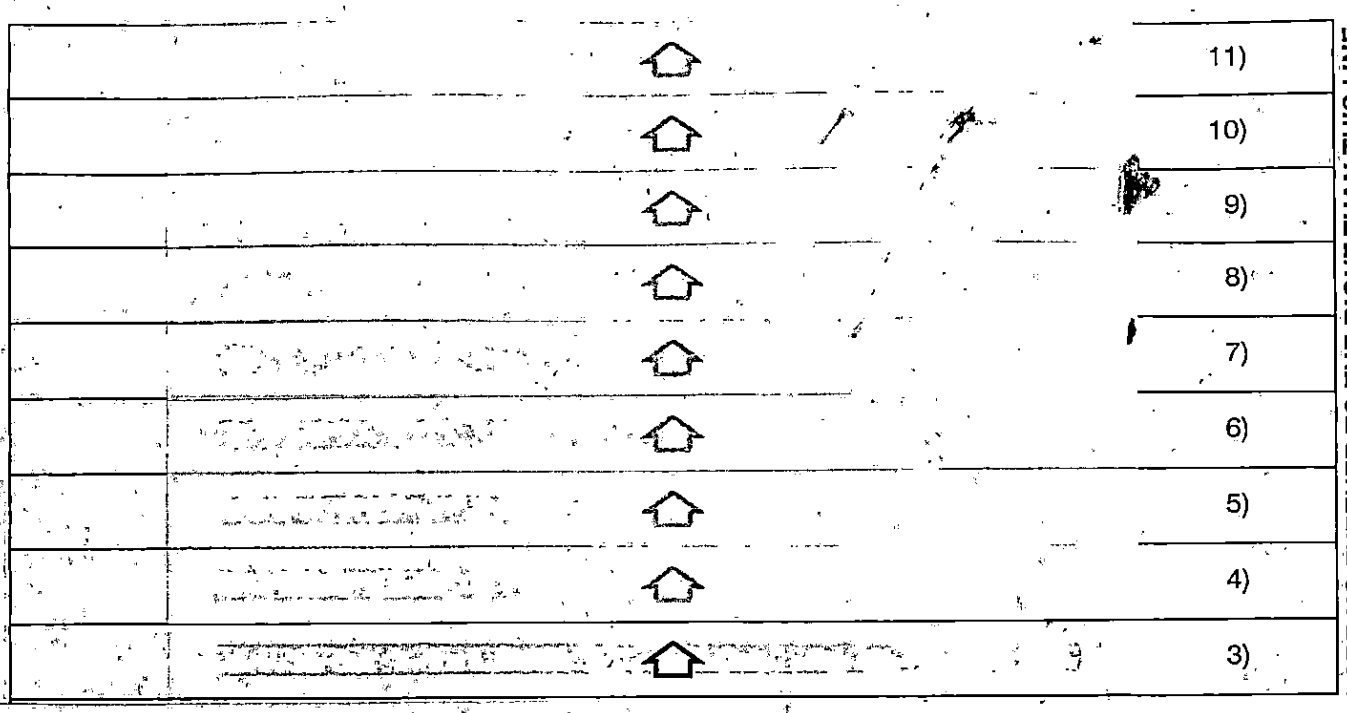
| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | ~~10~~ | 021712.Q | 05.02.04 | 10:41 | Chest pain |

| REFERENCE RANGE | | < 37 | < 40 | < 150 | F<30M<45 | 60-260 | | F<17M<21 | 62-82 | 38-53 | | 2.20-2.60 | 0.80-1.50 | <100 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µ mol/L | g/L | | | mmol/L | | U/L 37°C |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | | Bilirubin | T.Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 05.02.04 | 09:00 | 40 | | 85 | | | | | | | | | | |
| 04.02.04 | 13:00 | 41 | 45 | 91 | 29 | 226 | | 11 | 69 | 45 | 2.27 | 2.23 | 1.12 | |
| 27.08.98 | | 22 | 12 | | 22 | 222 | | 5 | 74 | 45 | | | | |

| REFERENCE RANGE | | 55-120 | URINE TESTS | | | | | | | 0.09-0.74 | 78-90 | 0.8-1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µ mol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| 05.02.04 | 09:00 | | | | | | | | | | | | | | |

# BIOCHEMISTRY DEPARTMENT

C




ARE NO FURTHER TO THE RIGHT THAN THIS LINE

## BIOCHEMISTRY DEPARTMENT SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde C

| | | | | | |
|---|---|---|---|---|---|
| *Name* | **HONEYMAN CATHERINE** | *CHI Number* | **0102496145** | *Location* | **Coronary Care Unit, Vic I** |
| *Unit No.* | **SG99406473** | *Lab Number* | R,08.2012730.C | *Consultant* | **NOT KNOWN** |
| *D.O.B.* | **01.02.49** *Sex* **F** | *Received* | 12.02.08 *at* 08:18 | *Prov. Diagnosis* | Not given |

## LIPID PROFILE

| *Ref Range* / *Units* | | *mmol/L* | *mmol/L* | *mmol/L* | *mmol/L* | *mmol/L* | |
|---|---|---|---|---|---|---|---|
| *Date* | *Time* | **Chol** | **Trig** | **HDL-Chol** | **LDL-Chol** | **VLDL-Chol** | **Chol/HDL** |
| 12.02.08 | 08:00 | 4.3 | 4.14 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Accredited Medical Laboratory
Reference No: 2923

***Report authorised by Computer validation***
Run No: 153 Issued 12.02.08 at 10:00

***Report authorised by Computer validation***
Run No: 153 Issued 12.02.08 at 10:00

# BIOCHEMISTRY DEPARTMENT

SOUTH GLASGOW ☎ (0141) 201 1681 NHS Greater Glasgow and Clyde C

| | | | | | |
|---|---|---|---|---|---|
| Name | HONEYMAN CATHERINE | CHI Number | 0102496145 | Location | Coronary Care Unit, Vic I |
| Unit No. | SG99406473 | Lab Number | R,08.2012730.C | Consultant | NOT KNOWN |
| D.O.B. | 01.02.49 Sex F | Received | 12.02.08 at 08:18 | Prov. Diagnosis | Not given |

## TROPONIN I

| Ref Range / Units | | ( <0.04 ) ug/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | TnI | | | | | |
| 12.02.08 | 08:00 | <0.04 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Troponin Ref Range: Less than 0.04 ug/L*
*Troponin negative. No evidence of recent myocyte necrosis assuming sample taken at least 12h after onset of symptoms*

CPA Accredited Medical Laboratory Reference No: 2923

***Report authorised by Computer validation***
Run No: 153 Issued 12.02.08 at 10:00

C

# BIOCHEMISTRY DEPARTMENT

33

Run: 648

## SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

### VICTORIA INFIRMARY - BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | M | 01.02.49 | 406473 | DR R.BOULTON-JONES |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 7 | 022594.S | 06.02.04 | 11:54 | Chest pain |

## CARDIAC MARKERS

| Reference Range Units | | up to 0.04 ug/L | | up to 37 U/L | up to 150 U/L | | |
|---|---|---|---|---|---|---|---|
| Date | Time | cTnI | HOURS | AST | CK | | |
| 06.02.04 | 11:00 | 0.01 | 24.00 | | | | |
| 05.02.04 | 09:00 | 0.01 | >12.00 | 40 | 85 | | |
| 04.02.04 | 13:00 | <0.01 | >12.00 | 41 | 91 | | |

Troponin negative: No evidence of recent myocardial injury

Biochemist

Issued on 06.02.04 at 16:34 Authorised by J D White

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| Name | Sex | Date of Birth | | |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z9719698 | DR A.STEWART (DIM) |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 10 | 021712.Q | 05.02.04 | 10:41 | Chest pain |

## CARDIAC MARKERS

| Reference Range Units | | up to 0.04 ug/L | | up to 37 U/L | up to 150 U/L | | |
|---|---|---|---|---|---|---|---|
| Date | Time | cTnI | HOURS | AST | CK | | |
| 05.02.04 | 09:00 | 0.01 | >12.00 | 40 | 85 | | |
| 04.02.04 | 13:00 | <0.01 | >12.00 | 41 | 91 | | |

Troponin negative: No evidence of recent myocardial injury
Please do NOT request daily troponin levels.

Issued on 05.02.04 at 11:57

Authorised by Dr A S Hutchison

Biochemist

Biochemist

Biochemist

Biochemist

Biochemist

Biochemist

Biochemist

Biochemist

Biochemist

BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | M | 01.02.49 | 406473 | UNKNOWN |

| Hospital / Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|
| VIC 10 | 042160.M | 26.03.99 | 1211 | Overdose |

## CHEMICAL TOXICOLOGY

| Reference Range / Units | | mmol/L | mmol/L | hours | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | PARACET | SALICYL | HPD | | | |
| 26.03.99 | | 0.07 | <0.2 | | | | |
| 25.03.99 | 1800 | <0.04 | <0.2 | | | | |

Results with "<" indicate concentration below sensitivity of assay

L. Gilchrist

Issued on 26-Mar-99 at 15:48

Biochemist

Biochemist

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Biochemist

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# VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 9 | 021430.S | 17.03.92 | 1127 | Post-op |

## ACUTE PHASE PROTEIN

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reference Range | | UP to 10 | | | | | |
| Units | | mg/L | | | | | |
| Date | Time | CRP | | | | | |
| 17.03.92 | | 35 | | | | | |
| 13.03.92 | | 132 | | | | | |
| 09.03.92 | | 19 | | | | | |
| 03.03.92 | 1100 | 66 | | | | | |
| 02.03.92 | 1200 | 9 | | | | | |

Please state operation date for post-op CRP requests

Biochemist

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## VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 9 | 020427.J | 13.03.92 | 1111 | Post-op |

## ACUTE PHASE PROTEIN

| Reference Range Units | | UP to 10 mg/l | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 13.03.92 | | 132 | | | | | |
| 09.03.92 | | 19 | | | | | |
| 03.03.92 | 1100 | 66 | | | | | |
| 02.03.92 | 1200 | 9 | | | | | |
| 02.03.92 | 0100 | <3 | | | | | |

Please state operation date for post-op CRP requests

Anticipated post op elevation (1 day post op)

Biochemist

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## VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 9 | 019053.B | 09.03.92 | 1155 | Cholecystitis |

## ACUTE PHASE PROTEIN

| Reference Range Units | | UP to 10 mg/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 09.03.92 | | 19 | | | | | |
| 03.03.92 | 1100 | 66 | | | | | |
| 02.03.92 | 1200 | 9 | | | | | |
| 02.03.92 | 0100 | <3 | | | | | |
| 19.02.92 | 0900 | 9 | | | | | |

Please state operation date for post-op CRP requests

Biochemist

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Biochemist

Biochemist

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# VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 9 | 018850.B | 07.03.92 | 2317 | ?PANCREATITIS |

## BLOOD GASES

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reference Range Units | | 36 to 43 nmol/L | 4.6 to 6.0 kPa | 10.5 to 13.5 kPa | 20.0 to 28.0 mmol/L | | |
| Date | Time | [H+] | PaCO2 | PaO2 | HCO3 | FiO2 | |
| 07.03.92 | | 40 | 5.5 | 11.4 | 25.5 | | |

Biochemist

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# VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital / Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|
| VIC · 9 | 017258.W | 03.03.92 | 1207 | Cholecystitis |

## ACUTE PHASE PROTEIN

| Reference Range / Units | | up to 10 mg/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 03.03.92 | 1100 | 66 | | | | | |
| 02.03.92 | 1200 | 9 | | | | | |
| 02.03.92 | 0100 | <3 | | | | | |
| 19.02.92 | 0900 | 9 | | | | | |
| 17.02.92 | 1000 | 7 | | | | | |

Please state operation date for post-op CRP requests

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# VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital / Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|
| VIC 9 | 016851.Z | 02.03.92 | 1342 | ?ACUTE PANCREATITIS |

## ACUTE PHASE PROTEIN

RU

| Reference Range Units | | Up to 10 mg/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 02.03.92 | 1200 | 9 | | | | | |
| 02.03.92 | 0100 | <3 | | | | | |
| 19.02.92 | 0900 | 9 | | | | | |
| 17.02.92 | 1000 | 7 | | | | | |
| 17.02.92 | 0000 | 4 | | | | | |

Please state operation date for post-op CRP requests

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## VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | GILLESPIE |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 9 | 016646.Z | 02.03.92 | 0131 | Vomiting |

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## ACUTE PHASE PROTEIN

| Reference Range Units | | up to 10 mg/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 02.03.92 | 0100 | <3 | | | | | |
| 19.02.92 | 0900 | 9 | | | | | |
| 17.02.92 | 1000 | 7 | | | | | |
| 17.02.92 | 0000 | 4 | | | | | |

Please state operation date for post-op CRP requests

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# VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | A.J.MACK |

| Hospital / Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|
| VIC 16 | 013325.D | 19.02.92 | 1048 | Abdominal pain |

## ACUTE PHASE PROTEIN

| Reference Range Units | | UP to 10 mg/l | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 19.02.92 | 0900 | 9 | | | | | |

Please state operation date for post-op CRP requests

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↑↑ REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑ 3 ←

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## VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| ONEYMAN CATHERINE | F | 01.02.49 | Z924748 | A.J.MACK |

| spital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| IC | 16 | 012612.K | 17.02.92 | 1054 | Gallstones |

# ACUTE PHASE PROTEIN

| eference Range Units | | UP to 10 mg/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 17.02.92 | 1000 | 7 | | | | | |
| 17.02.92 | 0000 | 4 | | | | | |

Please state operation date for post-op CRP requests

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REMOVE THIS STRIP & AFFIX REPORT — TOP EDGE TO LINE ABOVE ↑↑2 ←

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## VICTORIA INFIRMARY OF GLASGOW

BIOCHEMISTRY DEPARTMENT

C

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | Z924748 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 16 | 012523.H | 17.02.92 | 0105 | Gallstones |

## ACUTE PHASE PROTEIN

| Reference Range Units | | UP to 10 MG/L | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Time | CRP | | | | | |
| 17.02.92 | 0000 | 4 | | | | | |

Please state operation date for post-op CRP requests

## GLASGOW VICTORIA HOSPITALS — BLOOD TRANSFUSION DEPARTMENT

| SURNAME | FORENAMES | SEX | HOSP. No. | D.O.B. |
|---|---|---|---|---|
| HONEYMAN | CATHERINE | F | 548200 | 01-Feb-49 |

| HOSPITAL | | | WARD | MEDICAL OFFICER |
|---|---|---|---|---|
| Victoria Infirmary | | | WARD 9 VIC | Gillespie |

| LABORATORY NUMBER | ABO BLOOD GROUP | RHESUS BLOOD GROUP | ANTIBODY SCREEN | DIRECT COOMBS TEST |
|---|---|---|---|---|
| 2, 3504, 1 | O | POS | Negative | Negative |

BLOOD PRODUCTS ISSUED FOR USE ON

TO BE COMPLETED BY NURSE/MEDICAL OFFICER

| PRODUCT | GROUP | COMPATIBLE & PACK NOS. | SET UP BY TIME/DATE | CHECKED BY | REACTION |
|---|---|---|---|---|---|
| | | | | | |

**"THIS BLOOD WILL BE DERESERVED"** AT 9.00 a.m. ON .....

COMMENTS:

# BLOOD TRANSFUSION

**Apply reports from bottom upwards as numbered.**
**Align top edge of report to next line above.**

11
10
9
8
7
6
5
4
3
2

EDGES OF REPORTS ARE NO FURTHER TO THE RIGHT THAN THIS LINE

## SOUTH GLASGOW HOSPITALS - BLOOD TRANSFUSION DEPARTMENT

SGH285(Rev. 03/08)

| SURNAME | FORENAME | SEX | HOSP. No. | D.O.B. |
|---|---|---|---|---|
| HUNEYMAN | CATHERINE | Female | SG99406473 | 01-Feb-1949 |

| MEDICAL OFFICER | WARD / HOSPITAL | C.H.I. NUMBER |
|---|---|---|
| | ~~[illegible]~~ Victoria → WARD 4 | 0102496145 |

| BLOOD GROUP | Rh | ANTIBODY SCREEN |
|---|---|---|
| O | POS | |

## REMEMBER THE FINAL NAMEBAND CHECK FOR EVERY UNIT

LABORATORY NUMBER

B,10.005R553.1

| EXPIRY DATE | PRODUCT CODE | DONOR GROUP | COMPATIBLE PACK Nos. | TO BE COMPLETED BY NURSE / MED. OFF. SET UP BY | DATE / TIME | CHECKED BY | REACTION |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**"THIS BLOOD WILL BE DERESERVED"** AT 9.00 am ON.....

Group & Retain sample not processed as incorrect DOB on sample
Phoned, repeat requested.
Blood group known from previous records
ZERO TOLERANCE POLICY ON SAMPLE LABELLING EFFECTIVE 05.10.09

SPECIMEN RECEIVED: DATE 14-Oct-10 TIME 20:52 DATE OF TEST 15-Oct-10 AUTHORISED BY

PATIENT'S NAME: Catherine Honeyman DATE: 12.07.08

VICTORIA INFIRMARY
CORONARY CARE UNIT

RED
GREEN
BLUE/BLACK
Hourly Fluid Volumes
Temperature
Other entries

| | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $FIO_2$ | air | | | | Ar. | | | | | | | | | | | | | | | | | | | | |
| Resp. Rate | | | | | 20 | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 78 | | | | 60 | | | | | | | | | | | | | | | | | | | | |
| Rhythm | SR | | | | SR. | | | | | | | | | | | | | | | | | | | | |
| Sats | 97% | | | | 96%. | | | | | | | | | | | | | | | | | | | | |

TEMPERATURE °C
BLOOD PRESSURE & PULSE

Intake: Oral, I.V. — Total In

Output: Urine — Total Out

APTT

Drugs by infusion

PCR3

PATIENT'S NAME: Catherine Honeyman

DATE: 11/02/08

# VICTORIA INFIRMARY
## CORONARY CARE UNIT

RED - Hourly Fluid Volumes
GREEN - Temperature
BLUE/BLACK - Other entries

| | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $FIO_2$ | | | | | | | | | | | | | | Air | | | | | | | | | | | |
| Resp. Rate | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | | | | | | | | | | | | | | 83 | | | 79 | | 75 | | 73 | | 85 | | |
| Rhythm | | | | | | | | | | | | | | SR | | | SR | | SR | | SR | | SR | | |
| $SaO_2$ | | | | | | | | | | | | | | 98% | | | | | | | | | | | |

TEMPERATURE °C
BLOOD PRESSURE & PULSE

(109)

Intake — Oral / I.V.

200 200

Total In

Output — Urine

400 600 700

Total Out

APTT

rugs by nfusion

[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

HONEYMOON, CATHERINE ID: 12-Feb-2008 8:35:07 VICTORIA INFIRMARY

1-Feb-1949
Female

| | | |
|---|---|---|
| Vent. rate | 82 | bpm |
| PR interval | 174 | ms |
| QRS duration | 84 | ms |
| QT/QTc | 390/457 | ms |
| P-R-T axes | 21 -6 47 | |

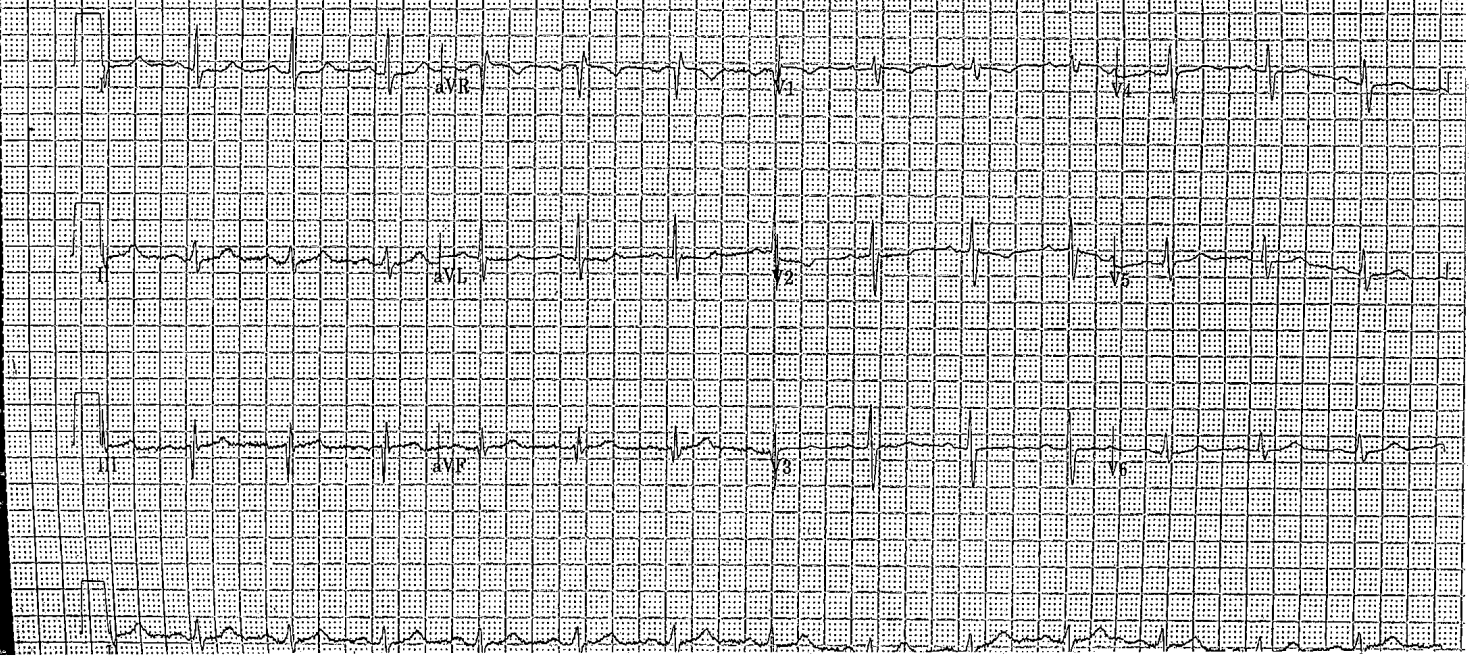
Normal sinus rhythm
Normal ECG

Technician: LD GD

LOCATION: CCU

Referred by: DR ASHGAR

Unconfirmed



ID: 11-Feb-2008 7:41:57 VICTORIA INFIRMARY

Ventr. rate 72 bpm
PR interval 174 ms
QRS duration 92 ms
QT/QTc 430/470 ms
P-R-T axes 47 28 64

Normal sinus rhythm
Incomplete right bundle branch block
ST abnormality, possible digitalis effect

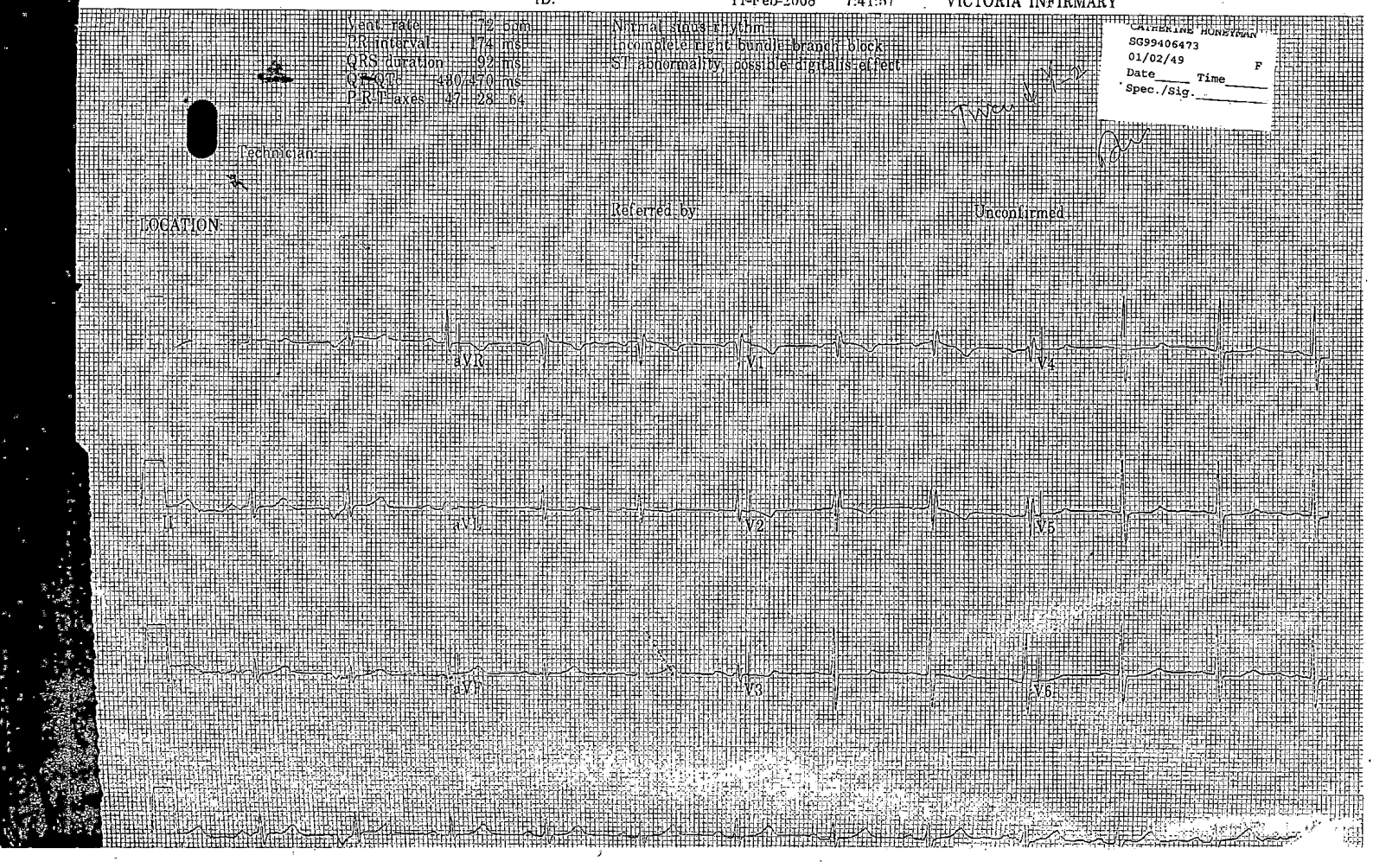
CATHERINE HONEYMAN
SG99406473
01/02/49 F
Date Time
Spec./Sig.

Technician:

LOCATION

Referred by:

Unconfirmed



HONEYMAN, CATHERINE ID: [redacted]473 6-Feb-2004 11:44:15 CTORIA INFIRMARY CARDIOLOGY

1-Feb-1949
Female

Vent. rate 85 bpm
PR interval 168 ms
QRS duration 88 ms
QT/QTc 392/466 ms
P-R-T axes 29 -12 42

Normal sinus rhythm
Normal ECG

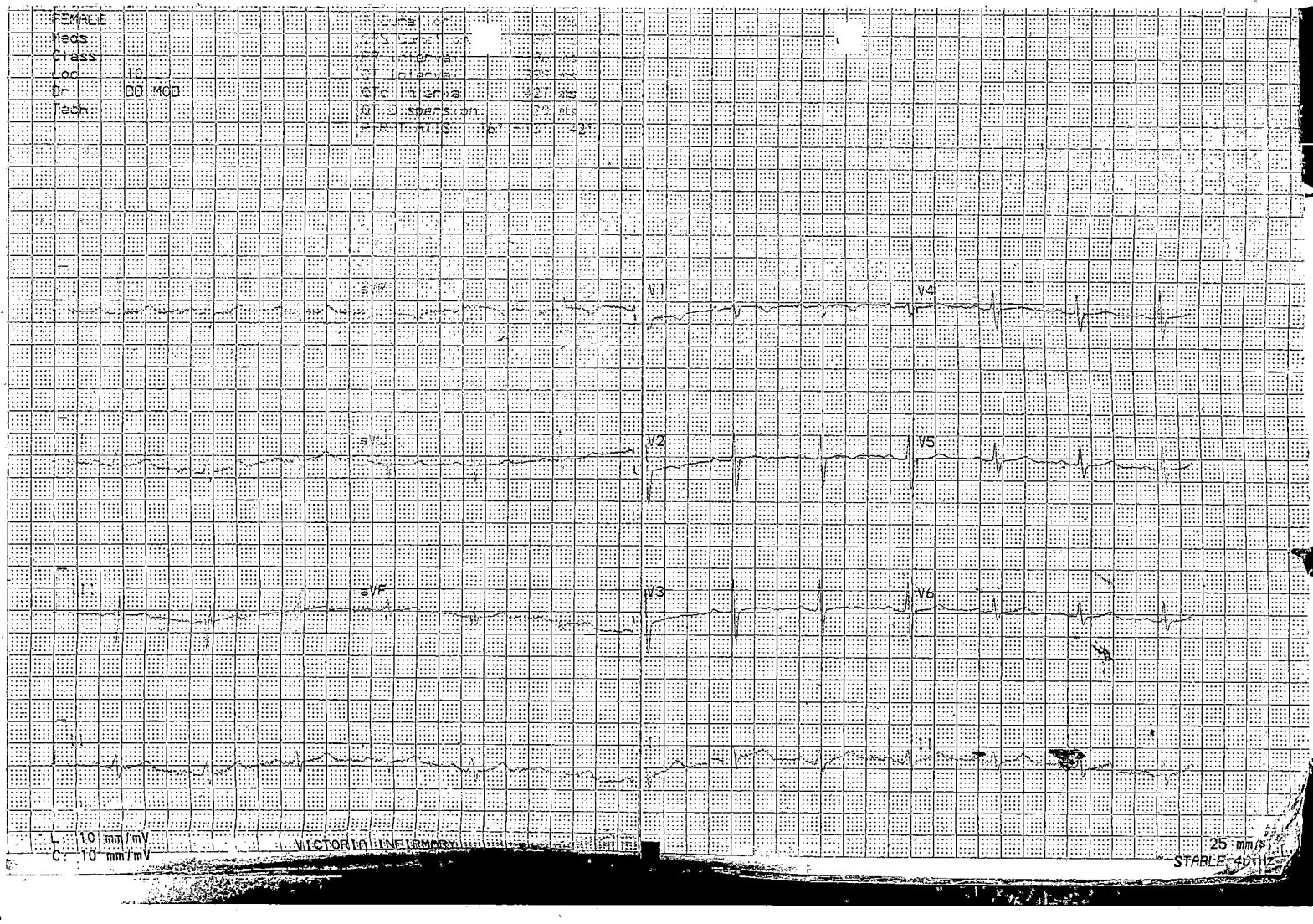
[redacted]
Technician:

Referred by:

Unconfirmed

LOCATION:

Meds
82 bpm
188 ms
84 ms
Poor trace
Pt BCU Midcote
V1
V2
V3
V4
V5
V6
II
L: 10 mm/mV
C: 10 mm/mV
WARD 14


FEMALE
Meds
Class
Loc
Dr.
Tech
10
00 MOD
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II
L 10 mm/mV
C 10 mm/mV
VICTORIA INFIRMARY
25 mm/s
STABLE 40 Hz

ID: #STAT#990325181543 [redacted]

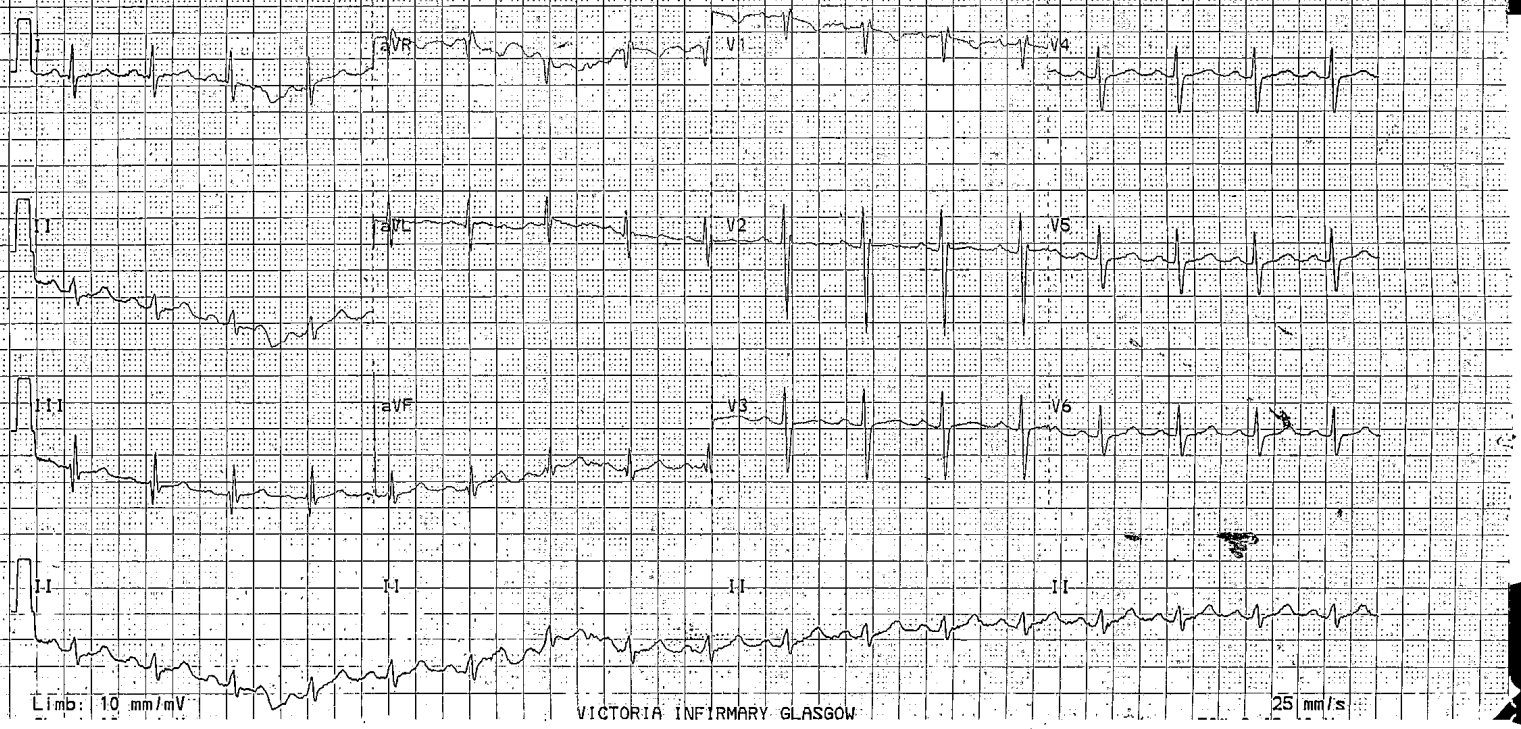
D.O.B.
Meds:
Class:
Tech:

| | | | |
|---|---|---|---|
| Vent. Rate | | | |
| P Duration | 108 ms | | |
| QRS Duration | 90 ms | | |
| PR Interval | 156 ms | | |
| QT Interval | 348 ms | | |
| QTc Interval | 421 ms | | |
| P-R-T AXES | 39° | 68° | 60° |

INTERPRETATION MADE WITHOUT KNOWLEDGE OF PATIENT'S SEX AND AGE

NIL ELSE OF NOTE

Summary: TACHYCARDIA OTHERWISE NORMAL * Unconfirmed Analysis *




Limb: 10 mm/mV

VICTORIA INFIRMARY GLASGOW

25 mm/s

JMcC/490486

# THE VICTORIA INFIRMARY OF GLASGOW

**PATHOLOGY REPORT**

| NAME | UNIT No. | DATE RECEIVED | DATE REPORTED | REPORT NUMBER |
|---|---|---|---|---|
| CATHERINE HONEYMAN | 548200 | 14.7.88 | 20.7.88 | 8805906 |
| ADDRESS 10 Melville St., 39 Glasgow G41 | | CONSULTANT: Mr. Mack | WARD: OP Th. | HOSPITAL: |
| SPECIMEN: Epidermoid cyst neck | | REPORTED BY: Dr. Sharp | SUPERVISED BY: | |

White nodule 10 x 8mm.

Histology: This is an inclusion epidermoid cyst. It is lined by squamous epithelium and filled with keratin.

1 D

---

**PATHOLOGY REPORT**

| NAME | UNIT No. | DATE RECEIVED | DATE REPORTED | REPORT NUMBER |
|---|---|---|---|---|
| Catherine Honeyman | 548200 | 16.3..88 | 21.3.88 | 880235 |
| ADDRESS 10 Melville St 39 Glasgow | | CONSULTANT: Mr Mack | WARD: 16 | HOSPITAL: |
| SPECIMEN: Right Breast Tissue | | REPORTED BY: Dr McCallum | SUPERVISED BY: | |

NAKED EYE: The specimen is a piece of fibro fatty tissue 80 x 60 x40mm with an overlying skin ellipse 30 x 5mm. Within the mass there is abnormal breast tissue containing large numbers of tiny cysts.

MICROSCOPY: Multiple sections have been taken from the breast tissue and all show florid fibrocystic mastopathy characterised by the presence of innumerable cysts measuring from 2mm downwards. There is also some apocrine metaplasia but no hyperplastic changes and no evidence of malignancy.

RIGHT BREAST TISSUE: Fibrocystic mastopathy. 13

# THE VICTORIA INFIRMARY

PATHOLOGY

| | | | |
|---|---|---|---|
| Date Received: 5.6.81 | Name / Address: HONEYMAN Mrs Catherine<br>21 Maxwell Road<br>GLASGOW G41 1QP | Unit Number: 548200<br>Age/Sex/Civil State: 32/F/M<br>Occupation: | Lab. Ref.: 813967 |
| Date Reported: 10.6.81 | | | |

Dr./Mr.: Dr Mowat | Ward/Dept.: 12a | Hosp./Clinic: VI

Specimen and/or Investigation: Endometrial curettings

NAKED EYE An average quantity of endometrial curettings.

HISTOLOGY Sections show proliferative endometrium with mitotic figures in both glands and stroma.

ENDOMETRIAL CURETTINGS — Proliferative endometrium

21N1

Angela Rumpus

## THE VICTORIA INFIRMARY OF GLASGOW

PATHOLOGY REPORT

NAME Catherine Honeyman UNIT No. 548200
ADDRESS 10 Melville Street, Glasgow. G41 39

| DATE RECEIVED | DATE REPORTED | REPORT NUMBER |
|---|---|---|
| 5.2.88 | | CY0150 |

| CONSULTANT | WARD | HOSPITAL |
|---|---|---|
| Mr. Mack | SOPD | |

| REPORTED BY | SUPERVISED BY |
|---|---|
| Dr. Fawzi | |

SPECIMEN: FNA right breast

Red cells + fragments of adipose tissue only.

M. Fawzi

FORM LD 10 J.McC. 2145

Pathology

| Victoria Infirmary of Glasgow | Name | HONEYMAN Catherine<br>21 Maxwell Road<br>Glasgow | 548200 | Unit Number<br>Age,Sex Civil State<br>Occup ation. | PATHOLOGY<br>Lab Ref. CY0777<br>Date Reported |
|---|---|---|---|---|---|
| Date Requested 5.8.83 | | | | | |
| Dr.Mr. (copy to Biochemistry) | | | | Ward/Dept. Skin | Hosp. Clinic |

**CYTOLOGY REPORT**

Smears — Satisfactory / Unsatisfactory

BLOOD FILM FOR PORPHYRIN TEST

Specimen partially clotted on receipt.

Malignancy — (Negative) / Suspicious / Positive

Suggest: Repeat Smear / Biopsy

LD 12 JMcC/9593

GLASGOW VICTORIA HOSPITALS

PATHOLOGY

| | | | | |
|---|---|---|---|---|
| ate Received 5.8.77 | Name | HONEYMAN Mrs. Catherine | Unit Number 548200 | Lab. Ref. 774742 |
| ate Reported 9.8.77 | Address | 21 Maxwell Road, Glasgow G41 1QP | Age/Sex/ Civil State 28 F/M | |
| | | | Occupation | |
| r./Mr. Dr. Clark | | | Ward/Dept. 12a | Hosp./Clinic |

pecimen and/or Investigation: Endometrial curettings

See 770902764

NAKED EYE: Scanty curettings taken on day 4 of a 30 day cycle.

HISTOLOGY: Sections show mainly blood clot and basal endometrium with a few fragments of menstrual endometrium. The appearances are consistent th the dates given.

ENDOMETRIAL CURETTINGS: Menstrual and basal endometrium.
(day 4)

21 N 3

L.H. Kissen

PATHOLOGY

# MOUNT SHEET

| | |
|---|---|
| 11 | 11 |
| 10 | 10 |
| 9 | 9 |
| 8 | 8 |
| 7 | 7 |
| 6 | 6 |
| 5 | 5 |
| 4 | 4 |

Home 21.9.93

CODING 24/9

DEPARTMENT OF PATHOLOGY, VICTORIA INFIRMARY, GLASGOW

| | | | |
|---|---|---|---|
| Name: | Catherine Honeyman | Report No. | 9308121 |
| Address: | 10 Melville Street<br>Glasgow G41 2LN | Unit No. | 548200 |
| | | DOB/Age: | 01.02.49 |

| | | | | | |
|---|---|---|---|---|---|
| Consultant: | Mr. Pickford | Ward: | 9 | Hospital: | VI |
| Date Received: | 20.09.93 | Date Reported: | 24.09.93 | | |
| Reported By: | Dr. McLellan | Supervised By: | | | |
| Specimen: | Left breast tissue | | | | |

NAKED EYE: An irregular piece of fibrofatty tissue 45 x 45 x 25mm. No obvious lesion seen on sectioning.

HISTOLOGY: Sections show fatty tissue containing a few fibrous septa in which there are some breast ducts and lobules. The appearances are essentially normal. There is no obvious explanation in the material received for the clinical history of an increase in size. There is no evidence of malignancy.

LEFT BREAST TISSUE: Normal 13 N

MOUNT SHEET

PATHOLOGY

11

10

9

8

7

DEPARTMENT OF PATHOLOGY, VICTORIA INFIRMARY, GLASGOW

Name: Catherine Honeyman
Address: 10 Melville St., Glasgow G41
Consultant: Mr. Gillespie
Date Received: 12.03.92
Reported By: Dr. McGowan
Specimen: Gallbladder

Report No: 9202131
Unit No: 548200
DOB/Age: 01/02/49
Ward: 9 Hospital: VI
Date Reported: 18.03.92
Supervised By:

NAKED EYE: An already opened thick-walled gallbladder 80mm. in length with a smooth yellow facetted stone 3mm. in diameter contained. A smooth lymph node 10mm. in diameter lies adjacent to the duct.

HISTOLOGY: Sections show a nonspecific acute on chronic cholecystitis with ulceration of the gallbladder wall and reactive changes in the adjacent lymph node.

GALLBLADDER: Acute on chronic cholecystitis/cholelithiasis

9 A

JMEC/490486

# THE VICTORIA INFIRMARY OF GLASGOW

**PATHOLOGY REPORT**

| | | | |
|---|---|---|---|
| NAME CATHERINE HONEYMAN UNIT No. 548200 | DATE RECEIVED | DATE REPORTED | REPORT NUMBER |
| | 15/11/89 | 24/11/89 | 8909856 |
| ADDRESS 10 Melville St., 40 | CONSULTANT | WARD | HOSPITAL |
| Glasgow G41 Mr. | Mack | 16 | |
| SPECIMEN: | REPORTED BY | | SUPERVISED BY |
| Breast lump | Dr. Mallon | | |

The specimen is a 60 x 50 x 40mm. mass of breast tissue.
On sectioning at 4mm. intervals several small cysts are identified.
The specimen was x-rayed in its entirity and in slices. Blocks were taken as indicated by the areas of microcalcification.
Sections show a spectrum of changes of benign breast disease.
There is cyst formation, apocrine metaplasia, epitheliosis, duct ectasia, sclerosing adenosis and sclerosing involutional change within lobular units. Microcalcification is noted within cysts and sclerosed lobular units. There is no evidence of malignancy.

BREAST LUMP: Benign breast disease 13 D

MOUNT SHEET

NHS Greater Glasgow & Clyde

# Victoria Infirmary

**HONEYMAN, Catherine**
10 Melville Street, Glasgow, , , G41 2LN
Referrer: Mr Timothy Hems - VIC WARD 4

## Diagnostic Imaging Report

DoB: **01/02/1949**
Chi No: **0102496145**
CRIS No: **86569**
Hosp No: **406473**

**VERIFIED** Verified By: Dr Robert Shaw 19/10/10 1508.
**Clinical History :** Fall in cast. Known fracture.

DLO2
19.10 CHAS

**XR Tibia and fibula Rt :** We note that the spiral fractures of the distal tibia and fibula. Position as shown in cast. Right TKR is noted in passing.

NHS Greater Glasgow & Clyde
Vic 619 Cat 0619619

Ref. Src: Victoria Infirmary, Langside Road, Glasgow, G42 9TY
Exams: XR Tibia and fibula Rt
Exam Date: 15/10/10 Event: E-25269715



08964

NHS Greater Glasgow & Clyde
Vic 619 Cat 0619619

Victoria Infirmary
HONEYMAN, Catherine
10 Melville Street, Glasgow, Lanarkshire, G41 2LN
Referrer: DR IW ANDERSON : VIC A&E DEPARTMENT

12A

Diagnostic Imaging Report
DoB: 01/02/1949
Chi No: 0102496145
CRIS No: 86569
Hosp No: 406473

~~VERIFIED Verified By: DR IM MCLAUGHLIN 19/02/08 Typed By: ABIAI 19/02/08-1349~~

**Clinical History :** Chest pain

**XR Chest :** No abnormality demonstrated in heart, mediastinum, lung fields or bony thorax.

~~Ref. Src: Victoria Infirmary, Langside Road, Glasgow, , G42 9TY~~
Exams: XR Chest
Exam Date: 11/02/08 Event: E-10911860



08964

Page 1 of 1

Page 1 of 1

AY

AY

NHS Greater Glasgow and Clyde

# Victoria Infirmary

## Diagnostic Imaging Report

**HONEYMAN, Catherine** **01/02/1949** **CHI: 0102496145**
10 Melville Street, Glasgow, Lanarkshire, G41 2LN Hosp: 406473
Source: VIC MEDICAL OUTPATIE Age: 58yr Sex: F CRIS: 86569
Ref: DR JACQUELINE ADAMS CARDIOLOGY Event: E-2692100

**INJECTION 20 MYOCARDIAL TC SPECTSTRESS**
*Reported by: Dr J ADAMS (Cons). Verified*
CP, unable to exercise.

99mTc tetrofosmin myocardial perfusion stress & rest:
Dipyridamole Myoview; no ST changes.

At stress there is a small area of moderately reduced uptake antero-apically which improves at rest. The rest of the myocardium appears within normal limits.

Conclusion: small area of moderate inducible ischaemia antero-apically.

Exam: 02/05/2007 DR JACQUELINE ADAMS (CARDIOLOGY )
Reported: 09/05/2007 VIC MEDICAL OUTPATIENTS
Typed: 09/05/2007



08964

NHS Greater Glasgow & Clyde
9 Cat 0619619

# VICTORIA INFIRMARY

Name - HONEYMAN ,Catherine
10 MELVILLE STREET, G41 2LN
Ward - VI07 Ref - DR ROB BOULTON-JONES

DOB - 01/02/1949

## Radiology Department

CRIS No - 86569
Event No - E-2053084
Hosp No - 406473

**CHEST**

VERIFIED Report by: JOHN CALDER 09/02/2004
Typed by: SUSAN O'DONNELL 09/02/2004

Clinical History : ? PE

CHEST :
The lungs appear clear. Normal cardiac and mediastinal contour.

# VICTORIA INFIRMARY

## Radiology Department

**Name** - HONEYMAN , Catherine **DOB** - 01/02/1949 **CRIS No** - 86569
10 MELVILLE STREET, G41 2LN **Event No** - E-2051050
**Ward** - VIAE **Ref** - MR I ANDERSON (A&E) **Hosp No** - 406473

**CHEST**

**VERIFIED** **Report by: KEITH OSBORNE** 05/02/2004
**Typed by: SUSAN O'DONNELL** 10/02/2004

Clinical History : Chest pain. Breathless.

CHEST :
Normal heart and mediastinal contours. No focal active lung lesion seen.

THE VICTORIA INFIRMARY
RADIOLOGY DEPARTMENT

02050841 M 22/07/02 XR 0048163 406473 X-RAY REPORT

HONEYMAN, Catherine 53Y F R, MOHAMMED SOP

10 MELVILLE STREET, GLASGOW, G41 2LN

Epigastric pain.

DME study. Sonographer examination. No hard copy. V043

ULTRASOUND ABDOMEN

The liver appears normal. The previous cholecystectomy noted. The biliary tree is undilated. The pancreas could not be visualised due to overlying gas. Both kidneys are normal.

A Murrison. *DR P DUFFY/SOD 02/08/02

02/08/02 - U/S ABDOMEN

| Name | Unit Number | Dr./Mr./GP. |
|---|---|---|
| HONEYMAN, CATHERINE | 548200 | Tasker |
| 10 [illegible]LVILLE STREET | 01/02/49 | Ward/Dept. SOPD |
| | Female | |

23.8.93

Bilateral Mammography - No radiologically suspicious area in either breast. JCL/MB

| TYPE OF X-RAY | BILATERAL MAMMOGRAPHY | DATE 18.8.93 | X-RAY |
|---|---|---|---|

Form J0820

| Name | Unit Number | Dr./Mr./GP. |
|---|---|---|
| CATHERINE HONEYMAN. | 548200 | GILLESPIE |
| Address: 10 MELVILLE DR. G41 | Age/Sex/ Civil State | Ward/Dept. 9. |
| | Occupation | |

12.3.92

Operative cholangiogram - No abnormality has been demonstrated within the intra hepatic or extra hepatic bowel ducts visualised. In particular no evidence of a retained calculus. Contrast has flowed freely into the duodenum. Residual barium was also noted within the caecum, ascending and hepatic flexture of colon. FH

FH

| TYPE OF X-RAY | DATE | X-RAY |
|---|---|---|
| OP cholangiogram | 12.3.92 | |

Form 0820

Dr./Mr./GP.

HONEYMAN, CATHERINE

10 MELVILLE ST

/ /

Female

Occupation

GILLESPIE

Ward 9

HONEYMAN, CATHERINE
10 MELVILLE ST

3.3.92

Abdominal ultrasound - Multiple gall stones are identified within the gall bladder. The gall bladder wall is slightly thickened and there is a trace of free fluid seen around it. THe appearances are in keeping with active cholecystitis. There is no dilatation of billiary duct. Normal apppearance of liver and both kidneys. JN

TYPE OF X-RAY abdominal ultrasound | DATE 2.3.92 | X-RAY

Form 0820

Name HONEYMAN, CATHERINE

Address 10 MELVILLE ST

Unit

Dr./Mr./GP. MACK

01/02/49

Female

Occupation

Ward 16

HONEYMAN, CATHERINE
10 MELVILLE ST

17-2-92

Abdominal ultrasound - The gall bladder contains several calculi. Its wall is oedematous. The appearances are consistent with acute cholecystitis. The bile ducts are not dilated. The liver, spleen and kidneys are normal. JFC

OF X-RAY abdominal ultrasound DATE 17-2-92 X-RAY

BIOCHEMISTRY

# ELECTROLYTES AND UREA CUMULATIVE REPORT
## MOUNT SHEET

VICTORIA INFIRMARY
OF GLASGOW

A NEW MOUNT SHEET SHOULD BE USED ON EACH RE-ADMISSION

twelfth

eleventh

tenth

ninth

eighth

seventh

sixth

Mount the top of the fifth report to this line

Mount the top of the first four report to this line

VICTORIA INFIRMARY OF GLASGOW
BIOCHEMISTRY DEPARTMENT

## ELECTROLYTES AND UREA CUMULATIVE REPORT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN C | F | 01.02.49 | 548200. | MCMURDO |

| Hospital | Unit | Acc. No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | MOPD | 525 | 08.10.79 | 1500 | PALPITATIONS |

FOR LAB USE ONLY

| | | |
|---|---|---|
| Wt. | 55 | kg* |
| K | 0 | m mol |
| Base | - 28 | m mol |
| Saline | 662 | ml |
| Glucose | 1510 | ml |

OVER 24 HRS

ARTERIAL BLOOD (REFERENCE VALUES)

| | | |
|---|---|---|
| pH | units | 7.36-7.44 |
| H+ | n mol/l | 44-36 |
| $pCO_2$ | mm Hg | 36-44 |
| | k Pa | 4.8-5.8 |
| B/EX | m mol/l | -2.3-+2.3 |
| S/BIC | m mol/l | 21.3-24.8 |
| $pO_2$ | mm Hg | 85-100 |
| | k Pa | 11.2-13.2 |

Comments:

(SCRUTINISED for CREDIBILITY)

BIOCHEMIST

* (Assumed Body Weight)

| WITHDRAWN | | m mol per litre | | | | | | | | Urinar |
|---|---|---|---|---|---|---|---|---|---|---|
| ADULT REFERENCE VALUES | | 135-145 | 3.5-5.0 | 97-107 | 23-30 | <7 | 2.5-7.5 | 55-105 µmol/l | 4.0-6.0 m mol/l | |
| Date | Time | Na | K | Cl | $HCO_3$ | C-A | Urea | Creat | Gluc. (Fasting) | |
| 08.10.79 | 0 | 139 | 4.5 | 99 | 27 | 3 | 4.4 | 102 | | |

FORMALINER® PARAGON

NOTE: For cation-anion balance a plasma total protein concentration of 6.1 g per 100 ml. has been assumed (anion equivalent of 15 mM per litre).

VICTORIA INFIRMARY
OF GLASGOW

MOUNT SHEET

A NEW MOUNT SHEET SHOULD BE USED ON EACH RE-ADMISSION

twelfth

eleventh

tenth

ninth

[redacted]

N 86B

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERINE | F | 01.02.49 | 548200 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| VIC | 16 | 070116.J | 14.11.89 | 1519 | Pre-op |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30M<45 | 60 - 260 | <2.0 | F<17M<21 | 62 - 82 | 38 - 53 | | 2.20 - 2.60 | 0.80 - 1.50 | <200 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | µmol/L | g/L | | | mmol/L | | U/L(37°) |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P. ACP | Bilirubin | T. Protein | Albumin | Calcium | Adj Ca | Phosphate | Amylase |
| 14.11.89 | 11:00 | 27 | 38 | | 27 | 123 | | 11 | 71 | 49 | | | | |
| 25.08.89 | 11:00 | 28 | 46 | | 30 | 128 | | 12 | 74 | 49 | | | | |

| REFERENCE RANGE | | 55 - 120 | URINE TESTS | | | | | | | 0.09 - 0.74 | 78 - 90 | 0.8 - 1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | µmol/L | mL | min | mmol/L | | | mmol/24h | mL/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | % TRP | Tm PO4 | Bil | Uro | Alb |
| | | | | | | | | | | | | | | | |

NOTE NEW AMYLASE REFERENCE RANGE - FROM 24/10/89

SCM

Rit Eales

Biochem

1

MOUNT SHEET

VICTORIA INFIRMARY
OF GLASGOW

A NEW MOUNT SHEET SHOULD BE USED ON EACH RE-ADMISSION

twelfth

eleventh

tenth

ninth

eighth

seventh

sixth

Mount the top of the fifth report to this line

Mount the top of the first four report to this line

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| JNEYMAN CATHERINE | F | 01.02.49 | 548200 | A.J.MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | |
|---|---|---|---|---|---|
| IC | 16 | 070116.J | 14.11.89 | 1519 | Pre-op |

## PLASMA ELECTROLYTES, UREA AND GLUCOSE

('Gap' is the sum of plasma $Na^+$ and $K^+$ less $Cl^-$ and $HCO_3^-$. An increased Gap reflects the presence of an excess of undetermined anions.)

checked.

Biochemist

| REFERENCE RANGE | | 135 - 145 | 3.5 - 5.0 | 96 - 105 | 24 - 29 | 12 - 22 | 2.5 - 6.5 | 55 - 120 | 3.5 - 6.0 (Fasting) | |
|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | mmol/L | | | | | | µmol/L | mmol/L | |
| Date | Time | Na | K | Cl | $HCO_3$ | Gap | Urea | Creat | Glucose | |
| 14.11.89 | 11:00 | 140 | 4.1 | 103 | 27 | 14 | 4.4 | 71 | 5.8 | SCM 14/11 |

... equal to or less than 2.0 mmol per litre).

VICTORIA
INFIRMARY
OF GLASGOW

HAEMATOLOGY

MOUNT SHEET

| | | | |
|---|---|---|---|
| Name | Catherine Honeyman | Unit Number | 548200 |
| Address | [redacted] | Age/Sex/ Civil State | |
| | | Occupation | |

HAEMATOLOGY — GLASGOW VICTORIA HOSP

| | | | | | |
|---|---|---|---|---|---|
| 8 | ESR mm/hr | Normochromic | | Normocytic | |
| | | Hypochromic | | Microcytic | |
| | Retics % | Polychromasia | | Macrocytic | |
| | | Poikilocytosis | | Anisocytosis | |

14/11/89 TEST No. 233

| SA | OP CODES | | FILM/DIFF. | | | |
|---|---|---|---|---|---|---|
| | 5.3 | WBC $x10^9/l$ | | % Neut | | % Lymphs |
| | 4.13 | RBC $x10^{12}/l$ | | % Eos | | % Mono |
| | 12.6 | Hb g/dl | | % Baso | | % |
| | .366 | HCT | | | | |
| | 88.7 | MCV fl | | | | |
| | 30.5 | MCH pg | | | | |
| | 34.4 | MCHC g/dl | | | | |
| | 13.2 | RDW | | | | |
| | 258 | Plates $x10^9/l$ | | | | |
| | .224 | PCT | | | | |
| | 8.7 | MPV | | | | |
| | 16.0 | PDW | | | | |
| | 39.2 | Lymphs % | | | | |
| | 1.5 | Mono % | | | | |
| | 59.3 | Gran % | | | | |
| | 2.1 | Lymphs $x10^9/l$ | | | | |
| | | Mono $x10^9/l$ | | | | |
| | | Gran $x10^9/l$ | | | | |

FILM NOT EXAMINED

SCU 15/11

SCRUTINISED UKP.

LABORATORY USE ONLY ABOVE THIS LINE

Su

Ur 548200
CATHERINE HONEYMAN
Hi 30 MELVILLE STREET
GLASGOW G41 2LN
3/2/49 F/M
W

16 MACK

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERIN | F | 01.02.49 | 548200 | MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 16 | 017892 W | 15.03.88 | 1642 | BREAST LUMP |

| REFERENCE RANGE | | <37 | <40 | <150 | F<30 M<45 | 60-260 | <2.0 | F<17 M<21 | 62-82 | 38-53 | | 2.20-2.60 | 0.80-1.50 | 70-30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | U/L at 37°C | | | | | | umol/L | g/L | | | mmol/L | | U/L(37° |
| Date | Time | AST | ALT | CK | γ-GT | Alk Phos | P.ACP | Bilirubin | T. Protein | Albumin | Calcium | Adj Ca | Phosphate | Amyla |
| 15.03.88 | 1400 | 21 | 19 | | 15 | 130 | | 12 | 74 | 43 | 2.44 | 2.52 | 1.04 | |

| REFERENCE RANGE | | 55-120 | URINE TESTS | | | | | | | 0.09-0.74 | 78-90 | 0.8-1.4 | NEGATIVE | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNITS | | umol/L | ml | min | mmol/L | | | mmol/24h | ml/min | | | mmol/L GF | | | |
| Date | Time | Creat | Volume | Time | Calcium | Phosphate | Creat | 24h Creat | Creat Cl | Ca/Creat | %TRP | Tm $PO_4$ | Bil | Uro | |

Biochemist

JOHN McCORMICK PRINTERS GLASGOW 873465

VICTORIA INFIRMARY OF GLASGOW - BIOCHEMISTRY DEPARTMENT

ELECTROLYTES AND UREA CUMULATIVE REPORT

| Name | Sex | Date of Birth | Regn. No. | Dr/Mr (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERIN | F | 01.02.49 | 548200 | MACK |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | 16 | 017892W | 15.03.88 | 16:42 | BREAST LUMP |

FOR LAB USE ONLY

| | | |
|---|---|---|
| Wt | 55 | kg* |
| K | 2 | mmol |
| Base | + 15 | mmol |
| Saline | 680 | ml |
| Glucose | 1502 | ml |

OVER 24 HRS.

TCN= 724

* (Assumed Body Weight)

Comments

(SCRUTINISED for CREDIBILITY)

BIOCHEMIST

| ADULT REFERENCE VALUES | | 135-145 | 3.5-5.0 | 96-105 | 24-29 | < 7 | 2.5-6.5 | 55-120 | 3.5-6.0 (Fasting) |
|---|---|---|---|---|---|---|---|---|---|
| WITHDRAWN | | mmol/L | | | | | | µmol/L | mmol/L |
| Date | Time | Na | K | Cl | $HCO_3$ | C-A | Urea | Creat | Blood Glucose |
| 15.03.88 | 1400 | 132 | 4.2 | 97 | 29 | 6 | 3.2 | 74 | 5.2 |

VICTORIA INFIRMARY OF GLASGOW

HAEMATOLOGY

MOUNT SHEET

Name: Catherine Honeyman 548200

Address: [redacted]

Unit Number:

Age/Sex/Civil State:

Occupation:

**HAEMATOLOGY** — **GLASGOW VICTORIA HOSPITALS**

| | | | | | |
|---|---|---|---|---|---|
| 1 | ESR mm/hr | Normochromic | | Normocytic | |
| | | Hypochromic | | Microcytic | |
| | Retics % | Polychromasia | | Macrocytic | |
| | | Poikilocytosis | | Anisocytosis | |

15/03/88 TEST No. 286

| SA | OP CODES | | FILM/DIFF. | | |
|---|---|---|---|---|---|
| 5.8 | WBC x10⁹/l | | % Neut | | % Lymphs |
| 4.65 | RBC x10¹²/l | | % Eos | | % Mono |
| 14.2 | Hb g/dl | | % Baso | | % |
| 41.3 | HCT | | | | |
| 88.9 | MCV fl | | | | |
| 30.5 | MCH pg | | | | |
| 34.4 | MCHC g/dl | | | | |
| 13.2 | RDW | | | | |
| 244. | Plates x10⁹/l | | | | |
| .232 | PCT | | | | |
| 9.5 | MPV | | | | |
| 15.5 | PDW | | | | |
| 38.2 | Lymphs % | | | | |
| | Mono % | | | | |
| | Gran % | | | | |
| 2.2 | Lymphs x10⁹/l | | | | |
| | Mono x10⁹/l | | | | |
| | Gran x10⁹/l | | | | |

No FORM WITH SAMPLES

SCRUTINISED

LABORATORY USE ONLY ABOVE THIS LINE

| | |
|---|---|
| *Surname* HONEYMAN | *Forenames* C |
| *Unit No.* | *Date of Birth* |
| *Hospital* VIC | *Consultant/G.P.* |
| *Ward/Dept.* 16 | *G.P. Address* |

VICTORIA INFIRMARY of GLASGOW

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN C | F | 01.02.49 | 548200 | SUSSKIND |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | SKIN | 40362 K | 05.08.83 | 10000 | ~~NG~~ |

## PORPHYRINS

BLOOD: Screening test for excess erythrocyte protoporphyrin: NEGATIVE

URINE: Porphobilinogen: NEGATIVE
Screening test for porphyrins: NEGATIVE (Normal up to 125 nmol/24Hrs)

FAECES: Coproporphyrin: 72 nmol/24 hrs
Protoporphyrin: 156 nmol/24 hrs. (Normal <765 nmol/24Hrs

Normal findings.

J.A. White
Biochemist

JMcC/7574

VICTORIA INFIRMARY OF GLASGOW
BIOCHEMISTRY DEPARTMENT

# ELECTROLYTES AND UREA CUMULATIVE REPORT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERIN | F | 01.02.49 | 548200 | SUSSKIND |

| Hospital | Unit | Acc. No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | SKIN | 406 | 05.08.83 | 12:38 | NG |

FOR LAB USE ONLY

| | | |
|---|---|---|
| Wt. | 55 | kg* |
| K | 29 | m mol |
| Base | 44 | m mol |
| Saline | 313 | ml |
| Glucose | 1814 | ml |

OVER 24 HRS.

*(Assumed Body Weight)

ARTERIAL BLOOD

| | | (REFERENCE VALUES) |
|---|---|---|
| pH | units | 7.36—7.44 |
| H+ | n mol/l | 44—36 |
| $pCO_2$ | mm Hg | 36—44 |
| [ | k Pa | 4.8—5.8 |
| B/EX | m mol/l | —2.3—+2.3 |
| S/BIC | m mol/l | 21.3—24.8 |
| $pO_2$ | mm Hg | 85—100 |
| [ | k Pa | 11.2—13.2 ] |

Comments:

A.R. Blake
(SCRUTINISED for CREDIBILITY) BIOCHEMIST

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ADULT REFERENCE VALUES | | 137-147 | 3.5-5.0 | 96-105 | 24-29 | < 7 | 2.5-6.5 | 55-105 | 4.0-6.0 | | Urin Ure mm |
| WITHDRAWN | | m mol per litre | | | | | | µmol/l | m mol/l | | |
| Date | Time | Na | K | Cl | $HCO_3$ | C-A | Urea | Creat. | Gluc. (Fasting) | | |
| | | | | | | | | | | | |

ELECTROLYTES AND UREA CUMULATIVE REPORT
MOUNT SHEET

BIOCHEMISTRY

# VICTORIA INFIRMARY OF GLASGOW

## BIOCHEMISTRY DEPARTMENT

| Name | Sex | Date of Birth | Regn. No. | Dr./Mr. (Consultant) |
|---|---|---|---|---|
| HONEYMAN CATHERIN | F | 01.02.49 | 548200 | SUSSKIND |

| Hospital | Unit | Laboratory No. | Date Received | Time | Prov. Diagnosis |
|---|---|---|---|---|---|
| VIC | SKIN | 40362 | 05.08.83 | 1238 | NG |

| REFERENCE RANGE (for age and sex) | TEST | Units | 05.08.83 Time 1000 | Date Time | Date Time | Date Time | Current result relation to reference rang |
|---|---|---|---|---|---|---|---|
| 12 - 40 | AST | IU/l (37°) | 25 | | | | - [ - * - |
| 8 - 47 | ALT | IU/l (37°) | 21 | | | | - [ * - - |
| 0 - 150 | CK | IU/l (37°) | | | | | |
| <30 | GGT | IU/l (37°) | 19 | | | | |
| 20-90 | ALP | IU/l (37°) | 67 | | | | - [ - * - |
| <5.3 | TAP | IU/l (37°) | | | | | - [ - - * |
| <1.4 | PAP | IU/l (37°) | | | | | |
| <17 | BIL | µmol/l | 11 | | | | |
| 0 - 8 | CBI | µmol/l | | | | | - [ - * - |
| 62 - 82 | PRO | g/l | 72 | | | | |
| 38 - 53 | ALB | g/l | 49 | | | | - [ - * - |
| 70 - 300 | AMY | IU/l (37°) | | | | | - [ - - * |
| | CREAT | µmol/l | | | | | |
| 2.20 - 2.60 | CAL | mmol/l | | | | | |
| | P | mmol/l | | | | | |
| | Urine UROB | | | | | | |
| | Urine ALB | | | | | | |
| | Urine VOL | ml | | | | | |
| | Urine TIME | min | | | | | |
| | Urine CAL | mmol/l | | | | | |
| | Urine P | mmol/l | | | | | |
| | Urine CREAT | mmol/l | | | | | |
| | CREAT.CL | ml/min | | | | | |
| 0.09 - 0.74 | Urine CAL/CR ratio | | | | | | |
| 78 - 90 | % TRP | % | | | | | |
| 0.8 - 1.4 | $TmPO_4$ | mmol/l GF | | | | | |
| | Urine CREAT | mmol/24 h | | | | | |
| 55 - 145 | $T_4$ | nmol/l | | | | | |
| 0.9 - 2.8 | $T_3$ (total) | nmol/l | | | | | |
| <8.0 | TSH | mU/l | | | | | |
| 92 - 117 | $T_3RU$ | units | | | | | |
| 50 - 150 | FTI | | | | | | |
| | FE | µmol/l | | | | | |
| | TIBC | µmol/l | | | | | |
| | % SAT | % | | | | | |
| | CHOL | mmol/l | | | | | |
| | TRIG | mmol/l | | | | | |

Normal LFTs

A M Reid

HAEMATOLOGY

VICTORIA
INFIRMARY
OF GLASGOW

MOUNT SHEET

| | | | |
|---|---|---|---|
| Name | | Unit Number | |
| Address | | Age/Sex/ Civil State | |
| | | Occupation | |

**HAEMATOLOGY** — Glasgow Victoria Infirmary

| | |
|---|---|
| 5 | ESR mm/hr |
| | Retics. % |
| 250 | Plates. x10⁹/l |
| 6/08/93 | DAY |
| 119 | TEST |
| 4·4 | WBC x10⁹/l |
| 4·50 | RBC x10¹²/l |
| 13·5 | Hb g/dl |
| ·409 | HCT |
| 91·0 | MCV fl |
| 30·0 | MCH pg |
| 33·0 | MCHC g/dl |
| 49 % | Neutrophils |
| 5 % | Eosinophils |
| % | Basophils |
| 46 % | Lymphocytes |
| % | Monocytes |
| % | |

| FILM APPEARANCES | |
|---|---|
| Normochromic | ✓ |
| Hypochromic | |
| Normocytic | ✓ |
| Macrocytic | |
| Microcytic | |
| Anisocytosis | |
| Poikilocytosis | |
| Polychromasia | |

COMMENTS

DATE 6/8/93 SCRUTINISED

LABORATORY USE ONLY ABOVE THIS LINE

| | |
|---|---|
| SURNAME: Honeyman | FORENAMES: Carol |
| UNIT No.: S48200 | DATE OF BIRTH: 1-2-69 |
| HOSPITAL: VIC INF | CONSULTANT/G.P.: Dr Scobie |
| WARD/DEPT.: Skin OPD | G.P. ADDRESS |

PLEA TEST

JMcC/12228

GLASGOW
VICTORIA
HOSPITALS

MOUNT SHEET

**HAEMATOLOGY**

**BLOOD TRANSFUSION**

MOUNT THE FIRST REPORT TO THE LEFT OF THIS LINE

**HAEMATOLOGY** — Glasgow Victoria Infirmary

| | |
|---|---|
| | ESR mm/hr |
| | Retics. % |
| | Plates. x10⁹/l |
| 142 | DAY |
| 208 | TEST |
| 07.8 | WBC x10⁹/l |
| 4.90 | RBC x10¹²/l |
| 132 | Hb g/dl |
| .410 | HCT |
| 084. | MCV fl |
| 27.5 | MCH pg |
| 320 | MCHC g/dl |
| % | Neutrophils |
| % | Eosinophils |
| % | Basophils |
| % | Lymphocytes |
| % | Monocytes |
| % | |

| FILM APPEARANCES | |
|---|---|
| Normochromic | |
| Hypochromic | |
| Normocytic | |
| Macrocytic | |
| Microcytic | |
| Anisocytosis | |
| Poikilocytosis | |
| Polychromasia | |

COMMENTS

FILMS NOT EXAMINED

DATE 8/10/79

SCRUTINISED Mpreuat

LABORATORY USE ONLY ABOVE THIS LINE

SURNAME: Honeyman

FORENAMES: Carl

UNIT No.: S48200.

DATE OF BIRTH: 1.2.49

HOSPITAL: VIC

CONSULTANT/G.P.: D McMurdo

WARD/DEPT.: Med.

G.P. ADDRESS:

# RADIOLOGICAL REPORTS

| SURNAME (Block Letters) Mr. Mrs. Miss | FIRST NAMES (Block Letters) | Unit No. |
|---|---|---|
| | | |

11
10
9
8
7
6
5

Name Catherine Honeyman

Address 10 Melville ST

Unit Number

Age/Sex/ Civil State

Occupation

Dr./Mr./GP. Todd

Ward/Dept. MOPD 24676/84

22.6.84
Chest - The heart size is within normal limits. Lung fields are clear.
SG.

SGSS

J.McC/489088

| TYPE OF X-RAY | DATE | X-RAY |
|---|---|---|
| Chest | 20.6.84 | |

| TYPE OF X-RAY | DATE | X-RAY |
|---|---|---|
| Chest X-ray | 9.10.79. | |

# RADIOLOGICAL REPORTS

SURNAME (Block Letters) | FIRST NAMES (Mr.)

Name

Address

COPY.

Mrs. Catherine Honeyman. 548200
21 Maxwell Rd., 1.2.49.
Glasgow, G41 1QP. F/M.

Unit Number

Sex/State

Occupation

Dr./Mr.

Ward/Dept.

Chest - The chest appears normal. HG.

TYPE OF X-RAY: Chest X-ray

DATE: 9.10.79.

X-RAY

Mrs. Miss Honeyman | Catherine | 5482

11
10
9
8
7
6
5
4

95016018 H 13/03/95 XR 0048163 406473

X-RAY REPORT

HONEYMAN, Catherine 46Y F R, PICKFORD SOP

10 MELVILLE STREET, GLASGOW, G41

THE VICTORIA INFIRMARY NHS TRUST
RADIOLOGY DEPARTMENT

MAMMOGRAPHY

BILATERAL There has been no significant change in the appearances from 18.08.93. There is no radiological evidence of malignancy.

*DR WR PICKARD/CR 14/03/95

14/03/95 - MAMMOGRAM

3

Cath Honeyman

Unit Number

Dr./Mr./GP.

nv mc-h. 9913

Address 10 Melville Dr

Age/Sex/ Civil State

1.2.49

Occupation

Ward/Dept.

SOPD

2.8.90
Mammography of right breast
The mass lesion has been removed and no suspicious features are shown within the right breast.

MAM

TYPE OF X-RAY MAMMOGRAPHY R. BREAST

DATE 1.8.90

X-RAY

Name Catherine Honeyman

Address 10 Melville Street, G41

Unit Number 548200

Age/Sex/ Civil State 1.2.49

Occupation

Dr./Mr./GP. Mack

Ward/Dept. 16

15.11.89

Right breast fine needle localisation - There is a residual area of increased density in thelower inner quadrant of the rightbreast. There is evidence of benign calcification in this area, however in addition, multiple flecks of micro calcification are noted, most easily visualised in the cranio caudal view.

In view of the previous surgery this area was very fibrotic and caused the localisation needle to bend. The resultant wire tip lies slightly medial and deep to the lesion in the cranio-caudal view and transects the area of increased density in the medial lateral view.

Chest - The heart is not enlarged. The lung fields are clear. FH. SCT

TYPE OF X-RAY Right breast fine needle localisation

DATE and sheet

Mstone.

# RADIOLOGICAL REPORTS

| SURNAME (Block Letters) Mr. Mrs. Miss | FIRST NAMES (Block Letters) | UNIT NUMBER |
|---|---|---|
| | | |

11

10

9

8

Name CATHERINE HONEYMAN S48200 Unit Number

Address 10 MEWINE ST.

Dr./Mr./GP. MACK. 41029

Age/Sex/ Civil State

Ward/Dept. SOPD

Occupation

21.10.89

Mammography - oblique views only - There are several flecks of micro-calcification shown in the inferior area of the breast below the area of excision and these are suspicious.
In retrospect, they were probably present in the films of July 1988 which were reported by myself. MAM

| TYPE OF X-RAY | Mammography | DATE 18.10.89 | X-RAY |
|---|---|---|---|

SURNAME
Mr.
Mrs.
Miss

6

Name: Catherine Honeyman

Address: 10 Melville St
G41 2LN

Unit Number:

Age/Sex/ Civil State:

Occupation:

Dr./Mr./GP.: Mr Scott

Ward/Dept.: Orth 2250/85

18.1.85

Cervical spine - There is very minimal osteophyte formation at C.5 level without disc space narrowing.
Lumbar spine - No bony lesion shown.

MAM

J.McC/489088

TYPE OF X-RAY

DATE 16.1.85

X-RAY

| | | | |
|---|---|---|---|
| Name<br>Catherine Honeyman | 548200<br>Unit Number | Dr/Mr.<br>Mack | |
| Address<br>10 Melville St<br>Car 1 | Age/Sex/ Civil State | Ward/Dept. | |
| | Occupation | SOP | |

20.7.88.

Mammography - I think this patient should probably only have had a mammogram of the right breast as we had a comparable view of left breast both in February and March of this year.
The left breast remains normal.
On the right side, the microcalcification previously noted in the lower portion of the left breast appears to have been excised. There is a small dnese opacity lying superior to the area seen in the oblique view but not in the cranio-caudal view and this could well be related to the recent surgery. A follow-up mammogram is probably justified but only after a year's interval, and perhaps oblique views would be sufficient. MAM

| TYPE OF X-RAY | | DATE | |
|---|---|---|---|
| | Mammography | 19.7.88. | X-RAY |

# THE VICTORIA INFIRMARY
## PATIENT PROFILE

WARD: Four

RELIGION: Jehovah's Witness

DATE OF BIRTH: 1/2/49 AGE: 61yrs

OCCUPATION: Unemployed

CONSULTANT: Mr Hems

ADDRESSOGRAPH LABEL

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW
G41 2LN CHI 0102496145
01/02/1949

LIKES TO BE CALLED: Cathie

ADMISSION INFORMATION:

DATE: 14.10.10 TIME: 23.15

NEXT OF KIN (NAME and RELATIONSHIP):
Raymond Honeyman

ADDRESS: Sl A

TELEPHONE No. HOME: 0141 422 1580
WORK:

WISHES TO BE CONTACTED OVERNIGHT IF NECESSARY: (YES) NO

OTHER RELEVANT CONTACT:

G.P. (NAME and HEALTH CENTRE):
Dr Marshall
Govbals Health Centre
Glasgow G5 0BQ

TRANSFER INFORMATION

DATE:

REASON:

TYPE OF ADMISSION: Emergency

REASON for ADMISSION:
Fall

CURRENT DIAGNOSIS:
Fracture to right tibia & fibula.

INVESTIGATION/OPERATION:

OBSERVATIONS on ADMISSION

APPEARANCE ON ADMISSION:

TEMP: 37.3 PULSE: 96 RESP: 16

BP: 161/93

WEIGHT: 14st 6lbs LMP:

URINALYSIS: PARITY:

KNOWN ALLERGIES:
None known

PATIENT'S OWN DRUGS

Tramadol 200mg BD
Simvastatin - nocte (40mgs)
Bendrofluazide - morning - 2.5mg
Atenolol - morning - 25mg
Omeprazole - morning 20mgs
Fluoxetine - morning (20mg)

HOW DISPOSED OF:
Nitrolingual spray as req'd
Aspirin 75mg daily

KNOWN/RELEVANT PAST MEDICAL HISTORY

O/A.
Bilateral knee replacements
Fractured (R) tibia 13/52 ago
Cholecystectomy
3 lumpectomies (both sides)
Angina.

OTHER RELEVANT INFORMATION

VIC 706
FORM 0250441

PRIOR TO ADMISSION

VISITORS – son calls every day to help wash

HELP

DISTRICT NURSE

MEALS ON WHEELS – son prepares meals

DAY HOSPITAL

CLUBS – son is main carer

OTHER

SOCIAL CIRCUMSTANCES

lives with husband in ground floor flat.
Non smoker.
Alcohol with meals.

PATIENT'S PERCEPTIONS

Fully aware

RELATIVES PERCEPTIONS

Relatives aware of admission

PATIENT SPOKEN TO BY: SISTER

DOCTOR 14/10/10

RELATIVES SPOKEN TO BY: SISTER

DOCTOR 14/10/10

RELATIVES SPOKEN TO BY: CONSULTANT

(Please give names and dates)

VALUABLES

CLOTHING LISTED:

MONEY:

JEWELLERY LISTED:

ELECTRIC RAZOR:

} None.

OTHER (SPECIFY):

VALUABLES TO HOSPITAL SAFE:

RECEIPT No.:

DENTURES: UPPER – crown
LOWER

HEARING AID: RIGHT EAR
LEFT EAR } None.

WEARS SPECTACLES: for reading and driving.
No. OF PAIRS: None.

ANY PROSTHESIS: – 2 knee replacements.

LEFT OR RIGHT HANDED: right.

PERSONAL LAUNDRY

TO BE TAKEN HOME: ✓

WASHED BY HOSPITAL:

MARKING PROCEDURE EXPLAINED:

DAY CLOTHES REQUESTED:

ANY NEW INFORMATION FOLLOWING TRANSFER

INFORMATION GAINED FROM: Patient.

INFORMATION GAINED BY (Name and Grade)

C. McDavid (S)

THE VICTORIA INFIRMARY
NURSING NOTES

SURNAME
FORENAMES SG99406473
CATHERINE HONEYMAN
ADDRESS 10 MELVILLE STREET
0/2
GLASGOW
G41 2LN 01/02/1949
CHI 0102496145

NURSING NOTES

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 14/10/10 | Admitted via A+E with fracture to right tibia & fibula. Just recently had cast removed after same injury 13 weeks ago. | | |
| | P.O.P backslab in situ. To fast from midnight for ? theatre in am. | | |
| | Intra-venous fluids commenced. | C Mulvey | 5 |
| 15.10.10 | Settled after admission but still in pain. | | |
| | Morphine 10mgs given s/c at 04:15 with effect. | C Mulvey | 5 |
| PM. | attended for change of cast and x-Ray. Passed by Physiotherapy home with discharge letter OPD 28/10/10 to follow. | C Mackie | |

FORM 0164238 VIC 667

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

RATE OF FLOW (Drops/Min) = VOL of FLUID (ML) x 15 (1ml = 15 drops) / DURATION (mins)
(Standard Giving Set)

APPROXIMATE RATE for 500 ml

1hr = 120 drops/min
4hr = 30 drops/min
6hr = 22 drops/min
8hr = 15 drops/min

0168213-VIC

| | PRESCRIPTION | | | | | | | | PREPARATION | | | ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | TIME & DATE ADDED | TIME BEGUN | ADMINISTERED BY |
| A | 14/10 | (N) saline 0.9% | 500 | | | IV | 6° | RLC | 10H24T55 | | | 0730 | CMcDaid |
| B | 14/10 | (N) saline 0.9% | 500 | | | IV | 6° | RL | 10H24T55 | | | 0630 | CMcDaid |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

## Pain Assessment & Management Guidelines

**How to score pain:** 0 (No Pain) — 10 (Worst Pain Imagineable)

| Pain Score: | | Action: |
|---|---|---|
| 0 | NONE | Continue to assess pain with every set of observations (must be at least daily). |
| 1-3 | MILD | Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review. |
| 4-6 | MODERATE | Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review. |
| 7-10 | SEVERE | Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review. |

### Guidelines

**Cancer-related pain:** Always score the worst pain in the last 24hours or since last assessment.

FOR PERSISTANT MODERATE PAIN (4 OR ABOVE) WHICH DISTRESSES THE PATIENT:

Use Cancer Pain Management Algorithm in Palliative Care Resource File. This is distributed to all wards and is also accessible on the intranet. If no improvement in pain score contact hospital palliative care team on **page 1266** at SGH and **page 5742** at VI.

Out of hours advice can be obtained from the Prince and Princess of Wales Hospice on **0141 420 6785.**

**Acute pain:** Score current pain on movement e.g. deep breathing

PERSISTENT SEVERE PAIN (7 OR ABOVE), WHICH DISTRESSES THE PATIENT:

Use Acute Pain Manual - distributed to all Operating Theatres areas and Surgical wards throughout Division. Also accessible on Intranet (via anaesthetic department homepage)

If no improvement in pain score contact CNS Pain Management on **page 1186/1157** at SGH and **page 3404/3101** at VI. On Call anaesthetist **page 1658** at SCH and **3004** at VI.

## Measuring Sedation

**The SEWS system uses the AVPU scoring system for conscious level. AVPU is an acronym for Alert, Verbal Pain, Unresponsive. The AVPU system relates to the previous sedation scale as follows:**

| Sedation | Descriptor | AVPU |
|---|---|---|
| 0 | Awake | A |
| 1 | Asleep, roused by speech | V |
| 2 | Physical stimulation (eg shaking) required to waken | P |
| 3 | Not roused by speech or shaking | U |

## Measuring Nausea

Is now recorded as 0 for no nausea or vomiting, N for nausea and V for vomiting
For persistent nausea and/or vomiting see clinical handbook or acute pain manual.

## NB: Review Treatment Plan

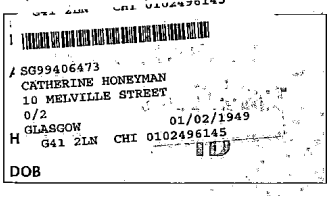
| | | | | |
|---|---|---|---|---|
| **If Temp>38** | blood cultures ☐ | other cultures ☐ | Start antibiotic therapy if indicated | |
| **If Systolic BP<100** | Review monitoring (cardiac/oximetry/urine output/invasive BP etc)<br>IV Access<br>Review patient/drug kardex. Consider fluid challenge ⟶ Definitive Therapy | | | |
| Consider: | Hypovolaemia<br>*Dehydration*<br>*Blood loss* | Cardiac<br>*Arryhthmia*<br>*Pump failure.* | Obstructive<br>*PE*<br>*Tamponade* | Distributive<br>*Sepsis*<br>*Anaphylaxis* |
| **If Pulse>130** | Review monitoring<br>IV Access<br>Review patient/ECG/electrolytes ⟶ Definitive Therapy | | | |
| **If $O_2$ sats <93%** | Review probe ? accurate<br>Review patient ⟶ prescribe oxygen on kardex if indicated. | | | |
| **If RR>24** | Review patient/CXR +/- gases/PEF etc ⟶ Definitive Therapy | | | |
| **If responds to pain only or unresponsive** | Assess airway, BM GCS, consider neuro obs chart, review patient/kardex. | | | |

## South Glasgow Hospitals

NHS Greater Glasgow and Clyde

STANDARDISED EARLY WARNING SCORING SYSTEM (SEWS)

Patient Observation Chart




| | Date | Ward | Consultant |
|---|---|---|---|
| Admitted | 24/10/07 | 44 | Mr Heuss |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

This is Chart Number 1 during this admission

All seven parameters must be assessed with each set of observations to obtain an accurate SEWS score. If a patient has abnormal vital signs please pay particular attention to scoring for urine output.

### How to calculate SEWS Score

- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS Key.
- Add points scored and record total "Sews Score" in bottom row of chart.
- Respiratory rate — Write numerical value in appropriate box
- Saturation Sp02 — Write numerical value in appropriate box
- Inspired Oxygen — If the patient's saturation is recorded on air please write A in appropriate box. If patient is on oxygen therapy, please document the amount in appropriate box.
- Temperature — Write numerical value in appropriate box
- Blood pressure — Write numerical values for systolic and diastolic pressure in appropriate box. Remember only the systolic value is considered for the SEWS Score.
- Heart rate — Write numerical value in appropriate box
- Neuro Response — Record patient's best response. If the patient is asleep or demonstrates new confusion, award the same score as verbal response.
- Urine Output — Check that patient has voided urine recently. If yes write PU in box provided. If no write NPU in box provided.
- Urine Output — Check if the patient has passed the equivalent of or more than 30mls/hour for the last three consecutive hours. If yes score 0 in box provided. If no score 3 in box provided and add to total SEWS score.
- SEWS Score — Add up scores for all 7 parameters and write in box provided. If the patient merits an aggregate score of 0 please write 0 in the SEWS score box. Action as per guidelines below.

**SEWS KEY**

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| | | | |

SEWS 0-1: Routine observations
SEWS 2-3: Hourly observations and inform nurse in charge
SEWS 4+: Contact PRHO immediately. SHO or more senior doctor must be informed by Junior Doctor. Please record action taken in Nursing Notes

**FURTHER SEWS SCORE SHOULD BE CHECKED**

- In the event of a sudden worrying *Change*
- If there is a worsening *Trend*
- If concerned the patient looks *Unwell*

The frequency of SEWS scoring is determined by the previous SEWS Score. If the patient continually scores 0-1, the nurse caring for the patient should determine frequency of observations.

A full set of observations and SEWS score should still be carried out.

If SEWS continually 0-1 frequency of observations:

| Date | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Frequency | | | | | | | | | | | |

SEWS KEY

| 0 | 1 | 2 | 3 |
|---|---|---|---|

NAME

CATHERINE HONEYMAN
SG99406473 01/02/49
CHI: 0102496145 F
Date Time
Spec./Sig.

DOB

UNIT No.

SEWS KEY

| 0 | - 1 | 2 | 3 |
|---|---|---|---|

Date:
Time:

| | | |

THE VICTORIA INFIRMARY
PATIENT CARE PLAN:

NAI

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW
G41 2LN
CHI 0102496145
01/02/1949

RI 4

DATE OF ADMISSION: 14/10/10

| DATE COMM. & SIGNATURE | PERSONAL HYGIENE/DRESSING | DATE DISC. & SIGNATURE |
|---|---|---|
| 14/10/10 | Baoin to wash with assistance. | |
| 14/10/10 | Offered facilities for o/c hygiene. | |
| 14/10/10 | Hair & nail care. | |

| DATE COMM. & SIGNATURE | MOBILISATION |
|---|---|
| 14/10/10 | Bedrest. |

| DATE COMM. & SIGNATURE | EATING AND DRINKING |
|---|---|
| 14/10/10 | Fasting from midnight. |

| DATE COMM. & SIGNATURE | ELIMINATION |
|---|---|
| 14/10/10 | Bedpan |

| DATE COMM. & SIGNATURE | SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY |
|---|---|
| 14/10/10 | Orientated to nurse call system |

ICAL CARE

| DATE COMM. & SIGNATURE | OBSERVATIONS |
|---|---|
| 14/10/10 | Temp. pulse BP. |
| 14/10/10 | Observe site & rate of infusion |

WOUND CARE/OTHER CARE

| DATE COMM. & SIGNATURE | SPECIMENS | INVESTIGATIONS |
|---|---|---|
| 14/10/10 | W.S.U. | MRSA |

Form 0164411

THE VICTORIA INFIRMARY

PATIENT ASSESSMENT FORM

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

DATE OF ADMISSION/TRANSFER:

ASSESSMENT OF ACTIVITIES OF LIVING.

A. MAINTAINING PERSONAL SAFETY/COMFORT:

Orientated to nurse call system

B. COMMUNICATION:

Speaks fluently and sensibly

C. BREATHING:

Has some shortness of breath on exertion due to angina.

D. EATING AND DRINKING:

Enjoys normal diet & fluids.

E. ELIMINATING:

No problems.

F. PERSONAL HYGIENE/DRESSING:

Requires assistance for washing and dressing.

G. CONTROLLING BODY TEMPERATURE:

No intervention

FORM 0247111 VIC705

H. MOBILISING:

usually walks with one stick

I.WORK AND SOCIAL ACTIVITIES:

Not able to go out much.

J. EXPRESSING SEXUALITY:

Ensure privacy & dignity maintained.

K. REST AND SLEEP:

Does not sleep much due to pain.

L. DYING:

Not discussed – inappropriate.

SACREMENT OF THE SICK:

SKIN ASSESSMENT

INSTRUCTIONS FOR USE

Identify the most appropriate description of the patient (4,3,2 or 1) under each of the headings and total score.

(18)

NORTON SCORING-

Total of 16 or below = AT RISK

| A-PHYSICAL CONDITION | | D-MOBILITY | |
|---|---|---|---|
| Good | 4 | Full | 4 |
| Fair | (3) | Slightly Limited | 3 |
| Poor | 2 | Very Limited | (2) |
| Very Poor | 1 | Immobile | 1 |
| **B MENTAL CONDITION** | | **E. INCONTINENT** | |
| Alert | (4) | Not | (4) |
| Apathetic | 3 | Occasionally | 3 |
| Confused | 2 | Usually Urine | 2 |
| Stuperous | 1 | Double | 1 |
| **C. ACTIVITY** | | **F. SKIN CONDITION** | |
| Ambulant | 4 | Healthy/Intact | (4) |
| Walk/Help | 3 | Dry/Intact | 3 |
| Chairfast | 2 | Red/Blanched | 2 |
| Bedfast | (1) | Broken | 1 |

FRONT BACK

# SOUTH GLASGOW HOSPITALS
## PATIENT MOVING AND HANDLING RISK ASSESSMENT

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Patient's Name: Catherine Honeyman | If patient is totally independent, tick here and go to date box |
| Named Nurse: S. Lafferty | |

**BODY BUILD**

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

**RISK OF FALLS** High ✓ Low

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

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

**INTO BATH OR SHOWER**

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

ASSISTANCE ✓ SUPERVISION INDEPENDENT

Staff required:

Bedbath at present

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

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

ASSISTANCE SUPERVISION INDEPENDENT

Additional Information

Bedrest

**TOILETING**

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

ASSISTANCE ✓ SUPERVISION INDEPENDENT

Additional Information

Bedpan

**WALKING**

| | | | |
|---|---|---|---|
| NO WALKING | ✓ | ASSISTANCE | |
| Staff required: | | | |
| Walking Aid | | | |

SUPERVISION INDEPENDENT

Distance walked / additional information

**MOVE UP/DOWN BED**

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

ASSISTANCE ✓ SUPERVISION INDEPENDENT

Additional information (include details of any therapy beds used)

Staff required:

**SIT UP OVER SIDE OF BED**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Rope ladder | | Sliding aid | | ASSISTANCE | ✓ | SUPERVISION | INDEPENDENT |

**MOVE ON/OFF BED PAN**

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

**TRANSFER TO/FROM TROLLEY (or bed etc)**

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

Date assessed: 14/10/10 Assessors signature: C. Mustard

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date reviewed | | | | | | | | | |
| Assessors signature | | | | | | | | | |

**THERAPEUTIC HANDLING INSTRUCTIONS**

| Date | Instruction | Therapist's Name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

NHS
Greater Glasgow and Clyde

NATVNS
SCOTLAND

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

# 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*** | | 14/10 | | | | | | | |
| Male | 1 | | | | | | | | |
| Female | 2 | 2 | | | | | | | |
| ***Age*** | | | | | | | | | |
| 14 -49 | 1 | | | | | | | | |
| 50 -64 | 2 | 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 | | | | | | | | |
| 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 | | | | | | | | |
| Tissue paper (thin/fragile) | 1 | | | | | | | | |
| Dry (appears flaky) | 1 | | | | | | | | |
| Oedematous (puffy) | 1 | | | | | | | | |
| Clammy (moist to touch)/pyrexia | 1 | | | | | | | | |
| Discoloured (bruising/mottled) | 2 | 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 | 0 | | | | | | | |
| 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 | | | | | | | | |
| ***Special Risks - Neurological Deficit*** | | | | | | | | | |
| Diabetes/MS/CVA/motor/sensory/paraplegia *Max 6* | 4-6 | 0 | | | | | | | |
| ***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** | | 9 | | | | | | | |
| **Date** | | 14/10 | | | | | | | |
| **Initials** | | CMO | | | | | | | |
| **Time** | | 23:49 | | | | | | | |

83826

Ensure plan of care is implemented / reviewed for all identified areas of concern.

## 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 Oxycontin.

**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.

Cedar 41328

VI MEDICAL ILLUSTRATION • GERIATRIC • FALLS PREVENTION • 213665

Acute Services Division

Hospital / Department: Victoria Infirmary

NHS Greater Glasgow and Clyde

# Cannard Falls Risk Assessment Pack

| | |
|---|---|
| Patient name: | SG99406473<br>CATHERINE HONEYMAN<br>10 MELVILLE STREET<br>0/2<br>GLASGOW 01/02/1949<br>G41 2LN CHI 0102496145 |
| Ward: | |
| 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 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

## nnard Falls Risk Assessment

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

| ORE ALL OPTIONS THAT APPLY IN EACH SECTION | | | | | | Date: 14/10 Ward: 4 | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| tory of falls in last 6 months | At home 1 | In ward / unit 2 | None 0 | | | 1 | | | | | | |
| [redacted] | Male 1 | Female 2 | | | | 2 | | | | | | |
| [redacted] | 13-59 0 | 60-70 1 | 71-80 2 | 81+ 1 | | 1 | | | | | | |
| sory deficit | Sight* 2 | Hearing* 1 | Balance* 2 | None 0 | | 0 | | | | | | |
| dication type | Drugs for mental illness 1 | Blood pressure / water tablets 1 | Sleeping tablets 1 | None of these 0 | | 1 | | | | | | |
| dical history | Diabetes 1 | Confusion 1 | Fits 1 | Incontinent 1 | Inability to cooperate* 1 | | | | | | | |
| bility | Fully mobile 1 | Uses aids 2 | Restricted* 3 | Bed / chair-bound/ wheel-chair 1 | | 2 | | | | | | |
| [redacted] | Steady 1 | Hesitant in initiating movement* 1 | Poor transfer* 3 | Unsteady 3 | | 3 | | | | | | |
| | | | | TOTAL SCORE | | 10 | | | | | | |
| | | | | ACTION(S) TAKEN Enter action code(s) from Care Plan below | | 1, 3, 4 11, 14 | | | | | | |
| [redacted] SCORE 13+ = HIGH RISK atient unconscious score as N/A until patient status improves | | | | NURSE SIGNATURE | | CMO. | | | | | | |

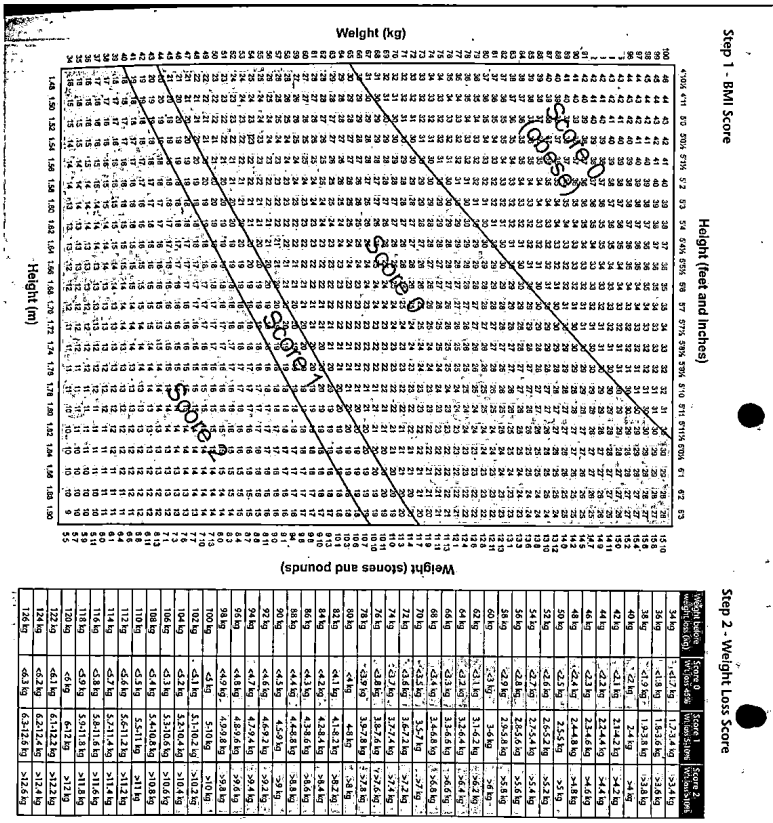
**ease see back page for glossary of terms relating to the assessment above.**

## lls Assessment Care Plan

**se tick all applicable nursing interventions**

| tio | NURSING INTERVENTIONS | Date: 14/10 Ward: 4 | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: | Date: Ward: |
|---|---|---|---|---|---|---|---|---|
| 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 : ) 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. | | | | | | | |
| | | | | | | | | |

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




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% |
|---|---|---|---|
| 34kg | <1st 7lb | 1-7.3 kg | >3.4 kg |
| 36kg | <1st 9lb | 1.8-3.6 kg | >3.6 kg |
| 38kg | <1st 9lb | 1.9-3.8 kg | >3.8 kg |
| 40kg | <1st 9lb | 2-4 kg | >4 kg |
| 42kg | <1st 9lb | 2.1-4.2 kg | >4.2 kg |
| 44kg | <1st 9lb | 2.2-4.4 kg | >4.4 kg |
| 46kg | <1st 9lb | 2.3-4.6 kg | >4.6 kg |
| 48kg | <1st 9lb | 2.4-4.8 kg | >4.8 kg |
| 50kg | <1st 9lb | 2.5-5 kg | >5 kg |
| 52kg | <1st 9lb | 2.6-5.2 kg | >5.2 kg |
| 54kg | <1st 9lb | 2.7-5.4 kg | >5.4 kg |
| 56kg | <1st 9lb | 2.8-5.6 kg | >5.6 kg |
| 58kg | <1st 9lb | 2.9-5.8 kg | >5.8 kg |
| 60kg | <1st 9lb | 3-6 kg | >6 kg |
| 62kg | <1st 9lb | 3.1-6.2 kg | >6.2 kg |
| 64kg | <1st 9lb | 3.2-6.4 kg | >6.4 kg |
| 66kg | <1st 9lb | 3.3-6.6 kg | >6.6 kg |
| 68kg | <1st 9lb | 3.4-6.8 kg | >6.8 kg |
| 70kg | <1st 9lb | 3.5-7 kg | >7 kg |
| 72kg | <1st 9lb | 3.6-7.2 kg | >7.2 kg |
| 74kg | <1st 9lb | 3.7-7.4 kg | >7.4 kg |
| 76kg | <1st 9lb | 3.8-7.6 kg | >7.6 kg |
| 78kg | <1st 9lb | 3.9-7.8 kg | >7.8 kg |
| 80kg | <1st 9lb | 4kg | >8 kg |
| 82kg | <1st 9lb | 4.1-8.2 kg | >8.2 kg |
| 84kg | <1st 9lb | 4.2-8.4 kg | >8.4 kg |
| 86kg | <1st 9lb | 4.3-8.6 kg | >8.6 kg |
| 88kg | <1st 9lb | 4.4-8.8 kg | >8.8 kg |
| 90kg | <1st 9lb | 4.5-9 kg | >9 kg |
| 92kg | <1st 9lb | 4.6-9.2 kg | >9.2 kg |
| 94kg | <1st 9lb | 4.7-9.4 kg | >9.4 kg |
| 96kg | <1st 9lb | 4.8-9.6 kg | >9.6 kg |
| 98kg | <1st 9lb | 4.9-9.8 kg | >9.8 kg |
| 100kg | <1st 9lb | 5-10 kg | >10 kg |
| 102kg | <1st 9lb | 5.1-10.2 kg | >10.2 kg |
| 104kg | <1st 9lb | 5.2-10.4 kg | >10.4 kg |
| 106kg | <1st 9lb | 5.3-10.6 kg | >10.6 kg |
| 108kg | <1st 9lb | 5.4-10.8 kg | >10.8 kg |
| 110kg | <1st 9lb | 5.5-11 kg | >11 kg |
| 112kg | <1st 9lb | 5.6-11.2 kg | >11.2 kg |
| 114kg | <1st 9lb | 5.7-11.4 kg | >11.4 kg |
| 116kg | <1st 9lb | 5.8-11.6 kg | >11.6 kg |
| 118kg | <1st 9lb | 5.9-11.8 kg | >11.8 kg |
| 120kg | <1st 9lb | 6-12 kg | >12 kg |
| 122kg | <1st 9lb | 6.1-12.2 kg | >12.2 kg |
| 124kg | <1st 9lb | 6.2-12.4 kg | >12.4 kg |
| 126kg | <1st 9lb | 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 | <11b | 11b-1st 7lb | >1st 7lb |
| 5st 7lb | <11b | 1st 7lb-1st 14lb | >1st 14lb |
| 5st 11lb | <11b | 1st 14lb-2st 2lb | >2st 2lb |
| 6st | <11b | 2st 2lb-2st 9lb | >2st 9lb |
| 6st 4lb | <11b | 2st 9lb-3st 5lb | >3st 5lb |
| 6st 7lb | <11b | 3st 5lb-3st 12lb | >3st 12lb |
| 6st 11lb | <11b | 3st 12lb-4st 3lb | >4st 3lb |
| 7st | <11b | 4st 3lb-4st 10lb | >4st 10lb |
| 7st 4lb | <11b | 4st 10lb-5st 1lb | >5st 1lb |
| 7st 7lb | <11b | 5st 1lb-5st 8lb | >5st 8lb |
| 7st 11lb | <11b | 5st 8lb-5st 15lb | >5st 15lb |
| 8st | <11b | 5st 15lb-6st 6lb | >6st 6lb |
| 8st 4lb | <11b | 6st 6lb-6st 13lb | >6st 13lb |
| 8st 7lb | <11b | 6st 13lb-7st 4lb | >7st 4lb |
| 8st 11lb | <11b | 7st 4lb-7st 11lb | >7st 11lb |
| 9st | <11b | 7st 11lb-8st 2lb | >8st 2lb |
| 9st 4lb | <11b | 8st 2lb-8st 9lb | >8st 9lb |
| 9st 7lb | <11b | 8st 9lb-8st 16lb | >8st 16lb |
| 9st 11lb | <11b | 8st 16lb-9st 3lb | >9st 3lb |
| 10st | <11b | 9st 3lb-9st 10lb | >9st 10lb |
| 10st 4lb | <11b | 9st 10lb-10st 1lb | >10st 1lb |
| 10st 7lb | <11b | 10st 1lb-10st 8lb | >10st 8lb |
| 10st 11lb | <11b | 10st 8lb-10st 15lb | >10st 15lb |
| 11st | <11b | 10st 15lb-11st 6lb | >11st 6lb |
| 11st 4lb | <11b | 11st 6lb-11st 13lb | >11st 13lb |
| 11st 7lb | <11b | 11st 13lb-12st 4lb | >12st 4lb |
| 11st 11lb | <11b | 12st 4lb-12st 11lb | >12st 11lb |
| 12st | <11b | 12st 11lb-13st 2lb | >13st 2lb |
| 12st 4lb | <11b | 13st 2lb-13st 9lb | >13st 9lb |
| 12st 7lb | <11b | 13st 9lb-14st 0lb | >14st 0lb |
| 12st 11lb | <11b | 14st 0lb-14st 7lb | >14st 7lb |
| 13st | <11b | 14st 7lb-14st 14lb | >14st 14lb |
| 13st 4lb | <11b | 14st 14lb-15st 5lb | >15st 5lb |
| 13st 7lb | <11b | 15st 5lb-15st 12lb | >15st 12lb |
| 13st 11lb | <11b | 15st 12lb-16st 3lb | >16st 3lb |
| 14st | <11b | 16st 3lb-16st 10lb | >16st 10lb |
| 14st 4lb | <11b | 16st 10lb-17st 1lb | >17st 1lb |
| 14st 7lb | <11b | 17st 1lb-17st 8lb | >17st 8lb |
| 14st 11lb | <11b | 17st 8lb-17st 15lb | >17st 15lb |
| 15st | <11b | 17st 15lb-18st 6lb | >18st 6lb |
| 15st 4lb | <11b | 18st 6lb-18st 13lb | >18st 13lb |
| 15st 7lb | <11b | 18st 13lb-19st 4lb | >19st 4lb |
| 15st 11lb | <11b | 19st 4lb-19st 11lb | >19st 11lb |
| 16st | <11b | 19st 11lb-20st 2lb | >20st 2lb |
| 16st 4lb | <11b | 20st 2lb-20st 9lb | >20st 9lb |
| 16st 7lb | <12lb | 20st 9lb-21st 0lb | >21st 0lb |
| 16st 11lb | <12lb | 21st 0lb-21st 7lb | >21st 7lb |

# Nutrition Profile

NHS Greater Glasgow and Clyde

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

CHI number:

*Affix patient data label*

Date of admission: 14/10/10

Time: 23:30

HOSPITAL: Victoria Infirmary

Ward: FOUR

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

Height: 5ft 4" ~~m/ft~~ Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 14st 6lbs 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):
Does not eat liver but enjoys most other foods.

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:*

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑
*Please state:*

Profile completed by: Name (PRINT): C McDAVID Signature: C McDavid Date: 14/10/10

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 | 14/10/10 | | | | | | | | | |
| Initials | CMG | | | | | | | | | |
| Height (see page 1) 5ft 4" | Weight 14st 6lbs | | | | | | | | | |
| Oedema or ascites present Y/N | Y | | | | | | | | | |
| BMI | 35 | | | | | | | | | |

### '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 ..... Once ..... 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 |
|---|---|---|---|---|
| 14/10/10 | 0 | Review in one week | 21/10/10 | C MUMFORD |
| | | | | |
| | | | | |
| | | | |

Acute Services Division

NHS Greater Glasgow and Clyde

D

Pa

SG99406473

Ur CATHERINE HONEYMAN
10 MELVILLE STREET

Cl G/R
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

Ward: 4

Discharge destination: 15/10/10

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) / /

Final date of discharge : / /

| Checklist | Yes | N/A | Initials | Comments |
|---|---|---|---|---|
| Patient informed | ✓ | | CM | |
| Relative/carer informed | ✓ | | CM | |
| Others informed: Care Home | | ✓ | CM | |
| **Transport arranged** | | | | |
| Own transport (preferred option) | ✓ | | CM | |
| Ambulance-1 man/ 2 man am/pm | | ✓ | CM | |
| Other: Flight, Air ambulance etc. | | ✓ | CM | |
| **Discharge medication** | | | | |
| Discharge prescription completed | ✓ | | CM | letter only |
| Compliance aids e.g. Dossette Box (involve pharmacist) | | ✓ | CM | |
| Medication received | | ✓ | CM | |
| Medication explained to patient and/or relative/carer | | ✓ | CM | |
| Own medication returned to patient | | ✓ | CM | |
| Dressings/continence aids (7 day supply, ensure District Nurse referral completed) | | | CM | |
| **Informed of discharge** | | | | |
| Social work/ Other agencies/Home help | | ✓ | CM | |
| Physiotherapist | | ✓ | CM | |
| Occupational Therapist | | ✓ | CM | |
| Dietician | | ✓ | CM | |
| Speech and Language Therapist | | ✓ | CM | |
| Clinical Nurse specialist e.g. Care Home Liaison | | ✓ | CM | |
| Liaison/ District Nurse/Practice Nurse | | ✓ | CM | |
| **Other discharge items** | | | | |
| Access arrangements (e.g. keys, door entry) | | ✓ | CM | |
| Patients clothing available for day of discharge | | ✓ | CM | |
| Valuables e.g. cashier | | ✓ | CM | |
| Intravenous cannula removed | | ✓ | CM | |
| Equipment ordered (inc. walking aids) in place for discharge | | ✓ | CM | |
| Part 2 Discharge letter - Required | | ✓ | CM | |
| - Completed | | ✓ | CM | |
| **Out patient clinic appointment e.g. Anticoagulation clinic** | | | | |
| Arranged / To follow | ✓ | | | 28/10/10 To follow |
| If unknown at time of discharge state reason | | | | |
| **Additional information / leaflets / factsheets** | | | | |

**Time of Discharge:** 1500

**Nurse's signature:** C Mackenzie

Designation: SN

Date: 15/10/10

FORM NUMBER 0005752

South Glasgow University Hospitals
The Victoria Infirmary

NHS Greater Glasgow

# Nursing Care Plan and Care Record

Date: 11/02/08 Ward(s): CCU

Name: Catherine Honeyman
Unit number/DoB: SC9940473
Date of admission: 11/02/08
Ward: CCU
*Use address label*

| Intervention | Care Planned | | | | Care Delivered (initial each intervention) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (Date and sign Care Planned) | Start | | Stop | | DATE 11/02/08 | | | DATE 12/2 | | | DATE | | | DATE | | |
| *Record frequency of observations | Date | Sign | Date | Sign | E | L | N | E | L | N | E | L | N | E | L | N |
| **Observations** | | | | | | | | | | | | | | | | |
| T.P.R.* C hourly | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| BP* C hourly | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| $O_2$ Saturation* O/A | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| Neuro observations* | | | | | | | | | | | | | | | | |
| BM Stix* - O/A | 11/2 | DI | | | | | DI | | | | | | | | | |
| Urine volumes* | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| (Telemetry) / Monitoring | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| CVP recordings* | | | | | | | | | | | | | | | | |
| Weight* | | | | | | | | | | | | | | | | |
| Urinalysis | | | | | | | | | | | | | | | | |
| Venflon* | | | | | | | | | | | | | | | | |
| 24 hour fluid balance | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| Blood transfusion observations | | | | | | | | | | | | | | | | |
| Seizure chart | | | | | | | | | | | | | | | | |
| Stool chart | | | | | | | | | | | | | | | | |
| T.E.D. stockings check* | | | | | | | | | | | | | | | | |
| CIWA Score* | | | | | | | | | | | | | | | | |
| CANARD Score | | | | | | | | | | | | | | | | |
| **Hygiene** | | | | | | | | | | | | | | | | |
| Independent | | | | | | | | GH | | | | | | | | |
| Wash at bedside - Self Care | | | | | | | | | | | | | | | | |
| Wash at bedside - 1 Nurse to assist | 11/2 | DI | | | | | DI | | | | | | | | | |
| Bath/Shower - 1 / 2 Nurses to assist | | | | | | | | | | | | | | | | |
| Bed Bath - 2 Nurses | | | | | | | | | | | | | | | | |
| **Mobility** | | | | | | | | | | | | | | | | |
| Independent | | | | | | | | | | | | | | | | |
| See Moving and Handling chart | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| **Maintaining safety** | | | | | | | | | | | | | | | | |
| Cot sides used when in bed | 11/2 | DI | | | | | DI | | | | | | | | | |
| No change in mental status | | | | | | | | GH | | | | | | | | |
| Direct supervision required | | | | | | | | | | | | | | | | |
| Barrier/Rev Barrier Nursed | | | | | | | | | | | | | | | | |
| **Pressure area care** | | | | | | | | | | | | | | | | |
| Waterlow Score* | | | | | | | | | | | | | | | | |
| Independent | 11/2 | DI | | | | | DI | GH | | | | | | | | |
| Positional change required* | | | | | | | | | | | | | | | | |
| Special mattress | | | | | | | | | | | | | | | | |
| Specify: | | | | | | | | | | | | | | | | |

# SOUTH GLASGOW HOSPITALS
## PATIENT MOVING AND HANDLING RISK ASSESSMENT

NHS Greater Glasgow and Clyde

| Patient's Name: Catherine Honeymoon | If patient is totally independent, tick here and go to date box |
|---|---|
| Named Nurse: | |

**BODY BUILD**

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

RISK OF FALLS: High ☐ Low ☐

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

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

**INTO BATH OR SHOWER**

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

ASSISTANCE ☐ SUPERVISION ☐ INDEPENDENT ☐

Staff required: Bedrest @ present - Baoin

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

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

ASSISTANCE ☐ SUPERVISION ☐ INDEPENDENT ☐

Additional Information: Bedrest @ Present

**TOILETING**

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

ASSISTANCE ☐ SUPERVISION ☐ INDEPENDENT ☐

Additional Information: Commode @ Bedside

**WALKING**

| | | | |
|---|---|---|---|
| NO WALKING | ✓ | ASSISTANCE | |
| Staff required: | | | |
| Walking Aid | | | |

SUPERVISION ☐ INDEPENDENT ☐

Distance walked / additional information

**MOVE UP/DOWN BED**

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

ASSISTANCE ☐ SUPERVISION ☐ INDEPENDENT ✓

Additional Information (include details of any therapy beds used)

Staff required:

**SIT UP OVER SIDE OF BED**

Rope ladder ☐ Sliding aid ☐ ASSISTANCE ☐ SUPERVISION ☐ INDEPENDENT ✓

**MOVE ON/OFF BED PAN**

Hoist ☐ Roll Patient ☐ Patient bridges ☐ Monkey pole ☐ Not used ✓

**TRANSFER TO/FROM TROLLEY (or bed etc)**

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

Date assessed: 11/02/08 Assessors signature: D Foulis

| Date reviewed | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Assessors signature | | | | | | | | | |

**THERAPEUTIC HANDLING INSTRUCTIONS**

| Date | Instruction | Therapist's Name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

NHS
Great
Glasgo

# DISCHARGE CHECKLIST

406473 0102496145
Honeyman Catherine
10 Melville Street F
Glasgow 2
01/02/1949
G41 2LN GP Prac:49074

Patient's n
Unit numb
Discharge

Ward: 10 → 7
Date of discharge: 8/2/14

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

**Additional Information / Leaflets / Factsheets**

Nurse's signature: G. Hughes Designation: ~~8/2/14~~ SIN Date: 8/2/14.

SGH 488
0005752

# THE VICTORIA INFIRMARY
## PATIENT PROFILE

ADDRESSOGRAPH LABEL

406473 0102496145
Honeyman Catherine
10 Melville Street F
Glasgow 2
01/02/1949
G41 2LN GP Prac:49074

WARD: 10

RELIGION: Jehovah Witness

DATE OF BIRTH: 1/2/49. AGE: 55.

OCCUPATION:

CONSULTANT: Dr ~~Stewart~~ ~~Hotchkiss~~ DR Boulton Jones

LIKES TO BE CALLED:

ADMISSION INFORMATION:

DATE: 4/2/4 TIME: 1800

NEXT OF KIN (NAME and RELATIONSHIP):
Raymond Honeyman

ADDRESS: 10 Melville St

TELEPHONE No. HOME: 422-1580
WORK:

WISHES TO BE CONTACTED OVERNIGHT IF NECESSARY: (YES) NO

OTHER RELEVANT CONTACT:

G.P. (NAME and HEALTH CENTRE):
Dr Mills
Gorbals Health Centre.
531-8250

TRANSFER INFORMATION

DATE: Admitted to MAU on 3/2/04 1806.

REASON: T/F to ward 10 4/2/04 @ 1800

TYPE OF ADMISSION: GP Referal

REASON for ADMISSION:
Chest Pain
+SOB.

CURRENT DIAGNOSIS:

INVESTIGATION/OPERATION:

6/2/04 VQScan - negative.
6/2/04 TNI 0.01.

OBSERVATIONS on ADMISSION

APPEARANCE ON ADMISSION:

TEMP: 36.2 PULSE: 86 RESP: 97% ④
19 Resps

BP: 147/96.

WEIGHT: 79.80Kgs 7/2/04 LMP:
BM 10.0mmols

URINALYSIS: PARITY:

KNOWN ALLERGIES:

NKDA.

PATIENT'S OWN DRUGS

Losec
Tramadol

HOW DISPOSED OF:

KNOWN/RELEVANT PAST MEDICAL HISTORY

Arthritis (Spine + joints)
Reflux disease
Cholecystectomy
3x Lumpectomies

OTHER RELEVANT INFORMATION

* No Blood Transfusions *

VIC 706
FORM 0250441

(13)

# THE VICTORIA INFIRMARY

## PATIENT ASSESSMENT FORM

PHOTOGRAPH LABEL:

406473
Honeyman
10 Melville Street
Glasgow
G41 2LN

0102496145
Catherine
F
2
01/02/1949
GP Prac:49074

DATE OF ADMISSION/~~TRANSFER~~: 2/2/4

ASSESSMENT OF ACTIVITIES OF LIVING.

A. MAINTAINING PERSONAL SAFETY/COMFORT:

(I)

B. COMMUNICATION:

no problems

C. BREATHING:

(I)

D. EATING AND DRINKING:

Normal diet + fluids

E. ELIMINATING:

Irregular bowel habits
Urinary continent

F. PERSONAL HYGIENE/DRESSING:

(I)

G. CONTROLLING BODY TEMPERATURE:

(I)

FORM 0247111 VIC705

South Glasgow University Hospitals NHS Trust

The Victoria Infirmary
Medical Directorate

NHS Greater Glasgow

Surn
Fore
Addr

406473 0102496145
Honeyman Catherine
10 Melville Street F
Glasgow 2
01/02/1949
G41 2LN GP Prac:49074

## WARD ROUND

| Date | Nursing Notes | Signature | Grade |
|---|---|---|---|
| 4/2/4 | Seen by Dr. Stewart (in MAU) | | |
| | Imp: Can't exclude PE/ischaemia. | | |
| | Plan: Clexane | | |
| | Keep 24o | | |
| | V/Q scan. | CMcuR | F |
| 7pm | SB DR McCallum | | |
| | : Acute episode central chest pain | | |
| | SOB / nausea. | | |
| | Vomited x1. | | |
| | Given IV opiate / antiemetic | | |
| | Settling ?? GI / anxiety | | |
| | Plan: observe | | |
| | MI screen | | |
| | Continue inwit | | |
| | Gaviscon | | |
| | PPI | | |
| | Await V/Q scan | | |
| | Diazepam re anxiety | CMcuR | F. |

VIC998

THE VICTORIA INFIRMARY
NURSING NOTES

SURN
FORE
ADDI

406473 0102496145
Honeyman Catherine
10 Melville Street F
Glasgow 2
G41 2LN 01/02/1949
GP Prac:49074

NURSING NOTES

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 4/2/4 | Patient presented @ A+E on 3/2/4 | | |
| O/A | with 1/7 episode central crushing | | |
| 1830 | chest pain & ↑SOB. | | |
| | Patient t/f to ward 10 4/2/4 | | |
| | @ 1800, on arrival to ward | | |
| | area patient complained of | | |
| | central crushing chest pain. | | |
| | Patient given 2 puffs of GTN spray | | |
| | with no effect. | | |
| | Observations stable throughout | | |
| | slightly hypertensive @ 172/92 | | |
| | -SHO contacted as chest pain | | |
| | persisted. | | |
| | ECG carried out. | | |
| | Patient became very anxious and | | |
| | complained of not being able | | |
| | to breath. | | |
| | Patient given 5mg diamorphine, | | |
| | 10mg Metoclopramide, patient | | |
| | thereafter appeared to settle | | |
| | and became less anxious | | |
| | Cardiac monitor now insitu | | |
| | appears to be in sinus rythm. | | |
| | Venflon now insitu (R) forearm | | |
| 1915 | Appears settled, no more | | |
| | episodes of chest pain as of | | |
| | yet. | | |
| MN | Settled at this time. | | |
| | No complaints of chest | | |
| | pain. Cardiac monitoring | | |
| | continues in sinus rythmn. | | |
| CAM | Slept well overnight. | | |
| | Uncomplaining, no anxiety. | | |
| | No complaints of chest pain. | | |
| | 2AM obs stable | | |
| | Monitoring at 66 bpm in sinus rythmn | | |
| 9 am | For transfer to ward 7. Handover given to staff. Nok aware | | |

FORM 0164238 VIC 667

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 11am | Settled on transfer to ward 7 | | |
| | Cardiac monitor continues. | | |
| | Diet and fluids accepted | | |
| | No complaints of chest pain. | LBurn | G |
| | Spk to Dr Weir paged patient | | |
| | SHO to be seen today. | LBurn | G |
| 1920 | Settled evening. Diet and fluids taken. | | |
| | Cardiac monitor remains in situ. | | |
| | Commode given as required. No complaints | | |
| | of chest pain or dyspnoea. Has not been | | |
| | reviewed by medical staff. | MMcGreevy | F |
| 2030 | Complaining of dyspnoea. $SpO_2$ 99% on air. | | |
| | Appears anxious. Blood pressure 158/108. | | |
| | Nurse recheck prior to settling. | MMcGreevy | F |
| 2100 | Complaining of severe pain in back and | | |
| | tightness in chest. Blood pressure 163/98 | | |
| | Pulse 102bpm. $SpO_2$ 100% on air. | | |
| | Vomited small amount of water brash. | | |
| | Dr Nazir informed. He will review. | MMcGreevy | F |
| 2110 | Dr Nazir in attendance. Patient given | | |
| | 2.5mg diamorphine and 10mg maxolon intra- | | |
| | venously. Having ECG at present. | MMcGreevy | F |
| | Commenced 2 litres O2 therapy. | MMcGreevy | F |
| 10pm | For troponin check at 930 am tomorrow | A Rattray | E |
| 2.2.04 | Settled night | | |
| | Slept for short periods overnight | | |
| | Up to commode on request. | | |
| | Monitoring in sinus rhythm 68-88bpm, | | |
| | Observations stable. | | |
| | No complaints of chest pain. | | |
| | Oxygen therapy continues at two litres. | A Rattray | E |
| NIR | SHO Dr. Weir – repeat tripanin, repeat | | |
| | ECG, CXR clear, discontinue | | |
| | cardiac monitor, for VQ scan | C. Hughes | E |
| AM | Basin to wash. Cardiac monitor | | |
| | discontinued. No further complaints | | |
| | of chest pain. $O^2$ therapy | | |
| | discontinued. Recordings stable | | |
| | Mobile around bed area | M Hunter | |
| 7pm | Settled evening. Gently mobile around | | |
| | ward. Attended for VQ scan – negative. | | |
| | Formal report awaited. No complaints offered. | MMcGreevy | F |

THE VICTORIA INFIRMARY
NURSING NOTES

SURNAME Honeyman HOSPITAL No. 4006473
FORENAME Catherine SEX F
D. of B. 1/2/49
ADDRESS 10 McNille St
WARD/DEPT. 7 Medical

NURSING NOTES

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 6.2.04 | Waterlow score = 4. | unreviewed | F |
| Cont | Settled night. | | |
| 7.2.04 | Slept for long periods. | | |
| | No complaints of chest pain. | A Rattray | E |
| 10.15 | Still to wash at time of writing. Keep at time of writing. Independant. No complaints of pain. Recordings stable. | | |
| | Bowels active. | unreviewed | F |
| pm | Settled evening. Gentley mobile. No complaints of pain. Diet + fluids taken. | H McLeary | G |
| 8.2.04 | Settled night. Slept for very short periods. | | |
| | No complaints of chest pain | A Rattray | E |
| WR | SIB Dr. Walsh – for discharge home today. | | |
| 10.45 am | Settled morning, independent with personal hygiene and dressing, mobile to toilet as desired, diet and fluids taken, no discharge prescription required, awaiting collection, uncomplaining. | G. Hughes | E |
| 1pm | Patient discharged home, daughter came to collect. G.P letter still to be completed. | G. Hughes | E |

FORM 0164238 VIC 667

THE VICTORIA INFIRMARY
PATIENT CARE PLAN:

NAME: Catherine Honeyman WARD: 10 DATE OF ADMISSION: 4/2/4

| DATE COMM. & SIGNATURE | PERSONAL HYGIENE/DRESSING | DATE DISC. & SIGNATURE |
|---|---|---|
| O/A 6.2 mme | Basin @ Bedside Independant | 6.2 |
| O/A | MOBILISATION Bedrest Up to sit. | |
| S/2 6/2 mme | Independant | 6.2 |
| O/A | EATING AND DRINKING Normal diet & fluids | |
| O/A 6/2 mme | ELIMINATION Offer commode / Bedpan Independant | 6/2 |
| | SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY | |

| DATE COMM. & SIGNATURE | TECHNICAL CARE | DATE DISC. & SIGNATURE |
|---|---|---|
| O/A S/2 mme | C/O Venflon (R) Hand. Cardiac monitor in situ. | 6/2 |
| O/A S/2 mme, 7/2 GH | OBSERVATIONS 4° Temp, Pulse, BP, Sats. Hourly BP, Pulse Temp + SpO2 60 Peak Flow | 6/2 |
| S/2 mme, | Daily temp pulse BP & Bowels WOUND CARE/OTHER CARE | |
| O/A | SPECIMENS: Nasal TM 5/2 / INVESTIGATIONS | |

Form 0164411

# PATIENT CARE PLAN: MOVING AND HANDLING SECTION

| Patient's name: | C. Honeyman | Named Nurse | | If patient is totally independent, tick here and go to date box. | |
|---|---|---|---|---|---|

| BODY BUILD | | | |
|---|---|---|---|
| Obese | | Tall | |
| Above average | | Medium | ✓ |
| Average | ✓ | Short | |
| Below average | | | |
| Weight (if known): | | | |

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

✓

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

| RISK OF FALLS | | | |
|---|---|---|---|
| High | | Low | ✓ |

## ...nto bath or shower.

| HANDLING AID | | WHICH BATH | | SUPERVISION | | INDEPENDENT | ✓ 6/12 | NO BATH OR SHOWER | ✓ 6/12 |
|---|---|---|---|---|---|---|---|---|---|
| Ambulift | | Parker | | People 1 | 2 | Additional information: | | | |
| Dextra | | Var height | | | | | | | |
| Shower chair | | Standard | | | | basin @ bedside | | | |
| | | Any | | | | | | | |

## ...ransfers (including to/from: bed; wheelchair; commode; toilet).

| HOIST | | MANUAL SUPPORT | | INSTRUCTION | SUPERVISION | INDEPENDENT | ✓ |
|---|---|---|---|---|---|---|---|
| Ambulift | | People 1 | 2 | Additional Information: | | | |
| Dextra | | Side | | | | | |
| Carter/Oxford | | Front | | | | | |
| Sara | | Combined | | | | | |
| Standaid | | | | | | | |

## ...oiletting.

| HOIST | | | MANUAL SUPPORT | | | INSTRUCTION | SUPERVISION | INDEPENDENT | ✓ 6/12 |
|---|---|---|---|---|---|---|---|---|---|
| People 1 | 2 | 3 | People 1 | 2 | 3 | Additional Information: | | | |
| Ambulift | | | Side | | | commode / urinal | | | |
| Dextra | | | Front | | | | | | |
| Carter/Oxford | | | Combined | | | | | | |
| Sara Standaid | | | | | | | | | |

## ...Walking.

| NO WALKING | X | ASSISTANCE | | INSTRUCTION | SUPERVISION | INDEPENDENT | ✓ 6/12 |
|---|---|---|---|---|---|---|---|
| | | People 1 | 2 | Distance Walked/Additional Information: | | | |
| | | Walking aid | | Bedrest | | | |

## ...Move up/down bed.

| HOIST | | HANDLING AIDS | | INSTRUCTION | SUPERVISION | INDEPENDENT | ✓ |
|---|---|---|---|---|---|---|---|
| | | Sliding aid (fabric) | | Additional Information: | | | |
| | | Rope ladder | | | | | |
| | | Hand blocks | | | | | |

## ...Sit up over side of bed.

| ROPE LADDER | | SLIDING AID (FABRIC) | | INSTRUCTION | SUPERVISION | INDEPENDENT | ✓ |
|---|---|---|---|---|---|---|---|

## ...Move on/off bed pan.

| HOIST | | ROLL PATIENT | | PATIENT BRIDGES | | MONKEYPOLE | | NOT USED | ✓ |
|---|---|---|---|---|---|---|---|---|---|

## ...Transfer to/from trolley (or bed etc).

| SLIDING AID - RIGID (e.g. Patslide) | | SLIDING AID - FABRIC (e.g. Easyslide) | | INSTRUCTION | SUPERVISION | INDEPENDENT | ✓ |
|---|---|---|---|---|---|---|---|

## ...Other instructions.

| | | | | | | |
|---|---|---|---|---|---|---|
| Date(s) assessed: | 2/12/4 | 6/12/04 | | | | |
| Assessor's signature: | JS | Aimee | | | | |
| Proposed review dates: | ongoing | 15/2/04. | | | | |
| | | | | | Finishing date: | |

## nto bath or shower.

| HANDLING AID | WHICH BATH | SUPERVISION | INDEPENDENT | NO BATH OR SHOWER |
|---|---|---|---|---|
| Ambulift | Parker | People 1 2 | Additional information: | |
| Dextra | Var height | | | |
| Shower chair | Standard | | | |
| | Any | | | |

## ransfers (including to/from: bed; wheelchair; commode; toilet).

| HOIST | MANUAL SUPPORT | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| Ambulift | People 1 2 | Additional Information: | | |
| Dextra | Side | | | |
| Carter/Oxford | Front | | | |
| Sara | Combined | | | |
| Standaid | | | | |

## oiletting.

| HOIST | MANUAL SUPPORT | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| People 1 2 3 | People 1 2 3 | Additional Information: | | |
| Ambulift | Side | | | |
| Dextra | Front | | | |
| Carter/Oxford | Combined | | | |
| Sara Standaid | | | | |

## Walking.

| NO WALKING | ASSISTANCE | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| | People 1 2 | Distance Walked/Additional Information: | | |
| | Walking aid | | | |

## Move up/down bed.

| HOIST | HANDLING AIDS | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| | Sliding aid (fabric) | Additional Information: | | |
| | Rope ladder | | | |
| | Hand blocks | | | |

## it up over side of bed.

| ROPELADDER | SLIDING AID (FABRIC) | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|

## Move on/off bed pan.

| HOIST | ROLL PATIENT | PATIENT BRIDGES | MONKEYPOLE | NOT USED |
|---|---|---|---|---|

## ansfer to/from trolley (or bed etc).

| SLIDING AID - RIGID (e.g. Patslide) | SLIDING AID - FABRIC (e.g. Easyslide) | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|

## Other instructions.

| | | | | | |
|---|---|---|---|---|---|
| Date(s) assessed: | | | | | |
| Assessor's signature: | | | | | |
| Proposed review dates: | | | | | |
| | | | | Finishing date: | |

Patient's name C. Honeyman

Unit number

Ward 10

*Use addressograph label.*

South Glasgow University Hospitals NHS Trust

# Pressure Ulcer Risk Assessment Record

NHS Greater Glasgow

Modified Waterlow Risk Assessment

**Date:** 0 4 0 2 0 4

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

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

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

## Action Plan

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

## Further action

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

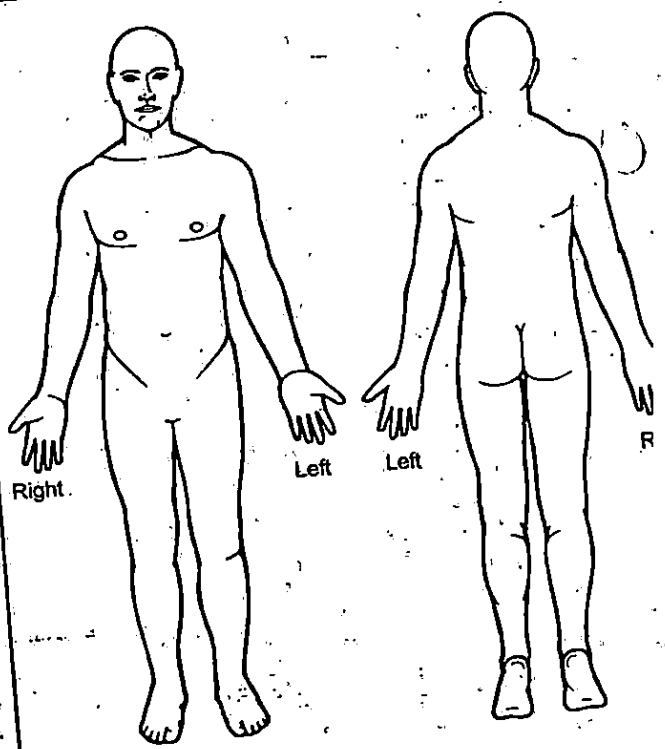
**GRADE OF ULCER (Torrance)**

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

**RECORDING THE GRADE OF ULCER**

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

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






SGH 422 (0422422)

# THE VICTORIA INFIRMARY NHS TRUST
## PATIENT PROFILE

ADDRESSOGRAPH LABEL

406473
HONEYMAN CATHERINE
10 MELVILLE STREET F
POLLOKSHIELDS M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074

WARD: 10

RELIGION: Jehovahs Witness

DATE OF BIRTH: AGE: 50

OCCUPATION: Unemployed

CONSULTANT: Dr Rooney

LIKES TO BE CALLED:

**ADMISSION INFORMATION:**

DATE: 25.3.99. TIME: 7pm

NEXT OF KIN (NAME and RELATIONSHIP):
Raymond Honeyman (Husband)

ADDRESS:
As above.

TELEPHONE No: HOME: 422 1580
WORK: 633 1333

WISHES TO BE CONTACTED OVERNIGHT IF NECESSARY: (YES) NO

OTHER RELEVANT CONTACT:
226 5040 (Work no)
Nicola Honeyman

G.P. (NAME and HEALTH CENTRE):
Dr Marshall
45 Pineplace, G5 0BP

**TRANSFER INFORMATION**

DATE:

REASON:

TYPE OF ADMISSION: E/A

REASON for ADMISSION:
Self poisening

CURRENT DIAGNOSIS:

INVESTIGATION/OPERATION:

**OBSERVATIONS on ADMISSION**

APPEARANCE ON ADMISSION:
O2 Sats Air 91%

TEMP: 36.6°c PULSE: 104 RESP:

BP: 127/83

WEIGHT: LMP:

URINALYSIS: PARITY:

KNOWN ALLERGIES:
None known.

**PATIENT'S OWN DRUGS**

Tramadol. x4 am.
Proxedine.
Stilnoct.
Lodine.

HOW DISPOSED OF:

**KNOWN/RELEVANT PAST MEDICAL HISTORY**

Arthritis - all over.
Depression (sees Dr Able -
Degenerative disc in spine

No blood products

OTH

**PREVIOUS HOSPITAL ADMISSION**

Victoria : ☐
None : ☐
Others : ☐
Date of this admission _____

FORM 0250441

## SUPPORT PRIOR TO ADMISSION

RELATIVES/VISITORS —

HOME HELP

DISTRICT NURSE

MEALS ON WHEELS

DAY HOSPITAL

CLUBS

OTHER Attends Clinic @ Florence St. for depression

## SOCIAL CIRCUMSTANCES

Non smoker.
Drinks 2 bottles of wine a week.
Lives - husband and 2 daughters

## PATIENT'S PERCEPTIONS

Aware

## RELATIVES PERCEPTIONS

Husband present on admission

PATIENT SPOKEN TO BY: SISTER
DOCTOR

RELATIVES SPOKEN TO BY: SISTER
DOCTOR

RELATIVES SPOKEN TO BY: CONSULTANT

(Please give names and dates)

## VALUABLES

CLOTHING LISTED:

MONEY:

JEWELLERY LISTED:

ELECTRIC RAZOR:

OTHER (SPECIFY):

VALUABLES TO HOSPITAL SAFE: Policy explained

RECEIPT No.:

DENTURES: UPPER Removable upper
LOWER plate @ home.

HEARING AID: RIGHT EAR No
LEFT EAR

WEARS SPECTACLES: At home
No. OF PAIRS:

ANY PROSTHESIS: No.

LEFT OR RIGHT HANDED: Right

## PERSONAL LAUNDRY

TO BE TAKEN HOME: —

WASHED BY HOSPITAL:

MARKING PROCEDURE EXPLAINED:

DAY CLOTHES REQUESTED:

## ANY NEW INFORMATION FOLLOWING TRANSFER

INFORMATION GAINED FROM: Patient husband

INFORMATION GAINED BY (Name and Grade)
EMcGee

**THE VICTORIA INFIRMARY NHS TRUST**
**PATIENT ASSESSMENT FORM**

ADDRESSOGRAPH LABEL:

406473
HONEYMAN CATHERINE
10 MELVILLE STREET F
POLLOKSHIELDS M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074

DATE OF ADMISSION/TRANSFER:

ASSESSMENT OF ACTIVITIES OF LIVING

A. MAINTAINING PERSONAL SAFETY/COMFORT:
Orientated – Normally

B. COMMUNICATION:
Normally no problems

C. BREATHING:
Dyspnoeic. Panic attacks. recently suffered bereavement. of 4 family members

D. EATING AND DRINKING:
Normal diet and fluids.

E. ELIMINATING:
Bowels regular no incontinence

F. PERSONAL HYGIENE/DRESSING:
Independent.

G. CONTROLLING BODY TEMPERATURE:
Apyrexial on admission

FORM 0247111

H. MOBILISING:

Uses a stick.

I. WORK AND SOCIAL ACTIVITIES:

Unemployed.

J. EXPRESSING SEXUALITY:

Married

K. REST AND SLEEP:

Poor sleeper. Wakes @ 2am then stays awake.

L. DYING:

Not discussed.

SACRAMENT OF THE SICK:

SKIN ASSESSMENT

INSTRUCTIONS FOR USE

Identify the most appropriate description of the patient (4,3,2 or 1) under each of the headings and total score.

| A. PHYSICAL CONDITION | | D. MOBILITY | |
|---|---|---|---|
| Good | 4 | Full | 4 |
| Fair | 3 | Slightly Limited | 3 |
| Poor | 2 | Very Limited | 2 |
| Very Poor | 1 | Immobile | 1 |
| **B. MENTAL CONDITION** | | **E. INCONTINENT** | |
| Alert | 4 | Not | 4 |
| Apathetic | 3 | Occasionally | 3 |
| Confused | 2 | Usually Urine | 2 |
| Stuperous | 1 | Double | 1 |
| **C. ACTIVITY** | | **F. SKIN CONDITION** | |
| Ambulant | 4 | Healthy/Intact | 4 |
| Walk/Help | 3 | Dry/Intact | 3 |
| Chairfast | 2 | Red/Blanched | 2 |
| Bedfast | 1 | Broken | 1 |

NORTON SCORING-

Total of 16 or below = AT RISK

FRONT BACK

INFORMATION GAINED BY GRADE: DATE:

THE VICTORIA INFIRMARY NHS TRUST

NURSING NOTES

SURI 406473

FORI HONEYMAN CATHERINE

ADD 10 MELVILLE STREET F
POLLOKSHIELDS M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074

WARD/DEPT. 10

NURSING NOTES

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 25/3/99 | 7.30 pm. Emergency admission to Ward 10. Personal overdose of 7 Stilnoct tablets and 2 glasses plus ? other tablets, ~~found by~~ at around 2pm. Found by her husband lying on floor unable to get up. No previous overdoses. Observations on admission. BP 123/83 Pulse 104 Temp 36.6°C O2 sats on air 91%. Still to be seen by medical staff. | EM Gray D | |
| | S/B Dr Rooney - Observe overnight - CPN in am. | | |
| | Settled since admission. | | K |
| 26/3 | Requesting a sleeping tablet, explanation given - slept thereafter. Patient appears quite 'vague' about the 'incident' prior to admission. | M Yates E | |
| 7am | Pts venflon dislodged | | |
| 9.15 am | Referred to CPN | M Yk | S |
| | Independant & self caring awaiting to be seen by CPN. No complaints given. | K Jo-J | E |

FORM 0164238

## nto bath or shower.

| HANDLING AID | WHICH BATH | SUPERVISION | INDEPENDENT | NO BATH OR SHOWER |
|---|---|---|---|---|
| Ambulift | Parker | People 1 2 | Additional information: | |
| Dextra | Var height | | | |
| Shower chair | Standard | | | |
| | Any | | | |

## Transfers (including to/from: bed; wheelchair; commode; toilet).

| HOIST | MANUAL SUPPORT | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| Ambulift | People 1 2 | Additional Information: | | |
| Dextra | Side | | | |
| Carter/Oxford | Front | | | |
| Sara | Combined | | | |
| Standaid | | | | |

## oiletting.

| HOIST | MANUAL SUPPORT | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| People 1 2 3 | People 1 2 3 | Additional Information: | | |
| Ambulift | Side | | | |
| Dextra | Front | | | |
| Carter/Oxford | Combined | | | |
| Sara Standaid | | | | |

## Walking.

| NO WALKING | ASSISTANCE | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| | People 1 2 | Distance Walked/Additional Information: | | |
| | Walking aid | | | |

## Move up/down bed.

| HOIST | HANDLING AIDS | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| | Sliding aid (fabric) | Additional Information: | | |
| | Rope ladder | | | |
| | Hand blocks | | | |

## it up over side of bed.

| ROPE LADDER | SLIDING AID (FABRIC) | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|

## Move on/off bed pan.

| HOIST | ROLL PATIENT | PATIENT BRIDGES | MONKEYPOLE | NOT USED |
|---|---|---|---|---|

## Transfer to/from trolley (or bed etc).

| SLIDING AID – RIGID (e.g. Patslide) | SLIDING AID – FABRIC (e.g. Easyslide) | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|

## Other instructions.

| | | | | | |
|---|---|---|---|---|---|
| Date(s) assessed: | | | | | |
| Assessor's signature: | | | | | |
| Proposed review dates: | | | | | |
| | | | | Finishing date: | |

THE VICTORIA INFIRMARY N.H.S. TRUST
PATIENT CARE PLAN:

NAME: Catherine Honeyman WAI 10

DATE OF ADMISSION: 25.3.99.

| DATE COMM. & SIGNATURE | PERSONAL HYGIENE/DRESSING | DATE DISC. & SIGNATURE | DATE COMM. & SIGNATURE | TECHNICAL CARE | DATE DISC. & SIGNATURE |
|---|---|---|---|---|---|
| 25.3 | Bath @ bedside. | | | | |
| | | | 25.3.99 am | OBSERVATIONS<br>6° BP Pulse Temp Sats | 16/8 26/3 |
| | MOBILISATION | | 26/3. | Daily obs. | |
| 25.3 | Bedrest. | | | | |
| | | | | WOUND CARE/OTHER CARE | |
| | EATING AND DRINKING | | | | |
| 25.3 | Normal Diet & Fluids | | | | |
| | ELIMINATION | | | SPECIMENS / INVESTIGATIONS | |
| 25.3. | Commode @ bedside. | | 25.3 am | LJSW | |
| | SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY | | | | |

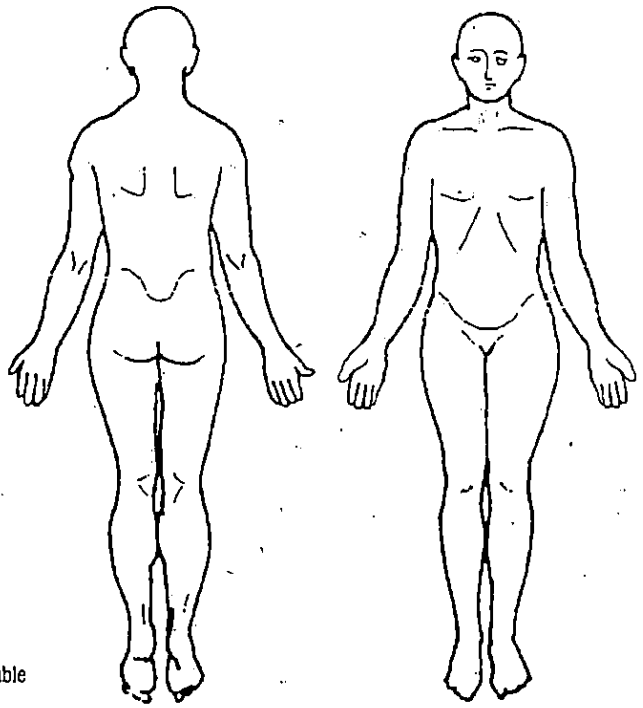
Form 0164411

THE VICTORIA INFIRMARY
NHS TRUST

# Pressure Sore Risk Assessment Record

Name
Hospital Num
Ward

406473
HONEYMAN CATHERINE
10 MELVILLE STREET F
POLLOKSHIELDS M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074



## GRADE OF SORE

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

## :ORDING THE GRADE OF SORE

On admission, **number site of sore** on the diagram opposite and **enter the grade** in the table below. On each subsequent assessment enter the date and grade in the table below.
If **no break in skin**, enter 'Not applicable' under Topical therapy.

| Number | Date | Grade | Topical therapy | Signature |
|---|---|---|---|---|
| | | | | |
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| | | | | |
| | | | | |

| Date | Action to be taken (e.g. turning time, position, other). | Date | Equipment | |
|---|---|---|---|---|
| | | | Matt | Cushion |
| | | | | |
| | | | | |
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VICTORIA INFIRMARY UNIT

DISCHARGE PLANNER

ADDRESSOGRAPH

Catherine Honeyman.

DATE OF DISCHARGE:

DESTINATION:

| CHECK LIST | DATE | SIGNATURE | COMMENTS |
|---|---|---|---|
| PATIENT INFORMED<br>ARRANGEMENTS DISCUSSED WITH PATIENT<br>RELATIVES INFORMED<br>ARRANGEMENTS DISCUSSED WITH RELATIVES<br>SOCIAL WORKER INFORMED<br>DISTRICT NURSE/HEALTH VISITOR INFORMED<br>LIAISON SISTER INFORMED<br>(Specify in Comments Column)<br>SEEN BY DIETICIAN<br>OUT–PATIENT APPOINTMENT<br>DAY HOSPITAL REFERRAL<br>TRANSPORT/AMBULANCE ORDERED<br>CHAIR WALKING<br>STRETCHER HELP WITH STAIRS<br>VALUABLES – ORDERED<br>– RECEIVED<br>DISCHARGE LETTER (NURSING)<br>DISCHARGE MEDICATIONS – ORDERED<br>– RECEIVED<br>PRE–DISCHARGE COUNSELLING<br>RE – MEDICINES – PATIENT<br>– RELATIVE<br>RE – AFTER CARE – PATIENT<br>– RELATIVE<br>WALKING/OCCUPATIONAL AIDS<br>(Specify in Comments Column)<br>CLOTHING LISTED<br>OTHER | | 6·2·95 cmcq | |
| PERSONAL CIRCUMSTANCES | | | |
| HOUSE – KEYS AVAILABLE<br>SOMEONE AT HOME<br>SOCIAL WORKER TO ACCOMPANY<br>SUITABLE CLOTHING FOR DISCHARGE<br>HOME HELP<br>OTHER | | 6·2·95 cmcq | |
| DAY OF DISCHARGE | | | |
| MEDICATION LETTER TO G.P.<br>IF DISCHARGE CANCELLED – REASON<br>OTHER | | 6·2·95 cmcq | |

JMcC/921813 FORM 0181

Named nurse C. JOYNER B2

# THE VICTORIA INFIRMARY NHS TRUST

## PATIENT PROFILE

406473

ADDRESSOGRAPH LABEL:

406473
HONEYMAN CATHERINE
10 MELVILLE STREET F
POLLOKSHIELDS M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074

WARD: 12D

RELIGION: JEH. WITNESS

DATE of BIRTH: 1-2-49 AGE: 46

OCCUPATION: H/WIFE

CONSULTANT: DR KRASUEWSKI

LIKES TO BE CALLED:

### ADMISSION INFORMATION

DATE: 5-2-95 TIME: 2pm

NEXT OF KIN (NAME and RELATIONSHIP):
husband - Raymond Honeyman

ADDRESS: s/A

TELEPHONE NO. HOME: 422 - 1580
WORK:

WISHES TO BE CONTACTED OVERNIGHT
IF NECESSARY: YES NO

OTHER RELEVANT CONTACT:

G.P. (NAME and HEALTH CENTRE):
DR E MILLS
GORBALS H.C.

### TRANSFER INFORMATION

DATE:

REASON:

TYPE OF ADMISSION:
ARRANGED

REASON for ADMISSION:
FOR THEATRE

CURRENT DIAGNOSIS:
Menorrhagia

INVESTIGATION/OPERATION: 6.2.95

Dilatation + curettage
hysteroscopy

### OBSERVATIONS on ADMISSION

APPEARANCE on ADMISSION:

TEMP: 36.8 PULSE: 92 RESP:

BP: 144/90

WEIGHT: 13½ st LMP: 31-1-95 at present

URINALYSIS: NAD PARITY: 4+0
PH 6 SG 1020

KNOWN ALLERGIES:
None known

### PATIENT'S OWN DRUGS

ZYNOL TABS for pain
FERROUS SULPHATE 200mgs TID
GOLD INJECTIONS - last done ~~JAN~~ 95

HOW DISPOSED OF:

### KNOWN/RELEVANT PAST MEDICAL HISTORY

Arthritis in all joints
Cholecystectomy 92
(L) breast lumpectomy 93
2 (R) breast lumpectomy
Tonsillectomy
Hypertensive - no medication

### OTHER RELEVANT INFORMATION

No problems with ADL's

JMcC/921815 FORM 0250441

## SUPPORT PRIOR TO ADMISSION

RELATIVES/VISITORS

HOME HELP

DISTRICT NURSE

MEALS ON WHEELS

DAY HOSPITAL

CLUBS

OTHER

## SOCIAL CIRCUMSTANCES

lives with husband & 2 daughters
28yrs & 24yrs
non smoker, occasional alcohol.
Normal diet

## PATIENT'S PERCEPTIONS

Well aware.

## RELATIVES PERCEPTIONS

Well aware.

PATIENT SPOKEN TO BY: SISTER

DOCTOR

RELATIVES SPOKEN TO BY: SISTER

DOCTOR

RELATIVES SPOKEN TO BY: CONSULTANT

(Please give names and dates)

## VALUABLES

CLOTHING LISTED:

MONEY:

JEWELLERY LISTED:

ELECTRIC RAZOR:

OTHER(SPECIFY):

VALUABLES TO HOSPITAL SAFE:

RECEIPT NO.:

DENTURES: UPPER - partial
LOWER
1 upper crown.

HEARING AID: RIGHT EAR
LEFT EAR None.

WEARS SPECTACLES:
NO. OF PAIRS: None.

ANY PROSTHESIS: None

LEFT OR RIGHT HANDED:

## PERSONAL LAUNDRY

TO BE TAKEN HOME: ✓

WASHED BY HOSPITAL:

MARKING PROCEDURE EXPLAINED:

DAY CLOTHES REQUESTED:

## ANY NEW INFORMATION FOLLOWING TRANSFER

INFORMATION GAINED FROM:

Patient

INFORMATION GAINED BY (Name and Grade)

Roberts D

THE VICTORIA INFIRMARY NHS TRUST

NURSING NOTES

Named nurse C. JOYNER

SURNA
FOREN 406473
HONEYMAN CATHERINE
10 MELVILLE STREET F
ADDR POLLOKSHIELDS M
GLASGOW 01/02/49
G41 2LN G.P.Prac.49074
WARD/DEPT:

06473

**NURSING NOTES**

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 5.2.95 | Arranged admission for D+C and hysteroscopy on Ward 6 tomorrow am. Please fast from 12MN. Orientated to ward and nurse call system explained. Please obtain W/SOU | C Roberts | D |
| PM. | Settled. Eating tolerating diet and fluids. Feels mobile and ward ok. to fast from 12 midnight for theatre. WSOU to be obtained. | J Hanley | D |
| 6/2/95 | Slept well. Fasted from midnight. Ward specimen of urine obtained. | E Wilson | E |
| Tiffa | Premedication given as prescribed. | U S | C |
| — | Settled on return. no staining. Please observe for passing urine for routine post-operative care. | COWAN G. | |
| 6pm | Seen by Dr Krasszewski. To be discharged home tonight | CMCNULTY | SR |

JMcC/921803

FORM 0164238

# PATIENT CARE PLAN: MOVING AND HANDLING SECTION

| Patient's name: | Catherine Honeyman | Named Nurse | SR Sayle - | If patient is totally independent, tick here and go to date box. | ✓ |
|---|---|---|---|---|---|

| BODY BUILD | | | |
|---|---|---|---|
| Obese | | Tall | |
| Above average | | Medium | |
| Average | ✓ | Short | |
| Below average | | | |
| Weight (if known): | | | |

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

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

| RISK OF FALLS | | | |
|---|---|---|---|
| High | | Low | |

## *Into bath or shower.*

| HANDLING AID | | WHICH BATH | | SUPERVISION | | INDEPENDENT | NO BATH OR SHOWER |
|---|---|---|---|---|---|---|---|
| Ambulift | | Parker | | People 1 | 2 | Additional Information: | |
| Dextra | | Var height | | | | | |
| Shower chair | | Standard | | | | | |
| | | Any | | | | | |

## *Transfers (including to/from: bed; wheelchair; commode; toilet).*

| HOIST | | MANUAL SUPPORT | | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|---|---|
| Ambulift | | People 1 | 2 | Additional Information: | | |
| Dextra | | Side | | | | |
| Carter/Oxford | | Front | | | | |
| Sara | | Combined | | | | |
| Standaid | | | | | | |

## *Toiletting.*

| HOIST | | | MANUAL SUPPORT | | | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|---|---|---|---|
| People 1 | 2 | 3 | People 1 | 2 | 3 | Additional Information: | | |
| Ambulift | | | Side | | | | | |
| Dextra | | | Front | | | | | |
| Carter/Oxford | | | Combined | | | | | |
| Sara Standaid | | | | | | | | |

## *Walking.*

| NO WALKING | | ASSISTANCE | | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|---|---|
| | | People 1 | 2 | Distance Walked / Additional Information: | | |
| | | Walking aid | | | | |

## *Move up/down bed.*

| HOIST | | HANDLING AIDS | | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|---|---|
| | | Sliding aid (fabric) | | Additional Information: | | |
| | | Rope ladder | | | | |
| | | Hand blocks | | | | |

## *Sit up over side of bed.*

| ROPE LADDER | | SLIDING AID (FABRIC) | | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|---|---|

## *Move on/off bed pan.*

| HOIST | | ROLL PATIENT | | PATIENT BRIDGES | | MONKEY POLE | | NOT USED |
|---|---|---|---|---|---|---|---|---|

## *Transfer to/from trolley (or bed etc).*

| SLIDING AID - RIGID (e.g. Patslide) | | SLIDING AID - FABRIC (e.g. Easyslide) | | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|---|---|

## *Other instructions.*

| Date(s) assessed: | 5/2/95 - | | | | |
|---|---|---|---|---|---|
| Assessor's signature: | | | | | |
| Proposed review dates: | | | | | |
| | | | | Finishing date: | |

JMcC/943484

## Into bath or shower.

| HANDLING AID | WHICH BATH | SUPERVISION | INDEPENDENT | NO BATH OR SHOWER |
|---|---|---|---|---|
| Ambulift | Parker | People 1 2 | Additional Information: | |
| Dextra | Var height | | | |
| Shower chair | Standard | | | |
| | Any | | | |

## Transfers (including to/from: bed; wheelchair; commode; toilet).

| HOIST | MANUAL SUPPORT | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| Ambulift | People 1 2 | Additional Information: | | |
| Dextra | Side | | | |
| Carter/Oxford | Front | | | |
| Sara | Combined | | | |
| Standaid | | | | |

## Toileting.

| HOIST | MANUAL SUPPORT | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| People 1 2 3 | People 1 2 3 | Additional Information: | | |
| Ambulift | Side | | | |
| Dextra | Front | | | |
| Carter/Oxford | Combined | | | |
| Sara Standaid | | | | |

## Walking.

| NO WALKING | ASSISTANCE | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| | People 1 2 | Distance Walked / Additional Information: | | |
| | Walking aid | | | |

## Move up/down bed.

| HOIST | HANDLING AIDS | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|
| | Sliding aid (fabric) | Additional Information: | | |
| | Rope ladder | | | |
| | Hand blocks | | | |

## Sit up over side of bed.

| ROPE LADDER | SLIDING AID (FABRIC) | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|

## Move on/off bed pan.

| HOIST | ROLL PATIENT | PATIENT BRIDGES | MONKEY POLE | NOT USED |
|---|---|---|---|---|

## Transfer to/from trolley (or bed etc).

| SLIDING AID - RIGID (e.g. Patslide) | SLIDING AID - FABRIC (e.g. Easyslide) | INSTRUCTION | SUPERVISION | INDEPENDENT |
|---|---|---|---|---|

## Other instructions.

| | | | | | |
|---|---|---|---|---|---|
| Date(s) assessed: | | | | | |
| Assessor's signature: | | | | | |
| Proposed review dates: | | | | | |

IE VICTORIA INFIRMARY N.H.S. TRUST

TIENT CARE PLAN: NAI CATHERINE HONEYMAN WARI 12P DATE OF ADMISSION: 5-2-95

med nurse C. JOYNER

| E COMM. GNATURE | PERSONAL HYGIENE/DRESSING | DATE DISC. & SIGNATURE | DATE COMM. & SIGNATURE | TECHNICAL CARE | DATE DISC. & SIGNATURE |
|---|---|---|---|---|---|
| 2-95 CR | Self caring | | | | |
| | | | | OBSERVATIONS | |
| | | | 5-2-95 CR | baseline TPR + BP O/A. | |
| | MOBILISATION | | | | |
| 2-95 CR | Fully mobile | | | | |
| | | | | WOUND CARE/OTHER CARE | |
| | EATING AND DRINKING | | | | |
| 2-95 CR | Diet and fluids | | | | |
| 2-95 CR | Fast food 12HN. | | | | |
| | ELIMINATION | | | SPECIMENS / INVESTIGATIONS | |
| 2-95 CR | Independent | | 5-2-95 CR | WSOU | |
| | SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY | | | | |

Form 0164411

## SUPPORT PRIOR TO ADMISSION

RELATIVES/VISITORS
HOME HELP
DISTRICT NURSE
MEALS ON WHEELS
DAY HOSPITAL
CLUBS
OTHER

} NA.

## SOCIAL CIRCUMSTANCES

- Husband & 2 daughter at home
- Non smoker
  Occassional alcohol when

## PATIENT'S PERCEPTIONS

- Attends hospital for regular check ups due to previous lumpectomy
- Seen by Mr Pickford at clinic & told to come in for lumpectomy.
- Recent mamogram clear.

## RELATIVES PERCEPTIONS

Fully Aware

PATIENT SPOKEN TO BY: SISTER

DOCTOR

RELATIVES SPOKEN TO BY: SISTER

DOCTOR

RELATIVES SPOKEN TO BY: CONSULTANT

(Please give names and dates)

## VALUABLES

CLOTHING LISTED:
MONEY:
JEWELLERY LISTED:
ELECTRIC RAZOR:
OTHER(SPECIFY):
VALUABLES TO HOSPITAL SAFE:

} NA.

RECEIPT NO.:

DENTURES: UPPER ✓
LOWER

HEARING AID: RIGHT EAR } NA.
LEFT EAR }

WEARS SPECTACLES: } NA.
NO. OF PAIRS: }

ANY PROSTHESIS:

LEFT OR RIGHT HANDED: Right

## PERSONAL LAUNDRY

TO BE TAKEN HOME:

WASHED BY HOSPITAL:

MARKING PROCEDURE EXPLAINED:

DAY CLOTHES REQUESTED:

## ANY NEW INFORMATION FOLLOWING TRANSFER

INFORMATION GAINED FROM: Patient.

INFORMATION GAINED BY (Name and Grade)

A Robertson S/N.

VICTORIA INFIRMARY UNIT

DISCHARGE PLANNER

DATE OF DISCHARGE:

DESTINATION: Home

548200
HONEYMAN CATHERINE
10 MELVILLE ST F
GLASGOW M
01/02/49
G41 2LN G.P.Prac.49074

| CHECK LIST | DATE | SIGNATURE | COMMENTS |
|---|---|---|---|
| PATIENT INFORMED | 19.09 | A Robertson | Anticipated date of discharge discussed |
| ARRANGEMENTS DISCUSSED WITH PATIENT | | | |
| RELATIVES INFORMED | | | |
| ARRANGEMENTS DISCUSSED WITH RELATIVES | | | |
| SOCIAL WORKER INFORMED | | | |
| DISTRICT NURSE/HEALTH VISITOR INFORMED | 20.9. | A Robertson | Sutures to be removed on Mon. 4th. Oct. |
| LIAISON SISTER INFORMED (Specify in Comments Column) | | | |
| SEEN BY DIETICIAN | | | |
| OUT–PATIENT APPOINTMENT | 20.9. | A Robertson | OPA - Mr Pickford. 8/10/93 – 3.50 pm |
| DAY HOSPITAL REFERRAL | | | |
| TRANSPORT/AMBULANCE ORDERED | | | |
| CHAIR WALKING | | | |
| STRETCHER HELP WITH STAIRS | | | |
| VALUABLES – ORDERED | | | |
| – RECEIVED | | | |
| DISCHARGE LETTER (NURSING) | | | |
| DISCHARGE MEDICATIONS – ORDERED | | | |
| – RECEIVED | ✓ | | |
| PRE–DISCHARGE COUNSELLING | | | |
| RE – MEDICINES – PATIENT | | | |
| – RELATIVE | | | |
| RE – AFTER CARE – PATIENT ✓ | 21/9 | aRafferty | |
| – RELATIVE | | | |
| WALKING/OCCUPATIONAL AIDS (Specify in Comments Column) | | | |
| CLOTHING LISTED | | | |
| OTHER | | | |
| PERSONAL CIRCUMSTANCES | | | |
| HOUSE – KEYS AVAILABLE | | | |
| SOMEONE AT HOME | | | |
| SOCIAL WORKER TO ACCOMPANY | | | |
| SUITABLE CLOTHING FOR DISCHARGE | | | |
| HOME HELP | | | |
| OTHER | | | |
| DAY OF DISCHARGE | | | |
| MEDICATION LETTER TO G.P. | | | |
| IF DISCHARGE CANCELLED – REASON | | | |
| OTHER | | | |

JMcC/921813 FORM 0181

VICTORIA INFIRMARY N.H.S. TRUST

NURSING NOTES

548200

HONEYMAN CATHERINE
10 MELVILLE ST F
GLASGOW M
01/02/49
G41 2LN G.P.Prac.49074
WARD/DEPT. 7

No. 548200

NURSING NOTES

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| 19.09.93 | An arranged admission of Mr. Richfords for theatre tomorrow. Orientated to ward & nurse call system. Ward specimen of urine requested. To fast from 12mn in preparation for theatre. | Robertson | E |
| pm. | Settled & ? independent evening. Ward specimen of urine still awaited. To fast from 12 midnight in preparation for theatre tomorrow. No complaints. | Allan Ross | St/N |
| 12MN 20.9.93 | Fasting in preperation for theatre in a.m. Ward specimen of urine shows no abnormalities present | | |
| | Settled and slept well | RMcDonald | E |
| 10.30am | Settled on return from theatre. Observations - T 35.4°C P - 78 BP 145/90. Mepore dressing x patent - minimal fresh staining noted. O² therapy 4 litres to be used for 4 hours. Has not passed urine. Quite bright & awake. wound dressing reinforced. May have have diet & fluids | C Ross | St/N |
| pm. | Comfortable evening. Attended to own hygiene. Mobile around ward. Diet & fluids tolerated. Has now passed urine post-operatively. Wound site redressed: | | |
| | SUNDRIES: DRESSING PACK | | |
| | NORMASOL SACHET | | |
| | 9.x15cm MEPORE DRESSING | | |
| | 75mmx 3mm STERISTRIPS x3 | | |
| | Wound site gaping slightly, steristrips applied. | A Kaffenty | F |
| 21.9.93 | Late to settle but slept well thereafter. Ward site - no staining noted. | Wallace | G |
| am. | Self caring to own oral & personal hygiene. Fully mobile. Wound site satisfactory. ~~Reed~~ as Redressed and cleansed prior to discharge. OPA given for 8/10/93. District nurse | | |

JMcC/921803

FORM J0560

| Date | NURSING NOTES | Signature | Grade |
|---|---|---|---|
| | arranged. | C Rafferty | F. |
| | SUNDRIES. 1 DRESSING PACK | | |
| | 1 SACHET OF NORMASOL | | |
| | 1 9x15cm MEPORE DRESSING | | |

HE VICTORIA INFIRMARY N.H.S. TRUST

ATIENT CARE PLAN: N/N of Roberts

NAME: KATHERINE Honeyman WARD: 9 DATE OF ADMISSION: 19·9·93

| DATE COMM. SIGNATURE | PERSONAL HYGIENE/DRESSING | DATE DISC. & SIGNATURE |
|---|---|---|
| 19/9. AR | Independent with personal & oral hygiene. | |
| WS 20/9 | Post operative wash | ✓20/9 aR |
| | **MOBILISATION** | |
| 19/9 AR | ~~Fully Mobile~~ | 20/9 |
| WS 20/9 | ~~Protect~~ | 20/9 aR |
| 20/9 aR | Fully Mobile | |
| | **EATING AND DRINKING** | |
| 19/9 AR. | Normal Diet | |
| | ~~Fast 12am in preparation for theatre~~ | |
| WS 20/9 | light diet · fluids ~~2pm~~ | |
| | **ELIMINATION** | |
| 19.9. AR. | Up to toilet | |
| WS 20.9. | Observe for voiding urine post op ✓ | 20/9 aR. |
| | **SPECIAL NEEDS/MAINTAIN PERSONAL SAFETY** | |
| 19.9 AR | Pre & post operative procedure. | |

| DATE COMM. & SIGNATURE | TECHNICAL CARE | DATE DISC. & SIGNATURE |
|---|---|---|
| 20.9 WS | ~~Oxygen therapy 4L until 2pm~~. | 20/9 aR. |
| | **OBSERVATIONS** | |
| 19.9 AR. | Daily temp, pulse & bowels. | |
| | **WOUND CARE/OTHER CARE** | |
| 20/9. | check wound site for staining hrly for 4 hours | |
| 20/9 aR | Steristrips applied to wound. | |

| SPECIMENS | INVESTIGATIONS |
|---|---|
| W.S.O.U. ✓ | 20/9 Theatre. ✓ |
| - NAD | 21/9 home. |

FORM J0650

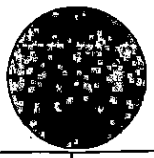
# NURSING PROFILE

Bed No. .....

Addressograph

10 MELVILLE ST
9411.

Religion:- Jehovah's Witness
Age:- 43. 1/2/49.
Occupation:- Sales Assistant.
Consultant:- MR Gillespie



Name: CATHERINE HONEYMAN

Admission Information: Emergency.

Date: 7/3/92. Time: 9pm.

Next of Kin: (Name and Relationship)

Address: MR Raymond Honeyman (Husband)
10 Melville Street.
9411.

Tel. No. (Day) ..... (Night) .....

Diagnosis

Reason For Admission
R sided epigastric pain radiating to back.

Operation
cholecystectomy & operative cholangiogram drevac drain.
12-3-92.

Patients Perception of Illness
Admitted due to pain on right side travelling round her side to the back.

Past Relevant History
Lumpectomy x 2. 1990. (Right Breast)
R sided pain 1992 (March) epigastric.

Allergies:
None known.

Social History: (Describe)
Ground floor flat.
Stays with husband and 3 children.
Non smoker
Occassional alcohol.

Any problem at home while patient in hospital ? (Describe)
None anticipated.

Daily Living
Temp 36.7°C
Pulse 60
BP 175/100

Eating Habits: No fat diet.

Sleep Pattern: No problems.
About 6hrs a night.

Bowels: No problems

Urinary: No problems

Breathing : No problems.

Hearing: No problems

Vision: No problems.

Dentures: 1 cap. Upper/Lower Crowns

Communications
Well.

FORM 0566 JMcC/911524

Condition of Skin: (Describe)

clean and intact

Norton Score:

Condition of Hair:

(Clean ?) Infested ? Wig ?

Prosthesis/Appliance

Mobility:

Help needed with:

| | |
|---|---|
| Walking | Bathing |
| Standing | Dressing |
| In/out bed | Feeding |
| In/out chair | |

Describe:

Patient Spoken to by:

Relatives Spoken to by:

Medical Certificate

Social Worker

Valuables: Short Term

Long Term

Patient Spoken to by Consultant

Relatives Spoken to by Consultant or Doctor

Sacraments of Sick

Presenting Problem

~~Admitted~~

Braught to casualty with severe right sided pain radiating round her side to the her back. She has had one previous admission with the same pain.

History Obtained from: Patient

History Obtained by: ST/N A Rhodie

Date: 7/3/92 Time: 9.10pm

Discharge Checklist: 20.3.92

Patient Advised: ✓ R

Relatives Advised: —

Home Help Arranged: —

District Nurse Arranged: —

Social Worker Attended: —

Ambulance Arranged: —

What Drugs Supplied:

Convalescence Required —

Arranged: —

Out/Patients Clinic Apt: TF

Doctor's Letter: TF

Inter-Transfer Form:

SURNAME HONEYMAN HOSPITAL No.

FORENAME CATHERINE SEX Female.

D. of B. 1.2.49

ADDRESS 10 MELVILLE ST

941

WARD/DEPT. 9

NURSING NOTES

| Date | NURSING NOTES | Signature |
|---|---|---|
| 7/3/92 | Emergency admission from Accident and emergency with Right sided epigastric pain. Recordings on admission Temperature 36·7°C Pulse 60 and blood pressure 175/100. Ward specimens to be obtained. Pain is radiating round side to the her back. | ARhodes |
| | Seen by DR Wilson. Voltarol 75mgs intramuscularly at 11. pm. to remain fasted overnight. | |
| | Intravenous infusion commenced - (R) arm 4 hourly. Settled and slept fairly well. | |
| 8.3.92 | P 72 T 36·7 BP 125/80 at 6am. Pethidine 100mgs plus Stemetil 12.5mgs intramuscularly at 0635am | RMSDeed |
| | Ward Specimens urine obtained | |
| | Self caring this morning MOBILising well around ward. IV infusion continues un charted, remains on nil orally, sucking ice only. Voltarol given for vague abdominal pain at 10am with effect. Observations satisfactory | JHD |
| pm | Settled - Self caring | |
| | IV. running 4 hly. Remains fairly uncomplaining of any pain | JD |
| 9.3.92 | Fluid intake 2,000mls output 700 | |
| | IV fluids continued as charted | |
| | Seemed night slept well. no complaints of Pain overnight | MMJ |
| am. | Attended to own personal hygiene. Gently mobile around the ward. Intravenous infusion running behind time. Tolerating fluids well. observations satisfactory. | |
| | No complaints of pain this morning. For theatre on Thursday. Painfree | ARhodes |
| pm | Settled evening. Pain free. afebrile | CHalferty |
| 12MN | Fluid intake 3500ms output 3900ms | |
| 10.3.92 | Settled and slept well overnight. | |
| | Arm painful and slightly inflamed at venflon site - Venflon and IV infusion discontinued. Afebrile. Painfree. | MM |
| am. | Self caring this morning. Gently mobile | |

FORM 0560 JMcC/911523

| Date | NURSING NOTES | Signature |
|---|---|---|
| 10/3/92 am | around the ward. Temperature 37°C all other observations are satisfactory. Tolerating her low fat diet. Kaolin poltice applied to her right arm at site of old venflon. RR | A Rhodes |
| pm. | Fully mobile + self-caring. Taking. low fat diet + fluids. Painfree. Apyrexial. For theatre on Thursday. | CRafferty. |
| 11/3/92 | Slept well. | MR. |
| am. | Diet and fluids taken. Apyrexial. Painfree. Attended to own oral and personal hygiene. Fully mobile. Seen by Mr. Gillespie. Now fasting for ERCP this afternoon. For theatre tomorrow. Please fast from 12mn. Patient does not wish to go to wd 12 post-op. | CRafferty. |
| | Patient requesting 2 suppositories pre-op. | |
| pm | Returned from ERCP at 19.00hrs Wide awake and elated. Recordings stable Allowed fluids from 18.30 hrs To fast from 12 mn for theatre Pressed die at 07.45 hrs 2 glycerin suppositories given with result. | |
| 12/3/92 | Settled and slept well overnight. Rested most well throughout. for theatre. | MR |
| TH | Self Caring. Active about the ward. Fasting in preparation for theatre. Pre Medication:- Morphine 10mg + Atropine 0.6mg given IM @ 8.00 am. Theatre :- cholecystectomy + operative cholangiogram, size 18 drewar drain insitu. Settled on return. Observations Temp 37° Pulse 90bpm BP 150/85 Minimal drawing in drewar drain. Intravenous infusion insitu running as per regime. Wound site satisfactory no oozing. Please observe for passing urine post operatively. Sedation given in theatre prior to return to ward. | DSI — |

SURNAME Honeyman HOSPITAL No.
FORENAME Catherine SEX Female
D. of B. 1.2.49
ADDRESS 10 Melville Street. 841
WARD/[redacted] 9

NURSING NOTES

| Date | NURSING NOTES | Signature |
|---|---|---|
| pm | Settled since return from theatre. Post-op wash given with assistance. Intravenous infusion continues running 4hly as charted, remain fasting ice to suck only. Patient nursed upright in bed. Recording since return remain stable. | |
| TH. | Patient complaining of pain. Morphine 10mgs and stemetil 5mg given with effect for pain. Re-vac drain remains in situ, manimal amounts. Slight staining noted from wound site. Patient encouraged to sit upright and breath deeply. Temps at 8 pm = 38°C. Wound site, slight leakage, pressure bandage applied. Patient has not passed urine since return from theatre. | Kurtis |
| | Morphine 10mg IM @ 9.20 pm | C Rafferty |
| 12 mn. | Fluid intake 1000 mls. Drain yielded 60mls | |
| 13.2.92 | and had not passed urine at 12 mn. | |
| | Slept on long spells overnight. Morphine 10mgs given IM at 12.10 circa 3.10 am. | |
| | IV infusion running as directed. Tablets on IV antibiotics. Bowel sounds ausculted. Pressure dressing intact over wound with no further staining. | |
| | Temp 38.8° at 2 am - pain in site and rapid sputum. Has not yet passed urine post op. | |
| | Morphine 10mgs given IM at 6.40 a. | MFE |
| | Temp 38.6 at 6 am. | |
| Am. | Bed bath given. Pressure areas satisfactory. Attended to own oral hygeine. Up to sit for short period. Intravenous infusion continues 4 hourly. May have 30 mls hourly - tolerating these well. Has not yet passed urine. Wound satisfactory. Redivac drain remains in situ - yielding moderate amounts. Temperature remains elevated - 38°C at 10 am. Sputum and MSSU to be obtained for | |

FORM 0560 JMcC/911523

| Date | NURSING NOTES | Signature |
|---|---|---|
| 3.3.92 | C&S. Morphine 10mgs & Stemetil 12.5mgs | MNicol |
| (1) | given IM at 11am & 2.30pm | |
| 2.3pm | Wound and drain sites redressed - both | |
| | clean and dry. | |
| pm | Wound site remains untouched this | |
| | evening. IV running behind time. Site | |
| | red and swollen. Kaolin poultice applied. | |
| | Morphine 15mgs given at 6.40pm. Patient | |
| | Catheterised at 3.30pm - specimen of | |
| | urine obtained. Observations satisfactory | MMcKnight |
| 4/3/92 | Fluid intake 2380 mls, urinary output | |
| | 2300 mls, drain removed 45 mls at | |
| | 12MN. Morphine 15mgs given IM at | |
| 7 | 11.30pm. Slept well. IV infusion continues | |
| & | as ordered. Wound site dressing clean | |
| | and dry. Diuresis satisfactory via | |
| | catheter. Remains ambulatory orally. | |
| | Temp 37.9° at 6am. | MM |
| | Morphine 15mgs given IM at 3.40am. | |
| am | Patient had wash at the sink this | |
| | morning. IV infusion discontinued. Tolerating | |
| | fluids. Drain removed. Catheter of free | |
| | drainage yielding large amounts of | |
| | clear urine. Morphine 15mgs given at | |
| | 8.10am & 11.15pm with good effect. Observations | |
| | satisfactory. Please remove catheter & b/r tomorrow | MMcKnight |
| 1 | Morphine Sulphate 15mg given intra-muscularly | |
| | at 5.10pm. Still complaining of pain especially | |
| | on her right side on inspiration. Taking short | |
| | walks this evening, up to sit. No staining on | |
| | dressing. Catheter remains on free drainage | |
| | yielding moderate amounts of clear urine. | |
| | Tolerating her 30mls of fluids hourly. Temperature. | |
| | 38.2°C at 6pm | ARhodes |
| 9pm | Morphine Sulphate 15mg given intra-muscularly at | |
| | 9pm. | ARhodes |
| 5/3/92 | Fluid intake 2700. Fluid output = 5040 | |
| | Complaining of discomfort with urinary | |
| 3 | catheter inserted - passed only 40mls | |
| | urine overnight. | |
| | Continued to complain of right upper | |
| | quadrant pain - seen by DR Walker. | |
| | Voltarol 75mgs given IM at 11pm with | |

SURNAME Honeyman HOSPITAL No.
FORENAME Catherine SEX F
D. of B.
ADDRESS
WARD/DEPT. 9

NURSING NOTES

| Date | NURSING NOTES | Signature |
|---|---|---|
| 15/3/92 | good appt; settled and slept well. | |
| 3 | Following oral fluids. | |
| | Temp 37.8°C at 6am. | |
| | Please observe urinary output. | USC |
| am. | Patient had immersion bath this morning. Remains in bed most of the morning. Tolerating fluids this morning. Patient has passed urine since removal of catheter. Temperature 37.8°C all other observations satisfactory. Patient feeling very sore over most of the morning and patient has been quite distressed. | ARhodes |
| pm | Settled evening. Patient gently mobile around the ward. Up to sit for her tea. Took small amount of diet. Oral intake and output satisfactory. Wound site dry and clean. T37.8 at 6pm. | MHKnight |
| 16/3/92 | Fluid intake 1,480 mls output 1350 mls | |
| | Settled Survey woke 4.45AM | |
| | Complained of abdominal Pain. | |
| | ~~Pain~~ Morphine Sulphate 15mg im. at 5AM | |
| | Wound Site Sutures abs Staples. | MWJ |
| am. | Immersion bath this morning with assistance. Patient mobilising well around the ward. Oral intake and diuresis good. Wound clean and dry. Observations satisfactory. | MHKnight |
| PM | Still coughing. Mobile around ward. Taking light diet & fluids. Wound satisfactory. Apyrexial | MNicol |
| 12mn | Fluid intake @ 12mn 1,260 mls output 1,450mls | |
| 17.3.92 | +DV | |
| | Settled & slept fairly well. Awakened by pain. | |
| 4AM. | IM Pethidine 100mg given 5AM after seen by | |
| | Dr Watson because becoming distressed. Settled | |
| | Thereafter. Recordings Satisfactory, Apyrexial | cwtyfe. |
| am | Satisfactory morning although has slept for | |
| | much of the morning. Mobilised to the bathroom and washed independently. Recordings | |
| | at 10am satisfactory. NO further complaints | |

FORM 0560 JMcC/911523

| Date | NURSING NOTES | Signature |
|---|---|---|
| 17-3-92 | of pain. Wounds to be clean and dry Sutures not yet ~~ceased~~ since theatre | L James |
| 5pm | Complaining of pain - given Postan 500mg at 4-40pm with good effect. Observations satisfactory - Taking light diet and fluids Simple linctus given for troublesome cough | M McKnight |
| 12mn | Fluid intake @ 12mn 1,010mls, output 1,600mls + PU | |
| 18.3.92 | Slept for long periods. Two episodes. cough evident overnight. Oral analgesia | |
| (6) | given as charted. wound site - | Und |
| | attended to her own personal + oral hygiene. | |
| | Encouraged to be active about the ward | |
| | To be commenced on milpar. Seen on W/R by McGillespie. | |
| | Good with diet + fluids. | JS |
| | Home within next few days | |
| | Please give regular oral analgesia | Barrett |
| PM. | Self-caring. Taking diet and fluids (Bowels) mobile | MNicol |
| | Postan given for pain relief with effect | James |
| 2/3/92 | Slept very well. no complaints of pain (6) | |
| (7) | Analgesia given. Cough less troublesome | Und |
| AM | Self caring. Taking diet and fluids (Fully) mobile. Bowels active. ? for home on FMDAU | MNicol |
| PM. | Independant evening. Taking diet and fluids well. Mobilising well about ward | |
| | Offers no complaints. Barrett | dBatten |
| 2/3/92 | Slept well. Oral analgesia taken with | |
| (8) | effect. Wound site satisfactory | Und. |
| | Seen on WR - discharged home | |
| | | RBarrett |

PATIENT CARE PLAN:

NAME: CATHERINE HONEYMAN WARD: 9 DATE OF ADMISSION: 7.3.

HOSPITAL:

HOSPITAL NO. 866

| TIME | BASIC CARE & PERSONAL HYGIENE | DATE DISC | DATE COMM | TECHNICAL CARE | DATE DISC |
|---|---|---|---|---|---|
| 12.3 | ~~Bed bath.~~ | | 12.3 | ~~Care of intravenous infusion - observe site~~ & rate. | 14/3. |
| 12.3 | Offer assistance & facilities for oral hygiene. | | 12.3 | ~~Care of Drugs chart - observe & chart~~ correctly & comply as read. | |
| 18.3 | Immersion bath / wash at sink. | | | | |
| | **MOBILISATION** | | | **OBSERVATIONS** | |
| 12.3 | ~~Bedrest~~ | 13.3 | 12.3 | Daily temp pulse & bowels | |
| 13.3 | Up to sit a.m & p.m. | | 12.3 | ~~2 hourly temp pulse & BP~~ | 13/3 |
| 15/3 | Walk up to toilet with assistance | | 12.3 | ~~Fluid balance Tchart~~ | 18/3 |
| | | | 15/3 | ~~daily temp & pulse twice a day~~ | 21.3 |
| | **DIET** | | | **OTHER CARE** | |
| 12.3 | ~~Fasting - ice~~ | 12/3 | 12.3 | Observe site wound for staining | |
| 15/3 | ~~30mls Milky~~ | | | | |
| 15/3 | Light Diet. | | | | |
| | **BLADDER & BOWEL CARE** | | | **SPECIMENS** | **INVESTIGATIONS** |
| 12.3 | Observe for passing urine post-op ✓ | | | | |
| 13.3 | ~~Catheter (size 12 Remove 6am 15/3~~ | 13/3 | 13/3 | WSOU 7.3 ✓ | THEATRE 12.3 ✓ |
| 17/3 | Observe for BO. | | 13/3 | Sputum. | ERCP 11.3 ✓ |
| | | | 13/3 | MSSU. | |
| | | | 15/3 | CSU ✓ | |
| | **SPECIAL NEEDS** | | | | |
| 12.3 | Post op Physiotherapy | | | | |
| 12.3 | post op Paralgesia (?) | | | | |

? home today ✓

# NURSING PROFILE

Bed No. ..... 6

Addressograph

10 Melville St

Religion:– Jehovah's Witness.

Age:– 42

Occupation:–

Consultant:– Mr Gillespie

Name: Catherine Honeyman

Admission Information: Emergency

Date: 2-3-92 Time:

Next of Kin: (Name and Relationship)
S/A Husband.

Address:

Tel. No. (Day) ..... (Night) .....

Diagnosis

Reason For Admission
cholecystitis.

Operation

Patients Perception of Illness
Fully Aware.

Past Relevant History
Laparoscopy esterilisation
~~[illegible]~~
diagnosed gallstones (Mr Mack) 2wks ago had 16.
lumpectomy's 1991 + 1990

Allergies:
None Known

Social History: (Describe)
Lives with husband, son + 2 daughters.
Non Smoker
Occasional drinker

Any problem at home while patient in hospital ? (Describe)
None Anticipated

**Daily Living**

Eating Habits:
weight reduction diet.

Sleep Pattern:
6-8hours

Bowels:
Regular daily

Urinary:
Frequency of micturition

Breathing: Hyperventillating when anxious otherwise normal - but can be breathless when going uphill.

Hearing: Normal

Vision: Normal

Dentures: Upper/Lower Crowns

Communications
Verywell.

FORM 0566 JMcC/911524

Condition of Skin: (Describe)

Healthy, intact

Norton Score:

Condition of Hair:

Clean ? Infested ? Wig ?

Prosthesis/Appliance

Mobility:

Help needed with:

Walking Bathing

Standing Dressing

In/out bed Feeding

In/out chair

Describe:

Patient Spoken to by:

Relatives Spoken to by:

Medical Certificate

Social Worker

Valuables: Short Term

Long Term

Patient Spoken to by Consultant

Relatives Spoken to by Consultant or Doctor

Sacraments of Sick

**Presenting Problem**

Rapid onset of Right hypochondrial pain. Constant in nature.

Vomited ++ ? bile ? coffee ground was following urry.

Similar milder pain 2 weeks ago.

Temp 35°

Pulse 70

BP 120/80

History Obtained from: patient

History Obtained by: WB

Date: 2.2.92 Time: 1.55 am

Discharge Checklist:

Patient Advised:

Relatives Advised:

Home Help Arranged:

District Nurse Arranged:

Social Worker Attended:

Ambulance Arranged:

What Drugs Supplied:

Convalescence Required

Arranged;

Out/Patients Clinic Apt:

Doctor's Letter:

Inter-Transfer Form:

SURNAME Honeyman HOSPITAL No.
FORENAME Catherine SEX F
D. of B. 1·2·49
ADDRESS

## NURSING NOTES

WARD/DEPT. 9

| Date | NURSING NOTES | Signature |
|---|---|---|
| 2·3·92 | Emergency admission via casualty with Right upper quadrant pain. Thought to be cholecystitis | |
| | On admission Temp 35° Pulse 70 BP 130/80 | |
| | Fasting meanwhile | |
| | Venflon insitu in left arm | |
| | Very distressed + anxious on admission. Further Pethidine 50mg given IM @ 01⁰⁰am with good effect | |
| | Ward specimen of urine to be obtained | J Sl |
| | Intravenous infusion commenced to run 4hourly meanwhile. | |
| | Pethidine 100mg + Stemetil 12·5mgs given IM @ 4³⁰am with good effect. | J Sl — |
| a.m. | Assisted wash given + oral hygiene. Voltarol 75mgs given @ 10a + good effect. I.V. fluids in progress attended for abdominal Ultra sound this morning passed urine thereafter. M.S.S.U + W.S.O.U still awaited. Recordings stable. Remains fasting meantime. | |
| pm | Settled evening. Remains on bedrest. IV infusion continues 4hrly Apyrexial. WSOU shows trace of protein only, MSSU obtained. Ultrasound shows gallstones. Remains fasting | |
| nnn | Fluid intake 1500mls Urinary output 200mls | T |
| 3·3·92 | settled + slept for short periods. IV Fluids continued as charted Remains fasting | |
| am. | Settled morning. Remains on bedrest, up to toilet only. IV infusion running 6hrly. Remains on mid cranny. Apyrexial. | |
| pm | Intravenous infusion ceased @ 6⁴⁵pm Pain free this pm. Remains nil orally. observations satisfactory | J Sl — |
| 4·3·92 | Total fluid intake 2200mls output 1100 Slept well IV therapy continued as charted Hrly recordings continued Settled morning. Self caring. Seen by Mr Mulloy commenced on oral fluids. IV infusion running now discontinued Venflon removed as canula not intact | |

FORM 0560 JMcC/911523

| Date | NURSING NOTES | Signature |
|---|---|---|
| 4/3/93 | at site: Appendicitis. | |
| | ? for theatre tomorrow for laparoscopic cholecystectomy. | ISR. |
| pm | Settled evening. Tolerating soup and pudding. Active about the ward. Not for theatre in the morning. Observations satisfactory. | J Sh |
| 5/3/93 | Slept well. | ASm |
| | SIB Mr McAuley. Home today. Return on Monday for cholecystectomy Tuesday | Mod |

PATIENT CARE PLAN: NAME: Caroline Honeyman WARD: 9 DATE OF ADMISSION: 2.3.92

HOSPITAL: Victoria Infirmary HOSPITAL NO.

| TE MM. | BASIC CARE & PERSONAL HYGIENE | DATE DISC. |
|---|---|---|
| 3.92 | ~~Basin to wash with assistance~~ ~~Offer 4 hourly oral hygiene while fasting~~ 4.3.92 | |
| | Daily immersion bath. Attends to her own personal + oral hygiene | |
| 3.92 4/3 | MOBILISATION bedrest // 4/3 Generally mobile | |
| 2.3.92 4/3 | DIET Nil orally // FREE FLUIDS, SOUP AND PUDDING. | |
| 2.3.92 | BLADDER & BOWEL CARE ~~offer toilet facilities as required~~ // 4/3 | |
| 2.3.92 | SPECIAL NEEDS Explain + reassure patient regarding all procedures | |

| DATE COMM. | TECHNICAL CARE | DATE DISC. |
|---|---|---|
| 2.3.92 | Venflon in situ, Left arm | 4/3. |
| 2/3/92 | ~~Intravenous infusion in situ, observe site + rate~~ 4/3 | |

| | OBSERVATIONS |
|---|---|
| 2.3.92 | Daily Temp Pulse + Bowels |
| 2.3.92 | 4 hourly Temp pulse + BP. |
| 2.3.92 | ~~Fluid balance chart~~ — record accurately |

| | WOUND CARE |
|---|---|

| | SPECIMENS | INVESTIGATIONS |
|---|---|---|
| 2.3.92 | MSSU ✓ | Abd. U/S. 2.3. ✓ |
| 2.3.92 | MSSU ✓ | |

# NURSING PROFILE

Bed No. 6

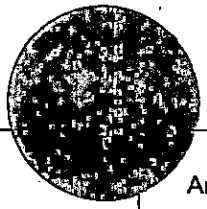
Address Label
548200
CATHERINE HONEYMAN
10 MELVILLE SR
GLASGOW
G41 2LN
1/2/49
F/M
Name

Religion:– JEHOVAH WITNESS

Age:– 43yrs 1/2/49

Occupation:– SALES ASSISTANT

Consultant:– Mr Mack



Admission Information: Emergency.

Date: 16/2/92. Time: 9.30pm.

Next of Kin: (Name and Relationship)
RAYMOND HONEYMAN (HUSBAND)

Address: 10, MELVILLE ST. POLLOCKSHIELDS

Tel. No. (Day) 644 2376 (Night)

Diagnosis

Reason For Admission
EPIGASTRIC PAIN / VOMITING
Cholecystitis.

Operation

Patients Perception of Illness
OBSERVATION of PAIN/NAUSEA.

Past Relevant History
90' LUMPECTOMY

Allergies:
NONE KNOWN

Social History: (Describe) LIVES TOGETHER IN FLAT WITH HUSBAND + 4 CHILDREN
NON SMOKER
OCCASIONAL ALCOHOL

Any problem at home while patient in hospital? (Describe)
Medication:
TYLEX x 3 DAILY

Daily Living BP. 135/80
P. 62.
T. 36.7.

Eating Habits:
NORMAL DIET
NO PROBLEMS

Sleep Pattern:
SHORT PERIOD. due to backpain

Bowels:
Regular no problems

Urinary:
Regular no problems

Breathing:
No problems

Hearing: NO PROBLEMS

Vision: No problems

Dentures: NONE ~~Upper/Lower~~ ~~Crowns~~

Communications
VERY WELL.

FORM 0566 JMcC/911524

Condition of Skin: (Describe)

CLEAN / INTACT

Norton Score:

Condition of Hair:

(Clean ?) Infested ? Wig ?

Prosthesis/Appliance

—

Mobility: NO PROBLEMS

Help needed with:

| | |
|---|---|
| Walking | Bathing |
| Standing | Dressing |
| In/out bed | Feeding |
| In/out chair | |

Describe:

Patient Spoken to by:

Relatives Spoken to by:

Medical Certificate

Social Worker

Valuables: Short Term

Long Term

Patient Spoken to by Consultant

Relatives Spoken to by Consultant or Doctor

Sacraments of Sick

Presenting Problem

Patient states pain began last night 15/2/92. Vomiting began today. Contacted GP and was sent to Accident & Emergency.

History Obtained from: Patient

History Obtained by: S/N Kelly

Date: 16/2/92 Time: 11p.m

Discharge Checklist:

Patient Advised: re low fat wgt reduction diet

Relatives Advised: —

Home Help Arranged: —

District Nurse Arranged: —

Social Worker Attended: —

Ambulance Arranged: —

What Drugs Supplied: c/o chemist

Convalescence Required —

Arranged; —

Out/Patients Clinic Apt: —

Doctor's Letter: re dis. drug

Inter-Transfer Form: —

SURNAME Honeyman HOSPITAL No.
FORENAME Catherine SEX
D. of B.
ADDRESS

NURSING NOTES

WARD/DEPT. 16.

| Date | NURSING NOTES | Signature |
|---|---|---|
| 16/2/92 | Emergency admission to Ward 16 from Accident & Emergency this evening. Recordings on admission where T. 36.7 P. 62 BP. 135/80 Patient orientated to ward and nurse call system. MSOH & MSSU still to be obtained. This 43yr old lady was admitted with epigastric pain and nausea / vomiting. - ? gastritis. Seen by Dr. Commenced I.V. fluids and to fast meantime. | A Kelly. |
| 17/2/91 | Pethidine 100mgs and Stemetil 12.5 mgs I.M. at 2.10 AM with good effect. Settled and slept till 6am. M.S.S.U. obtained. Pethidine 100mgs I.M. at 6.25 AM. | J McCready |
| | Seen by Mr Mack To have Ultrasound and endoscopy arranged - Endoscopy wednesday | JBO |
| AM. | Meal given. Has slept most of the morning. I V infusion running as charted. Remains fasted. Recordings stable. Uncomplaining of pain this morning. ~~Has not~~ Ultrasound scan carried out. | J Mccready |
| pm | Gently mobile about ward. Tolerating occasional 30mls water. Intravenous fluids running as per regime till 6p.m. now running slightly behind. Complaining of burning sensation within arm. Present bag has 20mmols of potassium in situ. Is hourly recordings satisfactory. Remains Has been gone to toilet - reminded about use of bedpans. Also complaining of some pain at 9p.m. If pain increases will attempt to bed and analgesia will be given intramuscularly. | J armstrong |
| 12mN | FLUID INTAKE. 2000 mls URINARY OUTPUT. 1600 mls | |
| 18/2/92 | Pethidine 100mg given IM at 10.35pm Settled and slept well thereafter Remains on thirty mls/hr Intravenous infusion running as charted. | |

FORM 0560 JMcC/911523

| Date | NURSING NOTES | Signature |
|---|---|---|
| | Urinary output satisfactory | |
| | Recordings stable | RMBen |
| 7am | Complaining of having loose stools all night | |
| AM. | Seen by Mr. Mack. - allowed free fluids. | D. Donaldson |
| | Independants and self caring. Tolerating free fluids well. Intravenous fluids running as per regime. Diuresis satisfactory. Uncomplaining of pain. Endoscopy also cancelled for tomorrow. Hourly recordings satisfactory | Armstrong |
| PM. | Settled evening. Taking free fluids well. | |
| | I V infusion discontinued. Recordings stable. | |
| | Taking oral analgesia with good effect. | Mbeeka |
| 9-2-92 | Intake 2220 and output 1220 ct midnight + ? toilet | |
| | Very slow to settle, but slept well thereafter. | |
| | Continues on fluids only | |
| | Recordings stable | RMBen |
| | Oral analgesia given for pain in chest due to coughing | |
| | Seen by Mr Mack to commence on low fat diet today. | |
| | Independants and self caring. Tolerating fluids well. Diet ordered | |
| | from Dietician. - Hourly recordings satisfactory No complaints | |
| | of pain. Cough troublesome on occasions. | Jarmstrong |
| pm | Settled evening, commenced on low fat | |
| | diet, Uncomplaining of pain, though expressing | |
| | she has troublesome cough. | |
| 10/2/92 | Rt Slept well Recordings stable | RMBen |
| | IK Home tomorrow, dietician informed regarding | |
| | low fat weight reduction diet prior to | |
| | discharge | |
| 9.m | Self caring and fully mobile. | |
| | Slept during night - no analgesia taken. | |
| | Taking diet and fluids. Apyrexial. Afebrile. | |
| | Mobile and self caring | |
| | Tolerated low fat diet at tea-time | |
| | No complaints of pain | |
| | Discharge drugs obtained from pharmacy | |
| 1.2.92. | Complained of feeling nauseated and having abdominal pain- | |
| 2.15am= | Stemetil 25mgs and Pethidine 100mgs given IM. with good | RMB |
| | effect - Appeared to settle and slept well. | |
| | Recordings at 6am stable Pain free | RMB |
| | Independants care. Pain free. Seen by Mr Grey | |
| | for discharge home today. Discharge medication | |
| | give to patient. | Jarmstrong |

Catherine Honeyman.
Ward 16.

PAGE

PATIENT CARE PLAN

| DATE | BASIC CARE AND PERSONAL HYGIENE | DATE |
|---|---|---|
| C | | D |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 16/2 | Diet FREE FLUIDS | |
| 16/2 | ~~NORMAL HOSPITAL~~ Fasting // | 17/2 |
| | 30mls water hourly. | 17/2 |
| | Mobilisation | |
| 16/2 | BEDREST // | 17/2 |
| 17/2 | Mobile - when pain free. | |
| | | |
| | | |
| | | |
| | | |
| | Technical Care | |
| 17/2 | Intravenous fluids running as charted | |
| | - care of rate & site | 18/2 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Care of Clothing and Valuables: | |
| | Clothing: Taken Home/Stored in Ward | |
| | Valuables: Taken Home/Deposited with Cashier | |

| DATE | Observations | DATE |
|---|---|---|
| 16/2 | Daily BP T & P and Bowels | D |
| 16/2 | 4 hourly BP T & P | |
| | | |
| | Treatment by Medical Staff and/or Investigation | |
| 16/2 | U/S OU. | ✓ Obtained |
| 16/2 | MSU. | ✓ " |
| 16/2 | FLUIDCHART | |
| | Diet | |
| 18.2.91 | Free fluids. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Special Needs | |
| 16/2 | CARE of VENFLON SITE. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Future Plans | |
| | | |
| | | |
| | | |
| | | |
| | C = Commenced D = Discontinued | |

Condition of Skin: (Describe)

INTACT

Norton Score:

Condition of Hair:

(Clean ?) Infested ? Wig ?

Prosthesis/Appliance N/A

Mobility: FULLY MOBILE

Help needed with:

| | |
|---|---|
| Walking | Bathing |
| Standing | Dressing |
| In/out bed | Feeding |
| In/out chair | |

Describe:

Patient Spoken to by:

Relatives Spoken to by:

Medical Certificate

Social Worker

Valuables: Short Term

Long Term

Patient Spoken to by Consultant

Relatives Spoken to by Consultant or Doctor

Sacraments of Sick

Presenting Problem

Has a lump in (R) breast for 1½yrs. which was biopsied and excised. Has had recent mammogram which shows calcification. Admitted for further excision and biopsy. Also has noted a lump in (L) breast. Is not keen to have a mastectomy. Does not want a blood transfusion.

History Obtained from: Patient & case notes

History Obtained by: SIN T. REEL

Date: 14/11/89 Time: 12midday

Discharge Checklist:

Patient Advised:

Relatives Advised:

Home Help Arranged:

District Nurse Arranged:

Social Worker Attended:

Ambulance Arranged:

What Drugs Supplied:

Convalescence Required

Arranged;

Out/Patients Clinic Apt:

Doctor's Letter:

Inter-Transfer Form:

SURN

FORE

ADD

CATHERINE HONEYMAN
10 MELVILLE STREET
GLASGOW G41 2LN
1/2/47 F/M

NURSING NOTES

WARD/~~DEPT.~~ 16

| Date | NURSING NOTES | Signature |
|---|---|---|
| 14/11/89 | Admitted this morning with a lump in (R) breast and also a (L) breast lump. Oriented to ward and shown how to use nurse call system. Recordings on admission were pulse 70 temp 36.5c and B.P 120/80. Fully mobile. Taking diet and fluids. Ward specimen and mid-stream specimen of urine to be obtained. To attend x-ray dept. for locating needles to be inserted. Pre and post operative care involved to be explained. Skin preparation to be carried out. Please fast from 12 midnight | TMcL |
| | Attended x-ray this afternoon - needles inserted skin preparation performed. Mobile and self caring otherwise | JMcCann |
| 15/11/8 | Fasted from midnight in preparation for general anaesthetic. Slept for short periods only. "Urinated to keep in case she dislodged locating needles" Unmarked both taken & prepared for theatre. Mid stream urine not yet obtained routine urinalysis still to be done | JBaxter |
| | Mobile and self caring. Remains fasted for Theatre | CWhite |
| | Premedication of omnopon 15mg & atropine 0.6mgs at 8am To theatre:- Excision biopsy Right Breast lump | JBaxter |
| | Returned from theatre at 11.30am following excision and biopsy of right breast. On return Temp 36.0 Pulse 66 BP 110/70. No soakage on E.P.S strapping. Drivac drain had minimal blood stained fluid in bulb. Commenced on 4 hrly recordings. Please observe for passing urine. May have diet and fluids. Omnopen 15mg given IM at 11.10pm in theatre | JMcCann |
| P.M. | Gently mobile around ward. attended to own personal and | |

| Date | NURSING NOTES | Signature |
|---|---|---|
| | oral hygiene. Taking diet and fluids. Has passed urine since return to ward. No staining noted on wound dressing. Dreivac drain yielding small amounts. 4 hourly recordings are satisfactory. Omnopon 15mgs given I.m. at 6.20 pm | J. Burnett J. Burnett J. Burnett |
| | Paracetamol 15mg given into musculary at 1400 for relief of pain | |
| 01/11/89 | Dreivac drain removed intact very slow to settle, walking up & down ward. Nil via drain overnight & no evidence of staining on wound dressing 4 hourly recordings satisfactory & discontinued | Curate |
| A.M. | Up for wash at sink, attended to own oral hygiene. Genty mobile around ward. Waund dressing is stain free and was left undisturbed, dreivac drain yielding nil. Taking diet and fluids. 4 hourly recordings are satisfactory. Oral analgesia taken. Patient had a settled morning. Omnopon 15mgs was given Intra-muscularly at 1pm. Dre-vac drain removed from right breast. Drainsite and wandsite both appear satisfactory, dry dressing and elastoplast strapping nad unsitu. Dreivac drain removed as per Mr Welch instruct | J. Burnett Burnett J. Burnett J. Burnett |
| PM | Settled and sdy caring this evening. No staining noted from drainsite. Taking diet and fluids well. Mobile as desired. Very bright in mood and uncomplaining | J. Burnett |
| 2/11/89 | Slept well wound dressing stain free | Curate |

SURNAME Honeyman HOSPITAL No.

FORENAME Catherine SEX

D. of B.

ADDRESS

WARD/DEPT. 16

NURSING NOTES

| Date | NURSING NOTES | Signature |
|---|---|---|
| 17.11.89 am | Seen by Mr Gray on ward round for? home tomorrow. Attended to pers oral and personal hygiene. Reluctant to leave bed due to pain - taking oral analgesia as prescribed. Mobilising as desired - taking diet and fluids well. No staining noted on Elastoplast Strapping. Recordings satisfactory | |
| 2 pm. | Fully mobile around ward. Taking diet and fluids well. No staining noted from wounsite. Recordings satisfactory. | |
| 18/11/89 | Slept well | |
| 3 | EPS strapping stain free | |
| | Seen by mr mack for discharge home tomorrow to be seen in Mr Macks OP clinic on Friday 24/11/89. | |
| | Self caring. Mobile about ward. No staining through dressings on wound. Recordings satisfactory | |
| PM | Settled and self caring. Freely mobile around ward as desired. No staining evident from wounsite. Taking diet and fluids well. Uncomplaining | |
| 11p | complained of pain operation site for wound dressing removed wound very bruised but clean wool satisfactory - advised that this will eventually subside - advised to wear well supporting bra. Dressing renewed & EPS strapping reapplied. Oral analgesia given as prescribed | |
| 20/11/89 | Slept well | |
| 4 | Seen by Dr. Alexander - to be discharged home as arranged. To return to Mr mack's out-patients clinic on Friday 24th at 10.00 am | |

| Date | NURSING NOTES | Signature |
| --- | --- | --- |
| 21/11/89 | No staining noted from wound. Fully mobile and self-caring. Taking oral analgesia for pain. Has painkillers at home. Does not require a discharge prescription. Discharged home. | [illegible] |

# NURSING PROFILE

Addressograph

Bed No. .....

Religion:- Jehovah Witness

Age:- 39yrs

Occupation:- Housewife

Consultant:- Mr Mack

10 Melville Str
G41 2LN

Name: Catherine Hoeyman

Admission Information: Arranged

Date: 15/3/88 Time: 10.30a

Next of Kin: (Name and Relationship)
Raymond Hoeyman
Husband

Address: S/A

Tel. No. (Day) ..... (Night) .....

Diagnosis
Right Breast Lump

Reason For Admission
For x-ray this afternoon and insertion of needles to mark area (15/3) Then Surgery 16/3

Operation
16/3/88
EXCISION BIOPSY RIGHT BREAST LUMP
ORMAC DRAIN FG 14
BLUE SWABS / ERS

Patients Perception of Illness

understands.

Past Relevant History

O+C.

Allergies:

none known.

Social History: (Describe)

occasional drinker.
non smoker.
lives at home with family.

Any problem at home while patient in hospital ? (Describe)

none anticipated.

Temp 36.5°C. Medication
Pulse 80 bpm dihydrocodeine
BP 130/90

Daily Living

Eating Habits: normal appetite.

Sleep Pattern: no problems.
suffers from backache which keeps her awake occasionally.

Bowels: suffers from constipation
- takes fibre for this

Urinary: no problems

Breathing: slightly breathless on exertion

Hearing: no problems

Vision: no problems

Dentures: 2 on top. Upper/Lower Crowns — 1 upper

Communications

well.

Condition of Skin: (Describe)

clean + intact

Norton Score:

Condition of Hair:

Clean ?  Infested ?  Wig ?

Prosthesis/Appliance

none.

Mobility: fully mobile

Help needed with:

| | |
|---|---|
| Walking | Bathing |
| Standing | Dressing |
| In/out bed | Feeding |
| In/out chair | |

Prescribe:

Present Spoken to by:

Relatives Spoken to by:

Medical Certificate

Social Worker

Tables: Short Term

Long Term

Consultant Spoken to by Consultant

Relatives Spoken to by Consultant Doctor

Comments of Sick

Presenting Problem

Patient felt lump in (R) breast. 1 year ago went to see GP & 2 months due to tenderness of breast & thought lump has bigger. GP referred patient to Vic Hy. for admission.

History Obtained from: patient

History Obtained by: SIN CHOOSE.

Date: 15/3/88 Time: 2.30pm.

Discharge Checklist:

Patient Advised:

Relatives Advised:

Home Help Arranged:

District Nurse Arranged: ✓ 25/3/88

Social Worker Attended:

Ambulance Arranged:

What Drugs Supplied: has own medication

Convalescence Required

Arranged;

Out/Patients Clinic Apt:

Doctor's Letter:

Inter-Transfer Forms:

SURNAME Honeyman HOSPITAL No.

FORENAME Catherine SEX

D. of B.

ADDRESS

WARD/DEPT. 16

NURSING NOTES

| Date | NURSING NOTES | Signature |
|---|---|---|
| 15/3/88 | Arranged admission to-day for x-ray This afternoon for insertion of target needles to mark breast lump and for Theatre to-morrow for excision of lump. fully mobile around the ward. May have normal diet and fluids meantime to be fasted from 12MN in preparation for general anaesthetic. To have skin preparation performed prior to theatre. Urine for routine testing and midstream specimen to be obtained To be orientated to both patients and staff & ward | JBa |
| pm. | Patient admitted & orientated to ward & staff. MSOU & MSSU yet to be obtained & skin prep to be performed. Patient anxious incase she she should require blood transfusion as she is a Jehovah Witness & she does not want to receive any blood. | JBa |
| | MSOU now obtained showed now haemolised trace of blood, trace of protein, pH 6, SG. 1.020 | CMFoste |
| | MSSU obtained also Settled evening. Continues to be self caring & mobile. Taking diet & fluids. Skin preparation carried out Please fast from 12 midnight. | CMFoste |
| | Attended X-ray for insertion of target needles | SE |
| 16.3.88 | Patient has been fasted from 12MN Has not slept during night Analgesia given for pain Up for bath this morning | CMFoste SFong |
| | PRE MEDICATION - ondoped 15mgs ATROPINE 0.6mgs intramuscularly at 10.30 am Belcapsume 1000 units SC. | KReid |
| | SURGERY - Excision biopsy right breast lump / Drain c Drain insitu. | |
| | Vital signs on return BP - 120/80 T - 36°C P - 82bpm | |
| | Redivac drain yielding minimal amount of sanguineous fluid. | |
| | Wound site satisfactory - K13 sterile dressing insitu. | |
| | Patient rather unsettled on return - advised to | |

| Date | NURSING NOTES | Signature |
|---|---|---|
| 6/3 | rest in bed. | MBrown |
| Th | Settled evening. Mobile around the ward. Minimal drainage from drain. Tolerating diet and fluids complaining of some pain 8pm. ~~+~~ 10pm dosage of dihydrocodeine 30mg given with good effect. | JBa |
| 7.3.88 | 12 MN Dee-Vac drain - minimal amount of drainage. Dept for only a short time Wound site | KReilly |
| em. | Attending to own hygiene. Fully mobile around the ward. Tolerating diet and fluids. Devac drain removed this morning, minimal amount of drainage. Dry dressing applied to drainsite and also to woundsite which are both satisfactory. EPS strapping also applied. Seen by Mr. Mack - for discharge tomorrow | IK Mackin EM |
| PM | Pethidine 75mg given IM at 1.45pm for pain relief | |
| | Settled evening. Gently mobile around ward. Taking diet and fluids as desired. | MMS E Cahill |
| 8.3.88 | Patient dept fairly well overnight Wound site | KReilly |
| D | Seen by Mr Gray. Discharged home District Nurse arranged re-sutures 25/3/88 | JBa |

| Ward No. | Time of Admission | |
|---|---|---|
| | Date of Admission | |

MRS CATHERINE HONEYMAN
21 MAPLEBEE ROAD
GLASGOW

[redacted]

Next of [redacted] HUSBAND
Address S/A
Relationship
Telephone No. Day: 423-8643 Night

Religion ~~C.S.~~ C.O. Age 32 Provisional Diagnosis Occupation HOUSEWIFE

| Date | NURSING REPORT | Signature |
|---|---|---|
| 5/6/81 | An arranged admission today for a D&C, Laparoscopic Sterilisation and Correction of Retroversion. | |
| | Nervous on admission. Had a previous D&C. | |
| | S/H- Lives with husband and four children aged between 11-15. | |
| | M/H- PREVIOUS D&C | |
| | ON NO MEDICATION, | |
| | NIL- ALLERGIES. | |
| | Urine - no abnormalities. | |

JMcC/480633

| Surname | Christian Name(s) | Consultant |
|---|---|---|
| [redacted] | [redacted] | DR NAIR |

JMcC480781

| DATE | NURSING NOTES | SIGNATURE |
|---|---|---|
| 5/6/81 | Arranged admission for theatre today (Prepared case) for dilatation & curettage, laparoscopic sterilisation & correction of retroversion. Abdo-pelvic prep given. | |
| | Premedication – Omnopon 10mgs & Scopolamine 0.2mgs given I.M at 10.00 | |
| TH. | At theatre – Dilatation and Curettage, Laparoscopic Sterilisation and Resection of Hodge Pessary | |
| | Satisfactory on return to ward. Vomited # 1 Stemetil 12.5mg given IM. Diet and fluids when able. Allow up this evening. Still feeling unwell this evening, hasn't yet been up | A Mulstead RGON |
| 6.6.81 | Temazepam 20 mgs to settle. Slept well. Minimal vaginal staining. | |
| 1 | Bed up bath, up and about. Seen by Dr Monat, allow home tomorrow. | A. Gallacher. |
| 7.6.81. | Temazepam 20 mgs as sedation. Slept fairly well. | S. Davidson. |
| 2. | Up bath, up & about. | |
| | Discharged this am. To return for dexon trim on Mon. | A. Gallacher. |

| SURNAME | FORENAMES | UNIT NUMBER | CONSULTANT |
|---|---|---|---|
| HANKIMAN | CATHERINE | | DR MONAT. |

WARD NO. 12A | TIME OF ADMISSION 1.30pm | DATE OF ADMISSION 6.8.77

CATHERINE HONEYMAN

ADDRESSOGRAPH LABEL

21 MAXWELL ROAD

PAISLEY

NEXT OF KIN NAME [illegible]

ADDRESS [illegible]

RELATIONSHIP [illegible]

TELEPHONE No. DAY: — NIGHT:

RELIGION JEHOVAH'S WITNESS AGE 27 PROVISIONAL DIAGNOSIS Irregular bleeding OCCUPATION Home Wife

| DATE | NURSING REPORT | SIGNATURE |
|---|---|---|
| | T 36° P 70 BP 140/70 | |
| 6.8.77 | Arrived admission [illegible] | |
| | as [illegible] | |
| | Patient has no menstruating at present if bleeding is continued tomorrow then she will not be for theatre | B Hepburn |
| 58.77 | Regular bowels & Rectal tube ii as sedation. Slept well. Prepared for General Anaesthetic. Urine specimen obtained Nil. Blood present. Prepared for General Anaesthetic | P Sutherland |
| | Premedication Omnopon 10mg Scopolamine 0.4mg | |
| | THEATRE: Dilatation & Curettage. | |
| | Satisfactory. Back to ward. | |
| | Allow up this evening if able ✓ | |
| | May have Fluids & Diet | |
| | Observe vaginal staining. | JBMcC |
| 68.77 | Morgadon 10mgms to settle slept well but ↑ this a.m. d/haem is under control. | P Wood |
| | up & around this am. | |
| | Much less staining. Home. | |

| SURNAME | CHRISTIAN NAME(S) | CONSULTANT |
|---|---|---|
| HONEYMAN | CATHERINE | DR MOWAT. |

# Physiotherapy Walking Aid Issue Form

(Please refer to guidelines for completion)

NHS Greater Glasgow and Clyde

**Patient I**

Name:

Address:

Post cod

DOB / C

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

**Walking Aid Details**

Make: COOPERS

Model/Code No: 8253C

Batch/Lot No: 06100148851

Manufacturer Date:

Patient Weight: (if applicable)

**Walking Aid(s) issued:** Stick(s) ☐ Crutch(es) ☑ Zimmer ☐ Mobilator ☐ Delta ☐ 4 wheeled walker ☐

**other:** *(please state)* New aid ☑ Recycled aid ☐

| Check List | Y | N/A |
|---|---|---|
| Is the aid clean, in accordance with the recommended infection control procedure? | ✓ | |
| Are all ferrules in good condition? | ✓ | |
| Are all wheels secure and able to rotate freely? | | ✓ |
| Are there any dents / bends in the metal supports? | NO | |
| Are there any splinters / cracks in wooden walking sticks? | | ✓ |
| Has the aid been adjusted to the correct height? | ✓ | |
| Frame legs and handles of correct height, aligned correctly and secured? | | ✓ |
| Frame brakes in good working order? | | ✓ |
| Where appropriate has the patient been taught how to use the aid correctly | | |
| - indoors | ✓ | |
| - outdoors / kerbs / slopes | | |
| - stairs | ✓ | |
| Is the patient safe to use the aid independently? Requires Sup' on 1 step - Aware - only to do step → house'c daughter present *Any comments?* | ✓ | |
| Has the appropriate walking aid leaflet been provided to the patient? | ✓ | |

| Decision following issue of walking aid | Yes | No | N/A |
|---|---|---|---|
| Discharged | ✓ | | |
| Is physiotherapy ongoing? | | ✓ | |
| Is further assessment / rehab required? If Yes please state service referred to: | | ✓ | |
| Date referral completed (if appropriate): | | | |

***Declaration:***

I confirm the walking aid(s) provided to the above named is deemed safe and suitable at the date of issue.

Print Name: R. S. Allan Grade/Role: PT Band 5

Signature: Date: 15/10/10

NHS
Greater Glasgow and Clyde

# ORTHOPAEDIC PHYSIOTHERAPY ASSESSMENT

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

Ward/Unit: 4
Consultant: MR Chalmers
Admission Date: 14/10/10
Tel. No.: 0141 422 1580
Age: 61

Consent given ✓

**PC** (R) Tib/Fib #

**HPC** # (R) Tib/Fib 14/52 ago 2° to knee giving way - happened again 14/10/10 was WB c 2 e/c.

**MRI/Investigations/Results**

**PMH** OA, Bilateral TKJR - awaiting revision (R) knee at SGH c MR Hullin - staged revision.

**DH** Tramadol

**Contraindications/Precautions/Allergies**

**SH** lives c husband + adult daughter - 1 shallow step to get to house ∅ rail - Mobile c 2 e/c

**Management/Post op/Trauma round Instruction**

15/10/10 Not for theatre - for full above knee POP - NWB

**Objective** Mobilised c 2 e/c - initially needed some prompting regarding safe use - pt tended to swing past e/c and had ↓ steadiness - fully improved c (P)
Stairs - went ↑ + ↓ shallow step c 2 e/c x2
**Chest issues?** Y ☐ N ☑ Managed safely 2nd time c s/v

**Lie/sit:** Ind ☑ Sup ☐ AO1 ☐ AO2 ☐ AO3 ☐ Unable ☐

**Sit/stand:** Ind ☑ Sup ☐ AO1 ☐ AO2 ☐ Standaid ☐ Unable ☐

**Bed/chair:** Ind ☑ Sup ☐ AO1 ☐ AO2 ☐ Standaid ☐ Unable ☐

**Gait:** Ind ☑ Sup ☐ AO1 ☐ AO2 ☐ Unable ☐

W/S x __ ☐ E/C x 2 ☑ WZF ☐ Other: _____

**Walking Aid Provided:** None ☐ W/S x __ ☐ E/C x 2 ☑ WZF x __ ☐ Other: _____

| Date | Signature | Print Name | Designation | Initials |
|---|---|---|---|---|
| 15/10/10 | [signature] | A. le Gal | SG PT | ALG |
| | | | | |
| | | | | |

Patients Name: Catherine Honeyman CHI: 0102496145

Traffic light updated: Y ☐ N ☐ Mobility recommendation ~~2 e/c~~ 2 e/c

EMS completed: Y ☐ N ☑ Tinetti completed: Y ☐ N ☑ (if Y, see attached)

Stairs: Ind ☐ Sup ☑ AO1 ☐ AO2 ☐ Unable ☐

Number of stairs completed 1 Handrail used? Y ☐ N ☑

Walking Aid Documentations Completed: Y ☑ N ☐ Own aids ☐ N/A ☐

Physiotherapy discharge criteria met: Y ☑ N ☐ → Continued Rehab ☐

Follow-up Required: Y ☐ N ☑ Appointment / Referral Sent:

**Patient and Physiotherapist Expectations:**

Get. back (H)

**Additional treatment/comments/information:**

pt safe to go (H) – Declined HEP – prefers to use 2 e/c

P/ D/C fr PT A. Le Gal (SG PT)

**Problem List**

| Number | Problem | Date |
|---|---|---|
| 1 | None | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

**Patient Agreed Goals/Treatment Plan**

| Date | Goal | Timescale | Management Plan | Achieved? (initial/date) |
|---|---|---|---|---|
| | N/A | | | |
| | | | | |
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**Continuation**

| | | |
|---|---|---|
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| Date | Signature | Print Name | Designation | Initials |
|---|---|---|---|---|
| 15/10/20 | | A. Le Gal | SG PT | ALG |
| | | | | |
| | | | | |

## 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 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. Sign your full name clearly against each prescription entry.
4. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes.
5. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
6. 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).

7. 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.00548 Ver 8, 01/2009

## PRESCRIPTION FORM

Hospital Name: .....

### PATIENT DETAILS

ar
Hi
SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
SGOW
1 2LN
01/02/1949
CHI 0102496145

area:
writing discharge
prescription: __/__/__

ate of Admission: 14/10/10
Ward:
onsultant Name: Mr Charn

ate and time this form prepared: 14/10/10 Time: _____
Sheet No .....
2nd Prescription in use Yes or NO

### DRUG SENSITIVITIES

/T Risk on Admission (SIGN Guideline)
gh ☐ Moderate ☐ Low ☐
sessed by: Date: __/__/__

### OTHER CHARTS IN USE

ulin ☐
A and other infusions ☐
ticoagulants: Heparin ☐ Oral ☐
pical: ☐
TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF PRESCRIBER | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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PATIENT'S NAME:

ADMINISTRATION

## Parenteral Drugs: Regular Prescription

DATE →

MONTH →

**A** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**B** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**C** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**D** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

## Parenteral Drugs: Regular Prescription

DATE →

MONTH →

**E** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**F** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**G** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**H** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

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:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**J** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**K** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**L** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**M** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**N** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**P** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**R** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

**S** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

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

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inappropriate omission or double dosing is avoided.

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

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 PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**V** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**W** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**X** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS 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: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**AA** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**BB** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**CC** DRUG

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

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS 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:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

**DD** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**EE** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**FF** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**GG** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

## Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

**HH** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**JJ** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**KK** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

**LL** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS 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: Tramadol — DOSE: 50mg — ROUTE: PO — INDICATION: Pain — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY: 4-6° pm — DATE: 14/10 — STOPPED DATE: — INITIALS: — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | 13/10 | 15/10 | 16/10 |
| TIME | 23:30 | 08:20 | 10:10 |
| DOSE | 50 | 50 | 50mg |
| GIVEN BY | [illegible] | [illegible] | [illegible] |

**NN** DRUG: Paracetamol — DOSE: 1 GRAM — ROUTE: PO — INDICATION: Pain — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY: 4-6° pm — DATE: 14/10 — STOPPED DATE: — INITIALS: — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | 13/10 | 15/10 | |
| TIME | 23:30 | 10:10 | |
| DOSE | 1g | 1g | |
| GIVEN BY | [illegible] | [illegible] | |

**PP** DRUG: Morphine — DOSE: 5-10mg — ROUTE: IV — INDICATION: Pain — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY: 1° prn — DATE: 14/10 — STOPPED DATE: — INITIALS: — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | 8/10 | 9/10 | |
| TIME | 02:15 | 06:20 | |
| DOSE | 10mg | 10mg | |
| GIVEN BY | [illegible] | [illegible] | |

**RR** DRUG — DOSE — ROUTE — INDICATION — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY — DATE — STOPPED DATE — INITIALS — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| GIVEN BY | | | |

**SS** DRUG — DOSE — ROUTE — INDICATION — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY — DATE — STOPPED DATE — INITIALS — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| GIVEN BY | | | |

**TT** DRUG — DOSE — ROUTE — INDICATION — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY — DATE — STOPPED DATE — INITIALS — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| GIVEN BY | | | |

**VV** DRUG — DOSE — ROUTE — INDICATION — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY — DATE — STOPPED DATE — INITIALS — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| GIVEN BY | | | |

**WW** DRUG — DOSE — ROUTE — INDICATION — SIGNATURE OF PRESCRIBER — MAX.FREQUENCY — DATE — STOPPED DATE — INITIALS — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | | |
|---|---|---|---|
| DATE | | | |
| TIME | | | |
| DOSE | | | |
| 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.

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

## rse/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)

authorise nurse/midwife administration of the medicines included in the nurse/midwife administration

protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

| ATE | 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

## PRESCRIPTION FORM

Hospital Name: .....

### PATIENT DETAILS

Height:

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
OW
LN 01/02/1949
CHI 0102496245

ight:

urface area:

Date of writing discharge prescription: __/__/__

te of Admission: 11.02.08

nsultant Name: DR ASGHAR

Ward: 12A

te and time this form prepared: __/__/__ Time: _____

Sheet No .....

2nd Prescription in use: Yes or NO

### DRUG SENSITIVITIES

NKDA

VT Risk on Admission (SIGN Guideline)

igh ☐ Moderate ☐ Low ☐

ssessed by: Date: __/__/__

### OTHER CHARTS IN USE

| | | | |
|---|---|---|---|
| sulin | ☐ | TPN: | ☐ |
| CA and other infusions | ☐ | Enteral Nutrition: | ☐ |
| nticoagulants: Heparin | ☐ | Oxygen Therapy: | ☐ |
| Oral | ☐ | Other: | |
| pical: | ☐ | | |

### ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF DOCTOR | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

PATIENT'S NAME:

ADMINISTRATION

## Parenteral Drugs: Regular Prescription

DATE

MONTH

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

**A** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**B** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**C** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**D** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

## 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 — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**F** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**G** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**H** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

'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:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE: 11 12
MONTH: 2 2

**J** DRUG: Aspirin
DOSE: 75 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ GL / 1200-1400 / 1600-1800 / 2200-2400 / Other time

**K** DRUG: Simvastatin
DOSE: 40 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400: GL / Other time

**L** DRUG: Atenolol
DOSE: 25 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ CB GL / 1200-1400 / 1600-1800 / 2200-2400 / Other time

**M** DRUG: Bendroflumethiazide
DOSE: 2.5 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ CB GL / 1200-1400 / 1600-1800 / 2200-2400 / Other time

## Oral and Other Drugs: Regular Prescriptions

DATE: 11 12
MONTH: 2

**N** DRUG: Fluoxetine
DOSE: 20 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ / 1200-1400 / 1600-1800 / 2200-2400 / Other time

**P** DRUG: Omeprazole
DOSE: 20 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ CB GL / 1200-1400 / 1600-1800 / 2200-2400 / Other time

**R** DRUG: Pregabalin
DOSE: 75 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ CB GL / 1200-1400 / 1600-1800 / 2200-2400: ✓ CB / Other time

**S** DRUG: Tramadol
DOSE: 50 mg | ROUTE: O | DATE: 11/2 | STOPPED DATE: | STOPPED INITIALS:
SIGNATURE OF DOCTOR: CB
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY
Other time / 0700-0900: ✓ GL / 1200-1400 / 1600-1800 / 2200-2400: CB / Other time

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:

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:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**V** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**W** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**X** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — 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 — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**AA** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**BB** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**CC** DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF DOCTOR — 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 on [illegible]**

PATIENT'S NAME:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

**DD** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**EE** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**FF** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**GG** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

## Oral and Other Drugs: Regular Prescriptions

DATE →

MONTH →

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

**HH** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**JJ** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**KK** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

**LL** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR DOCTORS USE ONLY →

...he 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadv... ...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: GTN | | STOPPED DATE: | | DATE |
| DOSE: 2puffs | ROUTE: SL | INDICATION: chest pain | INITIALS: | | TIME |
| SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: PRN | | DATE: 11/2 | | DOSE |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY |

| | | | | | |
|---|---|---|---|---|---|
| NN | DRUG | | STOPPED DATE: | | DATE |
| DOSE | ROUTE | INDICATION | INITIALS: | | TIME |
| SIGNATURE OF DOCTOR | MAX.FREQUENCY | | DATE: | | DOSE |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY |

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

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

| | | | | | |
|---|---|---|---|---|---|
| SS | DRUG | | STOPPED DATE: | | DATE |
| DOSE | ROUTE | INDICATION | INITIALS: | | TIME |
| SIGNATURE OF DOCTOR | MAX.FREQUENCY | | DATE: | | DOSE |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY |

| | | | | | |
|---|---|---|---|---|---|
| TT | DRUG | | STOPPED DATE: | | DATE |
| DOSE | ROUTE | INDICATION | INITIALS: | | TIME |
| SIGNATURE OF DOCTOR | MAX.FREQUENCY | | DATE: | | DOSE |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY |

| | | | | | |
|---|---|---|---|---|---|
| VV | DRUG | | STOPPED DATE: | | DATE |
| DOSE | ROUTE | INDICATION | INITIALS: | | TIME |
| SIGNATURE OF DOCTOR | MAX.FREQUENCY | | DATE: | | DOSE |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY |

| | | | | | |
|---|---|---|---|---|---|
| WW | DRUG | | STOPPED DATE: | | DATE |
| DOSE | ROUTE | INDICATION | INITIALS: | | TIME |
| SIGNATURE OF DOCTOR | MAX.FREQUENCY | | DATE: | | DOSE |
| ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY | | | | | GIVEN BY |

omission or double dosing is avoided.

'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that ina

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

Patient's name Catherine Honeymoon

Unit number SC994064 73 J

Ward CCU

*Use addressograph label.*

South Glasgow Hospitals

# Pressure Ulcer Risk Assessment Record

NHS Greater Glasgow and Clyde

Modified Waterlow Risk Assessment

Date: | | . | | . | | | | |

| | Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Initials | [illegible] | | | | | | | | | | | | | | |
| | Date | 11/02 | | | | | | | | | | | | | | |
| **Body weight for height:** | | | | | | | | | | | | | | | | |
| Average 0 · Above average 1 | | 1 | | | | | | | | | | | | | | |
| Obese 2 · Below 3 | | | | | | | | | | | | | | | | |
| **Continence:** | | | | | | | | | | | | | | | | |
| Completely / Catheterised 0 · Occasionally incontinent 1 | | 0 | | | | | | | | | | | | | | |
| Catheterised / Incontinent of faeces 2 · Doubly incontinent 3 | | | | | | | | | | | | | | | | |
| **Skin type - Visual risk areas:** | | | | | | | | | | | | | | | | |
| Healthy 0 | | 0 | | | | | | | | | | | | | | |
| Tissue paper/Dry 1 | | | | | | | | | | | | | | | | |
| Oedematous/Clammy (temp. raised) 1 | | | | | | | | | | | | | | | | |
| Discoloured 2 | | | | | | | | | | | | | | | | |
| Broken spot 3 | | | | | | | | | | | | | | | | |
| **Mobility:** | | | | | | | | | | | | | | | | |
| Fully 0 · Restless/Fidgety 1 | | 3 | | | | | | | | | | | | | | |
| Apathetic 2 · Restricted 3 | | | | | | | | | | | | | | | | |
| Inert/Traction 4 · Chairbound 5 | | | | | | | | | | | | | | | | |
| **Sex/Age:** | | | | | | | | | | | | | | | | |
| Male/Female 1/2 · 14-49 1 | | 2 | | | | | | | | | | | | | | |
| 50-64 2 · 65-74 3 | | | | | | | | | | | | | | | | |
| 75-80 4 · 80+ 5 | | 2 | | | | | | | | | | | | | | |
| **Appetite:** | | | | | | | | | | | | | | | | |
| Average 0 · Poor 1 | | 0 | | | | | | | | | | | | | | |
| N.G. tubes/fluids only 2 · NBM / Anorexic 3 | | | | | | | | | | | | | | | | |
| **Special risks - Tissue malunitrition:** | | | | | | | | | | | | | | | | |
| e.g. Terminal cachexia 8 | | | | | | | | | | | | | | | | |
| Cardiac failure 5 | | | | | | | | | | | | | | | | |
| Peripheral vascular disease 5 | | | | | | | | | | | | | | | | |
| Anaemia 2 | | | | | | | | | | | | | | | | |
| Smoking 1 | | | | | | | | | | | | | | | | |
| **Neurological deficit:** | | | | | | | | | | | | | | | | |
| e.g. Diabetes, MS, CVA, Motor-sensory paraplegia 4-6 | | | | | | | | | | | | | | | | |
| **Major surgery /trauma:** | | | | | | | | | | | | | | | | |
| Orthopaedic; Below waist; Spinal 5 | | | | | | | | | | | | | | | | |
| On table > 2 hours 5 | | | | | | | | | | | | | | | | |
| **Medication:** | | | | | | | | | | | | | | | | |
| Cytotoxics; Highdose steroids; Anti-inflamatory 4 | | | | | | | | | | | | | | | | |
| **TOTAL SCORE:** | | 8 | | | | | | | | | | | | | | |

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

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

SHEET NUMBER

URINE TEST SHEET

SURNAME (Block Letters)
MR.
MRS.
MISS

REGISTRATION NUMBER

SG99406473
CATHERINE HONEYMAN
10 MELVILLE STREET
0/2
GLASGOW 01/02/1949
G41 2LN CHI 0102496145

| DATE | REACTION | SPECI GRAV | | | | SUGAR | ACETONE | BLOOD | BILE | |
|---|---|---|---|---|---|---|---|---|---|---|
| 11/2/18 | PH 5.0 | 1010 | — | — | — | — | — | — | — | NAD |

FORM 0184804

## Pain Assessment & Management Guidelines

How to score pain: 0 (No Pain) — 10 (Worst Pain Imagineable)

| Pain Score: | | Action: |
|---|---|---|
| 0 | NONE | Continue to assess pain with every set of observations (must be at least daily). |
| 1-3 | MILD | Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review. |
| 4-6 | MODERATE | Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review. |
| 7-10 | SEVERE | Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review. |

### Guidelines

**Cancer-related pain:** Always score the worst pain in the last 24hours or since last assessment.

**FOR PERSISTANT MODERATE PAIN (4 OR ABOVE) WHICH DISTRESSES THE PATIENT:**

Use Cancer Pain Management Algorithm in Palliative Care Resource File. This is distributed to all wards and is also accessible on the intranet. If no improvement in pain score contact hospital palliative care team on page **1266** at SGH and page **5742** at VI.

Out of hours advice can be obtained from the Prince and Princess of Wales Hospice on **0141 420 6785.**

**Acute pain:** Score current pain on movement e.g. deep breathing

**PERSISTENT SEVERE PAIN (7 OR ABOVE), WHICH DISTRESSES THE PATIENT:**

Use Acute Pain Manual - distributed to all Operating Theatres areas and Surgical wards throughout Division. Also accessible on Intranet (via anaesthetic department homepage)

If no improvement in pain score contact CNS Pain Management on page **1186/1157** at SGH and page **3404/3101** at VI. On Call anaesthetist page **1658** at SGH and **3004** at VI.

## Measuring Sedation

**The SEWS system uses the AVPU scoring system for conscious level. AVPU is an acronym for Alert, Verbal Pain, Unresponsive. The AVPU system relates to the previous sedation scale as follows:**

| Sedation | Descriptor | AVPU |
|---|---|---|
| 0 | Awake | A |
| 1 | Asleep, roused by speech | V |
| 2 | Physical stimulation (eg shaking) required to waken | P |
| 3 | Not roused by speech or shaking | U |

## Measuring Nausea

Is now recorded as 0 for no nausea or vomiting, N for nausea and V for vomiting
For persistent nausea and/or vomiting see clinical handbook or acute pain manual.

## NB: Review Treatment Plan

**If Temp>38** blood cultures ☐ other cultures ☐ Start antibiotic therapy if indicated

**If Systolic BP<100** Review monitoring (cardiac/oximetry/urine output/invasive BP etc)
IV Access
Review patient/drug kardex. Consider fluid challenge ⟶ Definitive Therapy

Consider:

| Hypovolaemia | Cardiac | Obstructive | Distributive |
|---|---|---|---|
| *Dehydration* | *Arryhthmia* | *PE* | *Sepsis* |
| *Blood loss* | *Pump failure* | *Tamponade* | *Anophylaxis* |

**If Pulse>130** Review monitoring
IV Access
Review patient/ECG/electrolytes ⟶ Definitive Therapy

**If $O_2$ sats <93%** Review probe ? accurate
Review patient ⟶ prescribe oxygen on kardex if indicated.

**If RR>24** Review patient/CXR +/- gases/PEF etc ⟶ Definitive Therapy

**If responds to pain only or unresponsive** Assess airway, BM GCS, consider neuro obs chart, review patient/kardex.

## South Glasgow Hospitals

NHS Greater Glasgow and Clyde

STANDARDISED EARLY WARNING SCORING SYSTEM (SEWS)

Patient Observation Chart

Name Catherine Hoeyman AFFIX PATIENT ID

Address

Hospital No.

DOB

| | Date | Ward | Consultant |
|---|---|---|---|
| Admitted | 11/2/08 | A+E | |
| Transferred | | | |
| Transferred | | | |
| Transferred | | | |

This is Chart Number (1) during this admission

All seven parameters must be assessed with each set of observations to obtain an accurate SEWS score.
If a patient has abnormal vital signs please pay particular attention to scoring for urine output.

### How to calculate SEWS Score

- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS Key.
- Add points scored and record total "Sews Score" in bottom row of chart.
- Respiratory rate — Write numerical value in appropriate box
- Saturation Sp02 — Write numerical value in appropriate box
- Inspired Oxygen — If the patient's saturation is recorded on air please write A in appropriate box. If patient is on oxygen therapy, please document the amount in appropriate box.
- Temperature — Write numerical value in appropriate box
- Blood pressure — Write numerical values for systolic and diastolic pressure in appropriate box. Remember only the systolic value is considered for the SEWS Score.
- Heart rate — Write numerical value in appropriate box
- Neuro Response — Record patient's best response. If the patient is asleep or demonstrates new confusion, award the same score as verbal response.
- Urine Output — Check that patient has voided urine recently. If yes write PU in box provided. If no write NPU in box provided.
- Urine Output — Check if the patient has passed the equivalent of or more than 30mls/hour for the last three consecutive hours. If yes score 0 in box provided. If no score 3 in box provided and add to total SEWS score.
- SEWS Score — Add up scores for all 7 parameters and write in box provided. If the patient merits an aggregate score of 0 please write 0 in the SEWS score box. Action as per guidelines below.

**SEWS KEY**

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| | | | |

SEWS 0-1: Routine observations
SEWS 2-3: Hourly observations and inform nurse in charge
SEWS 4+: Contact PRHO immediately. SHO or more senior doctor must be informed by Junior Doctor. Please record action taken in Nursing Notes

**FURTHER SEWS SCORE SHOULD BE CHECKED**

- In the event of a sudden worrying *Change*
- If there is a worsening *Trend*
- If concerned the patient looks *Unwell*

The frequency of SEWS scoring is determined by the previous SEWS Score. If the patient continually scores 0-1, the nurse caring for the patient should determine frequency of observations.

A full set of observations and SEWS score should still be carried out.

If SEWS continually 0-1 frequency of observations:

| Date | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Frequency | | | | | | | | | | | | |

SEWS KEY

| 0 | 1 | 2 | 3 |
|---|---|---|---|

NAME Cacheene Honeyman DOB 01/02/49

UNIT No. 5G9940647 3

SEWS KEY

| 0 | 1 | 2 | 3 |
|---|---|---|---|

Date: 11/2 11-2 OA 12/2

Time: 0730 1140 1534 2100 0400

RESP. RATE: 36+ / 31-35 / 21-30 / 9-20 / ≤8 — 17 — 16 16 — o o

SpO2 Numerical Value: 93+ / 90-92 / 85-89 / <85 — 100 — 96 98 — o 97

Inspired O2%: % — AIR — 2L NC — NC

TEMP.: 39° / 38° / 37° / 36° / 35° / 34° — 36.3 36.6 — 36.1

BLOOD PRESSURE: 210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 — 127 — 135 — 96 — 85 — 96 94

SEWS SCORE uses Systolic BP

HEART RATE: 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30 / 20 — 76 84 — 90

NEURO RESPONSE: Alert / Verbal / Pain / Unresponsive — A — A — A

URINE OUTPUT: PU/NPU: UO<30ml/hr (3 hrs +) — PU

SEWS SCORE: with all observations — 0 0 1

PAIN refer to: Severe 7-10 / Moderate 4-6 / Mild 1-3 / 0.

Date:

Time:

36+ / 31-35 / 21-30 / 9-20 / ≤8

93+ / 90-92 / 85-89 / <85

%

39° / 38° / 37° / 36° / 35° / 34°

210 / 200 / 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40

150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40 / 30 / 20

Alert / Verbal / Pain / Unresponsive

PU/NPU: UO<30ml/hr

7-10 / 4-6 / 1-3 / 0.

## 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.**

   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

## PRESCRIPTION FORM

Hospital Name: .....

### PATIENT DETAILS

<CLIENTNO> 0102496145 Sex: F
Honeyman Catherine
10 Melville Street
Glasgow
G N
D /02/1949 GP Prac: 49074 MS: M

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Date of Admission: __/__/__

Consultant Name:

Ward: MAU

| Date and time this form prepared: | Sheet No | 2nd Prescription in use |
|---|---|---|
| 4/2/4 Time:_____ | ..... | Yes or NO |

### DRUG SENSITIVITIES

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

### OTHER CHARTS IN USE

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

### ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF DOCTOR | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| 4/2 | clexane | 40mg | SC | | | MM | 1725 |
| 4/2/4 | Diamorphine | 5mg | IV | 1845 | | | 1855 |
| 4/2/4 | Metoclopramide | 10mg | IV | 1845 | | | 1855. |
| | | | | | | | |
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| | | | | | | |

PATIENT'S NAME:

ADMINISTRATION

## Parenteral Drugs: Regular Prescription

DATE → 6 5 15 18
MONTH → 2 2 2 2

**A** DRUG diazepam

DOSE 90m | ROUTE SC | DATE 5/2 | STOPPED DATE: | INITIALS:

SIGNATURE OF DOCTOR

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY 1.5ml/hr

FOR DOCTORS USE ONLY

Other time
0700-0900 X 0 NH NH
1200-1400
1600-1800
2200-2400
Other time

**B** 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

**C** 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

**D** 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

## 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

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

**F** 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

**G** 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

**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

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: Catharine Honeyman

## Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE: 4 5 6 7 8
MONTH: 12 2 2 2 2

**J** DRUG: Tramadol
DOSE: 2mg · ROUTE: O · DATE: 4/2 · STOPPED DATE: · INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: TRAMADOL SR.
FOR DOCTORS USE ONLY

Other time
0700-0900 — C (B) CH Lunch CH
1200-1400
1600-1800
2200-2400 — (D) AR AR AR
Other time

**K** DRUG: Omeprazole
DOSE: 2mg · ROUTE: O · DATE: 4/2 · STOPPED DATE: · INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time
0700-0900 — C (B) CH Lunch CH
1200-1400
1600-1800
2200-2400
Other time

**L** DRUG: DIAZEPAM
DOSE: 2mg · ROUTE: O · DATE: 4/2/4 · STOPPED DATE: · INITIALS:
SIGNATURE OF DOCTOR:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
FOR DOCTORS USE ONLY

Other time
0700-0900 ✓ — X (B) CH Lunch CH
1200-1400 ✓ — X (B) CH Lunch CH
1600-1800
2200-2400 ✓ — (D) AR AR AR
Other time

**M** 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

## 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

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:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**T** 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

**V** 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

**W** 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

**X** 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

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

**Y** 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

**AA** 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

**BB** 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

**CC** 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

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:

ADMINISTRATION

## Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

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

**DD** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**EE** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**FF** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**GG** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

## Oral and Other Drugs: Regular Prescriptions

**HH** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**JJ** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**KK** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR DOCTORS USE ONLY

**LL** DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF DOCTOR | 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: GTN Spray | DOSE: 2 puffs | ROUTE: SL | INDICATION: [illegible] | SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: PRN | DATE: 4/12 | STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: GTN spray maximum 3 doses

| DATE | TIME | DOSE | GIVEN BY |
|---|---|---|---|
| 4/12 | 08:30 | 2 puffs | [illegible] |
| 5/4 | 18:35 | 2 puffs | [illegible] |

**NN** DRUG: Gaviscon | DOSE: 10mls | ROUTE: O | INDICATION: heartburn | SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: PRN | DATE: 4/12 | STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

**PP** DRUG: DIAMORPHINE | DOSE: 2.5-5mg | ROUTE: IV | INDICATION: pain | SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: PRN | DATE: | STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| DATE | TIME | DOSE | GIVEN BY |
|---|---|---|---|
| 5/2 | 21:10 | 2.5mg | [illegible] |

**RR** DRUG: METOCLOPRAMIDE | DOSE: 10mg | ROUTE: IV | INDICATION: nausea | SIGNATURE OF DOCTOR: [signature] | MAX.FREQUENCY: 8hly | DATE: | STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| DATE | TIME | DOSE | GIVEN BY |
|---|---|---|---|
| 5/2 | 21:10 | 10mg | [illegible] |

[redacted]

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

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

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

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

| DATE | TIME | DOSE | 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.

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

CATHERINE HONEYMAN

TIME

8 2 6 10 8 2 6 10 8 2 6 10 8 2 6 10 8 2 6 10 8 2 6 10 8 2 6 10

PEAK FLOW

600 575 550 525 500 475 450 425 400 375 350 325 300 275 250 225 200 175 150 125 100 75 50 25 0

PEAK FLOW

| Date | 7/2/14 | Date | / / | Date | / / | Date | / / | Date | / / | Date | / / | Date | / / |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. | Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. | Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. | Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. | Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. | Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. | Nebuliser Use | 4-6hr | As req'd. | Stop Nebs. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | 8 | 2 | 6 | 10 | 8 | 2 | 6 | 10 | 8 | 2 | 6 | 10 | 8 | 2 | 6 | 10 | 8 | 2 | 6 | 10 | 8 | 2 | 6 | 10 | 8 | 2 | 6 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $SaSO_2$ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| $FIO_2$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# ASTHMA DISCHARGE PLANNER

Surname

First Name DoB / /

Address

Post Code

Date of Admission: _____

Date of Discharge: _____

Cause of exacerbation: _____

_____

Peak flow on admission: _____

Peak flow on discharge: _____ (max)

Inhaled steroid dose on admission: _____ ugs.

**Consultant:** _____

**GP Name:** _____

Address _____

_____

**Copy sent** ❑

## DISCHARGE ASTHMA DRUGS

Prednisolone _____ mg

Reducing to _____ mg

| | *NAME* | *FREQUENCY* |
|---|---|---|
| Beta agonist: | _____ | _____ |
| Inhaled steroid: | _____ | _____ |

Other:

_____

_____

_____

_____

_____

Follow-up *(Number of weeks)*

_____

## PATIENT EDUCATION

| | *Yes* | *No* |
|---|---|---|
| Inhaler technique satisfactory: | ❑ | ❑ |
| Peak flow to be checked at home: | ❑ | ❑ |

**EDUCATION GIVEN**

| | | |
|---|---|---|
| Recognising exacerbation: | ❑ | ❑ |
| Action to be taken: | ❑ | ❑ |
| Written Self-Management Plan: | ❑ | ❑ |

NOTES

VICTORIA INFIRMARY N.H.S. TRUST • MEDICAL ILLUSTRATION • 1196PM

South Glasgow University Hospitals NHS Trust
The Victoria Infirmary

NHS Greater Glasgow

# TPR RECORD CHART

| SURNAME (Block Letters) Mr Mrs Miss | FIRST NAMES (Block Letters) | AGE | Date of Admission | UNIT NUMBER |
|---|---|---|---|---|
| Honeyman | Catherine | | 4/2/04 | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | 6/4 | 7/4 | | | | | | | | | | | | | |
| Post-op Date | 7AM | 8AM | | | | | | | | | | | | | |
| TEMPERATURE 41 | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | |
| 39 | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | | | |
| $FiO_2$ | AIR | 2 2L | AIR | | | | | | | | | | | | |
| $SaO_2$ | 97% | 99% | 99% | | | | | | | | | | | | |
| PULSE AND BLOOD PRESSURE 210 | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | |
| 190 | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | |
| 170 | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | |
| 110 | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | |
| RESPIRATION 40 | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| Number of Stools | 1 | 1 | | | | | | | | | | | | | |

19164607 VIC 626
MEDICAL ILLUSTRATION • MEDICINE • 5484

THE VICTORIA INFIRMARY

TPR CHART

Name Catherine Honeyman

Address

Unit Number

Date of Birth

Sex/ Civil state

Occupation

| Date | 03/12 | | 4/2 | | | | | 4/2/04 | 5-24 → | | 5/2/04 | 5/2 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Post Op Date | OP | 2300 | | | | 1335 | 1715 | 1845 | 2AM | 6AM | 1030 | 2030 | 2100 | 2300 |

TEMPERATURE °C: 42, 41, 40, 39, 38, 37, 36, 35, 34

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

RESPIRATION

No. of Stools

TRANSFER WARD 7

FORM 91164736 VIC 629

SHEET NUMBER

# THE VICTORIA INFIRMARY

URINE TEST SHEET

SURNAME (Block Letters) MR. MRS. MISS: Honeyman

FIRST NAMES (Block Letters): Catherine

REGISTRATION NUMBER

| DATE | REACTION | SPECIFIC GRAVITY | COLOUR | DEPOSIT | ALBUMIN | SUGAR | ACETONE | BLOOD | BILE | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5/2 | PH5 | 1.015 | Clear | — | — | — | — | — | — | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | |

HOSPITAL

I SCRIPTION SHEET No.

**GULAR PRESCRIPTIONS – INJECTIONS**

| macy Use | | Date Started | MEDICINE (Block Capitals) | DOSE | ROUTE | TIMES FOR ADMINISTRATION am 6 | am 8 | am 10 | mid 12 | pm 2 | pm 4 | pm 6 | pm 10 | pm 12 | Other Times | Prescribers Signature (Full) | DISCONTINUED Date | Signed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | | | | | | | | | | | | | | | | | |
| | B | | | | | | | | | | | | | | | | | |
| | C | | | | | | | | | | | | | | | | | |
| | D | | | | | | | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | | | |
| | F | | | | | | | | | | | | | | | | | |
| | G | | | | | | | | | | | | | | | | | |

**GULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED**

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H | 25/3/11 | PAROXETINE | 20mg | oral | | ✓ | | | | | | ✓ | | | Paul Lee | | |
| | J | 25/3/11 | ZOLPIDEM WITHOLD | 10mg | oral | | | | | | | | ✓ | | | Paul Lee | | |
| | K | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | |
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**CE ONLY PRESCRIPTIONS**

| IVEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
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**DIET**

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

| | | | |
|---|---|---|---|
| TOTAL PARENTERAL NUTRITION | | | |
| INSULIN | | FLUID/ADDITIVE | |
| ORAL ANTICOAGULANT | | ANAESTHETIC | |
| TOPICAL APPLICATION | | VARIABLE DOSE | |

**IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.**

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1. | |
| 2. | |

KNOWN MEDICINE SENSITIVITIES 1.

| RD | NAME OF PATIENT | AGE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|---|---|---|---|---|---|---|
| ) | Catherine Honeyman | 50 | | | | Dr Rooney |

HOSPITAL

# MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

| REGULAR PRESCRIPTIONS | | | | | | | | | | | | | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | | | |
| 26/3/26 | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | | | Ⓐ withheld as instructed. |
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NAME: Catherine Honeyman

UNIT NUMBER:

WARD: 10

KEY: CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MR 1060

HOSPITAL

# DICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | |
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NAME: Catherine Honeyman

UNIT NUMBER:

WARD: 10

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MR1 1090

HOSPITAL

PRE RIPTION SHEET No. 2

| ULAR PRESCRIPTIONS – INJECTIONS | | | DOSE | ROUTE | TIMES FOR ADMINISTRATION | | | | | | | | | Prescribers Signature (Full) | DISCONTINUED | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| by Use | Date Started | MEDICINE (Block Capitals) | | | am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 10 | pm 12 | Other Times | Date | Signed |
| | A | | | | | | | | | | | | | | | |
| | B | | | | | | | | | | | | | | | |
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ULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H 050295 | CARBOCAINE | 2 to 3 | oral | | ONLY | TO | BE | GIVEN | (pm) | TILDEN | | | | | |
| | J 070298 | PONSTAN | 500mg | oral | | ONLY | TO | BE | GIVEN | (pm) | TILDEN | | | | | |
| | K | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | |
| | M | | | | | | | | | | | | | | | |
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| ONLY PRESCRIPTIONS | | | DIET | | | | |
|---|---|---|---|---|---|---|---|
| WEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
| | 8am | Temazepam | 20mg | O | | | 8am |
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PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

| | | | |
|---|---|---|---|
| TOTAL PARENTERAL NUTRITION | | | |
| INSULIN | | FLUID/ADDITIVE | |
| ORAL ANTICOAGULANT | | ANAESTHETIC | |
| TOPICAL APPLICATION | | VARIABLE DOSE | |

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1. | |
| 2. | |

| NAME OF PATIENT | AGE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|---|---|---|---|---|---|
| CATHERINE HONEYMAN | | | | 406473 | DR KRASZEWSKI |

KNOWN MEDICINE 1.

R2

GREATER GLASGOW HEALTH BOARD

[redacted]

HOSPITAL

# EDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | |
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A LEGIBLE ENTRY MUST BE MADE IN EVERY BOX. CODE FROM PRESCRIPTION SHEET

NAME: CATHERINE HONEYMAN

UNIT NUMBER: 406473

WARD: 1 ED

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

GREATER GLASGOW HEALTH BOARD

HOSPITAL

M ICINE RECORDING SHEET No.

| DATE | REGULAR PRESCRIPTIONS | | | | | | | | | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | | |
| | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | |
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NAME: CATHERINE HONEYMAN

UNIT NUMBER: 606473

WARD: 15

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MR1 10/90

HOSPITAL

F SCRIPTION SHEET No.

**EGULAR PRESCRIPTIONS – INJECTIONS**

| rmacy Use | Date Started | MEDICINE (Block Capitals) | DOSE | ROUTE | TIMES FOR ADMINISTRATION: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 10 | pm 12 | Other Times | Prescribers Signature (Full) | DISCONTINUED: Date | Signed |
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**EGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 hrly 24 hrly | H 25/9/93 | COPROXAMOL | 2 tabs | oral | 4 | hourly | as | req'd | Pain | pain | | | | DLucas | | | |
| | J | | | | | | | | | | | | | | | | |
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**NCE ONLY PRESCRIPTIONS**

| EGIVEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
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**DIET**

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

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|---|---|---|---|
| TOTAL PARENTERAL NUTRITION | | | |
| INSULIN | | FLUID/ADDITIVE | |
| ORAL ANTICOAGULANT | | ANAESTHETIC | |
| TOPICAL APPLICATION | | VARIABLE DOSE | |

**IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.**

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1. | |
| 2. | |

| ARD | NAME OF PATIENT | AGE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|---|---|---|---|---|---|---|
| 9 | CATHERINE HONEYMAN | 44 | | | S48200 | MR PICKFORD |

KNOWN MEDICINE SENSITIVITIES: 1.

GREATER GLASGOW HEALTH BOARD

HOSPITAL

EDICINE RECORDING SHEET No.

| REGULAR PRESCRIPTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 6 a.m. | | | 8 a.m. | | | 10 a.m. | | | 12 m.d. | | | 2 p.m. | | | 4.p.m. | | | 6 p.m. | | | 10 p.m. | | | 12 m.n. | | | OTHER TIMES | | | | | | |
| 20/6/13 | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | | | HO 2.05pm<br>HO 10.40pm A.M. |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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NAME: CATHERINE HONEYMAN

UNIT NUMBER: 548200

WARD: 9

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

TR

ST

TPR CHART

Name 548200
HONEYMAN CATHERINE
Addre 10 MELVILLE ST F
GLASGOW M
01/02/49
G41 2LN G.P.Prac.49074

548200 Unit Number
Date of Birth
F Sex/ Civil state
Occupation

Date 19/9/2b 22/9/
Post Op Date 0 (Th)

TEMPERATURE C
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150
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80
70

RESPIRATION
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50
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30
20
10

No. of Stools 0

FORM J0750

**GREATER GLASGOW HEALTH BOARD** **TPR CHART**

Name CATHERINE HONEYMAN.

Address

Unit Number

Date of Birth

Sex/ Civil state

Occupation

| Date | 7/3 | 8/3 | 9/3 | 10.3 | 11.3 | 12.3 | 13/3 | 14/3 | 15/3 | 16/3 | 17/3 | 18/3 | 19.3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Post Op Date | O/A. | | | 10am | | TH. | 1 | 2 | 3 | 4 | 5 | | 7 |

TEMPERATURE °C

42 41 40 39 38 37 36 35 34

PULSE

O/A 10am 9/3. 10/3 11/3 TH. 1 14/3. 2 3 16/3 4 17/3 5 18/3. 6 19.3

180 170 160 150 140 130 120 110 100 90 80 70 60

RESPIRATION

50 40 30 20 10

FORM 0228

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

AFFIX ADDRESSOGRAPH LABEL CATH HONEYMAN

RATE OF FLOW (Drops/Min) (Standard Giving Set) = VOL of FLUID (ML) × 15 (1 ml = 15 drops) / DURATION (mins)

APPROXIMATE RATE for 500 ml

1 hr = 120 drops/min — 6 hr = 22 drops/min
4 hr = 30 drops/min — 8 hr = 15 drops/min

| | PRESCRIPTION | | | | | | | | PREPARATION | | | ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | TIME & DATE ADDED | TIME BEGUN | ADMINIST BY |
| N | 12/3/92 | DEXTROSE 5% | 500 | | | IV | 4 | | 92A2718M | | | 5.10 pm | |
| O | | SALINE 0.9% | 500 | KCl | 20mmol | IV | 4 | | 91J53J 10X | | | 9.0 pm | |
| P | | DEXTROSE 5% | 500 | | | IV | 4 | Doreen Waite | 92A2718M | | | 11.55 pm | K. Doherty |
| Q | | SALINE 0.9% | 500 | | | IV | 4 | | 92A413BL | | | @5.40 am | K. Doherty |
| R | | DEXTROSE 5% | 500 | KCl | 20mmol | IV | 4 | 91J28BJ → | | | | 1030 pm | |
| S | | SALINE 0.9% | 500 | | | IV | 4 | 92A29BM → | | | | 8.25 pm | MMCK |
| T | 13/3/92 | DEXTROSE 5% | 500 | | | IV | 4 | Doreen Waite | | 92A27BM | | 9.00 am | MMCK |
| U | 13/3/92 | SALINE 0.9% | 500 | KCl | 20mmol | IV | 4 | Doreen Waite | | 91J28BJ | | 12PM | K. Doherty |
| V | 13/3/92 | DEXTROSE 5% | 500 | | | IV | 4 | Doreen Waite | | 92A27BM | | 4 am | |
| W | 13/3/92 | SALINE 0.9% | 500 | | | IV | 4 | Doreen Waite | 92A29BM | | | 8.30 AM | MMCK |
| X | 13/3/92 | DEXTROSE 5% | 500 | KCl | 20mmol | IV | 4 | Doreen Waite | | | | | |
| Y | | | | | | | | | | | | | |
| Z | | | | | | | | | | | | | |

**GREATER GLASGOW HEALTH BOARD**

**HOSPITAL**

**PRESCRIPTION SHEET No.**

**REGULAR PRESCRIPTIONS – INJECTIONS**

| Pharmacy Use | Date Started | MEDICINE (Block Capitals) | DOSE | ROUTE | TIMES FOR ADMINISTRATION: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 10 | pm 12 | Other Times | Prescribers Signature (Full) | DISCONTINUED: Date | Sig. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A 7/3/92 | STEMETIL | 12.5mg | IM | 6-8hourly for nausea | | | | | | | | | | Doreen Coats | | |
| REC: FOR MAX. OF 2 DAYS ONLY | B 7/3/92 | VOLTAROL | 75mg | IM | | | | | | | | | | | Doreen Coats | 17/3 | DC |
| CD | C 7/3/92 | PETHIDINE | 100mg | IM | 6 only for pain | | | | | | | | | | Doreen Coats | 13/3 | DC |
| | D | | | | | | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | | |
| | F | | | | | | | | | | | | | | | | |
| | G | | | | | | | | | | | | | | | | |

**REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H 9/3/92 | TEMAZEPAM | 10mg | ORAL | | | | | | | | If required | | | Doreen Coats | | |
| | J 15/3/92 | AUGMENTIN | 375mg | ORAL | | ✓ | | | ✓ | | | ✓ | | | Doreen Coats | | |
| REFERRING DR WILL INFORM GOD RE DOSE 5/24 HRLY | K 17/3/92 | PONSTAN FORTE | 500mg | ORAL | 6-8hourly for pain or three times daily | | | | | | | | | | Doreen Coats | | |
| = "CREMAFFIN" | L 18/3/92 | MILPAR | 10ml | ORAL | | | | | | | ✓ | | | | Doreen Coats | | |
| | M | | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | | |
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**ONCE ONLY PRESCRIPTIONS**

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
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**DIET**

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

| | | |
|---|---|---|
| TOTAL PARENTERAL NUTRITION | | |
| INSULIN | | FLUID/ADDITIVE |
| ORAL ANTICOAGULANT | | ANAESTHETIC |
| TOPICAL APPLICATION | | VARIABLE DOSE |

**IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.**

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1. | |
| 2. | |

KNOWN MEDICINE SENSITIVITIES: 1.

| WARD | NAME OF PATIENT | AGE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|---|---|---|---|---|---|---|
| 9 | CATHERINE HONEYMAN | 1/2/49 | | | | MR GILLESPIE |

GREATER GLASGOW HEALTH BOARD

HOSPITAL

EDICINE RECORDING SHEET No.

REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 17/3/92 | initial | J | initial | initial | J initial | 4 pm K initial | initial | H J K initial | initial | initial | L @ 5Am K at 4.40pm. |
| 18.3 | | J L | | | J initial | | K initial | H J | | | K @ 0520 hrs |
| 19.3.92 | | J K | | | J K | | L initial | H J K | | | |
| 20/3 | | J | | | | | | | | | |
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PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

NAME: CATHERINE HONEYMAN

UNIT NUMBER: 1/2/49

WARD: 9

KEY: CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

GREATER GLASGOW HEALTH BOARD

HOSPITAL

# EDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

## REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2/3/92 | Initial | Initial | Initial | Initial | Initial | Initial | Initial | C | Initial | Initial | C at 10.30pm. |
| 3/3/92 | | | | | | | | | | A B | A at 8 at 10.55am C@10am and |
| 9/3 | C | | | | | | | H | | | |
| 10/3 | | | | | | | | H | | | |
| 11/3 | | | | | | | | D | | | B+E@5.20pm. E@9.25pm. |
| 12/3 | | D | | | D | | | D | | G at 11.30pm | E at 12.10am B E at 3.10am 11am E at 6.40am E at 2.30pm. G at 6.20pm |
| 14/3 | | D | | | D | | | D H | | C at 10.40 | G at 11.30pm G at 1.25pm G at 3.40pm. G at 5.1 G at 8.10am G at 9pm HR |
| 15/3 | C | | J | | | | | H J | | | |
| 16/3 | J C | | | | I | | | H J | | | G at 8am KD |

NAME

UNIT NUMBER

WARD 9

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

SHEET NUMBER

# THE VICTORIA INFIRMARY OF GLASGOW

URINE TEST SHEET

SURNAME (Block Letters) MR. MRS. MISS Honeyman

FIRST NAMES (Block Letters) Catherine

REGISTRATION NUMBER

| DATE | REACTION | SPECIFIC GRAVITY | COLOUR | DEPOSIT | ALBUMIN | SUGAR | ACETONE | BLOOD | BILE |
|---|---|---|---|---|---|---|---|---|---|
| 8392 | ~~BHS~~ | 1030 | amber | – | – | – | trace | large +++ | – |

form 0772

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

AFFIX ADDRESSOGRAPH LABEL

CATHERINE HONEYMAN.

JMcC/912192

RATE OF FLOW (Drops/Min) = VOL of FLUID (ML) x 15 (1 ml = 15 drops) / DURATION (mins) (Standard Giving Set)

APPROXIMATE RATE for 500 ml

1 hr = 120 drops/min
4 hr = 30 drops/min
6 hr = 22 drops/min
8 hr = 15 drops/min

| | PRESCRIPTION | | | | | | | | PREPARATION | | | ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | TIME & DATE ADDED | TIME BEGUN | ADMINIST BY |
| A | 2/3/92 | (N) SALINE | 500 | | | IV | 4hr | Doreen Walsh | 91D04BD | | | 12.40 pm | AR |
| B | 2/3/92 | 5% DEXTROSE | 500 | | | IV | 4hr | Doreen Walsh | 92A27BM | | | 6.35 pm | [illegible] |
| C | | 5% DEXTROSE | 500 | KCL | 20mmol | IV | 4hr | Doreen Walsh | 91F25BA | | | 10.50 pm | [illegible] |
| D | | (N) SALINE | 500 | | | IV | 4hr | Doreen Walsh | 92A18BC | | | 2.00 Am | [illegible] |
| E | 2/3/92 | 5% Dextrose | 500 | | | IV | 4h | | 92A 27BM | | | 6.55 Am | [illegible] |
| F | 2/3/92 | 5% Dextrose | 500 | KCl | 20mmol | IV | 4h | [illegible] | 91F25BA | | | 12.35 pm | AR |
| G | 2/3/92 | N Saline | 500 | | | IV | 4h | | | | | 6.50 | [illegible] |
| H | 3/3/92 | 5% DEXTROSE | 500 | | | IV | 4h | | 92A 27BM | | | 10.50 pm | [illegible] |
| I | | 5% DEXTROSE | 500 | | | IV | 4h | [illegible] | 92A27BM | | | 2.30 | [illegible] |
| J | | N SALINE | 500 | | | IV | 4h | | 92A13BL | | | 7.45 | [illegible] |
| K | | 5% DEXTROSE | 500 | | | IV | 4h | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

SHEET NUMBER.

# THE VICTORIA INFIRMARY OF GLASGOW

URINE TEST SHEET

SURNAME (Block Letters) MR. ~~MRS.~~ ~~MISS~~ HONEYMAN

FIRST NAMES (Block Letters) CATHERINE

REGISTRATION NUMBER

| DATE | REACTION | SPECIFIC GRAVITY | COLOUR | DEPOSIT | ALBUMIN | SUGAR | ACETONE | BLOOD | BILE | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2/3/92 | P.W. | 1.020 | Amber | Nil | 0.3+ | -VE | -VE | -VE | \ | Murray |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | |

**GREATER GLASGOW HEALTH BOARD** **TPR CHART**

Name Catherine Honeyman.

Address

Unit Number

Date of Birth

Sex/ Civil state

Occupation

| Date | 2/3 | | 4/3 |
|---|---|---|---|
| Post Op Date | O/A | 10AM | 10AM |

**TEMPERATURE** °C: 42, 41, 40, 39, 38, 37, 36, 35, 34

**PULSE** 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

**RESPIRATION** 50, 40, 30, 20, 10

10AM

| No. of Stools | | 1 | 1 |
|---|---|---|---|

FORM PS1 10/90

# GREATER GLASGOW HEALTH BOARD

# HOSPITAL PRESCRIPTION SHEET No.

## REGULAR PRESCRIPTIONS – INJECTIONS

| Pharmacy Use | Date Started | MEDICINE (Block Capitals) | DOSE | ROUTE | TIMES FOR ADMINISTRATION: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 10 | pm 12 | Other Times | Prescribers Signature (Full) | DISCONTINUED Date | DISCONTINUED Signed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A 2/3/92 | PETHIDINE | 100mg | im | 4-Hrly as req for pain | | | | | | | | | | E/S | 2/3/92 | D Duck |
| | B 2/3/92 | STEMETIL | 12.5mg | im | 4 Hrly as req for nausea | | | | | | | | | | E/S | | |
| EC USE FOR 3 DAYS ONLY | C 2/3/92 | VOLTAROL | 75mg | IM | ✓ | | | | | | | ✓ | | | Douglas Duck | 4.3.92 | |
| | D | | | | | | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | | |
| | F | | | | | | | | | | | | | | | | |
| | G | | | | | | | | | | | | | | | | |

## REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H 3/3/92 | Temazepam | 10mg | oral | | | | | | | | ✓ | | | | | |
| | J 4/3/92 | co-proxamol | 2 tabs | ORAL | 4-6 hourly as required for pain | | | | | | | | | | D Duck | | |
| | K | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | |
| | M | | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | | |
| | O | | | | | | | | | | | | | | | | |
| | P | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | |
| | T | | | | | | | | | | | | | | | | |
| | V | | | | | | | | | | | | | | | | |

## ONCE ONLY PRESCRIPTIONS

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| 2/3/92 | 0100 | PETHIDINE | 50mg | IM | E/S | [illegible] | 0100 |
| | | | | | | | |
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## DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

| | | | |
|---|---|---|---|
| TOTAL PARENTERAL NUTRITION | | | |
| INSULIN | | FLUID/ADDITIVE | |
| ORAL ANTICOAGULANT | | ANAESTHETIC | |
| TOPICAL APPLICATION | | VARIABLE DOSE | |

**IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.**

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1. | |
| 2. | |

| WARD | NAME OF PATIENT | AGE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|---|---|---|---|---|---|---|
| 9 | [illegible] | [illegible] | | | | Gillespie |

KNOWN MEDICINE SENSITIVITIES 1.

GREATER GLASGOW HEALTH BOARD

HOSPITAL

# EDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

| REGULAR PRESCRIPTIONS | | | | | | | | | | | | | | | | | | | | | | | | OTHER TIMES | | | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | 6 a.m. | | | 8 a.m. | | | 10 a.m. | | | 12 m.d. | | | 2 p.m. | | | 4 p.m. | | | 6 p.m. | | | 10 p.m. | | | 12 m.n. | | | | | | |
| | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | | | Initial | Ae | B H 30 | Initial | C@8.40 am |
| 2/3 | | | | | | | C | | | | | | | | | | | | | | | | | | | | | | | |
| 3/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4/3/02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/4/02 | | | | J | | | | | | | | | | | | | | | | | | | | | | | | | | |
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NAME

UNIT NUMBER

WARD 9

KEY: CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. ✗ = PATIENT ABSENT

FORM MR1 10/90

FORM 0228

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

AFFIX ADDRESSOGRAPH LABEL

Catherine Honeyman

RATE OF FLOW (Drops/Min.) = VOL. of FLUID (ML) x 15 (1 ml = 15 drops)
(Standard Giving Set) DURATION (mins)

APPROXIMATE RATE for 500 ml

1 hr = 120 drops/min 6 hr = 22 drops/min
4 hr = 30 drops/min 8 hr = 15 drops/min

| | PRESCRIPTION | | | | | | | | PREPARATION | | | ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | TIME & DATE ADDED | TIME BEGUN | ADMINIST. BY |
| N | 16·2 | N SALINE | 500 | | | IV | 6hr | | 92A16BA | | ST | | |
| O | 17·2 | 5% DEXTROSE | 500 | | | IV | 6hr | J. Morrison | 92A06BS | | | 0730 am | Jolley |
| P | 17·2 | 5% DEXTROSE | 500 | | | IV | 6hr | | 92A06BS. | | | 9.30 AM | Arboles |
| Q | 17·2 | N SALINE | 500 | KCl | 20 | IV | 6hr | | 91503Pm. | | | 4pm | J. Mcan |
| R | 17·2 | 5% dextrose | 500 | | | IV | 6hr | | 92A06BS | | | 20 11pm | GMG. |
| S | 17·2 | 5% dextrose | 500 | | | IV | 6hr | J. Morrison | 92A06BS | | | 15 6am | Deburkley |
| T | 18·2 | N Saline | 500 | KCl | 20 | IV | 6hr | | 911=07 | BL | | 11.15p | JMc |
| U | 18·2 | 5% dextrose | 500 | | | IV | 6hr | | | | | | |
| V | 18·2 | 5% dextrose | 500 | | | IV | 6hr | | | | | | |
| W | 19·2 | N Saline | 500 | KCl | 20 | IV | 6hr | J. Morrison | | | | | |
| X | 19·2 | 5% dextrose | 500 | | | IV | 6hr | | | | | | |
| Y | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |

**GREATER GLASGOW HEALTH BOARD** **TPR CHART**

Name Catherine Honeyman. Unit Number

Address Ward 16. Date of Birth

Sex/ Civil state

Occupation

| Date | 16/2 | 17/2 | 18/2 | 19/2 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Post Op Date | O/A. | | | | | | | | | | | | | |

TEMPERATURE °C: 42 41 40 39 38 37 36 35 34

PULSE: 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

16/2 17/2 18/2 19/2

RESPIRATION

No. of Stools

FORM PS1 10/90

# GREATER GLASGOW HEALTH BOARD

# HOSPITAL PRESCRIPTION SHEET No.

## REGULAR PRESCRIPTIONS – INJECTIONS

| Pharmacy Use | Date Started | MEDICINE (Block Capitals) | DOSE | ROUTE | TIMES FOR ADMINISTRATION: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 10 | pm 12 | Other Times | Prescribers Signature (Full) | DISCONTINUED Date | DISCONTINUED Signed |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A 16.2.92 | PETHIDINE | 100mg | IM | 4-6 hourly as req for PAIN | | | | | | | | | | F Mowlem | | |
| | B 16.2.92 | STEMETIL | 12.5mg | IM | 4-6 hrly as req for NAUSEA | | | | | | | | | | F Mowlem | | |
| | C | | | | | | | | | | | | | | | | |
| | D | | | | | | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | | |
| | F | | | | | | | | | | | | | | | | |
| | G | | | | | | | | | | | | | | | | |

## REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H 18/2/92 | CO-PROXAMOL | 2 tabs | ORAL | 4-6 hourly for pain. Max 8 tabs in 24h | | | | | | | | | | Doses Dal D Mowlem | | |
| | J 19/2/92 | TEMAZEPAM | 10 mg | ORAL | 1 at bed | | | | | | ✓ | | | | | | |
| | K | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | |
| | M | | | | | | | | | | | | | | | | |
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| | O | | | | | | | | | | | | | | | | |
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| | S | | | | | | | | | | | | | | | | |
| | T | | | | | | | | | | | | | | | | |
| | V | | | | | | | | | | | | | | | | |

## ONCE ONLY PRESCRIPTIONS

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
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## DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

| | | | |
|---|---|---|---|
| TOTAL PARENTERAL NUTRITION | | | |
| INSULIN | | FLUID/ADDITIVE | |
| ORAL ANTICOAGULANT | | ANAESTHETIC | |
| TOPICAL APPLICATION | | VARIABLE DOSE | |

**IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.**

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1. | |
| 2. | |

KNOWN MEDICINE SENSITIVITIES 1. 2.

WARD 16.

| GE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|---|---|---|---|---|
| | | | | Mr Mack |

GREATER GLASGOW HEALTH BOARD

HOSPITAL

MEDICINE RECORDING SHEET No.

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 4 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 17/2/97 | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | A Initial | A+B at 2 Amfenac<br>A at 6.25 Am Jcmc ready<br>A@ 10.35am |
| 18/2/97 | | | | | | | H | H | | | |
| 19/2/97 | | | | | | | | | | H | 1+@ 4.55am |
| 20/2 | | | | | | | | | | | H |
| 21/2/97 | | | | | | | | | | | A1B@ 12.15am |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NAME: Catherine Honeyman.

UNIT NUMBER: 548200

WARD: 16.

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED

CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MR1 10/90

GREATER GLASGOW HEALTH BOARD – UNIT SOUTH 3

TPR CHART

| | | | |
|---|---|---|---|
| Name | 548209<br>CATHERINE HONEYMAN | Unit Number | 9 |
| Address | 10 MELVILLE STREET<br>GLASGOW G41 2LN | Date of Birth | |
| | 1/2/43 F/M | Sex/ Civil state | |
| | | Occupation | |

| Date | 14/11 | 15/11 | 16/11 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Post Op Date | O/A | | | | | | | | | | | | | |

TEMPERATURE

°C: 42 41 40 39 38 37 36 35 34

PULSE

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

12md 17/11 18/11 19/11

RESPIRATION

| No. of Stools | 1 | | 0 | 0 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

GREATER GLASGOW HEALTH BOARD - UNIT SOUTH 3 HOSPITAL — PRESCRIPTION SHEET No.

**REGULAR PRESCRIPTIONS: PARENTERAL MEDICINES**

| Pharmacy Use | | Date Started | MEDICINE (Block Capitals) | Metric DOSE | Method of Administration | TIMES FOR ADMINISTRATION: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 4 | pm 6 | pm 10 | md 12 | Other Times | Prescribers Signature (full) | DISCONTINUED Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | 15/11/89 | Omnopon | 15mg | im | | | | | | | | | | | | | |
| | B | | Hyoscine | 0.6mg | | | | | | | | | | | | | | |
| | C | 15/11/89 | Omnopon | 15mg | im | 4-6 hrly prn | | | | | | | | | | | | |
| | D | | | | | | | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | | | |

**REGULAR PRESCRIPTIONS – OTHER MEDICINES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| max 6 daily | F | ~~14/11/89~~ | ~~TYLEX~~ | 1 capsule | oral | 4 hrly as req for pain | S Macpherson | K/11 | SCM |
| | G | ~~14/11/89~~ | ~~CODDAMOL~~ | 2 tabs | oral | 6 hrly as req for pain | S Macpherson | 16/11 | SCM |
| | H | 16/11/89 | TEMAZEPAM | 10mg | oral | ✓ | S Macpherson | | |
| Rec Max - 8 tablets in 24 hours | I | 16/11/89 | COPROKATON | 2 tabs | oral | 6 hrly as req for pain | S Macpherson | | |
| | K | | | | | | | | |
| | L | | | | | | | | |
| | M | | | | | | | | |
| | N | | | | | | | | |
| | O | | | | | | | | |
| | P | | | | | | | | |
| | R | | | | | | | | |
| | S | | | | | | | | |
| | T | | | | | | | | |

**ONCE ONLY PRESCRIPTIONS**

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Capitals) | DOSE | ROUTE | SIGNATURE | GIVEN BY |
|---|---|---|---|---|---|---|
| 15/11/89 | 8.00 | Omnopon | 15mg | im | | J Macara |
| | 14 hrs | Hyoscine | 0.6mg | | | J Macara |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Date | DIET | DISCONTINUED Date | Initials |
|---|---|---|---|
| | | | |

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1 | |
| 2 | |

WARD | NAME of PATIENT | AGE | UNIT NUMBER | CONSULTANT | KNOWN DRUG/MEDICINE SENSITIVITY 1 | 2

**GREATER GLASGOW HEALTH BOARD** - UNIT SOUTH :

MEDICINE RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|
| 14/11/89 | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | |
| 15/11/89 | | | | | | | H CW | | C 6-20pm | C given at 11.10 am - (Recovery). SN J. Richardson |
| 16/11 | | I 8.15 SC | | | | I PO | H CW | | | Cool pm |
| 17/11 | | I 8.15 SC | | | | | H CW | | | I @ 2.50pm AC. I @ 9pm TP. |
| 18/11 | CW | | | | | | CW | CW | | I at 11.0 am SC I at 8.30pm TP. I @ 4.00pm TP. |

WARD: 16

NAME OF PATIENT: Catherine Honeyman

UNIT NO.: 548200

KEY:- CODE LETTER CIRCLED = MEDICINE REFUSED
CODE LETTER SCORED = PATIENT ABSENT
E.G. (1) (A)
(2) A

GREATER GLASGOW HEALTH BOARD - UNIT SOUTH 3

MEDICINE RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

| DATE | REGULAR PRESCRIPTIONS | | | | | | | | | | | | | | OTHER TIMES | | | | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 6 a.m. | | 8 a.m. | | 10 a.m. | | 12 m.d. | | 2 p.m. | | 6 p.m. | | 10 p.m. | | 12 m.n. | | Initial | | |
| | | Initial | | Initial | | Initial | | Initial | | Initial | | Initial | | Initial | | Initial | | Initial | |
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WARD: 16

NAME OF PATIENT: Catherine Honeyman

UNIT NO.: 548200

KEY:- CODE LETTER CIRCLED = MEDICINE REFUSED
CODE LETTER SCORED = PATIENT ABSENT

E.G. (1) (A)
(2) A

SHEET NUMBER 12p.

# THE VICTORIA INFIRMARY OF GLASGOW

URINE TEST SHEET

SURNAME (Block Letters) MR. MRS. MISS: Honeyman

FIRST NAMES (Block Letters): Catherine

REGISTRATION NUMBE: 5 4 8 2 0 6

| DATE | REACTION | SPECIFIC GRAVITY | COLOUR | DEPOSIT | ALBUMIN | SUGAR | ACETONE | BLOOD | BILE | |
|---|---|---|---|---|---|---|---|---|---|---|
| 14/11/89 | PH7 | 1010 | AMBER | — | — | — | — | — | — | — |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | |

6.16

# FLUID AND ADDITIVE MEDICINE PRESCRIPTION SHEET

AFFIX ADDRESSOGRAPH LABEL

JMcC/912192

CATHERINE HONEYMAN

RATE OF FLOW (Drops/Min) = VOL of FLUID (ML) x 15 (1 ml = 15 drops) / (Standard Giving Set) DURATION (mins)

APPROXIMATE RATE for 500 ml

1 hr = 120 drops/min 6 hr = 22 drops/min
4 hr = 30 drops/min 8 hr = 15 drops/min

| | PRESCRIPTION | | | | | | | | PREPARATION | | | ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | TIME & DATE ADDED | TIME BEGUN | ADMINIST BY |
| A | 7/3/92 | (N) SALINE | 500 | | | IV | 4hr | Dorcas Wall | | | | 10.25pm | Dorcas Wall |
| B | 7/3/92 | DEXTROSE 5% | 500 | | | IV | 4hr | | 92A27BM | | | 06 20 am | |
| C | 7/3/92 | DEXTROSE 5% | 500 | KCL | 20mmol | IV | 4hr | | 92A 15BJ | | | 10 20 | Jwo |
| D | 8/3/92 | (N) SALINE | 500 | | | IV | 4h | | 92A 2 9BU | | | 15 00 | JK |
| E | 8/3/92 | 5% Dextrose | 500 | | | IV | 4h | | 92A 27BM | | | 6 45 PM | EW |
| F | 8/3/92 | 5% Dextrose | 500 | KCL | 20mmol | IV | 4h | P. Wall | 92A13BJ | | | 2 30 am. | WJ |
| G | 8/3/92 | (N) Saline | 500 | | | IV | 4hr | | 92A29BU. | | | 11 35 am | A Rhodes |
| H | 8/3/92 | 5% Dextrose | 500 | | | IV | 4hr | | 92A27BM | | | 4 40 PM | A. Beer |
| I | 8/3/92 | 5% Dextrose | 500 | KCL | 20mmol | IV | 4h | | 91528BJ | | | 12 15 am | LAR |
| J | | (N) Saline | 500 | | | IV | 6h | L-Y-S | | | | | |
| K | | 5% Dextrose | 500 | | | IV | 6h | L-Y-S | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |

GREATER GLASGOW HEALTH BOARD—UNIT SOUTH 3 HOSPITAL – PRESCRIPTION SHEET No.:

**REGULAR PRESCRIPTIONS: PARENTERAL MEDICINES**

| Pharmacy Use | | Date Started | MEDICINE (Block Capitals) | Metric DOSE | Method of Administration | TIMES FOR ADMINISTRATION: am 6 | am 8 | am 10 | md 12 | pm 2 | pm 6 | pm 10 | md 12 | Other Times | Prescribers Signature (full) | DISCONTINUED Date | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | 16-3-88 | Calapanine | 10000 U | S/C | ✓ | | | ✓ | | | ✓ | | | | | |
| | B | 16/3/88 | Omnopon | 15mg | | 4 hrly and PRN | | | | | | | | | | | |
| | C | 17-3-88 | Pethidine | 75mg | IM | 4 hrly as required | | | | | | | | | | | |
| | D | 17-3-88 | Stemetil | 12.5mg | IM | 4 hrly as required | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | | |

**REGULAR PRESCRIPTIONS– OTHER MEDICINES**

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | F | 15-3-88 | DIHYDROCODEINE | 30mg | | | ✓ | | | | | ✓ | | | | | |
| | G | 15-3-88 | Temazepam | 10mg | | | | | | | | ✓ | | | | | |
| with food/milk | H | 17-3-88 | Ibuprofen | 600mg | O | 6 hrly as required | | | | | | | | | | | |
| | I | | | | | | | | | | | | | | | | |
| | K | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | |
| | M | | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | | |
| | O | | | | | | | | | | | | | | | | |
| | P | | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | |
| | T | | | | | | | | | | | | | | | | |

**ONCE ONLY PRESCRIPTIONS**

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Capitals) | DOSE | ROUTE | SIGNATURE | GIVEN BY |
|---|---|---|---|---|---|---|
| 16/3/88 | 10.30 | Omnopon + Stemetil | 15mg 0.625mg | S/C | DMSan | [illegible] |
| 16.3.88 | Midnight | Calapanine | 5000 U | S/C | GMCameron | [illegible] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date | DIET | DISCONTINUED Date | Initials

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1 | |
| 2 | |

KNOWN DRUG/MEDICINE SENSITIVITY 1 2

WARD | NAME of PATIENT | AGE | UNIT NUMBER | CONSULTANT

**GREATER GLASGOW HEALTH BOARD** - UNIT SOUTH 3

MEDICINE RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

| DATE | REGULAR PRESCRIPTIONS: 6 a.m. (Initial) | 8 a.m. (Initial) | 10 a.m. (Initial) | 12 m.d. (Initial) | 2 p.m. (Initial) | 6 p.m. (Initial) | 10 p.m. (Initial) | 12 m.n. (Initial) | OTHER TIMES (Initial) | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|
| 15/3/88 | | | | | | | G KCR | | Fak 1.15am | |
| 16/3/88 | | | | | A | | F (8pm) JB<br>G AT KCR | | | H@ 1130 KMCC. |
| 17/3 | | F JB | | | | | F G KCR | | 1.45pm C JB | |
| 18/3 | F KCR | | | | | | | | | |

WARD: 16

NAME OF PATIENT: Catherine Hneyman

UNIT NO.: 548200

KEY:- CODE LETTER CIRCLED = MEDICINE REFUSED
CODE LETTER SCORED = PATIENT ABSENT

e.g. (1) (A)
(2) A

GREATER GLASGOW HEALTH BOARD – UNIT SOUTH 3

TPR CHART

Name Catherine Honeyman

Unit Number 9

Address

Date of Birth

Sex/ Civil state

Occupation

| Date | 15/3 | 16/3 | R2 | 18 | 19 | 20 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Post Op Date | 0 | 1 | | | | | | | | | | | | |

TEMPERATURE °C: 42 41 40 39 38 37 36 35 34

12.45 Return theatre

PULSE: 180 170 160 150 140 130 120 110 100 90 80 70 60

RESPIRATION: 50 40 30 20 10

| No. of Stools | | | 0 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

SHEET NUMBER 12p.

# THE VICTORIA INFIRMARY OF GLASGOW

URINE TEST SHEET

SURNAME (Block Letters)
MR.
MRS.
MISS Honeyman

FIRST NAMES (Block Letters)
Catherine

REGISTRATION NUMBER
5 4 8 2 0 0

| DATE | REACTION | SPECIFIC GRAVITY | COLOUR | DEPOSIT | ALBUMIN | SUGAR | ACETONE | BLOOD | BILE | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15/3/88 | ph 6 | 1020 | straw | | | | | non haem trace | | trace protein |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | |

**GREATER GLASGOW HEALTH BOARD** - SOUTH EASTERN DISTRICT

MEDICINE RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

J.McC/482332

REGULAR PRESCRIPTIONS

| DATE | 6 a.m. | 8 a.m. | 10 a.m. | 12 m.d. | 2 p.m. | 6 p.m. | 10 p.m. | 12 m.n. | OTHER TIMES | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|
| | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | Initial | |
| 5/6 | | F | | | | | F G | | | |
| 6/6 | | (C) | | F | M | F AC | Q F | ST | | |
| 7/6 | | | | | | | | | F at 4.30pm ST. F at 9pm ST. | |

WARD

NAME OF PATIENT: PAULINE WHITEMAN

UNIT NO.

KEY:- CODE LETTER CIRCLED = MEDICINE REFUSED
CODE LETTER SCORED = PATIENT ABSENT
(1) (A)
(2) A

**GREATER GLASGOW HEALTH BOARD** - SOUTH EASTERN DISTRICT

MEDICINE RECORDING SHEET

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

J.McC/482332

| DATE | REGULAR PRESCRIPTIONS: 6 a.m. (Initial) | 8 a.m. (Initial) | 10 a.m. (Initial) | 12 m.d. (Initial) | 2 p.m. (Initial) | 6 p.m. (Initial) | 10 p.m. | 12 m.n. (Initial) | OTHER TIMES (Initial) | COMMENTS ON DISCREPANCIES |
|---|---|---|---|---|---|---|---|---|---|---|
| 5/6 | | | | | | | F. G. | | | |
| 6/6 | | F | | F | | F | AC | | | |
| 7/6 | | | | | | | | | F cX h 2oam SV. F c Y 6pm SV. | |

WARD

NAME OF PATIENT: PAMELA WOMETMAN

UNIT NO.

KEY:- CODE LETTER CIRCLED = MEDICINE REFUSED
CODE LETTER SCORED = PATIENT ABSENT
(1) (A)
(2) ✓

CATHERINE HONEYMAN

PAGE B12

# PATIENT CARE PLAN

JMcC/482607

| DATE | BASIC CARE AND PERSONAL HYGIENE | DATE |
|---|---|---|
| 5/6/81 | Attending to own hygiene. | D |
| | ETHN | |
| 5/6/81 | Mobilisation | |
| | At theatre | 1/5/6 |
| 5/6/81 | up as able | |
| | Technical Care | |
| 5/6/81 | Abdo-Pubic prep. | |
| | Care of Clothing and Valuables: | |
| | Clothing: Taken Home/Stored in Ward | |
| | Valuables: Taken Home/Deposited with Cashier | |

| DATE | Observations | DATE |
|---|---|---|
| 5/6/81 | Daily TPR. | D |
| | ~~Treatment by Medical Staff and/or Investigation~~ | |
| 5/6/81 | DIET — Fasting | 1/5/6 |
| 5/6 | Normal. | |
| | Special Needs | |
| | Future Plans | |

GREATEF ASGOW HEALTH BOARD- SOUTH EASTEI RICT HOSPITAL— PRESCRIPTION SHEET No

REGULAR PRESCRIPTIONS- PARENTERAL MEDICINES

| Pharmacy Use | Date Started | MEDICINE (Block Capitals) | Metric DOSE | Method of Administration | TIMES FOR ADMINISTRATION am 6 | am 8 | am 10 | mid 12 | pm 2 | pm 6 | pm 10 | mn 12 | Other Times | Prescriber Signature (full) | DISCONTINUED Date | DISCONTINUED Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | | | | | | | | | | | | | | | |
| | B | | | | | | | | | | | | | | | |
| | C | | | | | | | | | | | | | | | |
| | D | | | | | | | | | | | | | | | |
| | E | | | | | | | | | | | | | | | |

REGULAR PRESCRIPTIONS– OTHER MEDICINES

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | F 5 6 81 | DISTALGESIC | 2tabs | O | 4 | 4hrly | PRN | | | | | | | GH | | |
| | G 5 6 81 | TEMAZEPAM | 20mg | O | | | | | | | ✓ | | | GH | | |
| | H | | | | | | | | | | | | | | | |
| | I | | | | | | | | | | | | | | | |
| | K | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | |
| | M | | | | | | | | | | | | | | | |
| | N | | | | | | | | | | | | | | | |
| | O | | | | | | | | | | | | | | | |
| | P | | | | | | | | | | | | | | | |
| | R | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | |
| | T | | | | | | | | | | | | | | | |

ONCE ONLY PRESCRIPTIONS

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Capitals) | DOSE | ROUTE | SIGNATURE | GIVEN BY |
|---|---|---|---|---|---|---|
| | 11/6/81 | Omnopon | 10mg | IM | NMSlee | Muirhead |
| | | Scopolamine | 0.2mg | | | Muirhead |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Date | DIET | DISCONTINUED Date | DISCONTINUED Initials |
|---|---|---|---|
| | | | |
| | | | |

| MEDICINE | ADVERSE REACTION |
|---|---|
| 1 | |
| 2 | |

| RD | NAME of PATIENT | AGE | UNIT NUMBER | CONSULTANT | KNOWN DRUG/MEDICINE SENSITIVITY 1 | 2 |
|---|---|---|---|---|---|---|
| | [illegible] | 77 | | | | |