

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



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

Date: 30th June 2026
Your Ref: DSAR-20260605-8B2677
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

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

Patient: DOROTHY ARTHUR D.O.B: 04.05.1972

Thank you for your request received 5th June 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
WEST AMBULATORY CARE HOSPITAL
WESTERN INFIRMARY**

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

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

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

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files

- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

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 CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

LABS

BREAST UNIT

Mr C R Wilson (Tel: 0141-211-6248)
Miss J C Doughty (Tel: 0141-211-2122)
Miss S Stallard (Tel: 0141-211-2175)

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

BREAST CLINIC – 15/04/2013

Ref: KM/CK
Dictated: 15/04/2013
Typed : 02/05/2013

Dr Claire McGonagle
Dr McGonagle
Drumchapel Health Centre, 80/90 Kinfauns Drive,
Glasgow
G15 7TS

Dear Dr McGonagle

Dorothy Arthur - 04/05/1972 - CHI: 0405726104 - CRN: 50867650X
22 Springside Place, Glasgow, Lanarkshire, G15 7YG

Diagnosis, Family history of breast carcinoma
Risk status, Low

I reviewed Dorothy at the family history this morning. It transpires that the only family member affected Dorothy's family is one maternal aunt and Dorothy met her recently at a family funeral and was told that no gene mutation had been found in her and her extended family. As Dorothy doesn't have a first degree family member with breast cancer she does not require enhanced screening and examination today was unremarkable. I have now discharged her from attendance.

Yours sincerely

Dr Katharin MacBain
Specialty Doctor

BREAST UNIT

Mr C R Wilson (Tel: 0141-211-6248)
Miss J C Doughty (Tel: 0141-211-2122)
Miss S Stallard (Tel: 0141-211-2175)

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

Ref: CRW/KC/ 50867650X
CHI: 0405726104
Dictated: 24/07/2012
Typed : 01/08/2012

Dorothy Arthur
22 Springside Place
Glasgow
Lanarkshire
G15 7YG

Dear Dorothy

I am very pleased to say that your recent mammograms are entirely satisfactory.

We will see you for review in the clinic as previously arranged.

Yours sincerely

Mr C R Wilson
Consultant Surgeon

Dr Claire McGonagle
Drumchapel Health Centre
80/90 Kinfauns Drive, Glasgow
G15 7TS

BREAST UNIT

Mr C R Wilson (Tel: 0141-211-6248)
Miss J C Doughty (Tel: 0141-211-2122)
Miss S Stallard (Tel: 0141-211-2175)

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT

BREAST CLINIC - 16/04/2012

Ref: KF/KC
Dictated: 16/04/2012
Typed: 17/04/2012

Dr Claire McGonagle
Drumchapel Health Centre
80/90 Kinfauns Drive, Glasgow
G15 7TS

Dear Dr McGonagle

Dorothy Arthur - 04/05/1972 - CHI: 0405726104 - CRN: 50867650X
22 Springside Place, Glasgow, Lanarkshire, G15 7YG

Many thanks for referring this 39 year old to the clinic who has noticed some pain in the left breast over the last six to eight weeks which is not related to her periods which are still regular. She also noticed lumpiness which has not changed in any way.

In her family history she has a maternal aunt who she thinks was 34 when she was diagnosed with breast cancer. She herself has previously DNA'd the Yorkhill Genetics Clinic as well as the Family History Clinic here. She has no contact with her maternal or paternal family so it is difficult to assess any further family history.

On examination today I was unable to palpate any lumps in either breast or either axilla.

In view of her family history we will organise an outpatient mammogram and we will review her again in the Family History Clinic in a years time.

Yours sincerely

Kate Fitzgerald
ST7 in General Surgery

50867650

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER **MEDICAL IN CONFIDENCE**

Attachments

REFERRAL TO

General Surgery - Breast
GGC General Referral

— Consultant / receiving practitioner
and/or specialty clinic

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

— Hospital and hospital address

Hospital location code.

G516H

Email address

Urgency of referral

ROUTINE

Date of referral

26-Mar-2012

Date sent

27-Mar-2012

PATIENT DETAILS

Surname Arthur
Forename(s) Dorothy
Title Miss
Sex Female
Date of birth 04-May-1972
CHI no. 0405726104
Area of Residence

Patient's address

22 Springside Place
GLASGOW
G15 7YG

Contact number(s)

101003390144T

Unique Care Pathway Number: 101003390144T

REGISTERED GP DETAILS

Name Dr. Claire McGonagle
GMC code 4604958 GP code 04049
Practice name Drumchapel Health Centre
Practice code 40648

Practice address

80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 232 9170
Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name Dr. Claire McGonagle
GMC code 4604958 GP code 04049
Practice name Dr Turner & Dr McGonagle (40648)
Practice code 40648

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 232 9170

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: New breast lumps

Comment: Dear Doctor

Could I ask you to see this 39 year old female who present to the surgery with a three week history of new breast lumps?

The patient advises me that she regularly examines her breasts and was previously seen at the breast clinic for asymmetry of her breasts. She advised me that she was followed up for several years and discharged when no concerns or changes on mammogram or examinations were noted. However she advised me that over the last three weeks she has noted increase lumpiness on her left breast which has not changed through her menstrual cycle the lumps are non tender. There is no history of discharge. She is a smoker and has a maternal aunt who was diagnosed with breast cancer when she was 43 years old. She has previously used oral contraceptive pill for about three years in total. Para 2+1 (STOP). Her last menstrual period was two weeks ago.

On examination her right breast examination was normal with no lymphadenopathy. Examination of her left breast did show a slightly enlarged breast when compared with the right hand side. There was no lymphadenopathy. There was no external skin or nipple changes. There was many increased lumpiness around 12 o'clock and superior to her areola. These were not tethered or tender. They were approximately 2 cm in size.

However in view of this patients of family history and the newness of these lumps I would greatly appreciate your review of the patient.

Thanking you.

Dr Claire McGonagle

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Lump in breast (Left)	-	21-Mar-2012	21-Mar-2012
Abdominal pain type	Hosp. Admitted Upper abdominal pain	08-Mar-2008	08-Mar-2008
[D]Abdominal pain	Direct admission to surgical ward.	08-Mar-2008	08-Mar-2008
[D]Right upper quadrant pain	Hosp. Admitted	08-Mar-2008	08-Mar-2008
Partial thickness rotator cuff tear	Hosp. Referred LEFT SHOULDER	29-Dec-2005	29-Dec-2005
[D]Abdominal swelling	Hosp. Referred	21-Jun-2004	21-Jun-2004
Panic attack	-	20-Oct-1999	20-Oct-1999
Irritable bowel syndrome	-	18-Jun-1998	18-Jun-1998
Spontaneous vaginal delivery	Hosp. Admitted Healthy female	07-Jun-1994	07-Jun-1994
Ovarian cysts	Hosp. Admitted Right	11-Dec-1992	11-Dec-1992
Spontaneous vaginal delivery	Hosp. Admitted Healthy female	01-Nov-1990	01-Nov-1990
[V]Personal history of pelvic inflammatory disease - PID	Hosp. Admitted Chronic	07-Aug-1989	07-Aug-1989

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Ultrasound of abdomen	Normal liver and kidneys with no gallstones and no common bile duct dilatation. Her symptoms improved with conservative management	08-Mar-2008	08-Mar-2008
Surgical referral	Pancreatitis	08-Mar-2008	08-Mar-2008

Serum vitamin B12	abnormal 218 borderline recheck 3 months	17-Nov-2006	17-Nov-2006
Full blood count abnormal	MCV 106.7 RECHECK FBC 3 MONTHS	16-Nov-2006	16-Nov-2006
Serum folate borderline	abnormal start folic acid 5 mg od recheck 3 months	16-Nov-2006	16-Nov-2006
Full blood count abnormal	MCV RAISED OCCASIONAL ROUND MACROCYTIC AND VERY OCCASIONAL TARGET FORM CHECK LFTS RECHECK 1 MONTH NB PLATELETS INCREASED	11-Oct-2006	11-Oct-2006
Cold coagulation of lesion of cervix	for CIN1	07-Apr-2005	07-Apr-2005
Colposcopy	Cin I	13-Sep-2004	13-Sep-2004
Blood group A	Positive	05-Jan-1990	05-Jan-1990

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

No current medications recorded

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

No recent medications recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Moderate smoker - 10-19 cigs/d;	- 10/day	21-Mar-2012
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	07-Feb-2008
Enjoys moderate exercise:	Disease: SPICE Basic Health Values, priority=2	07-Feb-2008

Clinical warnings**Allergies**

<u>Description</u>	<u>Date recorded</u>
[V]Personal history of penicillin allergy	16-Feb-1994

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Patient has disability or requires wheelchair access:No
 Referred By:Referring GP
 Electronic Attachment Present:No

 Signature of referring doctor (or other professional) Date

Department of General Surgery
BREAST UNIT - WESTERN INFIRMARY

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

MISS STALLARD
FAMILY HISTORY BREAST CLINIC -
07/03/2011

Dictated 07/03/2011
Typed 09/03/2011
Our Ref KM/AG

Mr C R Wilson
Miss J Doughty
Miss S Stallard

0141 211 6248 / Fax: 0141 211 1972
0141 211 2122 / Fax: 0141 211 1972
0141 211 2175 / Fax: 0141 211 1972

Mrs Dorothy Arthur
22 Springside Place
Glasgow
G15 7YG

cc: Dr Katherine Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dorothy,

Dorothy Arthur ~ 04/05/1972 ~ CHI: 0405726104 ~ CRN: 50867650X

I am sorry to see you failed to attend the family history of breast cancer clinic for the second time and you were also unable to attend your genetics clinic appointment. I have not arranged any further review for you but should you have any specific concerns you could be re referred to our service by your GP.

Yours sincerely,

Katharin MacBain
Specialty Doctor

50867650X

Acute Services Division

Diagnostics Directorate



Ferguson-Smith Centre for Clinical Genetics
Yorkhill Hospital
Dalnair Street
GLASGOW, G3 8SJ
Tel: 0141 201 0808
Fax: 0141 201 0361

Cancer Genetic Service
Consultants
Dr Rosemarie Davidson (Head of Service)
Dr Victoria Murday
Cancer Genetic Associates:
Nicola Bradshaw
Mark Longmuir
Lesley Snadden
Catherine Watt

Our ref: NB/JS/37433
CHI: 0405726104

28 January 2010

Ms Dorothy Arthur
22 Springside Place
Glasgow
G15 7YG

*file in notes
please
SKM*

Dear Ms Arthur

I was sorry not to have had the opportunity to see you in the genetic clinic. I assume the time was unsuitable or have changed your mind about wishing to attend. We will not routinely offer you another appointment but we would be happy to see you in the future should you wish to be seen.

If you would like an appointment contact our secretaries on 0141 201 0803.

With best wishes

Yours sincerely

Nicola Bradshaw
MacMillan Cancer Genetic Associate

✓ c.c. Dr Katharin McBain, Clinical Asst – Breast Unit, Western Infirmary, Dumbarton Rd,
Glasgow, G11 6NT

BREAST UNIT

Professor W D George: Tel: 0141 211 2175/Fax: 0141 211 1972
Miss J C Doughty: Tel: 0141 211 2122/Fax: 0141 211 1972
Mr C R Wilson: Tel: 0141 211 6248/Fax: 0141 211 1972

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Miss Julie C Doughty's Family History Breast Clinic – 23/10/2009

Dictated 23/10/2009
Typed 26/10/2009
Our Ref KM/LF

Rosemarie Davidson
Consultant Clinical Geneticist
Department of Genetics
Yorkhill Hospital
Glasgow
G3 8JS

Dear Dr Davidson

Dorothy Arthur ~ 04/05/1972 ~ CHI: 0405726104 ~ CRN: 50867650X
22 Springside Place, Glasgow, Lanarkshire, G15 7YG

I would be grateful if you would send Dorothy another appointment. She was worried that her genetics appointment entailed gene testing and I have reassured her on this point.

I feel she is probably in a moderately increased category and I would be grateful for your opinion.

Kindest regards.

Yours sincerely,

DR KATHARIN McBAIN
Clinical Assistant

BREAST UNIT

Professor W D George: Tel: 0141 211 2175/Fax: 0141 211 1972
Miss J C Doughty: Tel: 0141 211 2122/Fax: 0141 211 1972
Mr C R Wilson: Tel: 0141 211 6248/Fax: 0141 211 1972

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Miss Julie C Doughty's Family History Breast Clinic – 23/10/2009

Dictated 23/10/2009
Typed 26/10/2009
Our Ref KM/LF

Dr Katherine Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Turner

Dorothy Arthur ~ 04/05/1972 ~ CHI: 0405726104 ~ CRN: 50867650X
22 Springside Place, Glasgow, Lanarkshire, G15 7YG

Diagnosis: Family history of breast carcinoma
Risk Status: Probably moderate

Dorothy returned to the Family History Clinic for routine review. She had no particular concerns but still gets a little pain in the upper outer quadrant of her left breast. She failed to attend her Genetics appointment as she was worried about gene testing, I have reassured her that the first appointment would merely be for assessment of her family tree. I shall re-refer her and following normal examination today I have arranged to review her in 1 year.

Kindest regards.

Yours sincerely,

DR KATHARIN McBAIN
Clinical Assistant

DNA 18.10.10
SEA
AA

DNA 7.13.11
letter
JW

50867650X

Acute Services Division

Diagnostics Directorate

Ferguson-Smith Centre for Clinical Genetics
Yorkhill Hospital
Dalnair Street
GLASGOW, G3 8SJ
Tel: 0141 201 0808
Fax: 0141 201 0361



Cancer Genetic Service
Consultants
Dr Rosemarie Davidson (Head of Service)
Dr Victoria Murday
Cancer Genetic Associates:
Nicola Bradshaw
Mark Longmuir
Lesley Snadden
Catherine Watt

Our ref: NB/JS/37433
CHI: 0405726104

31 March 2009

Ms Dorothy Arthur
22 Springside Place
Glasgow
G15 7YG

Dr Bray

Dear Ms Arthur

I was sorry not to have had the opportunity to see you in the genetic clinic. I assume the time was unsuitable or have changed your mind about wishing to attend. We will not routinely offer you another appointment but we would be happy to see you in the future should you wish to be seen.

If you would like an appointment contact our secretaries on 0141 201 0803.

With best wishes

Yours sincerely

NB

Nicola Bradshaw
MacMillan Cancer Genetic Associate

✓ c.c. Dr Jo Bray, ST3 in General Surgery, Breast Unit, Western Infirmary,
Dumbarton Road, Glasgow, G11 6NT

36 yrs

16/4/09
Notes p1
Gallie
Requested
17/4/09
30/4/09
Has appt FH
lyr
GSK
File p1

BREAST UNIT

Proféssor W D George: Tel: 0141 211 2175/Fax: 0141 211 1972
Miss J C Doughty: Tel: 0141 211 2122/Fax: 0141 211 1972
Mr C R Wilson: Tel: 0141 211 6248/Fax: 0141 211 1972

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Miss Julie C Doughty's Breast Clinic - 23/10/2008

Dictated 23/10/2008
Typed 28/10/2008
Our Ref JB/LF

Rosemarie Davidson
Consultant Clinical Geneticist
Department of Genetics
Yorkhill Hospital
Glasgow
G3 8JS

Dear Dr Davidson

Dorothy Arthur ~ 04/05/1972 ~ CHI: 0405726104 ~ CRN: 50867650X
22 Springside Place, Glasgow, Lanarkshire, G15 7YG

I would be very grateful if you could please review this 36 year old lady who I saw on behalf of Miss Doughty, in the outpatient clinic today. She presented with discrepancy in the size of her breasts and a feeling of tenderness in the left lateral aspect of her left breast. This was found to be purely benign on mammography today, but on checking her history we did reveal that her mother was diagnosed with breast cancer aged 34 and her maternal aunt aged 38. I would therefore, be much obliged if you could please review with a view to ascertaining her risk for developing breast cancer in the future. We will see her again in Miss Doughty's, Family History Clinic on a Friday in one year's time.

Kind regards.

Yours sincerely

Jo Bray
ST3 in General Surgery

*DNA'd genetics
App for FH 1yr*

BREAST UNIT

Professor W D George: Tel: 0141 211 2175/Fax: 0141 211 1972
Miss J C Doughty: Tel: 0141 211 2122/Fax: 0141 211 1972
Mr C R Wilson: Tel: 0141 211 6248/Fax: 0141 211 1972

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Miss Julie C Doughty's Breast Clinic - 23/10/2008

Dictated 23/10/2008
Typed 27/10/2008
Our Ref JB/LF

Dr Katherine Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
G15 7TS

Dear Dr Turner

Dorothy Arthur ~ 04/05/1972 ~ CHI: 0405726104 ~ CRN: 50867650X
22 Springside Place, Glasgow, Lanarkshire, G15 7YG

Thank you for referring this 36 year old lady who I saw on behalf of Miss Doughty in the clinic today. She gives a 1 year history of a "mark" on her left breast, but 2 weeks ago also noticed that this left breast seems to be approximately 2 sizes larger than the right and she has an area of tender lumpiness in the lateral area of the left breast. She has had no skin tethering or discharge noticed from the nipple, no other previous breast problems. She has had a deliberate weight loss of approximately of about ½ a stone recently. Her periods are regular and she started then aged 9, she has had 2 children who she did not breast feed and has never had the oral contraceptive pill. She has no past medical history of note and does not take any regular medication. She is allergic to latex and Penicillin. She has a fairly strong family history for breast cancer with her mother being diagnosed with breast cancer at the age of 34 and her maternal aunt at the age of 38.

On examination today there was no discrete lumps to feel in either breast nor any cervical or axillary lymphadenopathy. The left breast does appear slightly larger than the right and there is a 15 mm disc of ~~skin discoloration~~ ^{telangiectasia} around the central white punctum, but no mass to palpate at 3 o'clock to the left nipple. She had a mammogram performed in the clinic today and they are entirely normal. I think the skin discoloration does not appear to be anything sinister but she is aware to keep an eye on this and to alert either ourselves or her GP if this changes. Given her strong family history I have referred her for review by Rosemarie Davidson, at the Genetics Department at Yorkhill, and we will see her again in 1 year's time at the Family History Clinic, on a Friday morning.

Kind regards.

Cont'd.....

Yours sincerely

Jo Bray
ST3 in General Surgery

Hospital
use
only

Clinic

JDBRNEWAM

Day
Date

23/10/08 10:30AM

Time

Hospital
No.

50867650X

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE**REFERRAL TO**Prof George (Consultant)
General Surgery - Breast C1A
G General Referral

Western Infirmary/Gartnavel General

Consultant / receiving practitioner
and/or specialty clinic

Hospital and hospital address

Hospital location code.

G516H

Email address

Urgency of referral

URGENT

Date of referral

06-Oct-2008

Date sent

06-Oct-2008

PATIENT DETAILS

Surname

Arthur

Forename(s)

Dorothy C

Title

Miss

Sex

Female

Date of birth

04-May-1972

CHI no.

0405726104

Patient's address22 Springside Place
GLASGOW
G15 7YG

Raine

Contact number(s)

Voice: 585 2421

REGISTERED GP DETAILS

Name

Dr KJ Turner

GMC code

2388036

GP code

G09822

Practice name

Drumchapel Health Centre

Practice code

40648

Practice address80 90 Kinfauns Dr
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 232 9170

Facsimile: 0141 211 6128

REFERRING GP DETAILS

Name

Dr. Katherine Turner

GMC code

2388036

GP code

09822

Practice name

DRUMCHAPEL HEALTH CENTRE (40648)

Practice code

40648

Practice address80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141-232-9170

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: (L) breast swollen

Comment: Thank you for seeing the above 36 year old lady. She has noticed that her left breast is swollen and tender. She has a family history of breast cancer. On examination she has a nodular area in the upper outer quadrant of her left breast. I would value your opinion and advice.

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Heavy smoker - 20-39 cigs/day:		24-Jan-1994
Current smoker:		07-Feb-2008
Current smoker:		10-Jan-2006
Alcohol intake within recommended sensible limits:		07-Feb-2008
Alcohol intake within recommended sensible limits:		10-Jan-2006
Enjoys moderate exercise:		07-Feb-2008
Enjoys moderate exercise:		10-Jan-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Abdominal pain type	Hosp. Admitted	Upper abdominal pain	08-Mar-2008
[D]Abdominal pain	-	Direct admission to surgical ward.	08-Mar-2008
[D]Right upper quadrant pain	Hosp. Admitted	-	08-Mar-2008
Partial thickness rotator cuff tear	Hosp. Referred	LEFT SHOULDER	29-Dec-2005
[D]Abdominal swelling	Hosp. Referred	-	21-Jun-2004
Termination of pregnancy	-	-	17-Mar-2003
Panic attack	-	-	20-Oct-1999
Irritable bowel syndrome	-	-	18-Jun-1998
Spontaneous vaginal delivery	Hosp. Admitted	Healthy female	07-Jun-1994
screening priority	-	-	24-Jan-1994
Ovarian cysts	Hosp. Admitted	Right	11-Dec-1992
Spontaneous vaginal delivery	Hosp. Admitted	Healthy female	01-Nov-1990
[V]Personal history of pelvic inflammatory disease - PID	Hosp. Admitted	Chronic	07-Aug-1989

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Modifier</u>	<u>Date performed</u>
Surgical referral	-	08-Mar-2008
Ultrasound of abdomen	-	08-Mar-2008
Serum vitamin B12	abnormal	17-Nov-2006
Full blood count abnormal	-	16-Nov-2006
Serum folate borderline	abnormal	16-Nov-2006
Full blood count abnormal	-	11-Oct-2006
Cold coagulation of lesion of cervix	-	07-Apr-2005
Colposcopy	-	13-Sep-2004
Laparoscopy	Hosp. Admitted	18-Jun-1998

Cervical smear: inadequate spec GP Care 12-Aug-1991
Blood group A Positive 05-Jan-1990

Family conditions (All priorities)

Description	Modifier	Extension	Date Recorded
FH: Ischaemic heart dis. <60	-	-	07-Feb-2008
No family history diabetes	-	-	07-Feb-2008

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Folic Acid	84	TABS 5MG	1 Tab	In the morning	01-Dec-2006	-	535 Days

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued	Duration
Levonelle 1500	1	Levonorgestrel 1500mcg TABS	1 Tab	now	08-Jul-2008	-	0 Days

Clinical warnings**Allergies**

[V]Personal history of penicillin allergy

Additional relevant information**Administrative information**

OK to send correspondence to home address?: Yes

Patient will accept any site: Yes

Patient will accept cancellation or short notice appointment (within 1-21 days): Yes

Patient has disability or requires wheelchair access: No

Referred By: Referring GP

Electronic Attachment Present: No

Signature of referring doctor (or other professional) Date

Gartnavel General Hospital, 1053 Great Western Rd, Glasgow, G12 0YN

DIRECTORATE OF SURGERY

MR ALAN MCKAY'S SURGICAL CLINIC, GARTNAVEL GENERAL HOSPITAL

Reply to: ALAN J MCKAY
Our Ref: Hospital No 50867650X

Direct: 0141 211 3228
FAX : 0141 357 4725

9 May 2008

DR TURNER
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

Dear Dr Turner,

Re: DOROTHY ARTHUR, D.O.B. 04/05/1972
22 SPRINGSIDE PLACE, GLASGOW
G15 7YG

saw this patient for review on 1 May 2008.

FINAL DIAGNOSIS:

UPPER ABDOMINAL PAIN

PROCEDURES PERFORMED:

NO PROCEDURE

ADDITIONAL COMPLICATIONS:

NONE

OUTCOME:

SATISFACTORY

Pain now settled and symptom free.

No further appointment has been arranged and the patient has been discharged from the clinic.

Yours sincerely,

ALAN J MCKAY
CONSULTANT SURGEON

GARTNAVEL GENERAL HOSPITAL, 1053 Great Western Rd, Glasgow, G12 0YN

DIRECTORATE OF SURGERY

Reply to: ALAN J MCKAY
Our Refs: Hospital No: 50867650X
CHI No: 0405726104

Telephone: 0141 211 3228
FAX: 0141 357 4725

9 April 2008

Dr K J Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Turner,

Re: DOROTHY ARTHUR, D.O.B. 04/05/1972
22 SPRINGSIDE PLACE, GLASGOW, G15 7YG

Your patient was admitted as an emergency to the Western Infirmary on 8 March 2008.

MAIN DIAGNOSIS FOR EPISODE
UPPER ABDOMINAL PAIN (789.0)

INVESTIGATIONS PERFORMED
ABDOMINAL ULTRASOUND

PROCEDURES PERFORMED
NO PROCEDURE

OUTCOME
SATISFACTORY AT DISCHARGE

ADDITIONAL COMMENTS

She was admitted with intermittent epigastric/right upper quadrant pain, associated with nausea. She was afebrile and her abdomen was soft. Amylase, LFT's and inflammatory markers were within normal limits. Ultrasound revealed a normal liver and kidneys with no gallstones and no common bile duct dilatation. Her symptoms improved with conservative management.

Your patient was discharged home on 8 March 2008, and has an appointment to attend my Surgical Clinic, Gartnavel General Hospital on 10 April 2008.

Yours, sincerely

ALAN J MCKAY
Consultant Surgeon

01/05/08

will
submit

DNA - 10/4/08

STA

IMMEDIATE DISCHARGE LETTER



Greater
Glasgow

PATIENT COPY

First Issued: 10/03/2008 15:34
Printed: 10/03/2008 15:34

Western Infirmary

Dumbarton Road

Glasgow

G11 6NT

Telephone : 0141 - 211 - 2000

Admitted: 08/03/2008

Discharged: 09/03/2008

Discharged to: Home

Ward: L10W

Consultant: MR AJ MCKAY, Vascular Surgery

Hospital No: 50867650X

Date of birth: 04/05/1972

CHI: 0405726104

REGISTERED GP

Dr KATHERINE TURNER
DRUMCHAPEL HEALTH CENTRE
80/90 KINFAUNS DRIVE
GLASGOW
G15 7TS

PATIENT

DOROTHY ARTHUR
22 SPRINGSIDE PLACE
GLASGOW
G15 7YG

DIAGNOSES

1. Upper abdominal pain, Right, Possible, 08/03/2008

ICD10

R101

PROCEDURES

OPCS4

MEDICATION

Drug Name	Format	Route	Dose	Admin Times					PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18	22			
Folic acid	Tab	Oral	5mg	X						Indefinite	7
Buscopan	Tablet	Oral	20mg	X	X		X			Indefinite	42
Paracetamol	Tab	Oral	1g	X	X		X	X	4-6hrly for pain	Indefinite	50
Pharmacy Comments											

FOLLOW UP ARRANGEMENTS

Outpatient Clinic Consultant

Date

No arrangements made

Outpatient Investigations

Date

No arrangements made

Community Care

Date

Reason

No arrangements made

GENERAL COMMENTS

Final discharge letter to follow

Patient admitted with history of right upper quadrant pain

Patient become more settled overnight

Abdominal ultrasound was unremarkable

Patient is now medically fit to be discharged

Signed: _____

Designation: _____

Contact: Soon Yeng Au

Pager Number: _____

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Tel: 0141 211 2414
COLPOSCOPY SUIT

Ref:ET/CB 50867650

Date: 20th November 2006

Ms Dorothy Arthur
22 Springsdale Place
Glasgow
G15 7YG

Dear Ms Arthur,

We are sorry you did not attend your 2 appointments for the Colposcopy Clinic.

We have now discharged you to the care of your General Practitioner whom you should attend for a follow up smear.

Yours sincerely

S/N Emma Thomson
Colposcopy Nurse

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Tel : 0141 211 2414
COLPOSCOPY SUITE

Ref:ET/CB 50867650

Date : 20th November 2006

Dr Turner
Drumchapel Health Centre
80-90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Turner,

RE: Dorothy Arthur 04/05/72 (6104)
22 Springside Place Glasgow G15 7YG

The above named patient has been sent 2 appointments for the Colposcopy Clinic but has failed to attend.

We have discharge her to your care and ask that you repeat this patient's smear in the near future.

Yours sincerely

S/N Emma Thomson
Colposcopy Nurse

**Colposcopy Clinic
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

Dorothy Arthur
22 Springside Place
Glasgow
G15 7YG

Date : 21st June 06
Your Ref : 50867650X
Our Ref : JW/CD

Enquires to : Colposcopy
Extension : 2414
Direct Line : 0141 211 2414

Dear Ms Arthur,

We note you have been unable to attend the appointments which have been sent to you for the Colposcopy Clinic.

Another appointment has been made for you to attend the clinic on **Monday 6th November 2006 at 10.10am.**

Yours sincerely

--- J WATSON
Clinical Assistant

PLEASE NOTE THE APPOINTMENT DETAILS AS NO REMINDER WILL BE SENT.

**Colposcopy Clinic
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

Dr Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Date : 21st June 06
Your Ref : 50867650X
Our Ref : JW/CD

Enquires to : Colposcopy
Extension : 2414
Direct Line : 0141 211 2414

Dear Dr Turner,

RE; Dorothy Arthur, DOB 4/5/72 (6104), 22 Springside Place, Glasogw, G15 7YG.

The above named patient has been sent appointments for the Colposcopy Clinic but has failed to attend.

Another appointment has been sent for Dorothy to attend on Monday 6/11/06.

Yours sincerely

RJ WATSON
Clinical Assistant

**Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

**Tel: 0141 211 2414
Fax: 0141 211 2913**

COLPOSCOPY CLINIC

Ref: ML/JM/50867650X

Date: 21st December 2005

Dr Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Dear Dr Turner

**RE: DOROTHY ARTHUR DOB: 04 05 72
22 SPRINGSIDE PL GLASGOW G15 7YG**

The above named patient was seen at the Colposcopy Clinic on 23 11 05

RESULTS	COLPOSCOPY	NORMAL
	CYTOLOGY	NEGATIVE
	HISTOLOGY	NOT DONE

ACTION : Swabs taken at this visit have both been reported as negative.
Patient to attend the Nurse Led Smear Clinic for a further smear on
24th May 2006

Yours sincerely

Dr Marjorie Lupton
Clinical Assistant

**Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

**Tel: 0141 211 2414
Fax: 0141 211 2913**

COLPOSCOPY CLINIC

Ref: ML/JM/50867650X

Date: 21st December 2005

Ms Dorothy Arthur
22 Springside Place
Glasgow
G15 7YG

Dear Ms Arthur

Further to your recent visit to the Colposcopy Clinic your results show your smear has been reported as negative. The swabs that were taken at this visit have also been reported as negative.

I would like to see you back at the clinic for further re-assessment at the Nurse Led Smear Clinic on **Wednesday 24th May 2006 at 10.20am.**

Yours sincerely

Dr Majorie Lupton
Clinical Assistant

**PLEASE NOTE YOUR APPOINTMENT, AS NO FURTHER REMINDERS
WILL BE SENT.**

**Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

**Tel: 0141 211 2414
Fax: 0141 2112913**

COLPOSCOPY SUITE

Ref: MI/JM/50867650X

Date: 7th April 2005

Ms Dorothy Arthur
6 Kilcloy Ave
Glasgow
G15 8RR

Dear Ms Arthur

Further to your recent visit to the Colposcopy Clinic for treatment, I would like to see you again at the Colposcopy clinic for review in 6 months time.

I have arranged an appointment for **Wednesday 26th October 2005 at 3.15pm.**

CANC. NOW 23/11/05

Yours sincerely

Dr Marjorie Lupton
Clinical Assistant

NB. Please note your appointment as no reminder will be sent.

**Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

**Tel: 0141 211 2414
Fax: 0141 211 2913**

COLPOSCOPY CLINIC

Ref: ML/JM/50867650X

Date: 7th April 2005

Dr Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Dear Dr Turner

Re: Dorothy Arthur 6 Kilcloy Ave Glasgow G15 8RR DOB: 04 05 72

Your patient attended the Colposcopy Clinic for treatment to her cervix. The possibility for treatment for her CIN 1 was discussed with her and she opted to have treatment to her cervix.

Cold coagulation treatment was carried out to the transformation zone for 25 seconds.

Arrangements have been made to review her at the Colposcopy Clinic in 6 months time.

Yours sincerely

Dr Marjorie Lupton
Clinical Assistant

**Western Infirmary
Dumbarton Road
GLASGOW G11 6NT**

**Direct Line: 0141 211 2656/2198
Fax Line : 0141 211 1847**

JWC/FMM/50867650x

DEPARTMENT OF GYNAECOLOGY

14 February 2005

Dr Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
Glasgow
G15

Dear Dr Turner

**DOROTHY CUMMINGS DOB: 04.05.72
6 KILCLOY AVENUE GLASGOW**

Further to your letter as regards this patient, she did not attend for ultrasound scan on the 13th of January. I shall not be sending her any further appointments.

Kind regards

Yours sincerely

**J W CORDINER
CONSULTANT GYNAECOLOGIST**

**Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

Tel: 0141 211 2414

Fax: 0141 211 2913

COLPOSCOPY CLINIC

Ref: JW/AR/50867650X

Date: 25th January 2005

Ms Dorothy Cummings
6 Kilcloy Avenue
GLASGOW
G15 8RR

cc Dr Turner
Drumchapel Health Centre
GLASGOW
G15 7TS

Dear Ms Cummings

We are sorry you were unable to attend the appointment that had been sent to you for Colposcopy for treatment.

Your new appointment has been arranged for **Wednesday 6th April 2005 at 3.05pm**

If you do not attend no further appointments will be sent.

Yours sincerely

Dr Jennifer Watson
Clinical Assistant

NB; PLEASE NOTE THE ABOVE APPOINTMENT, AS NO REMINDER LETTERS WILL BE SENT.

**Western Infirmary
Dumbarton Road
GLASGOW G11 6NT**

**Direct Line: 0141 211 2656/2198
Fax Line : 0141 211 1847**

JWC/FMM/50867650X

DEPARTMENT OF GYNAECOLOGY-DR CORDINER'S GYNAECOLOGY CLINIC 02.12.04

7 December 2004

Dr Turner
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
Glasgow
G15

Dear Dr Turner

**DOROTHY CUMMINGS DOB: 04.05.72
6 KILCLOY AVENUE GLASGOW**

I saw this patient in my gynaecology clinic on the 2nd of December. She complains of intermittent abdominal swelling. She has a past history of ovarian cyst at aged 11 and has had two laparoscopies since then.

Pelvic examination was unremarkable.

I have arranged for an ultrasound examination to reassure her as regards no cysts and reassured her as regards the normal clinical findings.

She also had some slightly irregular bleeding but as you are aware, has had an Implanon inserted in 2003. I have advised her that if this continues that she should report back to the family planning clinic.

Kind regards

Yours sincerely

J W CORDINER
CONSULTANT GYNAECOLOGIST

Hospital Use only	Clinic <i>De Cordiner</i>	Day Date <i>2/12/04</i>	Time	Hospital No: <i>50867650</i>
----------------------	------------------------------	-------------------------------	------	------------------------------------

Ambulance required? No

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

Dr JAMES CORDINER	Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT
Gynaecology	
Hosp email:	
Hospital Unit No: 867650	

URGENCY OF REFERRAL:

Soon

PATIENT DETAILS:

Cummings	6 Kilcloy Avenue GLASGOW
Dorothy C	
Previous surnames:	
Title: Miss	
Female	
04/05/1972	G15 8RR
0405726104	585 2421

REFERRING PRACTITIONER DETAILS:

Dr Turner	Drumchapel Health Centre 80 90 Kinfauns Dr Glasgow G15 7TS
Tel: 0141 232 9170	
Fax: 0141 211 6128	

REGISTERED GP DETAILS:

Dr Turner	Drumchapel Health Centre 80 90 Kinfauns Dr Glasgow G15 7TS
Practice No: 40648	
GP No: G09822	
Fax: 0141 211 6128	Tel: 0141 232 9170

Routine

25 JUN 2004

History of Presenting Complaint

Reason for Referral (& Expectation of Outcome)

Thank you for seeing the above 2 year old lady. She has a long history of pelvic inflammatory disease and a history of a right ovarian cyst. She had an implanon implant inserted on the 28th April 2003. She now complains of episodes of abdominal swelling. On examination of her abdomen she has some tenderness in the region of both her ovaries. I would value your opinion and advice.

Past Medical History

Current and Recent Medication

Recent Medication:

Chlorpromazine Hydrochloride tabs 10mg 1 tab 12 hourly prn (commenced 24/05/2004)

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Heavy smoker - 20-39 cigs/day (24/01/94)

Alcohol

Yours sincerely

Katherine Turner

Dr Turner GP
21st June 2004

**Western Infirmary
Dumbarton Road
Glasgow
G11 6NT**

**Tel: 0141 211 2414
Fax: 0141 211 2913**

COLPOSCOPY CLINIC

Ref: JW/AR/50867650X

Date: 13th September 2004

Dr Turner
Drumchapel Health Centre
GLASGOW
G15 7TS

Dear Dr Turner

**DOROTHY CUMMINGS DOB: 4.5.1972
6 KILCLOY AVENUE, GLASGOW**

The above named patient was seen at the Colposcopy Clinic on 23/8/04

RESULTS	COLPOSCOPY	VIRAL + NABOTHIAN FOLLICLES
	CYTOLOGY	NOT PERFORMED
	HISTOLOGY	CIN 1

ACTION: Results indicate that your patient would benefit from treatment, this has been arranged as an outpatient at the Colposcopy Clinic on 8th December 2004.

Yours sincerely

Dr Jennifer Watson
Clinical Assistant

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Tel: 0141 211 2414
Fax: 0141 211 2913

COLPOSCOPY CLINIC

Ref: JW/AR/50867650

Date: 13th September 2004

Ms Dorothy Cummings
6 Kilcloy Avenue
GLASGOW
G15 8RR

Dear Ms Cummings

Following your recent examination at the Colposcopy Clinic, your results show that you would benefit from treatment.

This is easily carried out as an outpatient and I would like you to attend the Colposcopy Clinic, Ground Floor G Block on **Wednesday 8th December 2004 at 10.45am.**

Yours sincerely

Dr Jennifer Watson
Clinical Assistant

NB: Please note the above appointment, no reminder letter will be sent.

Cdp 15311

50867650

Hospital Use only	Clinic	Day Date	Time	Hospital No:
----------------------	--------	-------------	------	-----------------

Ambulance required?
No

~ REFERRAL LETTER ~
- Medical in Confidence -

REFERRAL TO:

Dr JAMES CORDINER	Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT
colposcopy	
Hosp email:	
Hospital Unit No: 867650	

URGENCY OF REFERRAL:

URGENT	Contact bleeding
---------------	------------------

PATIENT DETAILS:

Cummings	6 Kilcloy Avenue GLASGOW
Dorothy C	
Previous surnames:	
Title: Miss	
Female	
04/05/1972	G15 8RR
0405726104	585 2421

REFERRING PRACTITIONER DETAILS:

Dr Turner	Drumchapel Health Centre 80 90 Kinfauns Dr Glasgow G15 7TS
Tel: 0141 232 9170	
Fax: 0141 211 6128	

REGISTERED GP DETAILS:

Dr Turner	Drumchapel Health Centre 80 90 Kinfauns Dr Glasgow G15 7TS
Practice No: 40648	
GP No: G09822	
Fax: 0141 211 6128	Tel: 0141 232 9170

1 - JUL 2004

Cdp

25 JUN 2004

History of Presenting Complaint

Reason for Referral (& Expectation of Outcome)

Thank you for seeing the above 32 year old lady. She recently attended our clinic for a smear. On examination she appears to have a cystic area on the surface of her cervix and had contact bleeding when the smear was taken. Her last smear in 1998 showed borderline nuclear abnormality with koilocytosis consistent with HPV infection. I would value your opinion and advice.

Past Medical History

Current and Recent Medication

Recent Medication:

Chlorpromazine Hydrochloride tabs 10mg.1 tab 12 hourly prn (commenced 24/05/2004)

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Heavy smoker - 20-39 cigs/day (24/01/94)

Alcohol

Yours sincerely

Katherine Turner

Dr Turner GP

21st June 2004

WEST GLASGOW HOSPITALS

ADMISSION No.

DEPARTMENT OF GYNAECOLOGY, WESTERN INFIRMARY, GLASGOW
CONSULTANT IN CHARGE DR SEARLE

1315310 W

PATIENT	DOROTHY CUMMINGS	AGE	HOSP. No
ADDRESS	6 KILCLOY AVENUE GLASGOW	DATE OF BIRTH	04.05.72
ADMITTED	27.03.03	DISCHARGED	27.03.03
DIAGNOSIS	1st	OPERATION	1st
DIAGNOSIS	2nd	OPERATION	2nd
DIAGNOSIS	3rd	OPERATION	3rd
DIAGNOSIS	4th	OPERATION	4th

CASE SUMMARY

TS/KG

Date Dictated: 27 March 2003
Date Typed: 31 March 2003

Dr Tooke
Drumchapel Family Planning Clinic
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW

Dear Dr Tooke

OPERATION: STOP
INDICATION: UNWANTED PREGNANCY

The above procedure was straightforward. Prophylactic antibiotics were given at the time. No formal follow-up has been organised.

Yours sincerely

TOM SEARLE
LOCUM CONSULTANT GYNAECOLOGIST





Patient Identification

Patient CRN	50867650X	Provider	SGC04	Hosp	
Surname	CUMMINGS	Patient's Address	66H		
First Forename	DOROTHY	6 Kilcloy Avenue			
Second Forename	GLASGOW	GLASGOW			
Previous Surname					
Date of Birth	04 May 1972	Postcode			
Sex	Female	G15 8RR			
CHI No	Not Known	Tel No:			
NHS No		Ethnic Group			
Alt CRN		GP Practice			
		GMC No: DRUMCHAPEL HEALTH CENTRE 0141			
		0647326 SCOTT			

Episode Management

Sp	are Package ID	Ward	Admission Date
Specialty/Discipline (Code + Text National)	DUG*GGH		27/03/03
Significant Facility	GYN GYNAECOLGY		Admission Reason
Consultant Code	OTH OTHER HOSP WARD		11
Consultant Name	CHAT		TREAT
Management of Patient	CHATFIELD		Admission/Transfer From
Waiting List Guarantee Exception Code	INPATIENT		1 0
Waiting List Date	NATIONAL HEA		GP Referral Letter No.
		24/03/03	Waiting List Type
			TB

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
3	
4	
5	
6	

Main Operation/Procedure

Date Main Operation	
Clinician Responsible	
Other 2	Date (OPP2)
Clinician Responsible (2)	
Other 3	Date (OPP3)
Clinician Responsible (3)	
Other 4	Date (OPP4)
Clinician Responsible (4)	

Development data

Chronic Sick/Disabled		Lifestyle Risk Factors 1		2	
Clinical Problem of Spell/Care Package		Outcome Measures 1		2	
		Dependency/Severity Measures 1		2	

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

Guidance of Doctors and Patients overleaf)

50867650X

CUMMINGS

DOROTHY

6 Kilclay Avenue

04/05/1972

ETHY
F

GLASGOW

G15 8RR

1/72

Proposed Procedure
LOCK CAPITALS)

Date 24.3.03

Surgical termination

d. pregnancy

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

I 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

CRTAGGAB

CRTAGGAB

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 or Dentist who has been treating me so far.

That the 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.

I AGREE

To the administration of an anaesthetic or a sedation if required.

To the procedure named on this form.

That the examination for the purposes of teaching will not be undertaken without my consent. (SEE OVERLEAF)

Signature

Name
(BLOCK CAPITALS)

Address

Dorothy Cummings

NOTES OF GUIDANCE

1. DOCTORS

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand, about the proposed procedure, any side-effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this Form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this Form.

- 1.1 The patient must give written consent to be examined by students during any procedure for which written consent is required (See below).

2. PATIENTS

- 2.1 The Doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.
- 2.2 You may ask for a relative, friend or a Nurse to be present while the Doctor/Dentist explains the procedure and asks you to sign this Form.
- 2.3 Students need to learn how to examine patients and to see how procedures are done. This is important for the future of Health Services. You may be asked to give consent to be examined by Students during the procedure. It is up to you to decide whether you give your consent or not, but whatever you decide, it will not affect your treatment.

-
1. I agree/do not agree* to the involvement of a Student at the procedure named on this Form.
2. I agree/do not agree* to examination by a Student during the procedure named on this Form under the supervision of the Senior Medical/Dental Officer undertaking the procedure.

Name Date

(BLOCK CAPITALS)

Signature

(*DELETE AS APPROPRIATE)



Western Infirmary
Dumbarton Road
GLASGOW G11 6NT

Direct Line: 0141 211 2656/2198
Fax Line: 0141 211 1847

CT/FMM/~~1575~~

DEPARTMENT OF GYNAECOLOGY - SOCIAL GYNAECOLOGY CLINIC 24.03.03

25 March 2003

Dr Dawn Tooke
Family Planning Clinic
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
Glasgow

Dear Dr Tooke

DOROTHY CUMMINGS DOB: 04.05.72
6 KILCLOY AVENUE DRUMCHAPEL GLASGOW

Many thanks for referring Dorothy who attended the Social Gynaecology Clinic on 24.03.03. She is now 7 +4 weeks pregnant by scan and I have arranged for her to undergo a suction termination of pregnancy on 27.03.03 in the day surgery unit.

Thereafter she plans to use Implanon for future contraception.

Yours sincerely

CHRISTINA TAGGART
CONSULTANT GYNAECOLOGIST

FAMILY PLANNING CLINICS

UB/JEM/TOPREF/Amended/11.03.98

REFERRAL FOR TERMINATION OF PREGNANCY

ALL ADDRESSES SHOULD BE COMPLETED EVEN IF THERE IS TO BE NO CORRESPONDENCE

DATE	17/3/03	Consulting Doctor at Clinic:	D. TOOLE
Patient Surname:	CUMMINGS	Clinic Address:	DRUMCHAPPEL A.C. KINFARNS DR.
First Name:	DOROTHY		
Previous Names:		GP Name and Address:	DR DUFFY DRUMCHAPPEL A.C.
D.O.B:	01/15/72		
Address:	6 KILCLOY AVG. DRUMCHAPPEL GLASGOW		
Single/Married/Divorced	Divorced		

Permission for correspondence to home address YES/NO

Permission for correspondence to go to GP YES/NO

Correspondence address if different from above:	Client Preference
	Medical TOP ☐ Surgical TOP ☐ Unsw

LMP:	26/1/03	Date Pregnancy Test Positive:	10/3/03	Estimated Gestation:	8/40
------	---------	-------------------------------	---------	----------------------	------

Abortion Request:

Already has two girls of 10 + 13.
Not in a stable relationship. Feels that she would struggle financially.

Knowledge of Pregnancy	Supportive:
Partner: YES/NO	Family:
Parents: YES/NO/Not Applicable	Partner: None:
Medical History	Obstetric History:
Current illnesses: No	Parity: 2 + 1
Allergies: Penicillin	Caesarean Section: No
20 wks.	Previous therapeutic abortion and dates: No
Current Medication: No	Gynaecology History:
Drug Taking: No	(R) Ovarian cyst torsion - (R) Oophorectomy + salpingectomy
Examination:	Vaginal Discharge YES/NO
Clinical Assessment of Uterine Size: Not palpable abdominally	Chlamydia Swab YES/NO
Adnexae:	Bacteriology Swab YES/NO
Results if Scan Performed:	Smear YES/NO
Future Counselling Requested:	Certificate A Completed and Enclosed YES/NO
Pre Termination: YES/NO	
Post Termination: YES/NO	
Contraceptive History:	Contraceptive Plan:
Was using condoms.	1. Contraceptive Not Needed:
Was used Depo-Provera previously	2. Request for ☐ Depo Provera ☐ IUD in hospital unit
	3. COC Prescribed:
	4. Follow Up at ☒ FPC ☐ GP

IN CONFIDENCE

Not to be destroyed within three
years of the date of the operation

ABORTION ACT 1967

Certificate to be completed in relation to an abortion
under Section 1(1) of the Act

I DAWN TOOKE MRCNB
(name and qualifications of practitioner : in Block Capitals)
of DRUMCHAPPEL HEALTH CENTRE FAMILY PLANNING CLINIC
(full address of practitioner)

Have/have not* seen/examined* the pregnant woman to whom this certificate relates at

DRUMCHAPPEL HEALTH CENTRE
(Full address of place at which patient was seen or examined)
on 17/3/03
and I Dr KIRAN PATEL
(Name and qualifications of practitioner : in Block Capitals)

of WESTERN INFIRMARY
(Full address of practitioner)

(*delete as
appropriate)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at

WESTERN INFIRMARY
(Full address of place at which patient was seen or examined)
on 24/3/03

We hereby certify that we are of the opinion, formed in good faith, that in the case of

DOROTHY CUMMINGS
(Full name of pregnant woman : in Block Capitals)
of 6 KILCORANE DRUMCHAPPEL, GLASGOW
(Usual place of residence of pregnant woman : in Block Capitals)

- ☐ A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- ☐ B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- ☒ C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
- ☐ D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.
- ☐ E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Tick
appropriate
box

This certificate of opinion is given before the commencement of treatment for the termination of pregnancy to which it refers.

Signed Dr K

Date 17/3/03

Signed Kiran

Date 24/3/03

(OVERLEAF: CERTIFICATE B - FOR USE IN CASES OF EMERGENCY)

IN CONFIDENCE

Certificate B

Not to be destroyed within three
years of the date of the operation

ABORTION ACT 1967

Certificate to be completed in relation to an abortion
performed in emergency under Section 1(4) of the Act

I,
(name and qualifications of practitioner : in Block Capitals)
of
.....
(full address of practitioner)

hereby certify that I *am/was of the opinion, formed in good faith, that it *is/was necessary
immediately to terminate the pregnancy of

.....
(Full name of pregnant woman : in Block Capitals)
of
.....
(Usual place of residence of pregnant woman : in Block Capitals)

Tick
appropriate
box

- ☐ F to save the life of the pregnant woman; or
☐ G to prevent grave permanent injury to the physical or mental health of the pregnant woman.

This certificate of opinion is given:

Tick
appropriate
box

- ☐ 1 before the commencement of treatment for the termination of the pregnancy to which it relates;
or, if that is not reasonably practicable, then
☐ 2 not later than 24 hours after such termination.

Signed
Date

*Delete as appropriate.

(OVERLEAF: CERTIFICATE A)

Ward G9
Western Infirmary
GLASGOW G11 6NT

Direct Line 0141 211 2656/2198
Fax Line 0141 211 1847

MB/mtm/867650

DEPARTMENT OF GYNAECOLOGY -

20th August 1998

Dr Chatfield
Consultant Gynaecologist
Ward G9
WIG

Dear Dr Chatfield

DOROTHY ARTHUR DOB 04.05.1972
17 SUMMERHILL ROAD GLASGOW

This patient was given an appointment for an outpatient hysteroscopy. She had a laparoscopy in Gartnavel on 25th June and I believe she should have had a hysteroscopy at the same time but this wasn't done. In any case she has now defaulted twice from the hysteroscopy clinic and I think we should take no further action.

Yours sincerely

MYRIAM BONDUELLE
LOCUM CONSULTANT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ADMISSION No.

DEPARTMENT OF GYNAECOLOGY, WESTERN INFIRMARY, GLASGOW
CONSULTANT IN CHARGE **DR W R CHATFIELD**

PATIENT	DOROTHY ARTHUR	AGE	HOSP. No 867650
ADDRESS	17 SUMMERHILL RD c/o CUMMINGS GLASGOW		
DATE OF BIRTH	04.05.72		
ADMITTED	18.06.98	DISCHARGED	18.06.98
DIAGNOSIS 1st			
OPERATION 1st			
DIAGNOSIS 2nd			
OPERATION 2nd			
DIAGNOSIS 3rd			
OPERATION 3rd			
DIAGNOSIS 4th			
OPERATION 4th			

CASE SUMMARY

IP/SS

25th June 1998

Dr Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
Glasgow

Dear Dr Morgan

Mrs Arthur underwent a diagnostic laparoscopy at Gartnavel General today. The procedure was uncomplicated. The uterus was normal, as were both tubes. While the left ovary was normal, the right ovary was further down presumably from a previous cystectomy. It appeared normal in appearance. There were some filmy adhesions in the Pouch of Douglas suggestive of old pelvic inflammatory disease. However, there was no evidence of active infection nor was there any evidence of endometriosis to account for her pain. It is unlikely that the pain is gynaecological in origin and I would suggest a trial of Colofac or Colpermin for a presumptive diagnosis of irritable bowel syndrome.

I have not arranged to review her in the gynaecology clinic again but would be pleased to do so should you want us to.

Yours sincerely

IMRAN PIRWANY
SENIOR REGISTRAR

867650

GGH

Patient Identification

Patient CRN	ARTHUR	Provider	17 Summerhill Road SGC04 Hosp.
Surname	DOROTHY	Patient's Address	C/O CUMMINGS GLASGOW
First Forename			
Second Forename			
Previous Surname	04 May 1972		G15 7JW
Date of Birth	Female	Single / Ne	
Sex	0405726104	Marital Status	
CHI No		Tel No:	DRUMCHAPEL HEALTH CENTRE 0141 211 111
NHS No		Ethnic Group	2943024 MORGAN
Alt CRN		GP Practice	
		GMC No:	DUG GGH 18/06/98

E de Management

Spell/Care Package ID	GYN GYNAECOLOGY	Ward	Admission Date	11
Specialty/Discipline (Code + Text National)	OTH OTHER HOSP WARD		Admission Type	TREAT
Significant Facility	CHAT		Admission Reason	1 0
Consultant Code	CHATFIELD		Admission/Transfer From	
Consultant Name	DC IN DBU (NO OVE	NATIONAL HEA	Admission/Transfer From - Location	
Management of Patient		Patient Category	GP Referral Letter No.	1B
Waiting List Guarantee Exception Code		Waiting List Date	Waiting List Type	

General Clinical

Main Diagnosis - ICD 10	
Other Condition - ICD 10 - 2	
4	
5	
6	

Main Operation/Procedure

		Date Main Operation	
Other 2		Clinician Responsible	
		Date (OPP2)	
Other 3		Clinician Responsible (2)	
		Date (OPP3)	
Other 4		Clinician Responsible (3)	
		Date (OPP4)	
		Clinician Responsible (4)	

Development data

Chronic Sick/Disabled		Clinical Problem of Spell/Care Package		Lifestyle Risk Factors 1		2	
				Outcome Measures 1		2	
				Dependency/Severity Measures 1		2	

Western Infirmary
Dumbarton Road
GLASGOW G11 6NT

Direct Line: 0141 211 2656/2198
Fax Line: 0141 211 1847

WRC/SS/867650

DEPARTMENT OF GYNAECOLOGY - DR CHATFIELD'S CLINIC 14.4.98

14th April 1998

Dr Morgan
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel

Dear Dr Morgan

DOROTHY ARTHUR DOB: 04.05.72
c/o CUMMINGS 17 SUMMERHILL ROAD GLASGOW

I saw this lady on 14.4.98. As you know she has had recurrent attendance's at casualty with lower abdominal pain and a diagnosis of chronic pelvic inflammatory disease has been made although I note from her case sheet that they have never had a positive culture. She also has secondary dysmenorrhoea and dyspareunia. She has had 3 pregnancies in the middle of these episodes.

On examination she was tender but there were no specific abnormalities identified.

I think that she requires a diagnostic laparoscopy to make or refute the diagnosis of pelvic inflammatory disease and also to exclude endometriosis. I have arranged to carry this out in the near future.

Kind regards.

Yours sincerely

W R CHATFIELD
CONSULTANT GYNAECOLOGIST

Hospital use Only	Clinic	WRC	Day Date	TUES 14/11	Time	10:10	Hospital No.	867650	GP112
REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED							Appointment Category Routine ☐ Soon ☒ Urgent ☐		
Hospital		1129		Date		11 2 98		CHI No. 0405726104	
Please arrange for this patient to attend the gynae clinic of Dr/Mr									
Patient's Surname		ARTHUR		Maiden Surname					
First Names		DOROTHY		Single/Married/Widowed/Other					
Address		90 CUMINGS 17 SUMMERHILL		Date of Birth		4.5.72			
Postal Code		G15 7JW		Contact telephone number					
Has the patient attended hospital before? YES / NO If "YES" please state:									
Name of Hospital		1129		Year of attendance		1992		Hospital No. 867650	
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. ANNE MORGAN DRUMCHAPEL HEALTH CENTRE 80-90 KINFAUNS DRIVE GLASGOW G15 7TS TEL: 211 6120 or 6121 PRACTICE No. 40205 Please use rubber stamp		

PARTICULARS OF PATIENT.
IN BLOCK LETTERS PLEASE

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:

Thank you for seeing this parous lady with a history of
 pelvic inflammatory disease diagnosed by laparoscopy in 1990
 She has had recurrent @bacia fossal pain dyspareunia &
 yellow vaginal discharge On this occasion it has lasted 8 weeks
 She stopped Depo Provera in Feb 97 & has bled daily since Sept 97
 Clinically there was some cervical excitation & @adnexal
 tenderness. I have treated her as PID & Augmentin
 Metronidazole 400 125 Eymux SD 6.1. but wonder if she needs
 further investigation to exclude endometriosis / ovarian cyst

Diagnosis / provisional diagnosis: PH ? @ ovarian cyst 1992 - Rescanned no cyst ? further

Present drug treatment and potential special hazards: Cervical smear taken 6.2.98

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

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

Signature: [Signature]

178 FEB 1998

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	WRC	Day Date	FR 16/10	Time	9.40	Hospital No.	867650	GP112
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REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
 Routine ☒ Soon ☐ Urgent ☐

Hospital Western Infirmary Date 28/4/95 CHI No. 0405726104
 Please arrange for this patient to attend the GYNAECOLOGY clinic of Dr CHATFIELD
 Patient's Surname ARTHUR Maiden Surname _____
 First Names DOROTHY Single/Married/Widowed/Other Other
 Address 17 SUMMERHILL Date of Birth 4/5/72
ROAD DRUMCHAPEL GLASGOW IS Patient's Occupation _____
 Postal Code G15 7JW Contact telephone number _____
 Has the patient attended hospital before? YES/NO If "YES" please state:
 Name of Hospital Western Infirmary
 Year of Attendance 1993 Hospital No. 867650
 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 <u>DR. K. J. TURNER</u> <u>DRUMCHAPEL Health Centre</u> <u>80-90 KINFAYNS DRIVE</u> <u>GLASGOW G15 7TS</u> <u>40205 2116120</u>

Please use rubber stamp

Routine

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:

The above lady has requested to be sterilised. She has a previous history of pelvic inflammatory disease, has been unable to tolerate the contraceptive pill due to irregular bleeding and feels depressed on Depo Provera. She has two daughters aged 4 and ten months and is absolutely sure that she does not want any more children. I would be grateful if you would consider her request.

Yours sincerely,

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 _____

WESTERN INFIRMARY, GLASGOW. G11 6NT Tel. 041 339 8322

Wards G9/10

7/1/1990

I, the undersigned, do hereby refuse further treatment, and leave the above unit against the advice of the Medical Staff.

Any consequence of this action can, in no way, reflect upon the Nursing or Medical Staff of the above unit, or the hospital concerned.

SIGNED: X D Huth

WITNESS: Jg



JWC/SJ 867650/V

DEPARTMENT OF GYNAECOLOGY

1 February 1993

Dr M Duffy
22 Merryton Avenue
Glasgow
G15

Dear Dr Duffy

DOROTHY ARTHUR, C/O CUMMINGS, 17, SUMMERHILL ROAD, GLASGOW. DOB 4/5/72

This patient underwent ultrasound scan on the 28 January. No abnormality has been detected in the pelvis.

Yours sincerely

J W Cordiner
Consultant Gynaecologist

-ZW/867650

DEPARTMENT OF GYNAECOLOGY

21st January, 1993.

Miss Dorothy Arthur,
c/o Cummings,
17, Summerhill Road,
GLASGOW,
G15 7JW.

Dear Miss Arthur,

I note that you did not attend for your ultrasound scan as arranged on 21st December, 1992. We have arranged a new appointment for you for Thursday, 28th January, at 2 p.m., and hope that this will be suitable to you. If not, please contact Dr. Cordiner's secretary at the Western Infirmary on extension 4656.

Please attend with a full bladder.

Yours sincerely,

Secretary.

GREATER GLASGOW HEALTH BOARD

ADMISSION No.

DEPT OF GYNAECOLOGY - WESTERN INFIRMARY, GLASGOW
CONSULTANT IN CHARGE DR CORDINER

PATIENT	DOROTHY ARTHUR	AGE		HOSP. No.	867650
ADDRESS	c/o CUMMINGS 17 SUMMERHILL RD GLASGOW		BIRTH	4.5.72	
ADMITTED			DISCHARGED		
DIAGNOSIS 1st			OPERATION 1st		
DIAGNOSIS 2nd			OPERATION 2nd		
DIAGNOSIS 3rd			OPERATION 3rd		
DIAGNOSIS 4th			OPERATION 4th		

FR/SO'C

CASE SUMMARY

11 December 1992

Dr M Duffy
22 Merryton Avenue
GLASGOW
G15

Dear Dr Duffy

This 20 year old para 1 + 1 was seen at casualty on 8.12.92. She presented with right iliac fossa pain, vaginal discharge, dyspareunia and breakthrough bleeding.

On examination she was tender in the right iliac fossa and a scan confirmed a 4 cm right ovarian cyst.

Her pain settled spontaneously. She will have a repeat ultrasound scan on 21.12.92 and a follow up appointment on 23.12.92 at the clinic.

Yours sincerely

FIONA ROBERTSON
SENIOR HOUSE OFFICER



CASE RECORD

				CODE	DATE	
MAIN OPERATION						
OTHER OPERATION (O.P,2)						
(O.P,3)						
(O.P,4)						
LOCAL USE			NATIONAL USE			

DEPARTMENT OF GYNAECOLOGY - DR MACLEAN'S CLINIC 31.12.91

ABM/SO'C/867650

3 January 1992

Dr Malachy Duffy
22 Merryton Avenue
GLASGOW
G15 7PU

Dear Dr Duffy

ROTHY ARTHUR DOB 4.5.72
c/o CUMMINGS 17 SUMMERHILL ROAD GLASGOW G15

This lady was referred to my gynaecology clinic for review of heavy menstrual bleeding. She failed to attend. I have not sent her a further appointment.

Yours sincerely

ALLAN B MACLEAN
CONSULTANT GYNAECOLOGIST

Hospital use Only	Clinic DR. MACLEAN	Day TUES Date 31/12/91	Time 9.15a	Hospital No. 867650	GP112
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REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Hospital WIC Date 28/8/91

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

Patient's Surname ACTON Maiden Surname

First Names DOROTHY Single/Married/Widowed/Other

Address 40 COMMINGS Date of Birth

17 SUMMERHILL RS. Patient's Occupation

Postal Code G15 7SW Contact telephone number

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

Name of Hospital WIC Hospital No. 867650

Year of Attendance 90

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. MALACHY DUFFY 22 MERRYTON AVENUE GLASGOW G15 7PU TEL: 044 4787 CODE: 40205
--

Please use rubber stamp

R 40205

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 Dr Maclean, Doris is a 19 year old
Nurse 1+0 who delivered last year.
Since delivery she has been bleeding. In
April of this year she had D&C however
and since then bleeding has continued unabated.
HVS - mixed smudges (No trace)
Cervical smear - no results yet (12/8/91)
PRBC - awaiting results.
I have treated her with analgesia + vitamin K
2005 TID for 4 weeks with no result. I wonder
if you could suggest any further measures.
She is not clinically anaemic but takes on V.E. PTD

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

Sept 89 - P.D. damaged a lot
The police had
the car
in 1989

GREATER GLASGOW HEALTH BOARD (WESTERN DISTRICT)

ADMISSION No.

DEPT OF GYNAECOLOGY - WESTERN INFIRMARY, GLASGOW
CONSULTANT IN CHARGE DR MACLEAN

PATIENT	DOROTHY ARTHUR	AGE	HOSP. No.	867650
ADDRESS	c/o CUMMINGS 335 KINFALNS DR GLASGOW	DATE OF BIRTH	11.05.72	
ADMITTED	05.01.90	DISCHARGED	07.01.90	
DIAGNOSIS	1st	OPERATION	1st	
DIAGNOSIS	2nd	OPERATION	2nd	
DIAGNOSIS	3rd	OPERATION	3rd	
DIAGNOSIS	4th	OPERATION	4th	

CASE SUMMARY

JK/SO'C.

13 February 1990

Dr Whitty
12, Winton Ave
GLASGOW G15

Dear Dr Whitty

You will recall a discharge summary from Dr Dodgson in September of last year where a diagnosis of pelvic inflammatory disease was made by laparoscopy.

She was admitted on 05.01.90 as an emergency with vaginal bleeding and 11 weeks amenorrhoea. The clinical diagnosis was threatened abortion though there was some co-existing mild lower abdominal tenderness. Blood was taken for grouping (A rhesus positive) and blood count (haemoglobin 12.5).

She was managed conservatively as she was admitted over the weekend with a plan to perform a pelvic ultrasound scan on the subsequent Monday morning. She however took her own discharge from hospital during this time although it was made obvious to her that we had not yet confirmed any definite diagnosis. Indeed her serum beta HCG came back at less than 2 excluding the possibility of pregnancy and thus there is no apparent explanation for a bulky uterus. She will perhaps consult you in the near future if she has any further problems.

Yours sincerely

JOHN KINGDOM
REGISTRAR

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT
FILE IN PART 1 OF CASE RECORD
ADMISSION FORM

CASE RECORD

C/733303

HOSPITAL CODE 601		CASE REFERENCE No. 867650V	
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES		IN/OUT PATIENT BOTH	
SURNAME ARTHUR		MAIDEN NAME	
FIRST FORENAME DOROTHY	SECOND FORENAME	OTHER	INITIALS
DATE OF BIRTH 4.5.72 (17	SEX 2	MARITAL STATUS 1	
ADDRESS 96 CUMMINGS, 335 KINFARNS DR. GLASGOW			
POST CODE G15	TELEPHONE No.		
FAMILY DOCTOR: SURNAME WHITBY	INITIALS	G.P. TELEPHONE No.	
ADDRESS 22 MERRYTON AVE GLASGOW			
POSTCODE G15			
ADMISSION: DATE OF ADMISSION 5/1/90	WARD No. G9	TIME OF ADMISSION 20.40	
DATE PLACED ON WAITING LIST	ADMITTED/TRANSFERRED FROM 8	TYPE OF ADMISSION 8	
CONSULTANTS SURNAME	PATIENTS RELIGION C/S		
OCCUPATION UNEMPLOYED			
HUSBAND'S OCCUPATION (MARRIED WOMAN)/PARENT'S OCCUPATION (CHILD)			
REASON FOR ADMISSION GYN COND.			
PROVISIONAL DIAGNOSIS THREATENED ABORTION			
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY	
DETAILS		TIME OF INJURY	
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE			
NEXT OF KIN: NAME PATRICIA CUMMINGS	RELATIONSHIP AUNT	TELEPHONE No.	
ADDRESS A/A		POSTCODE	
OTHER RELATIVE OR FRIEND: NAME	RELATIONSHIP	TELEPHONE No.	
ADDRESS		POSTCODE	
NAME	RELATIONSHIP	TELEPHONE No.	
ADDRESS		POSTCODE	

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

- | | |
|--------------------------------|----------|
| 1. HOME | 6. |
| 2. OTHER HOSPITAL | 7. |
| 3. OTHER UNIT IN THIS HOSPITAL | 8. OTHER |
| 4. | 9. |
| 5. | |

TYPE OF ADMISSION

- | | |
|---|---|
| 0. DEFERRED ADMISSION | 6. EMERGENCY-HOME ACCIDENT
(INCLUDES ACCIDENTAL POISONING IN THE HOME) |
| 1. WAITING LIST | 7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL
POISONING OTHER THAN IN THE HOME) |
| 2. BOOKED CASE | 8. EMERGENCY-OTHER
(EXCLUDING ACCIDENTAL POISONING) |
| 3. TRANSFER | 9. |
| 4. EMERGENCY- <u>DELIBERATE</u> SELF-INFLICTED INJURY
OR POISONING | |
| 5. EMERGENCY-ROAD TRAFFIC ACCIDENT | |

DISCHARGE FORM

CONSULTANT IN CHARGE					
DATE OF DISCHARGE		TIME OF DISCHARGE			
HOSPITAL DIVISION OR UNIT		SUB-SPECIALITY CODE		DISCHARGE CODE	
CATEGORY OF PATIENT		TYPE OF FACILITY			
DIAGNOSES PRINCIPAL DIAGNOSIS OTHER CONDITIONS TO BE INDEXED INCLUDE EXTERNAL CAUSE OF INJURY AND TUMOUR TYPE WHERE RELEVANT	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
SURGICAL OPERATIONS		DATE			
PRINCIPAL		DETAILS			
OTHER OPERATIONS AND DIAGNOSTIC PROCEDURES					

CODING USED ABOVE

HOSPITAL DIVISION OR UNIT ON DISCHARGE OR TRANSFER

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

SUB-SPECIALITY CODE

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

TYPE OF FACILITY

- | | |
|----------------------|------------------------------------|
| 1 Ordinary Inpatient | 6 Day Bed Unit |
| 2 | 7 Day Case in Inpatient facilities |
| 3 | 8 Other Day Case |
| 4 | 9 |
| 5 5-day ward | |

CATEGORY OF PATIENT

- 1 Amenity
- 2 Paying
- 3 N.H.S.

DISCHARGE CODE

- 0 'Irregular' - e.g. Self Discharge
- 1 Home
- 2 Convalescent Hospital or Home
- 3 Other Hospital
- 4 Local Authority Care
- 5 Transfer to other speciality in same hospital
- 6 Died (P.M.)
- 7 Died (No P.M.)
- 8 Other

ADMISSION PROFORMA

NAME	Hospital No.
ADDRESS	Date of Birth

A. Q.1 Have you

{has your husband/wife}
{has your mother
{has your father }

been living in the UK for the past 12 months?*

NB* Absences of up to 3 months' duration should be disregarded.

If answer is YES, tick "Not Liable" box; no further questions.

If answer is NO or not clear, go on to Q.2.

Q.2 Are you

{is your husband/wife}
{is your mother
{is your father }

going to live in the UK permanently?

If answer is YES tick "Not liable" box; no further questions.

If answer is NO tick "For Stage 2" box and ask:

Q.3 On what date did you

{your husband/wife}
{your mother
{your father }

arrive in the UK?

Enter earliest of these dates in box. Enter date of Stage 1 interview.

B. Folders or forms should be marked to provide for these entries:

"Not Liable"

☐

"Date of patient's/spouse's/mother's/father's
arrival"

"Liable"

☐☐

"For Stage 2"

☐

"Date of Interview"

☐

Entries should be deleted, or new boxes made available, when a patient
returns for new episode of treatment.



DEPARTMENT OF GYNAECOLOGY
WESTERN INFIRMARY, G11 6NT

ADMISSION No.

GREATER GLASGOW HEALTH BOARD

CONSULTANT IN CHARGE DR. JAMES WILLOCKS

PATIENT	Dorothy ARTHUR,	AGE	17	HOSP. No	867650
ADDRESS	335, Kinfauns Drive, Glasgow, G15,		DATE OF BIRTH	4.5.72	
ADMITTED	7.9.89	DISCHARGED	9.9.89		
DIAGNOSIS 1st			OPERATION 1st		
DIAGNOSIS 2nd			OPERATION 2nd		
DIAGNOSIS 3rd			OPERATION 3rd		
DIAGNOSIS 4th			OPERATION 4th		

JD/ZW

CASE SUMMARY

29th September, 1989.

Dr. S. Whitby,
24, Merryton Avenue,
Glasgow, G15.

Dear Dr. Whitby,

This lady had a diagnostic laparoscopy and cervical smear carried out on 8th September. The 'scope was carried out because of recurrent admissions with abdominal pain thought to be due to pelvic inflammatory disease. The findings at laparoscopy were of a normal sized, healthy-looking uterus with some adhesions in the Pouch of Douglas. The left tube and ovary appeared healthy with a corpus luteum on the left ovary. The right tube was rather convoluted and slightly distended, although the fimbrial end appeared healthy. The ovary (R) was stuck to the uterus. There was no endometriosis seen.

The operative findings were therefore chronic pelvic inflammatory disease and it is possible that the right tube is no longer patent, but will need to be formally assessed.

The findings were discussed with Dorothy. In the meantime, we have not made any arrangements to see her again.

Yours sincerely,

Julie Dodgson,
Senior Registrar.



GREATER GLASGOW HEALTH BOARD

Patient 867650/V
ARTHUR DOROTHY
13 HILLHEAD ST., 2/1
Address GLASGOW 4/5/72
G12 8PQ
Dept. WD NT 48/63
City, Surg.

CONSENT FOR OPERATION

Hospital

Dorothy Arthur

of

hereby consent to

(undergo
(the submission of my *child self to undergo)

the operation of Laparoscopy

the nature and purpose of which have been explained to me by

Dr./Mr. * Hay

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 7/9/89 Signed Dorothy Arthur
(Patient/Parent/Guardian) *

I confirm that I have explained the nature and purpose of this operation to the patient/parent/guardian.*

Date 7/9/89 Signed D. Hay
(Medical/Dental Practitioner)

* DELETE AS APPROPRIATE

ANY DELETIONS, INSERTIONS OR AMENDMENTS TO THIS FORM MUST BE
MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED
FOR SIGNATURE.

GREATER GLASGOW HEALTH BOARD

HOSPITAL RECOVERY ROOM & POST OPERATION FORM

WARD G10 THEATRE G9/10 SURGEON DR. WILCOCKS DATE 8/9/89SURNAME ARTHUR AGE 17 UNIT NO. 867650OTHER NAMES DOOROTHY

DIAGNOSIS

PROPOSED OPERATION DIAGNOSTIC LAPAROSCOPY

CASE NOTES	✓	IDENTIFICATION BAND	✓
X-RAYS	—	DENTURES REMOVED	NONE
DRUG & NURSING KARDEX	✓	BED CAGE	—
FLUID CHART		ORTHO. WEDGE	—
PREMEDICATION	✓	INFUSION STAND	—
TIME	9am	HEARING-AID	—
ANAESTHETIC AND OPERATION PERMISSION FORM COMPLETED			✓

I CERTIFY THAT IDENTIFICATION AND DOCUMENTS ARE CORRECT ON LEAVING WARD

SISTER/CHARGE NURSE OR DEPUTIES SIGNATURES SW A. Green

RECEPTION/THEATRE

PATIENT'S DOCUMENTATION AND IDENTIFICATION = CORRECT ✓

SISTER/CHARGE NURSE OR DEPUTIES SIGNATURES N. Binet (Sister Nurse)

POST-OPERATIVE INSTRUCTIONS

OPERATION Laparoscopy

DRAIN NASO-GASTRIC TUBE

CATHETER PACK

PATIENT POSITION

O₂ THERAPY 4 1/4 → 1/2 l/m. By Hudson mask for full mask hours.B.P. 1/4 → 1/2 HRLY. PULSE 1/4 → 1/2 HRLY.

POST OP SEDATION SEE KARDEX

DRUGS IN THEATRE

OTHER INSTRUCTIONS:

Painkillers are pl.SURGEON'S SIGNATURE DeedgerANAESTHETIST'S SIGNATURE Rennie

FLUIDS IN THEATRE.

TIME:

VOLUME

FLUID

ADDITIVES

POST OPERATIVE FLUIDS.

TIME

VOLUME

FLUID

ADDITIVES

Signature

GREATER GLASGOW HEALTH BOARD - WESTERN DISTRICT

ANAESTHETIC
RECORD

PATIENT

Dorothy Arthur

Number

867650

Hosp

WIG

Age

17

Sex

F

Date

080989

ANAESTHETIST

Duckworth / Rennie

Cons SR Reg SHO

OPERATOR

Cons SR Reg SHO Other

PROCEDURE

Diagnostic laparoscopy

Code

Time Commenced

Duration

Emergency

PRE-OP DISEASE

Resp.

Anaemia

Renal

Neurolog

Other

CVS

Endocrine

Hepatic

Muscular

Fit

CURRENT DRUGS

PREV. ANAESTH.

☒ Halothane

Complications

Dr. Gt + app. 1983

PREMEDICATION

Morph

Atropine

Papaveret

Hyosc

Pethidine

Phenergan

Fentanyl

Drop

Diaz

Other

lowepan

INDUCTION

Thiopentone

Methohexitone

Althesin

Ketamine

Inhalation

Other (spec)

RELAXANT

Sux

dte

Panc

Alcur

Call

Other (spec)

Neost

Atrop

MAINTENANCE

N₂O

Hal

Ethrane

Ether

Morphine

Papaveret

Phenop

Other

Methox

Trilene

Cyclo

Pethidine

Fentanyl

Pentaz

TECHNIQUE

Spont

Mask

ETT

Oral

Magill

Tracheos

Circ(cl)

Circ(lk)

IPPV

A'way

Cuff

Nasal

T Pce

Hypotens

Pack

Other

I. V. SITE

R. Arm

R. Hand

R. Leg

Neck

L. Arm

L. Hand

L. Leg

Other

MONITORING

ECG

Pulse

Temp.

CVP line

Art. line

Other

POSITION

Supine

Lithotomy

Lateral

Prone

Other

Hd Up

Hd Down

REG. ANALGESIA

Spinal

Epidural

Bier

Brach Plex

Other

Cath

Site

Amethoc

Priloc

Cinchoc

Bupivac

Lignoc

Adren

Other

COMPLICATIONS

NOTES

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT
FILE IN PART 1 OF CASE RECORD
ADMISSION FORM

CASE RECORD

HOSPITAL CODE 601		CASE REFERENCE No. 867650/V	
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES.		IN/OUT PATIENT IN	
SURNAME ARTHUR		MAIDEN NAME	
FIRST FORENAME DOROTHY	SECOND FORENAME	OTHER INITIALS	
DATE OF BIRTH 4.5.72	SEX 2	MARITAL STATUS 1	
ADDRESS 335 KINFAUNDS DR DRUMCHAPEL 13 HILLHEAD ST GLASGOW			
POST CODE G12 8PG	TELEPHONE No.		
FAMILY DOCTOR: SURNAME DR WHITBY	INITIALS	G.P. TELEPHONE No.	
ADDRESS 32 MERRYTON AVE DRUMCHAPEL			
POSTCODE			
ADMISSION: DATE OF ADMISSION 7.9.89	WARD No. G10	TIME OF ADMISSION 2.45 PM.	
DATE PLACED ON WAITING LIST	ADMITTED/TRANSFERRED FROM 1	TYPE OF ADMISSION 2	
CONSULTANT'S SURNAME Coddington	PATIENT'S RELIGION R/C.		
OCCUPATION			
HUSBAND'S OCCUPATION (MARRIED WOMAN)/PARENT'S OCCUPATION (CHILD)			
REASON FOR ADMISSION ARR			
PROVISIONAL DIAGNOSIS			
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY	
DETAILS		TIME OF INJURY	
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE			
NEXT OF KIN: NAME PATRICIA CUMMINGS	RELATIONSHIP SISTER	TELEPHONE No.	
ADDRESS 13 HILL 335 KINFAUNDS DR		POSTCODE	
OTHER RELATIVE OR FRIEND: NAME	RELATIONSHIP	TELEPHONE No.	
ADDRESS		POSTCODE	
NAME	RELATIONSHIP	TELEPHONE No.	
ADDRESS		POSTCODE	

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

- | | |
|--------------------------------|----------|
| 1. HOME | 6. |
| 2. OTHER HOSPITAL | 7. |
| 3. OTHER UNIT IN THIS HOSPITAL | 8. OTHER |
| 4. | 9. |
| 5. | |

TYPE OF ADMISSION

- | | |
|---|---|
| 0. DEFERRED ADMISSION | 6. EMERGENCY-HOME ACCIDENT
(INCLUDES ACCIDENTAL POISONING IN THE HOME) |
| 1. WAITING LIST | 7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL
POISONING OTHER THAN IN THE HOME) |
| 2. BOOKED CASE | 8. EMERGENCY-OTHER
(EXCLUDING ACCIDENTAL POISONING) |
| 3. TRANSFER | 9. |
| 4. EMERGENCY- <u>DELIBERATE</u> SELF-INFLICTED INJURY
OR POISONING | |
| 5. EMERGENCY-ROAD TRAFFIC ACCIDENT | |

DISCHARGE FORM

CONSULTANT IN CHARGE					
DATE OF DISCHARGE		TIME OF DISCHARGE			
HOSPITAL DIVISION OR UNIT		SUB-SPECIALITY CODE		DISCHARGE CODE	
CATEGORY OF PATIENT		TYPE OF FACILITY			
DIAGNOSES PRINCIPAL DIAGNOSIS OTHER CONDITIONS TO BE INDEXED INCLUDE EXTERNAL CAUSE OF INJURY AND TUMOUR TYPE WHERE RELEVANT	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
SURGICAL OPERATIONS		DATE	DETAILS		
PRINCIPAL OTHER OPERATIONS AND DIAGNOSTIC PROCEDURES	1				
	2				
	3				
	4				
	5				
	6				

CODING USED ABOVE

HOSPITAL DIVISION OR UNIT ON DISCHARGE OR TRANSFER

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

SUB-SPECIALITY CODE

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

TYPE OF FACILITY

- | | |
|----------------------|----------------------|
| 1 Ordinary Inpatient | 6 Day Bed Unit |
| 2 | 7 Day Case in |
| 3 | Inpatient facilities |
| 4 | 8 Other Day Case |
| 5 5-day ward | 9 |

CATEGORY OF PATIENT

- 1 Amenity
- 2 Paying
- 3 N.H.S.

DISCHARGE CODE

- 0 'Irregular' - e.g. Self Discharge
- 1 Home
- 2 Convalescent Hospital or Home
- 3 Other Hospital
- 4 Local Authority Care
- 5 Transfer to other speciality in same hospital
- 6 Died (P.M.)
- 7 Died (No P.M.)
- 8 Other

* REF. DR. WILLOCKS OPC WES. 6/9/89 *

TREATMENT CARD

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

AE No. C/ 714839

ACCIDENT/EMERGENCY FORM

867650

HOSPITAL CODE 601

SURNAME ARTHUR		FORENAMES DOROTHY		BIRTH SURNAME	
ADDRESS 335 KINFARNS DR. GLASGOW		PATIENT'S OWN OCCUPATION U/E			
POSTCODE G15	TELEPHONE No.	DATE OF BIRTH 4/5/72	SEX 2	MARITAL STATUS 1	RELIGION R/C
NEXT OF KIN: NAME AGNES. ARTHUR		RELATIONSHIP SISTER.		FAMILY DOCTOR: SURNAME DUFFY	
ADDRESS 57 DRUMMOPE RD. GLASGOW		ADDRESS 22 MERRYTON A. GLASGOW			
POSTCODE G15	TELEPHONE No.	POSTCODE G15 7PD	TELEPHONE No. 944 4787		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 4/9/89		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO NO		IN/OUT PATIENT YEAR	
TIME OF ATTENDANCE 14.25		REASON FOR ATTENDANCE GYN CONDITION			
DATE OF INJURY OR ILLNESS		TIME OF INJURY	TYPE (CODE) 8	SOURCE OF REFERRAL LETTER	
ROAD TRAFFIC ACCIDENT PLACE		GP ☐ SELF ☐ POLICE ☐ OTHER (CODE) ☐			
HOME ACCIDENT PROBABLE CAUSE					

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis **PID**

X-Ray film/ECG shows

Treatment given **Augmentin 1 tab tid**
Mefenamat 500 mg caps qly

Drugs _____ days supply of _____ has been given
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)
Would you please arrange _____

DISCHARGE CODES: Please Circle									
1. Admission		3. Refer to G.P.		5. Died		7. Irregular Discharge			
2. Discharge		4. Transfer to other hospital (see below)		6. Refer to O.P. Clinic (see below)		8. D.O.A.			
Ward No. (if admitted)			Transfer to Hospital			Consultant (if admitted) X Willocks			
Follow Up	Not arranged		Arranged		To be arranged wed 6/9/89 2.50pm				
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn
Medical Officers Name (In Block Letters) David I. Hay					Signature of Medical Officer David I. Hay				
Cons	SR	Reg	SHO/JHO	Clin Assist	(please circle)				

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

Re Dorothy Smith
C/O 335 Langlands Dr.
4/13/72.

Dr KATHERINE J. TURNER
22 MERRYTON AVE.
GLASGOW, G15 7PU
Telephone 944 4787

4/9/84

Dear Dr. Smith, a 17 yr old female
O+O. Her C.M.P. was about 2 weeks ago
and she has been on oral contraceptives
she is fairly regular. 1983 Cervical cytology removed. Cervical smear
Over the weekend she has had
lower abdominal pain which was
much worse this morning. She had
a small flow of blood.
On examination she is tender in
the lower abdomen with what appears
to be rebound.
V.E. was tender cervix but tender
fornices. Ext or. closed.
No blood or discharge.
In view of her 11 months tenderness
w/ ? rebound I think that she

Ge. W.

Young's

Physiology

Book for sale

TO BE RECORDED ON ARRIVAL

T 31 P 120 R _____ BP 124/80

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT _____ REG/SHO _____ JHO _____

SEEN BY _____ AT (TIME) _____

CLINICAL NOTES

KEY TO CLINICAL NOTES

- 1 - HISTORY OF
- 2 - ON EXAMINATION
- 3 - X-RAY FINDINGS
- 4 - TREATMENT GIVEN
- 5 - DISPOSAL
- 6 - NAME OF MEDICAL OFFICER

DATE

4/9/89.

PC - Abdo PAIN.

U over 3-4/7. began midline
initially colicky.

now radiating to RLIF - constant pain
better on pressure.

nausea coughing L - Coxonal - no help.
associated dizziness -

"nausea/sneating."

LMP - 2/52 ago - normal. takes Ovranette.

K - 5/28. "Tub. - good compliance"

- PV "show" of blood this a.m. fresh red.

"vag. discharge (1/c last week)

brain discharge 2/7 ago.

UT - "dysuria" freq. nocturia

BMS - Reg. "constipated" "R bleeding"

PMT - Ovarian cyst (R) side → lap.

appendicectomy

"Dm/HBP/asthma/epi."

DA - Nil.

allergic to Penicillin → urticaria

SA - lives with sister

Smoker - 10 daily.

tachycardia & ↑ in $T^{\circ}C$.

$$HS \quad \overline{I} + \overline{II}$$

chest clear.

Abel

localised tenderness

centrally, @ edge

of Flame steel

with grading

Wassershermae

quæst 68

Vv - vocal

Q - millions

No excitation

HVS photo C₁ grab taken.

nt $R|V$ - not veridically poly

due to tensing

nil adnexal masses/tenderness.

Ip - PPD

Induce antibody form.

-) Argument

Meferanic Acid.

see T.W.'s clinic Wed 6/9/89 p.m.

please.

?? need laparoscopy then
if no better.

W. J. Starn

WESTERN INFIRMARY
- 5 SEP 1989
MEDICAL RECORDS

GREATER GLASGOW HEALTH BOARD

ADMISSION No.

DEPT OF GYNAECOLOGY - WESTERN INFIRMARY, GLASGOW
CONSULTANT IN CHARGE PROF WHITFIELD

PATIENT DOROTHY ARTHUR

AGE

HOSP. No. 867650

ADDRESS 335 Kinfauns Drive G15

DATE OF BIRTH 4.5.72

ADMITTED was: 13 Hillhead St GLASGOW G12

DISCHARGED

DIAGNOSIS 1st

OPERATION 1st

DIAGNOSIS 2nd

OPERATION 2nd

DIAGNOSIS 3rd

OPERATION 3rd

DIAGNOSIS 4th

OPERATION 4th

CASE SUMMARY

KH/SO'C

6 March 1989

Dr Robertson
Woodside Health Centre
Barr Street
GLASGOW G20

Dear Dr Robertson

This 16 year old girl was admitted with vaginal bleeding and suprapubic pain. She also commented that she had been having unprotected intercourse. Her Beta HCG was satisfactory and the patient settled. She was allowed home with adequate contraception advice.

Yours sincerely

Kevin Hanretty
Lecturer

DEPUTISING DOCTOR <u>8.0</u>		CALL NO.
PATIENT'S NAME & ADDRESS <u>DOROTHY ARTHUR</u>		AGE <u>16</u>
<u>335 KINFARNS DR.</u>		DATE <u>26/2/81</u>
<u>DRUM. 1 UP. Examining</u>		TIME <u>16-48</u>
COMPLAINT AND HISTORY <u>Temp. 37.2</u> <u>AD. DO PAIN</u> <u>V.</u>		
RELEVANT CLINICAL FINDINGS		TEMP. <u>37</u> PULSE <u>60</u> B.P. <u>1</u>
<u>Pain lower abdomen</u> <u>for 1/2 hr A/O ovarian</u> <u>appt. Temp for late</u> <u>last 2 days No possibility</u> <u>of pregnancy Not on KOC pill</u>		
DIAGNOSIS	<u>Pain lower abdomen</u> <u>No gross BS usual</u> <u>Severe</u> <u>of appendicitis</u> <u>operation 1 hour 15 min</u> <u>7 ovarian cyst w P. & D.</u> <u>Diagnosis</u> <u>possibility of pregnancy</u>	
TREATMENT	TO SURGERY ON <u>Mon</u> DAY PLEASE REVISIT ON DAY	
PATIENT'S OWN DOCTOR <u>882 TURNER</u>	HOSPITAL ADMISSION <u>ARRANGED</u>	

AIR CALL
MEDICAL SERVICES

Air Call Medical Services Ltd.,
Ashton House, 403 Silbury Boulevard,
Central Milton Keynes MK9 2AH
Telephone 0908 691919

DEPARTMENT OF GYNAECOLOGY
WESTERN INFIRMARY, G11 6NT
GREATER GLASGOW HEALTH BOARD

ADMISSION No.

CONSULTANT IN CHARGE DR. J. W. CORDINER

PATIENT	Dorothy ARTHUR,	AGE	16	HOSP. No.	867650
ADDRESS	13, Hillhead Street, Glasgow, G12.	DATE OF BIRTH	4.5.72		
ADMITTED	10.12.88	DISCHARGED	12.12.88		
DIAGNOSIS 1st		OPERATION 1st			
DIAGNOSIS 2nd		OPERATION 2nd			
DIAGNOSIS 3rd		OPERATION 3rd			
DIAGNOSIS 4th		OPERATION 4th			

JWC/ZW

CASE SUMMARY

9th January, 1989.

Dr. Robertson,
WOODSIDE HEALTH CENTRE.

Dear Dr. Robertson,

Your patient was admitted to Ward G9/10 on 10th December with a history of lower abdominal pain. I note her past history of ovarian cystectomy.

The pain settled spontaneously. The patient was unwilling to stay in hospital, and went home.

She did return, however, at a later date with further pain. A provisional diagnosis of mild pelvic inflammatory disease was made. Beta Hcg was negative.

She was allowed home on 12th December on Cephradine and Flagyl, and has not been given a return clinic appointment.

Yours sincerely,

J. W. Cordiner,
Consultant Gynaecologist.

DEPARTMENT OF GYNAECOLOGY

*KSH/SO'C/A&E

29 December 1988

Dr Robertson
Woodside Health Centre
Barr St
GLASGOW
G20

Dear Dr. Robertson,

DOROTHY ARTHUR DOB 04.05.72
13 HILLHEAD STREET GLASGOW

A smear was taken from the above in the casualty department recently. This has reported as:

"Very occasional cell is inflamed. Possibly mildly dyskariotic; no endocervical cells seen. Please repeat smear in 3 months."

I would be grateful if you could undertake to do this and I will write and ask Dorothy to make an appointment with you.

Yours sincerely

KAREN S HUGHES
SENIOR HOUSE OFFICER

DEPARTMENT OF GYNAECOLOGY

KSH/SO'C/A&E.

29 December 1988

Miss Dorothy Arthur
13 Hillhead Street
GLASGOW

Dear Dorothy

Following your recent visit to casualty I have your smear report. This suggests that you need a repeat smear in 3 months' time. It would be best if you made an appointment to see your GP for some time in February or March and I have written to him informing him of this.

Yours sincerely

Karen S Hughes
Senior House Officer

GREATER GLASGOW HEALTH BOARD

Western Infirmary

Glasgow G11 6NT

Tel: 041-339 8822

IMMEDIATE DISCHARGE LETTER

MEDICAL
RECORD

Dear Dr. Robertson Date 12 / 12 / 88
 Your Patient Dorothy Arthur Date of Birth 4 / 5 / 72
 Address 13 Hillhead St
 Hosp. Number 673817
 Has been under the care of Dr. Cordiner in Ward G10 and was
 discharged on 12 / 12 / 88 with a diagnosis of:—

1. P.I.D.
2. U.T.I.
3. _____

A full discharge letter will follow. The patient has been discharged on the medication detailed below. The recommended duration of the treatment is shown from the date of discharge. A FIVE DAY supply **HAS/HAS NOT*** been dispensed by the Hospital.
 (*Delete as appropriate).

NOTE TO THE HOSPITAL PRESCRIBER:

1. USE A BIRO PEN AND PRESS FIRMLY.
2. State the number of days that the treatment is to continue from the date of discharge.
3. If the treatment is to be for an indefinite period write "INDEFINITE".
4. If treatment is to be intermittent or irregular give full details.

FOR PHARMACIST

Medicine	Form of Preparation (e.g. Tabs)	Dose	Frequency	Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
CEPHRADINE	TAB	250mg	x 4 daily	7	
METRONIDAZOLE	TAB	400mg	x 3 daily	7	

Drug Sensitivities 1.
2.
3.

PHARMACIST.....
DATE

OTHER TREATMENT AND COMMENTS (Include Details of Appliances)

A follow-up appointment has been given. ☐A follow-up appointment is not necessary ☒DRs. NAME IN BLOCK CAPITALS..... WARD G10Yours sincerely M. Widdling

Tel: 041-339 8822

PHARMACY

discharged on/...../..... with a diagnosis of:—

1. _____
2. _____
3. _____

NOTE TO THE HOSPITAL PRESCRIBER:

1. **USE A BIRO PEN AND PRESS FIRMLY.**
2. State the number of days that the treatment is to continue from the date of discharge.
3. If the treatment is to be for an indefinite period write "INDEFINITE".
4. If treatment is to be intermittent or irregular give full details.

Medicine	Form of Preparation (e.g. Tabs)	Dose	Frequency	Recommended Duration of Treatment from Date of Discharge (Days)	Quantity, Name & Strength Supplied by Pharmacy
Amoxicillin	Tab	250mg	3 times daily	7	
METRONIDAZOLE	Tab	400mg	3 times daily	7	
				1	

Drug Sensitivities 1.
2.
3.

PHARMACIST

DATE/...../.....

OTHER TREATMENT AND COMMENTS (Include Details of Appliances)

A follow-up appointment is not necessary ☐

DRs. NAME IN BLOCK CAPITALS..... WARD.....

Yours sincerely

THIS FORM MUST BE COMPLETED FULLY BEFORE IT IS DISPENSED



WESTERN INFIRMARY GLASGOW G11 6NT

Tel. 041-339 8822

Monday ~ 6pm.

Blood D-winding - no 3163.

for HCG.

if ⊕ → return WIG.

Western Infirmary

ARTHUR, Dorothy

22 Springside Place, , Glasgow, Dunbartonshire, G15 7YG

Referrer: DR JC DOUGHTY - WIG BREAST SURGERY CLINIC

Diagnostic Imaging Report

DoB: **04/05/1972**

Chi No: **0405726104**

CRIS No: **5967254**

Hosp No: **50867650X**

VERIFIED Verified By: DR CM CORDINER 23/10/08 1555.

Clinical History : Skin discolouration. Cholangectasia at 3 o'clock to left nipple. No associated masses. Family history of breast cancer.

XR Mammogram Both : Mixed breast pattern. No significant abnormality is demonstrated in either breast with no mammographic evidence of malignancy.

The appearances are R1 normal both breasts.

The films have been double read by Dr. N. Moss.



23/07/08
BRM

HRT

50867650X

ARTHUR

DOROTHY

04/05/1972

6 Kilcloy Avenue

0/2

GLASGOW

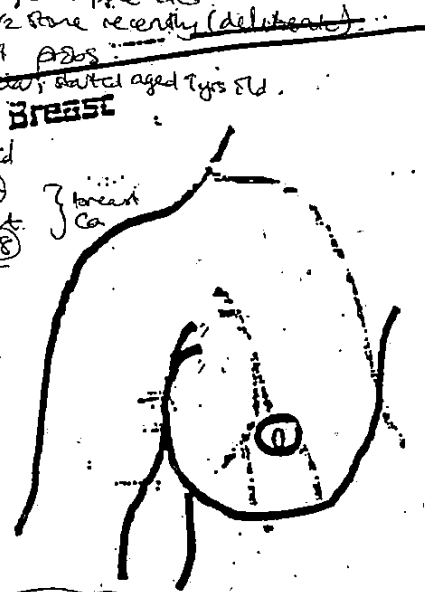
G15 8RR

CHI-0405726104

36

1 yr into "mark" on L breast but 2/52 ago.
noticed L breast seemed to get larger than R
- no change for nipple etc
- not lost 1/2 stone recently (deliberate)
- no prev. breast probs
- Periods regular started aged 15 yrs old
- New breast
- 2 children
- 1 breast fed

Right Breast
Fib. Nod. (36)
- maternal ant. (38)
Fib. Nod.
Dx: N
Allergic to UTEx
+ Penicillin



Normal
Normal

Assymetrical Nodularity

Discrete Suspicious Benign

Left Breast

Symmetrical Nodularity



5 cm disc of
Ben discolouration
- telangiectasia around
central white protuber,
no masses felt.

Normal

No lymphadenopathy
or lymph node enlargement

Assymetrical Nodularity

Discrete Suspicious Benign

Investigations

⇒ Mamm
⇒ Rosemary Dundas ref,
Genetics dept @ Yorkhill
⇒ 1 yr post M. Fib. dx
Left Breast

Right Breast

Mammogram	Ultrasound
NAD	
Cytology	Core Biopsy

Left Breast

Mammogram	Ultrasound
NAD MUR	
Cytology	Core Biopsy

Overall Impression: Action Plan

Name: DOROTHY ARTHUR

Unit No.: 50867650 X

Date:	8/3	9/3
Time of Result:	21 ³⁰	
WCC 4-11	10.8	13.8
Hb M - 13-18 F - 11.5-16.5	15.1	14.7
Plat150-400	369	386
Amylase <100		38
CRP<10	1.2	1.2
Na ⁺135-145	136	138
K ⁺ 3-5-50	-	4.1
Cl ⁻ 98-108	105	107
Bic 21-28		
Urea 2.5-7.5	2.6	2.7
Creat. 57-113	58	59
Glucose .. 3.5-5.5	6.8	4.5
Bilirubin 3-22	12	19
AST<40	-	17
ALT<50	14	14
G-GT<55	-	22
Alk. Phos. 40 -150	64	64
Protein..... 60-80	-	65
Albumin..... 32-45	39	36
Globulin 22-33		29
Ca 2.1-2.6	2.39	2.31
Adj Ca 2.1-2.6	2.46	2.43
PO ₄ 0.7-1.4	-	0.95
PT..... 9-12		
APTT..... 25-37		
TCT 11-15		
H ⁺ 35-45		
PO ₂ 12-15		
PCO ₂ 4.4-5.6		
HCO ₂ 20-28		

Call No: 2063626	Date: 08/03/2008 15:33	NHS 24 No: 5547427
Patients Name: Dorothy Arthur	D.O.B. 04/05/1972 Age: 35 years	Callers Name: Relationship:

Address Today: 20 Castlebank Gardens Manager Glasgow Post Code: G13 2BG Phone Number: 0141 959 0511	Home Address if different: 22 Springside Place Drumchapel Glasgow Post Code: G15 7YG Call Type: Attend PCEC
---	--

Name of GP: Turner,KJ(057) Surgery: 057Drumchapel Health Centre Practice Number: Speed Dial: CONTACT DETAILS (). FAX() (). MORNING FAX(0141 211 6128) (). PHONE(0141 232 9170) (). SPEED DIAL(0141 165)	Time Call Received at NHS 24: 08/03/2008 14:38:27 Time Details Received at GEMS: 08/03/2008 15:33:13 Time Patient Arrived: 08/03/2008 16:17:34 Consultation Start time: 08/03/2008 16:58:45 Consultation End time: 08/03/2008 17:07:22
--	---

Dispatched To: Drumchapel

Clinical Information CB PAIN UPPER ABDO 3/7 SEE AVClinical summary created by: (Non-clinical user) (Glasgow) [08/03/2008 15:32:39] X FOR X AND UNTRIAGED CALL, PAASED TO PARTNER FOR ACTION.	Examination Results: HEAD AND NECK Temperature 37.00 C HEART Pulse 96 TEST RESULTS Urine glucose test negative Urine protein test negative Urine ketone test + Urine blood test ++ Urine pH 5.0 Urine urobilinogen negative Urine nitrite negative Urine leucocytes negative
--	--

Clinicians Notes
B.O. today, normal. On folic acid only. Allergic to penicillin.
4/7 increasing upper abd pain, like a band accross epigastrium and R=L UQ. NAusea++, deneis vomiting. Pain not realetd to food. Drinks alcohol socially. Pain improves when bending forward. o/e abd soft, tender RUQ++ with Murphy's +ve. Temp 37.
Pancreatitis needs to be rolled out too
referred Surgeons Western Inf
tried otc ibs tab no better no vomitng

Prescription Items:

Clinical Code/s: J6422 Bilary Colic

(Signature)
21/03 531.

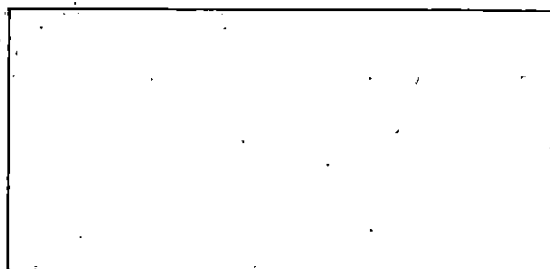
ULTRASONIC REQUEST 13/1/05		Active X-RAY No:- 2 - DEC 2004
SURNAME <i>Cummings</i>	PREVIOUS X-RAY No. -	
FORENAMES <i>Dorothy</i>	HOSP. No. 50867650 X.	
ADDRESS	D.of B. 4/5/72 AGE	
	OCCUPATION	
WALKING CHAIR TROLLEY PORTABLE	PHYS/SURG <i>Card V</i>	
	WARD/UNIT <i>Gyn OP.</i>	
CLINICAL HISTORY <i>PH abnormal cyst. 90 abd. bloatedness PU MAD</i>	OFFICE USE	
REQUIREMENTS <i>USG pelvis please</i>		
DATE 2/12/04	REQUESTED BY <i>P. Corder</i>	00622

WESTERN INFIRMARY GLASGOW, G11 6NT	GYNAECOLOGY DEPARTMENT
<u>ULTRASONIC REPORT</u>	
13.1.05	
DNA	
D. Dorothy Cummings 50867650X DR Corder	

, NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

.....
DEPARTMENT

DATE



DIAGNOSIS

Dear Dr,

I saw this patient at my outpatient clinic today. A full report
will/will not follow.

Now please

Consultant

8th

7th

6th

5th

4th

3rd

2nd

REGIONAL VIRUS LABORATORY

GARTNAVEL GENERAL HOSPITAL, P.O. BOX 16766, GLASGOW G12 0ZA

Tel: 0141-211 0080

Fax: 0141-211 0082

SURNAME ARTHUR	FORENAME DOROTHY	UNIT NO. 50867650X	SEX DOB F 04.05.72
SOURCE GRI Colposcopy	CONSULTANT	GP	
SPECIMEN cervical swab	LAB NO. V.05.0335044.C	REPORT STATUS Final	YOUR REF. NO.

17 DEC 2005

C.trachomatis NOT detected.

The following is the NHS Greater Glasgow testing policy.

1. Symptomatic patients - any age.
2. Asymptomatic sexually active persons under 25 years old.
3. Asymptomatic persons over 25 if there are risk factors.

Clinical details Dyspareunia

VIROLOGY

DATE COLLECTED
23.11.05DATE RECEIVED
24.11.05DATE AUTHORISED
25.11.05AUTHORISED BY
E. Abraham

Copy for :GRI Colposcopy



Western Infirmary
ARTHUR, Dorothy

22 Springside Place, , Glasgow, Dunbartonshire, G15 7YG
Referrer: Mr Christopher Wilson - WIG BREAST SURGERY CLINIC

Diagnostic Imaging Report

DoB: 04/05/1972
Chi No: 0405726104
CRIS No: 5967254
Hosp No: 50867650X

SYNTAX CHECKED by: Dr Gillian McKay 11/06/12 0856 Report By: Dr Carolyn
Cordiner 30/05/12 and: Dr Gillian McKay.

Clinical History : Family history of breast cancer. Pain left upper breast. Nil palpable.

XR Mammogram Both :

Mixed breast pattern.

In comparison with films from 2008, the only feature of note is the presence of a 6mm soft tissue density in the anterior aspect of the left oblique superiorly. I note the patient has a skin lesion at this site and this would be compatible with that history. No specific features to suggest the presence of malignancy.

Appearances are R1 normal on the right, R2 benign on the left.

The films have been double read by Dr Gillian MacKay.

Ref. Src: Western Infirmary, Dumbarton Road, Glasgow, G11 6NT
Exams: XR Mammogram Both

Exam Date: 29/05/12 Event: E-26611514



Page 1 of 1

08966

North Glasgow Hospitals

WESTERN INFIRMARY GLA - W

G11

RADIOLOGICAL
DEPT.

ULTRASONIC REPORT

Page 55

29/1/93 Mrs J. L. L. L.
Normal cavity
No cyst seen now

DOCTOR H. H. H.
17 GERRARD RD.

Dr. L. L. L.
FOR CONSULTATION

4/4/4 73546 (normal)

Dr. R. L. L.
0063871
INSTRUMENTAL

8th

7th

6th

5th

4th

3rd

2nd

WESTERN INFIRMARY GLASGOW

G116NT REPORT HERE

RADIOLOGICAL
DEPT.

ULTRASONIC REPORT

full bladder
 uterus - clear midline echo
 no obs adnexal masses
 Imp normal penis

Gedg-

UNIT No.

X-RAY No.

ARTHUR DOROTHY 867650

G10

REGION EXAMINED

DATE

INITIALLED
AS SEEN

JMcC/493622

PELVIS

12-12-88

WESTERN INFIRMARY, GLASGOW G-11.6N1 RADIOLOGICAL DEPT.		ULTRASOUND REPORT	
uterus bulky - no dead midline echo, no evidence of I.U. pregnancy no evidence of fluid in FOV @ cystic mass 2.5 x 1.75 ovarian 2-organ? tubal (Anthr) -			
UNIT No.		X-RAY No.	
REGION EXAMINED PICTURE DIRECTION 867650		DATE 97-2-89 INITIALED AS SEEN	

103622

North Glasgow University Hospitals NHS Trust

Department of Pathology

Pathology report

Enquiries Tel. 0141-211-2473

Lab No.: P, 04.0016588

(ARMU2)
Name: CUMMINGS DOROTHY

Hosp. No (or Path. Comp. Ref. ZP):

50867650x
51315310W

DOB/Age: 04.05.72
Post code: G15 8RR

DUP.

Consultant: DR J. WATSON

Location: Colposcopy Clinic, WIG

PUNCH BIOPSY OF CERVIX

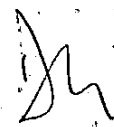
Clinical history: Negative smear. Referred with Nabothian follicles. ?Viral area below follicles.

Gross: A single piece of tissue, up to 7mm.

Microscopy: There is cervical transformation zone tissue with florid features of HPV infection. In addition there is evidence of low grade CIN present (CIN 1).

MPM

D W Millan



1 SEP 2004

Date collected 23.08.04
Date received 23.08.04
Date reported 27.08.04

West Glasgow Hospitals University Trust

Department of Pathology

Pathology report

Enquiries Tel. 0141-211-2473

Lab No.: P, 98.0006843

Name: ARTHUR DOROTHY

DOB/Age: 04.05.72
Post code:

Hosp.No(orPath.Comp.Ref.ZP): 867650

Consultant: DR.CHATFIELD

Location: Ward G9 - Gynaecology

ENDOMETRIAL CURETTINGS

Clinical history: Intermenstrual bleeding. Lmp 18 06 98.

Gross: A bulky sample.

Microscopic

Sections show endometrium with a range of appearances. Much of it shows features of shedding, whilst other areas shows early secretory change. Other areas still show late secretory change with decidualisation. The features are of irregular ripening of the endometrium implying disordered cyclical activity.

There is no evidence of endometritis or hyperplasia.

MPM

B J Clark

Date collected 18.06.98
Date received 18.06.98
Date reported 19.06.98

DEPT. OF CYTOLOGY - GLASGOW ROYAL INFIRMARY

Gynaecological Cytology Report

Lab No:

CC039634/2005

Name :

Dorothy ARTHUR

Address:

22, Springside Pl
Glasgow

GIS

Sender :

DR LIPTON

Gynaecology Clinic

Western Infirmary

Dumbarton Rd

Glasgow

Date Received : 24-NOV-2005

G11 GNT

G15 ZTS

Glasgow

80 Kinfairny Dr

Drumchapel H C

GP: DR TURNER

Date of Examination : 23-NOV-2005

Hosp. No. : 50867650X

CHI No. :

D.O.B. : 04-MAY-1972

History

Report

1 NEGATIVE

Advice

REPEAT AT FOLLOW-UP

Reported by GRI Pathology Dept

6 - DEC 2005

W.I.G.(C)

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

89/ 12097

Surname ARTHUR		Birth Date 06/05/72		CHI. Number 0000000000	
Forenames DOROTHY		Date of Examination 08/09/89		Hospital Record Number 0000000000	
Previous Surname		Permanent Address (with postal code)		Address Results to be sent if different	
Postal Code		Postal Code		Previous Examination, or Cytology Number	
Name and Full Postal Address of G.P.		Postal Code		Date of Previous Examination	
Name and Address of Sender		Postal Code		Postal Code	
Sender		Reason for Smear		Date of L.M.P.	
G.P.		1 1st Ever Examination		No. of Pregnancies 0	
F.P. Clinic		2 Routine Repeat		Age at Menopause	
W.W. Clinic		3 Repeat of		Radiation (Pelvic) YES 1	
Maternity		4 previous non-neg.		Hormone Treatment YES 1	
Gynaecology		5 Other (specify)			
G.U.M.		6 Diagnosed			
Other		7 Leucoplakia			
Contraception		Smear Type		Appearance of Cervix	
Nil I.U.C.D. (Pill)		Cervical 1		Intact 1	
Past 2 2		Vaginal 2		Ectopy 2	
Current 3 3		Other 3		Infected 3	
				Suspicious 4	
				Malignant 5	
Clinical Diagnosis and Comments				FOR LAB. USE ONLY	
Diagnosed by proctoscopy. Irr. abdo. pain.				Negative 1 Trich 1	
Clinician's Signature W. McCaughey M.D. Hay				Borderline 2 Yeast 2	
Pathologist's Comments				Mild Dyskaryosis 3 Virus 3	
A Yeast infection				Moderate 4	
Present + f.				Severe 5	
Date 12/9/89				Other 6	
Pathologist's Signature W. McCaughey				Unsatisfactory 7	
ADVICE				Routine Repeat in 3 years	
				Repeat in 12 months	
				Refer to Gynaecology/Colposcopy	

8th

7th

6th

5th

4th

3rd

2nd

USE BALL PEN FIRMLY

HEALTH BOARD REPORT HEALTH
GYNAECOLOGICAL CYTOLOGY

0. 08-LABORATORY No.

09-24-Surname

Arbuthnot

25-38-Christian Name

Do-ohly

39-80-Address

13, 11th Avenue SE
GLASGOW

Clinician

Lasualth

09-14-Birthdate

15-20-Date of Examination

25-28-Sender

D	M	Y
1	0	1
2	8	8
0	4	0
5	7	2

D. Dingy

21-24-Name and Full Postal
Address of G.P.Dr. Robertson
WOODSIDE H.C.29-34-Hospital
Record No.

35-REPEAT SMEAR, Yes 1

36-44-Last Cytology No.

46-Single 1

47-48-No. of Pregnancies

Married 2

Widowed 3

Divorced 4

50-51-Post Natal Weeks

52-53-Age at Menopause

Date of L.M.P.

60-Oral Contraception: Nil 1; Past 2; Current 3

61-Radiation, Yes 1

62-Hormone Treatment, Yes 1

63-Cervix Healthy 1; Benign 2; Suspicious 3; Malignant 4

64-Smear Type: Cervical 1; Vaginal 2; Others 3 (Specify)

Clinical Diagnosis and Comments:

Pelvic pain

Pathologist's Comments:

A VERY OCCASIONAL CELL
INFLAMMATION/POSSIBLY INFLAMMATION. NO ENDOMETRIUM
SEEN. REPEAT SMOE IN 3 MONTHS.

Pathologist's Signature

Date 13 12 00

65-Results: Negative 1

Suspicious 2

Positive 3

Unsatisfactory 4

66-Advice: Repeat 1

Referral to Gyn. 2

67-68-Recall in 03 months

IRHB C1c1

MICROBIOLOGY DEPARTMENT

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Name: DOROTHY ARTHUR
Address:Sex: F Age: 04.05.72
Spec: DR LUPTON
Cont:Hospital: Western Infirmary
Practice Number: 6323
Ward: Colposcopy Clinic, WIG

CHI No: 508676502

Specimen: Cervical swab

Investigation: C & S

Take: 23.11.05
Reported: 26.11.05

pus cells not seen
Trichomonads were not seen.
Yeasts were not seen.
Gram-negative intracellular diplococci were not seen.

Antibiotic

Organism
1. 2. 3. 4.

1. Light growth of Normal commensal flora
- 2.
- 3.
- 4.

Neisseria gonorrhoeae and yeasts were NOT isolated.

J.R. 29 NOV 2005

Microbiologists: Dr Anne Marie Karcher

Cervical swab

End of Report: B,05.0122132.H

MICROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUS.

Name: DOROTHY ARTHUR Sex: F Age: 04.05.72 Hosp: Western Infirmary Hosp No.: 867650
Address: Cons: Practice Number: 6323
Ward: Outpatients - Gynaecology
Specimen: Specimen for Chlamydia Antigen Investigation: Chlamydia antigen
Taken: 14.04.98
Reported: 22.04.98

Chlamydia antigen: Negative by ELISA

Dr. B. R. R. R. R. R.

Specimen for Chlamydia Antigen

Lab No.: 8,98.0041167.V

Mr

MICROBIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

Name: DOROTHY ARTHUR
Address:

Sex: F
Age: 04.05.72
Cons:

Hosp: Western Infirmary
Practice Number: 6323
Ward: Outpatients - Gynaecology
Hosp No.: 867650

Specimen: High vaginal swab

Investigation: C & S

Taken: 14.04.98
Reported: 16.04.98

pus cells not seen
Trichomonads were not seen.
Yeasts were not seen.
Gram-negative intracellular diplococci were not seen.



1. No significant growth

2.

3.

4.

Antibiotic Organism
1. 2. 3. 4.

Neisseria gonorrhoeae NOT isolated

Microbiologists: Donald Sine

High vaginal swab

Lab No.: 8,98.0041099.C

GREATER GLASGOW HEALTH BOARD

BACTERIOLOGY

Lab No.: B9270615

Name: ARTHUR Dorothy

Hosp. No.: 867650
4.5.72

Initialled as seen:

Phys./Surg.

Ward: G9

no yeasts, trichomonas or gram -ve intracellular diplococci seen

Culture yielded a moderate growth of Genitourinary tract flora.

N. GONORRHOEAE NOT ISOLATED.

D. A. Stewart

Checked by

*Anne Marie D.*SPECIMEN
INVESTIGATION
ENDO CX SWABDATE OF
COLLECTION
8.12.92DATE OF
REPORT
10.12.92

GREATER GLASGOW HEALTH BOARD - WESTERN INFIRMARY

BACTERIOLOGY

Lab No.: B8949634

Name: ARTHUR Dorothy

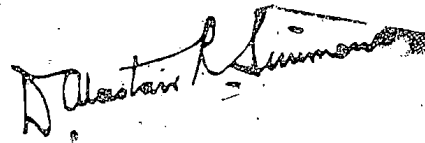
Hosp. No.: Not Stated

Initialed as seen:

Phys./Surg. Dr Willocks

Ward: GYN G9

Chlamydia ANTIGEN TEST (ELISA): NEGATIVE



Checked by

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
CX/S	4.9.89	7.9.89

GREATER GLASGOW HEALTH BOARD - WESTERN INFIRMARY

BACTERIOLOGY

Lab No.: B8950024

Name: ARTHUR Dorothy

Hosp. No.: (Not stated)

Initialled as seen:

Phys./Surg.

Dr Willocks

Ward:

G10

Direct Exam. No pyz cells or organisms seen.

Culture yielded no growth

D Alastair R. Linn

Checked by

SPECIMEN
INVESTIGATION:

URINE

DATE OF
COLLECTION:

(Not stated)

DATE OF
REPORT

9.9.89

GREATER GLASGOW HEALTH BOARD - WESTERN INFIRMARY

BACTERIOLOGY

Lab No. B8949025

Name: ARTHUR Dorothy

Hosp. No.: (Not stated)

Initialed as seen:

Phys./Surg. Dr Willocks

Ward: G9

Direct Film: Scanty pus cells seen. No trichomonas or Gram negative intracellular diplococci seen.

Culture yielded a heavy growth of C. albicans SENSITIVE TO NYSTATIN.

PLEASE NOTE:-

SPECIMEN COLLECTED

4/9

SPECIMEN RECEIVED

5/9

Checked by

SPECIMEN INVESTIGATION:

HVS

DATE OF COLLECTION:

4.9.89

DATE OF REPORT:

7.9.89

GREATER GLASGOW HEALTH BOARD - WESTERN INFIRMARY - BACTERIOLOGY

Lab No.: B8911603 Name: ARHTUR Dorthy Hosp. No.:
 Initialled as seen: Phys./Surg. Prof Whitfield Ward: G9

Direct Film: No yeasts or Gram negative intracellular diplococci seen.

Culture yielded:

- 1 a moderate growth of C. albicans SENSITIVE TO NYSTATIN
- 2 a heavy growth of normal commensal flora.

Checked by

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
HVS	26 02 89	02 03 89

GREATER GLASGOW HEALTH BOARD WESTERN INFIRMARY BACTERIOLOGY

Lab No.: B8869886 Name: ARTHUR Dorothy Hosp. No.: (not stated)
 Initialled as seen: Phys./Surg. Dr Gordiner Ward: G10

*When this has been called on organisms seen.
 Culture results no growth on count.*

Checked by *410*

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
MSU	12.12.88	13.12.88

GREATER GLASGOW HEALTH BOARD WESTERN INFIRMARY BACTERIOLOGY

Lab No.: B8870097 Name: ARTHUR, Dorothy Hosp. No.: not stated
Initialled as seen: Phys./Surg. DrCordiner Ward: G10

Chlamydia ANTIGEN TEST (ELISA): NEGATIVE

Checked by *M.J. Lynch*

SPECIMEN INVESTIGATION:	DATE OF COLLECTION:	DATE OF REPORT
Endocx swab	10 12 88	13 12 88

8th

7th

6th

5th

4th

3rd

2nd

GREATER GLASGOW HEALTH BOARD WESTERN INFIRMARY BACTERIOLOGY.

Lab No.: B8869742 Name: ARTHUR Dorothy Hosp. No.: (not stated)
Initialled as seen: Phys./Surg. Dr Cordiner Ward: G10

Direct Film: No yeasts, trichomonas or Gram negative
intracellular diplococci seen.

Culture yielded no significant growth..

N. gonorrhoeae not isolated.

Checked by.....

SPECIMEN
INVESTIGATION:

HVS

DATE OF
COLLECTION:

10.12.88

DATE OF
REPORT

12.12.88

FORM

SURNAME ARTHUR	
FORENAME DOROTHY	
Hosp No	50867650X
CHI No	0405726104
D.O.B	04.05.72 SEX Female
ADDRESS 22 Springside Place	
CONSULTANT/GP	C K MACKAY
HOSP/PRACTICE	L10 SURG
WARD/TOWN	WIG
Collected 09.03.08 @ 07:00	Received 09.03.08 @ 09:50
Report Issued 10.03.08 @ 09:25	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC	
138	Sodium 135-145 mmol/L
4.1	Potassium 3.5-5.0 mmol/L
107	Chloride 98-108 mmol/L
	Bicarbonate 21-28 mmol/L
2.7	Urea 2.5-7.5 mmol/L
59	Creatinine 55-98 μ mol/L
>60	eGFR (est. Glomerular Filtration Rate)
4.5	Glucose 3.5-5.5 mmol/L
1.2	CRP <10 mg/L
38	Amylase <100 U/L
	Urate μ mol/L
	Troponin I <0.04 μ g/L
	CK <210 U/L
19	Bilirubin 3-22 μ mol/L
17	AST <40 U/L
14	ALT <50 U/L
22	Gamma-GT <55 μ U/L
64	Alk.Phos. 40-150 μ U/L
65	Protein 60-80 g/L
36	Albumin 32-45 g/L
29	Globulins 23-38 g/L
2.31	Calcium mmol/L
2.43	Adjusted Calcium 2.10-2.60 mmol/L
0.95	Phosphate 0.70-1.40 μ mol/L
	Magnesium 0.70-1.00 mmol/L
	Cholesterol target <5.0 mmol/L
	HDL Cholesterol target >1.0 mmol/L
	Chol/HDL ratio
	Triglycerides target <2.3 mmol/L
	LDL Cholesterol target <3.0 mmol/L
	TSH mU/L
	Free T4 pmol/L
	T3 nmol/L
	IgA 0.8-4.0 g/L
	IgG 6-16 g/L
	IgM 0.5-2.0 g/L
Lab No. N08.6024587 Run No. 203	
Significant sex/age differences - See handbook Authorised by <i>Auto Check</i> Date Reported 10.03.08  Accredited Medical Laboratory Reference No 2335	

SURNAME ARTHUR	
FORENAME DOROTHY	
Hosp No	50867650X
CHI No	0405726104
D.O.B	04.05.72 SEX Female
ADDRESS 22 Springside Place	
CONSULTANT/GP	C K MACKAY
HOSP/PRACTICE	L10 SURG
WARD/TOWN	WIG
Collected 08.03.08 @ 21:30	Received 08.03.08 @ 23:37
Report Issued 10.03.08 @ 09:25	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC	
136	Sodium 135-145 mmol/L
NA H	Potassium 3.5-5.0 mmol/L
105	Chloride 98-108 mmol/L
	Bicarbonate 21-28 mmol/L
2.6	Urea 2.5-7.5 mmol/L
58	Creatinine 55-98 μ mol/L
>60	eGFR (est. Glomerular Filtration Rate)
* 6.8	Glucose 3.5-5.5 mmol/L
1.2	CRP <10 mg/L
	Amylase <100 U/L
	Urate μ mol/L
	Troponin I <0.04 μ g/L
	CK <210 U/L
12	Bilirubin 3-22 μ mol/L
NA H	AST <40 U/L
14	ALT <50 U/L
NA H	Gamma-GT <55 μ U/L
64	Alk.Phos. 40-150 μ U/L
NA H	Protein 60-80 g/L
39	Albumin 32-45 g/L
	Globulins 23-38 g/L
2.39	Calcium mmol/L
2.46	Adjusted Calcium 2.10-2.60 mmol/L
NA H	Phosphate 0.70-1.40 μ mol/L
	Magnesium 0.70-1.00 mmol/L
	Cholesterol target <5.0 mmol/L
	HDL Cholesterol target >1.0 mmol/L
	Chol/HDL ratio
	Triglycerides target <2.3 mmol/L
	LDL Cholesterol target <3.0 mmol/L
	TSH mU/L
	Free T4 pmol/L
	T3 nmol/L
	IgA 0.8-4.0 g/L
	IgG 6-16 g/L
	IgM 0.5-2.0 g/L
Lab No. N.08.6024504 Run No. 203	
§Significant sex/age differences - See handbook Authorised by <i>Auto Check</i> Date Reported 10.03.08  Accredited Medical Laboratory Reference No:2335	

BIOCHEMISTRY REPORT

ARTHUR

DOROTHY

F/1

WIG 69

NO HOSPITAL NO GIVEN

CORDINER

04/05/72

2121 L

12/12/88

00.00

RESULTS	XXXXXXXX XXXXXXXX	CONSTITUENT
139		Sodium 135-144 mmol/l
4.2		Potassium 3.5-5.1 mmol/l
105		Chloride 97-103 mmol/l
23		Total CO ₂ 22-32 mmol/l
3.4		Urea 2.5-7.5 mmol/l *
64		Creatinine 60-110 µmol/l *
		Serum Osmolality 275-295 mmol/kg
		Urine Osmolality mmol/kg
2.34		Calcium 2.20-2.65 mmol/l
2.30		'Corrected' Calcium 2.16-2.53 mmol/l
		Phosphate 0.8-1.45 mmol/l
69		Total Protein 60-77 g/l
42		Albumin 36-50 g/l
6		Bilirubin 3-18 µmol/l
54		Alkaline Phosphatase 35-130 U/l
13		Gamma G.T. 5-50 U/l
22		AST 10-35 U/l
11		ALT 10-50 U/l
		Total CK 10-171 U/l
		CK-MB <6%
4.5		Glucose 2.80-6.0 mmol/l
0.18		Urate 0.10-0.42 mmol/l *
		Amylase 70-300 U/l

*Reference ranges for these assays have significant age and sex dependence.
Further information may be obtained from the
Duty Biochemist (334-8122 Ext. 464).



BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL F2

CONSULTANT	WHITFIELD	SURNAME	ARTHUR	HOSPITAL NUMBER	0
HOSPITAL WIG	WARD 69	FORENAME	DOROTHY	DATE OF BIRTH	04/05/72
DATE	05/01/90	TIME WITHDRAWN	00.00	LABORATORY NUMBER	4773W
				SEX	F

S E R U M -

Date	Time	AFP	HCG	(1st IRP from 11/7/88)
Withdrawn		ku	u	
		/l	/l	
10/12/88	00.00		<2	
12/12/88	00.00		<2	
26/02/89	10.45		<2	
05/01/90	00.00		<2	

ATTENTION BIOCHEMIST

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL F2

CONSULTANT	WHITFIELD	SURNAME	ARTHUR	HOSPITAL NUMBER	0
D/SPITALWIG	WARD G9	FORENAME	DOROTHY	DATE OF BIRTH	04/05/72
TE	26/02/89	TIME WITHDRAWN	10.45	LABORATORY NUMBER	3595A
				SEX	F

S E R U M

Date	Time	AFP	HCG	(1st IRP from 11/7/88)
Withdrawn		ku	u	
		/1	/1	
10/12/88	00.00		<2	
12/12/88	00.00		<2	
26/02/89	10.45		<2	

ARM

ATTENTION BIOCHEMIST

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

8th

7th

6th

5th

4th

3rd

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL F2

CONSULTANT	CORDINER	SURNAME	ARTHUR	HOSPITAL NUMBER	0
HOSPITAL	WIG WARD. G9	FORENAME	DOROTHY	DATE OF BIRTH	04/05/72
DATE	12/12/88	TIME WITHDRAWN	00.00	LABORATORY NUMBER	2121L
				SEX	F

S E R U M

Date	Time	AFP	HCG	(1st IRP from 11/7/88)
Withdrawn		ku	u	
		/1	/1	
10/12/88	00.00		<2	
12/12/88	00.00		<2	

WBN

ATTENTION BIOCHEMIST

RESULT CODES, ABBREVIATIONS, AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

BIOCHEMISTRY REPORT				GARTNAVEL GENERAL HOSPITAL F2	
CONSULTANT	CORDINER	SURNAME	ARTHUR	HOSPITAL NUMBER	0
HOSPITAL WIG	WARD 89	FORENAME	DOROTHY	DATE OF BIRTH	04/05/72
DATE 10/12/88	TIME WITHDRAWN 00.00	LABORATORY NUMBER	8892A	SEX	F

S E R U M

Date	Time	AFP	HCG	(.1st IRP from 11/7/88)
Withdrawn		ku	u	
		/1	/1	
10/12/88	00.00		<2	

WDP

ATTENTION BIOCHEMIST

RESULT CODES, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

NHS GREATER GLASGOW & CLYDE DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC. *DR. C.K. MacKAY*

SURNAME

ARTHUR

FORENAME

DOROTHY

OR
GP NAME & ADDRESS *Level 10 Centre- Surgical*

SEX

F

D.O.B. AGE

04.05.32

HOSPITAL

50887650X

LABORATORY No.

H.08.1052733.P

CHI (Auxiliary) No 488726104

REPORT

Cumulative FBC's

	<i>08.03.08</i>	<i>09.03.08</i>	
<i>WBC</i>	<i>10.83</i>	<i>13.80</i>	<i>(4.00-11.00)</i>
<i>RBC</i>	<i>4.85</i>	<i>4.51</i>	<i>(3.80-5.80)</i>
<i>Hb</i>	<i>15.1</i>	<i>14.7</i>	<i>(11.5-16.5)</i>
<i>Hct</i>	<i>0.430</i>	<i>0.430</i>	<i>(0.370-0.470)</i>
<i>MCV</i>	<i>94.5</i>	<i>95.3</i>	<i>(80.0-100.0)</i>
<i>MCH</i>	<i>33.2</i>	<i>32.6</i>	<i>(27.0-32.0)</i>
<i>Plts</i>	<i>369</i>	<i>386</i>	<i>(150-400)</i>
<i>NeuCs</i>	<i>5.98</i>	<i>8.75</i>	<i>(2.00-7.50)</i>
<i>Lymphs</i>	<i>3.67</i>	<i>3.57</i>	<i>(1.50-4.00)</i>
<i>Monos</i>	<i>0.86</i>	<i>1.06</i>	<i>(0.20-0.80)</i>
<i>Eos</i>	<i>0.28</i>	<i>0.38</i>	<i>(0.04-0.40)</i>
<i>ESR</i>	<i>16</i>	<i>11</i>	<i>(0-10)</i>
<i>GFST</i>			
<i>Retics</i>			<i>(25.0-85.0)</i>

FULL BLOOD COUNT

DATE OF REPORT	TIME
09.03.08	10:53
RUN	
727	
DATE OF SAMPLE	TIME
09.03.08	10:40

NHS GREATER GLASGOW & CLYDE

DEPARTMENT OF HAEMATOLOGY

CONSULTANT *DR. C.K. MacKAY*
OR *Level 10 Centre- Surgical*
GP NAME
& ADDRESS

SURNAME
*ARTHUR*FORENAME
*DOROTHY*SEX
*F*D.O.B. AGE
*04.05.72*HOSPITAL
*50867850X*LABORATORY No.
*M, 08.1052557.M*CHI/auxiliary No. *3405725104*

REPORT

*Cumulative FBC's**08.03.08*WBC *10.83*

RBC

Hb

Hct *0.430*

MCV

MCH *33.2*Plts *359*Neuts *5.98*Lymphs *3.67*Monos *0.86*Eos *0.28*ESR *16*

GFST

Retic

(*4.00-11.00*)(*3.80-5.80*)(*11.5-15.5*)(*0.370-0.470*)(*80.0-100.0*)(*27.0-32.0*)(*150-400*)(*2.00-7.50*)(*1.50-4.00*)(*0.20-0.80*)(*0.04-0.40*)(*0-10*)(*25.0-85.0*)

DATE OF REPORT

08.03.08

TIME

23:45

RUN

727

DATE OF SAMPLE

08.03.08

TIME

23:41

FULL BLOOD COUNT

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

DEPARTMENT OF HAEMATOLOGY

CONSULTANT
& PATIENT LOC. *TAGGART*
OR
GP NAME *Ward G9 - Gynaecology*
& ADDRESS

SURNAME
CUMMINGS

FORENAME
DOROTHY

SEX
F

D.O.B. AGE
04.05.72

HOSPITAL
1315310

LABORATORY No.
H.30324.1337.H

REPORT

	<i>Cumulative FBC's</i>	<i>SEC 42.0c L4</i>
	<i>24.03.03</i>	<i>27/3</i>
<i>WBC</i>	<i>7.84</i>	<i>(4.00-11.00)</i>
<i>RBC</i>	<i>3.89</i>	<i>(3.80-5.80)</i>
<i>Hb</i>	<i>13.7</i>	<i>(11.5-16.5)</i>
<i>Hct</i>	<i>0.401</i>	<i>(0.370-0.470)</i>
<i>MCV</i>	<i>103.1</i>	<i>(80.0-100.0)</i>
<i>MCH</i>	<i>35.2</i>	<i>(27.0-32.0)</i>
<i>Plts</i>	<i>369</i>	<i>(150-400)</i>
<i>Neuts</i>	<i>4.90</i>	<i>(2.00-7.50)</i>
<i>Lymphs</i>	<i>2.10</i>	<i>(1.50-4.00)</i>
<i>Monos</i>	<i>0.64</i>	<i>(0.20-0.80)</i>
<i>Eos</i>	<i>0.15</i>	<i>(0.04-0.40)</i>
<i>ESR</i>		<i>(2-10)</i>
<i>GFST</i>		
<i>Retics</i>	<i>34.0</i>	<i>(25.0-85.0)</i>

24.03.03 FBC: The MCV is increased but the film appears normal

h9 fin

FULL BLOOD COUNT

DATE OF REPORT	TIME
25.03.03	10:02
RUN	
83	TM
DATE OF SAMPLE	TIME
24.03.03	16:04

WEST GLASGOW HOSPITALS

BLOOD TRANSFUSION

SURNAME CUMMINGS		FORENAMES DOROTHY		HOSP. No. 1315310		D.O.B. 04-May-1972	
MEDICAL OFFICER Unknown		WARD WARD G9		SEX F		HOSPITAL Western Infirmary	
BLOOD GROUP A		RHESUS POS		ADDRESS 6 KILCLOY AVE		GLASGOW	
LABORATORY NUMBER 3.4818.6		ANTIBODY SCREEN Negative		TO BE COMPLETED BY NURSE/MEDICAL OFFICER			
EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE ACK No.S	USED TIME	DATE	PACK PUT UP BY	PATIENT ID CONFIRMED AGAINST DONOR UNIT BY
							REACTION

"THIS BLOOD WILL BE DERESERVED"

AT 9.00 AM ON

LAB COMMENT

SPECIMEN RECEIVED DATE 24-Mar-03 DATE OF TEST 24-Mar-03 AUTHORISED BY

[illegible]

LAB COMMENT

MEN RECEIVED DATE

06-Jan-99

DATE OF TEST

06-Jan-96

94
AUTHORISED BY

GGHB UNIT WEST 1

DEPARTMENT OF HAEMATOLOGY

Consultant or Patient Loc.	DR MCLEAN	SURNAME	ARTHUR		FORENAME	DOROTHY	
Name or address	G9/10 WESTERN INF	SEX	F	DOB/AGE	04/05/72	HOSPITAL No.	Z8867533
REPORT						LABORATORY No.	00106/01186

WBCS DIFF	NEUT	LYMPH	MONOS	EOSIN	BASO	AT. LYMPH.	MYELO	PRO. MYE	BLAST	NUCL RBC
10 ⁹ /L										
PLATELINE DIFF	NEUT	LYMPH	ESR		RETIC		GFST.			
10 ⁹ /L		2.73								
WBC	RBC	Hgb	HCT	MCV	MCH	RDW	PLAT	DATE OF SAMPLE		TIME
10 ⁹ /L	X10 ¹² /L	g/dL	L/L	fL	pg		x10 ⁹ /L	06/01/90		10:53
								RUN	PAGE	
								R10	OF	1
	4.46	12.5	.376	84.4	28.0	16.9	407	DATE OF REPORT		TIME
								06/01/90		11:26 AM

BLOOD TRANSFUSION.

"THIS BLOOD WILL BE DERESERVED"

AT 9.00 am ON.

LAB COMMENT

v

X

08-Sep-89

08-Sep-89

59
AUTHORISED BY

SPECIMEN RECEIVED DATE _____

WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT					BLOOD TRANSFUSION	
SURNAME JR		FORENAMES		HOSP No	D.O.B	
MEDICAL OFFICER		WARD	SEX	HOSPITAL		
BLOOD GROUP		RHESUS	ADDRESS			
LABORATORY NUMBER		ANTIBODY SCREEN		TO BE COMPLETED BY NURSE/MEDICAL OFFICER		
9.3552.1		Negative				
EXPIRY DATE	PRODUCT CODE	DONOR GROUP	COMPATIBLE PACK NOS	USED	PACK PUT UP BY	CHECKED BY
4/03	CRC	A POS	103469X3			
4/03	CRC	A POS	103473X1			
THIS BLOOD WILL BE DERESERVED				AT 9.00 am ON 28-Feb-89		
LAB COMMENT						
BLOOD MATCHED BY EMERGENCY TECHNIQUES.						
SPECIMEN RECEIVED DATE		DATE OF TEST		AUTHORISED BY		
26-Feb-89		26-Feb-89		Mandy Dancer		

GGHB UNIT WEST 1

DEPARTMENT OF HAEMATOLOGY

Consultant Student Loc. or Name address	DR. J. W. CORDINER		SURNAME ARTHUR		FORENAME DOROTHY	
	G9/10 WESTERN INF		SEX F	DOB/AGE 04/05/72	HOSPITAL No. Z8867745	LABORATORY No. 81213/7022L

REPORT

Iron deficiency. (Authorised by Dr. N.P. LUCIE)

FERRITIN

10 ng/ml (N. 12-300)

OS DIFF	NEUT	LYMPH	MONOS	EOSIN	BASO	AT. LYMPH	MYELO	PRO. MYE	BLAST	NUCL RBC
0 ⁹ /L										
LINE DIFF	NEUT	LYMPH	ESR			RETIC	GFST			
10 ⁹ /L										
WBC	RBC	Hgb	HCT	MCV	MCH	RDW	PLAT	DATE OF SAMPLE		TIME
10 ⁹ /L	X10 ¹² /L	g/d L	L/L	fL	pg		x10 ⁹ /L	12/12/88		16:01
FERRITIN ;								RUN R18	PAGE OF	1
								DATE OF REPORT		TIME
								21/12/88		12:59 P

DEPARTMENT OF HAEMATOLOGY

Consultant & Patient Loc. or GP name & address	SURNAME		FORENAME	
	ARTHUR		DOROTHY	
G9/10 WESTERN INF	SEX	DOB/AGE	HOSPITAL No.	LABORATORY No.
		04/05/72	Z8867533	81210/0062R

WBC: White cells and platelets normal

(AUTHORISED BY DR. P. MCKAY.)

Mild anaemia.
Red cells show some features suggestive of early iron deficiency
- a ferritin assay is underway.

MICROS DIFF	NEUT	LYMPH	MONOS	EOSIN	BASO	AT. LYMPH	MYELO	PRO. MYE	BLAST	NUCL RB
X10 ⁹ /L										
MACHINE DIFF	NEUT	LYMPH		FSR		RETIC	GF.ST.			
X10 ⁹ /L		2.79								
WBC	RBC	Hgb	HCT	MCV	MCH	RDW	PLAT	DATE OF SAMPLE		TIME
X10 ⁹ /L	X10 ¹² /L	g/d L	L/L	fL	pg		x10 ⁹ /L	10/12/88	10:39	
								RUN	PAGE	1
								R95	OF	1
								DATE OF REPORT		TIME
9.8	4.04	10.5	326	80.8	26.0	14.7	417	10/12/88	11:52	
LAB. NO.	DATE	WBC	RBC	Hgb	HATIO	FL	MCV	pg	RDW	X10 ⁹ /L
					Hct			MCH		PLT

GLASGOW ROYAL INFIRMARY

GYNAECOLOGICAL CYTOLOGY

HOSPITAL

00547

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

Surname		Birth Date		D M Y		CHI. Number	
Forenames		Date of Examination		04 05 72		26 04	
Previous Surname		Address Results to be sent if different		Hospital Record Number		50867650	
Permanent Address (with post)		Postal Code		Previous Examination or Cytology Number		Date of Previous Examination	
50867650X ARTHUR DOROTHY 22 Springside Place		GLASGOW G15 7YG CHI-0405726104		Name and Address of Sender		Colposcopy Dept	
Name and Full Postal Address of G.P.		Date of L.M.P.		Contraception		Smear Type	
G.P. Clinic 09		Reason for Smear		Nil. 1 1		Cervical 1	
F.P. Clinic 01		1st Ever Examination		I.U.C.D. Oral		Vaginal 2	
W.W. Clinic 02		Routine Repeat		Past 2 2		Other 3	
Maternity 00		Repeat of previous non-neg.		Current 3 3		Intact 1	
Gynaecology 03		Other (Specify)				Ectopy 2	
G.U.M. 04						Infected 3	
Other 05						Suspicious 4	
Colposcopy 20						Malignant 5	
Clinical Diagnosis and Comments		Result		Result		ADVICE	
		Unsatisfactory		Trich 1		Routine Repeat 3yrs 1	
		Negative		0 Yeast 2		Repeat in Mths 2	
		Borderline		1 Virus 3		Refer to Colposcopy 3	
Clinician's Signature		Mild Dyskaryosis		2		Refer to Gynaecology 4	
Pathologist's Comments		Moderate Dyskaryosis		3			
		Severe Dyskaryosis		4			
		? invasion		5			
		Glandular Abnormality		6			
		Adenocarcinoma		7			
Pathologist's Signature		Other		8			
Date				9			

GLASGOW ROYAL INFIRMARY		GYNAECOLOGICAL CYTOLOGY		HOSPITAL	
		USE BALLPOINT PEN FIRMLY		LAB. NUMBER	
00547		D M Y		CHI. Number	
Surname		040572		2604	
Forenames		Date of Examination		Hospital Record Number	
Previous Surname		Address Results to be sent if different.		Previous Examination or Cytology Number	
Permanent Address (with postal code)		Postal Code		Date of Previous Examination	
Name and Full Postal Address of G.P.		Name and Address of Sender		Postal Code	
G.P. Clinic		Reason for Smear		Contraception	
F.P. Clinic		1st Ever Examination		I.U.C.D. Oral	
W.W. Clinic		Routine Repeat		Nil 1 1	
Maternity		Repeat of previous non-neg.		Past 2 2	
Gynaecology		Other (Specify)		Current 3 3	
G.U.M.		Radiation (Pelvic) YES 1		Cervical 1	
Other		Hormone Treatment YES 1		Vaginal 2	
Colposcopy				Other 3	
Clinical Diagnosis and Comments		Date of L.M.P.		Smear Type	
Clinician's Signature		No. of Pregnancies		Appearance of Cervix	
Pathologist's Comments		Age at Menopause		Intact 1	
Pathologist's Signature		Radiation (Pelvic) YES 1		Ectopy 2	
		Hormone Treatment YES 1		Infected 3	
				Suspicious 4	
				Malignant 5	
				Result	
				Trich 1	
				Yeast 2	
				Virus 3	
				ADVICE	
				Routine Repeat 3yrs 1	
				Repeat in Mths 2	
				Refer to Colposcopy 3	
				Refer to Gynaecology 4	

GREATER GLASGOW HEALTH BOARD UNIT WEST 1

[illegible]

PRIMARY
SUMMARY OF ATTENDANCES (OUT-PATIENTS AND IN-PATIENTS)

[illegible]

Accident and Emergency Department Western Infirmary

NHS
Greater Glasgow
and Clyde
Western Infirmary
Glasgow G11 6NT
Tel: 0141 211 2409/2304
Fax: 0141 211 2559



50867650X

A&E No.08011198

3

Surname	ARTHUR	Forename	DOROTHY	Title: MRS	
Address:	22 Springside Place	Postcode	G15 7YG	CHI No:0405726104	
	GLASGOW	Telephone:	944 8198		
Date of Birth:	04.05.72	Sex:	F	Age: 35 yrs	

GP Name:	TURNER KATHERINE				
Address:	DRUMCHAPEL HEALTH ...	Postcode	G15 7TS		
	80/90 KINFAUNS DRIVE GLASGOW	Telephone:	0141 211 6120		

Next of Kin	WILLIAM CUMMINGS				
Relationship:					
Address:	22 Springside Place	Postcode			
	GLASGOW	Telephone:	944 8198		
Primary Carer:					

Date of Attendance: 08.03.08 18:40

Date of Incident:

Presenting Complaint: ABDOMINAL PAIN

riage	UPPER EPIGASTIC PAIN 3/7HX GP REF FOR SURG	Tetanus Cover:
		Allergies:
P= 116	BP= 125/69 RR= 15 Sat= 99 BM=	Temp= 36.4
PF=	GCS=E: M: V: Total:	

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

General Notes

Have you considered Child Protection? (Please Circle)

N/A No Yes (Refer to Child Protection flow chart)

DISCHARGE CODES: (Please circle)

1. Admission 2. Refer to G.P. 3. Discharge 4. Died 5. DOA 6. Refer to O.P. (see below)
7. Transfer to other hospital (see below) 8. Irregular Discharge

ADMISSION:

Ward No. (if admitted)

Transfer to Hospital

FOLLOW-UP:

None:

Arranged:

We will arrange:

SERVICE/CLINICAL REFERRAL:

AE	Dressing	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	IRIS	Other (specify)
Doctor/ENP name (PRINT)						Signature of Doctor/ENP						
CON AS SpR SG SHO3 SHO FY1 FY2 CA ENP (please circle)						CODE:						

Date of Birth

INITIAL VITAL SIGNS

 $\text{lat:}(\text{Time})$

HR:

BP:

RR:

 SaO_2 :

Temp:

G.C.S:

Signed

Relatives informed:

INITIAL MANAGEMENT

Oxygen started _____ %: Signed _____ ECG: Signed _____

Signed

Other _____

Treatment _____

NEUROLOGICAL OBSERVATIONS

[illegible]

BLOOD GLUCOSE	Time				
	BM				
PEAK FLOW	Time				
	PF				
VISUAL ACUITY	R. eye aided/unaided				
	L. eye aided/unaided				
	ph L. eye		R. eye		

Signed:

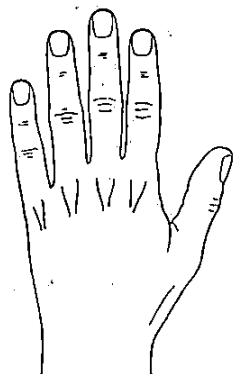
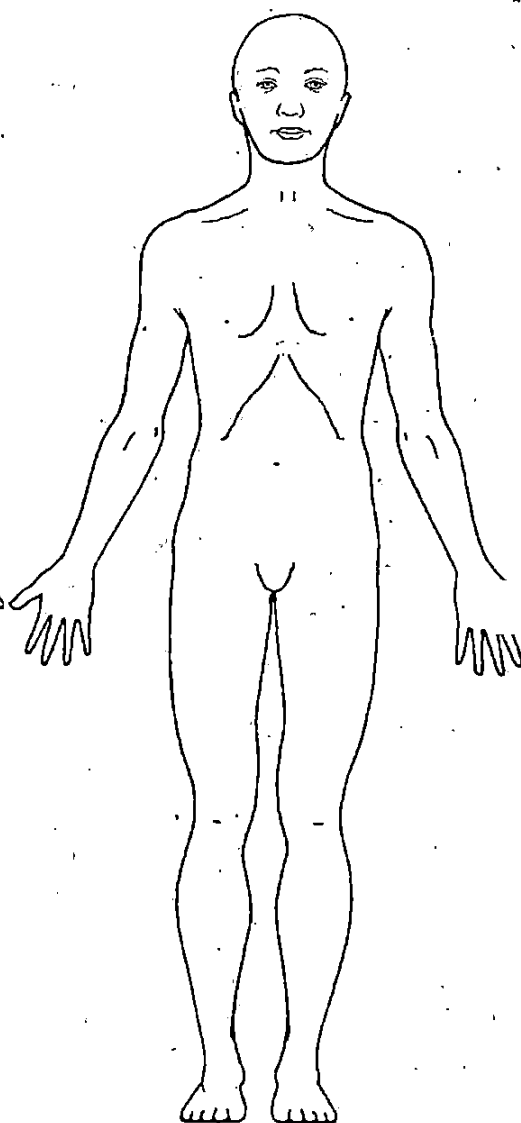
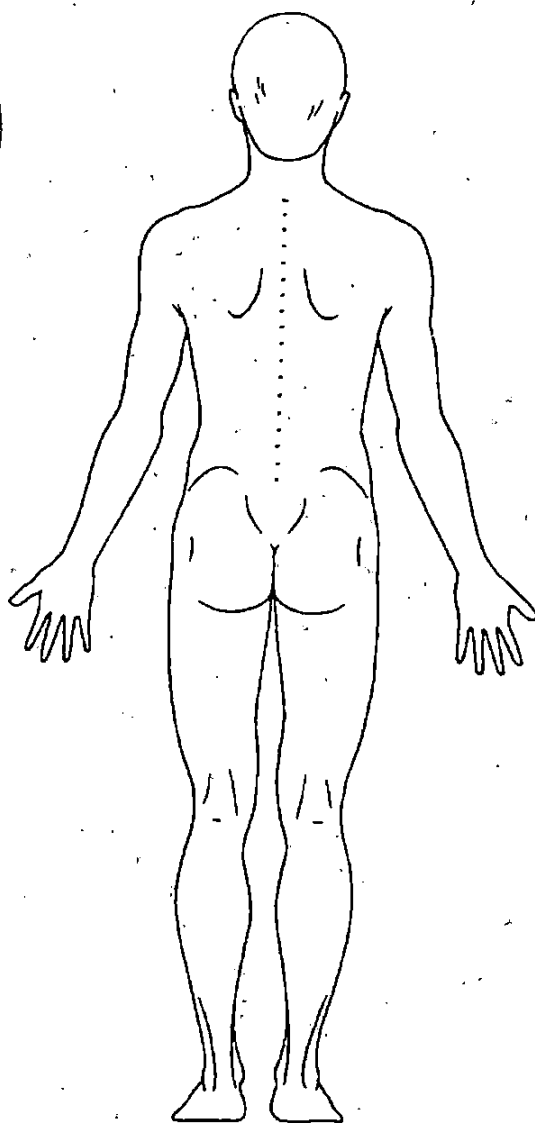
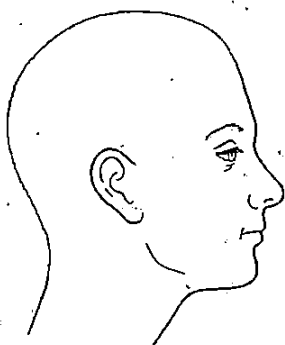
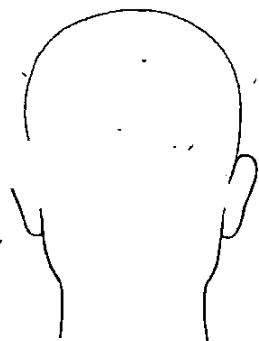
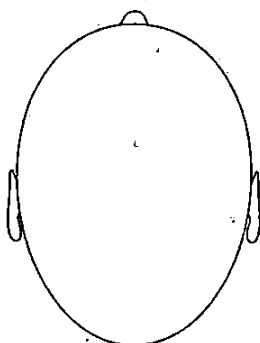
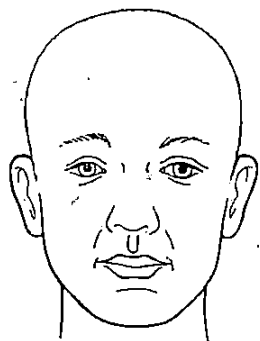
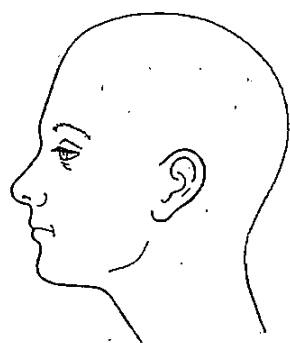
URINALYSIS

Urobilinogen	Normal 3 16 33 66 131	☒ ☐	☐	☐	☐		
μmol/L		☒	☐	☐	☐		
Protein	Neg	Trace	0.30	1	3	>20	
gm/L	☒	☐	☐	☐	☐	☐	
pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5
	☐	☒	☐	☐	☐	☐	☐
Blood	Neg	Non Haem	Haem Trace	Small	Mod	Large	
	☐	☐	☐	☐	☒	☐	
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
	☐	☐	☐	☐	☒	☐	☐
Ketones	Neg	Trace	Small	Mod	Large	Large	
mmol/L	☒	0.5	1.5	4	8	16	
Bilirubin	Neg	Small	Mod	Large			
	☒	☐	☐	☐			
Glucose	Neg	5.5	14	28	55	111	
mmol/L	☒	Trace	+	++	+++	++++	
Nitrites	Neg			Positive			
	☒						
Leucocytes	Neg	Trace	Small	Mod	Large		
	☒	☐	☐	☐	☐		
BHCG	+ ve			- ve			

Signed:

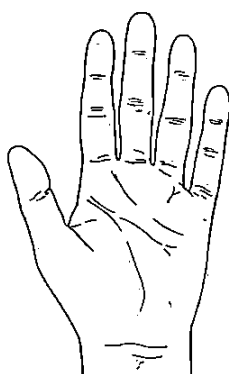
Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds

2

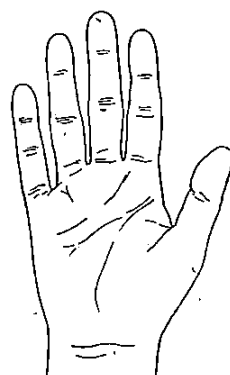


Dorsal

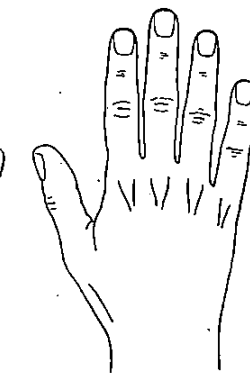
Left



Palmar



Palmar



Right

Dorsal

Signed _____

CLINICAL NOTES - EMERGENCY MEDICINE

Consultant _____ Seen by _____

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER (Please circle) At (time) _____

Date _____

Date

UNITARY MEDICAL RECORD and EXAMINATION

Consultant Mackay Seen by Arnona MacLachlan

Grade: FY1, FY2, ST1, ST2, ST3, ST4-6, FTSTA, LOCUM, ENP, CONSULTANT, OTHER (Please circle) At (time) 20⁰⁰

Date 8/3/8 **HISTORY**

Presenting Complaint:

8/3/8 Abdo Pain

History of Presenting Complaint:

- Been feeling unwell for 5 days
 - light headed
 - lethargic but cannot sleep
 - sore head
 - nausea + no vomiting
 - bowels regular
 - back pain past few days - relieved by Plavix
- Epigastric pain ⇒ RUQ - described as a "tightness" across abdomen
- Discomfort worse in "darker" - going more often
- No H/O gallstones.
- Drinks about 1 bottle of spirits over the week - denies any bingeing.
- Pain "comes + goes"
- Not related to eating food.
- "haematemesis"
- Feels stomach has been "gurgling" loudly
- Not eating well

MEDICAL NOTES - HISTORY and EXAMINATION (cont)

Date

Past Medical History:

- Diabetes
- Obesity
- Hypertension
- MI
- CABG
- Rheumatic Fever
- TB

Nil

Allergies

* LATEX * - anaphylaxis
Penicillin

Drug History:

- Folic acid 5mg OD

Family and Social History:

- lives in husband + 2 daughters
- Works as care assistant
- Smokes 20/day
- Drinks 1 bottle spirit/week

EXAMINATION:

Vital Signs: BP P 88 RR 16 T

General Appearance:

O₂ Sat

Cardiovascular

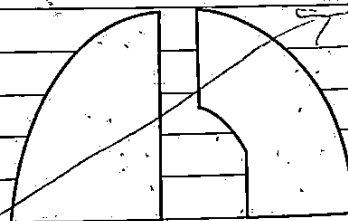
- Pulse 88 beats/min

- HS 1 + 11 + 0

Respiratory

- Good A/E

- Breath sounds clear



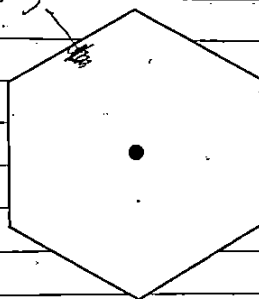
MEDICAL NOTES - HISTORY and EXAMINATION (cont)

Date

Abdominal

- Abdo Soft
- Very tender - @ UQ
- No masses
- Bowel Sounds ✓

Murphy's tve



Central / Peripheral Nervous System

GCS

15/15

EO

MR

VR

- Grossly Intact

Other

INVESTIGATIONS DONE

Time

U & E's

GLUC

LFT's

Para/Sal

Troponin

D - Dimer

FBC

COAG

Blood Cultures

MSU

ABG

ECG

CXR

Other

DIFFERENTIAL DIAGNOSIS

Date.

PLAN

Name

Sign

Grade

Date _____

Time

SENIOR REVIEW

Name

Sign

Grade

Date_____

Time

Date

CONSULTANT REVIEW

9/3/8 0850

WJL McKAN

- For Absc. USS today
- Better today
- If continues to improve; (H) later

[Signature]
WJL

9/3/8 Cholecystography:

a-s. Absc. liver.
Normal liver.
No gallstones
No CBD dilation
Normal kidneys.

Pancreas not seen.
Pelvis not examined
due to empty bladder.

Name

Sign

Date

Time

Results

Biochemistry		Haematology	Other
Na	Paracetamol	Hb	CXR
K	Salicylate	MCV	
CL		WCC	
Ur	D - Dimer	NEUT	
Cr		Platelets	
Gluc			
Ca ²⁺	ABG	INR	
Troponin		APTT	
Amylase	O ₂	PT	
Bil	CO ₂		
AST	H ⁺		
ALT	BI		
ALP	BE		
YGT			
ALB	COHb		
CRP			

DRUGS PRESCRIBED

12

Date given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given by

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESCRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name (print) _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

Signed _____

(Please put initials in box)

Crutches ☐

Return appointment ☐

Advice Card ☐

Medication ☐

Escort to ward ☐

Relatives informed ☐

IRIS ☐

Transport ☐ Time booked _____

Discharged with _____ Admitted / transferred to _____

Time discharged _____ Signed _____

GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT
FILE IN PART 1 OF CASE RECORD
ADMISSION FORM

CASE RECORD

C/673817

HOSPITAL CODE 601		CASE REFERENCE No. 867650 V	
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES		IN/OUT PATIENT OUT	
SURNAME ARTHUR		MAIDEN NAME	
FIRST FORENAME DOROTHY	SECOND FORENAME	OTHER INITIALS	
DATE OF BIRTH 4.5.72 (16)	SEX 2	MARITAL STATUS 1	
ADDRESS 13 HILLHEAD ST. GLASGOW			
POST CODE G12 8PQ		TELEPHONE No. 339-0294	
FAMILY DOCTOR: SURNAME ROBERTSON		G.P. TELEPHONE No.	
ADDRESS WOODSIDE H/C BARR ST.			
POSTCODE G2			
ADMISSION: DATE OF ADMISSION 10.12.88		WARD No. 69	
DATE PLACED ON WAITING LIST		TIME OF ADMISSION 20.10	
ADMITTED/TRANSFERRED FROM 1		TYPE OF ADMISSION 8	
CONSULTANT'S SURNAME CORDINER		PATIENT'S RELIGION R/C	
OCCUPATION UNEMPLOYED			
HUSBAND'S OCCUPATION (MARRIED WOMAN)/PARENT'S OCCUPATION (CHILD)			
REASON FOR ADMISSION GYN COND.			
PROVISIONAL DIAGNOSIS			
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY	
DETAILS		TIME OF INJURY	
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE			
NEXT OF KIN: NAME MAGGIE HADDEN		RELATIONSHIP GUARDIAN	
ADDRESS A/A.		TELEPHONE No.	
OTHER RELATIVE OR FRIEND: NAME		POSTCODE	
RELATIONSHIP		TELEPHONE No.	
ADDRESS		POSTCODE	
NAME		TELEPHONE No.	
RELATIONSHIP		POSTCODE	
ADDRESS			

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

- | | |
|--------------------------------|----------|
| 1. HOME | 6. |
| 2. OTHER HOSPITAL | 7. |
| 3. OTHER UNIT IN THIS HOSPITAL | 8. OTHER |
| 4. | 9. |
| 5. | |

TYPE OF ADMISSION

- | | | |
|--|---|--|
| 0. DEFERRED ADMISSION | 6. EMERGENCY-HOME ACCIDENT
(INCLUDES ACCIDENTAL POISONING IN THE HOME) | 7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL POISONING OTHER THAN IN THE HOME) |
| 1. WAITING LIST | 8. EMERGENCY-OTHER
(EXCLUDING ACCIDENTAL POISONING) | |
| 2. BOOKED CASE | | |
| 3. TRANSFER | | |
| 4. EMERGENCY-DELIBERATE SELF-INFLICTED INJURY OR POISONING | | |
| 5. EMERGENCY-ROAD TRAFFIC ACCIDENT | | |

DISCHARGE FORM

CONSULTANT IN CHARGE					
DATE OF DISCHARGE		TIME OF DISCHARGE			
HOSPITAL DIVISION OR UNIT		SUB-SPECIALITY CODE		DISCHARGE CODE	
CATEGORY OF PATIENT		TYPE OF FACILITY			
DIAGNOSES PRINCIPAL DIAGNOSIS OTHER CONDITIONS TO BE INDEXED INCLUDE EXTERNAL CAUSE OF INJURY AND TUMOUR TYPE WHERE RELEVANT	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
SURGICAL OPERATIONS		DATE	DETAILS		
PRINCIPAL OTHER OPERATIONS AND DIAGNOSTIC PROCEDURES	1				
	2				
	3				
	4				
	5				
	6				

CODING USED ABOVE

HOSPITAL DIVISION OR UNIT ON DISCHARGE OR TRANSFER

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

SUB-SPECIALITY CODE

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

TYPE OF FACILITY

- | | |
|----------------------|----------------------|
| 1 Ordinary Inpatient | 6 Day Bed Unit |
| 2 | 7 Day Case in |
| 3 | Inpatient facilities |
| 4 | 8 Other Day Case |
| 5 5-day ward | 9 |

CATEGORY OF PATIENT

- 1 Amenity
- 2 Paying
- 3 N.H.S.

DISCHARGE CODE

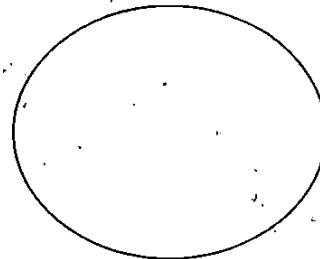
- 0 'Irregular' - e.g. Self Discharge
- 1 Home
- 2 Convalescent Hospital or Home
- 3 Other Hospital
- 4 Local Authority Care
- 5 Transfer to other speciality in same hospital
- 6 Died (P.M.)
- 7 Died (No P.M.)
- 8 Other

COLPOSCOPY CLINIC CARD - FOLLOW UP VISITS

Patient Details  50867650X ARTHUR DOROTHY 04/05/1972 F 22 Springside Place GLASGOW G15 7YG CHI-0405726104		Appointment details Hospital: W.I.G. CODE: G516H Consultant: E Thomson Appointment Date 06/11 Time: Type of Episode 1: New patient episode 3. Inpatient 2: Follow up/return outpatient 4. External Cytology Visit LMP: Parity Contraception:	
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COLPOSCOPY ASSESSMENT DETAILS

* Colposcopy Done	Yes ☐ No ☐	**Colposcopist Name:	
Findings:		**Transformation Zone Classification	
**SCJ Visualised	Yes ☐ No ☐	0: Not Known	☐
Acetowhite	☐	1: Type 1 - Fully visualised	☐
Mosaic	☐	2: Type 11-In canal but visualised	☐
Punctuation	☐	3: Type 11-Not fully visualised	☐
Atypical Vessels	☐	*Patient Pregnant?	YES ☐ NO ☐
		Expected Date of Delivery	
**Colposcopic Opinion Cervical 1: No Cervix ☐ 2: Normal ☐ 3: HPV/Inflamm/benign ☐ 4: CIN/low grade ☐ 5: CIN/high grade ☐ 6: Invasion ☐ 7: Other ☐ 8: Not performed ☐		**Colposcopic Opinion Vaginal 1: Normal ☐ 2: HPV/Inflamm/benign ☐ 3: VaIN/Low grade ☐ 4: VaIN/High Grade ☐ 5: Invasion ☐ 6: Other ☐ 7: Not performed ☐	



NOTES:

Disc to GP - smear asap Then annual for
 Syb if neg.

PLEASE TICK ALL APPROPRIATE BOXES

* DENOTES MANDATORY ITEM FOR ALL NEW REFERRALS

** MANDATORY IF COLPOSCOPY/BIOPSY/SMEAR DONE AT VISIT

Dr: K TURNER
 DRUMCHAPEL HEALTH CENTRE
 80/90 KINFAUNTS DRIVE
 GLASGOW

G15 7TS

DIAGNOSTIC PROCEDURE/TREATMENT DETAILS

*Was smear done at visit?

Yes

No

**Smear result

- 1: Negative (normal smear)
2: Inadequate specimen
3: Borderline Changes

☐
☐
☐

- 4: Mild dyskaryosis
5: Moderate dyskaryosis
6: Severe dyskaryosis

☐
☐
☐

7: Invasive Cancer

8: Glandular Abnormalities

9: Adenocarcinoma

10: Abnormal unclassifiable

☐
☐
☐
☐

*Cervix Biopsy Type

- 1: No biopsy
2: Directed biopsy
3: Multiple directed biopsy
4: Excisional Biopsy (LLETZ)
5: Wedge Biopsy

☐
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☐
☐

**Cervix Histology Result 1

- 1: Unsatisfactory
2: Normal
3: CIN1
4: CIN2
5: CIN3
6: Invasive Squamous (1a1)
7: Invasive Squamous (1a2)
8: Invasive Squamous (>1a)
9: CGIN (low grade)
10: CGIN (high grade)
11: Invasive Adenocarcinoma
12: Other

☐
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**Cervix Histology Result 2

- 1: Unsatisfactory
2: Normal
3: CIN1
4: CIN2
5: CIN3
6: Invasive Squamous (1a1)
7: Invasive Squamous (1a2)
8: Invasive Squamous (>1a)
9: CGIN (low grade)
10: CGIN (high grade)
11: Invasive Adenocarcinoma
12: Other

☐
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*Was Vaginal Biopsy Done?

Yes

No

**Vaginal Biopsy Result

- 1: Unsatisfactory
2: Normal
3: VaIN1
4: V
5: VaIN3
6: Invasive vaginal carcinoma
7: Other

☐
☐
☐
☐
☐
☐
☐

*Procedure/Treatment Performed

- 1: None
2: LLETZ
3: Cold coagulation
4: Laser ablation
5: Cone (laser or knife)
6: Cryotherapy
7: Trachelectomy
8: Cervical Amputation
9: Hysterectomy

☐
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☐

Analgesia Administered

- 1: No analgesia
2: Local analgesia
3: General/regional anaesthesia

☐
☐
☐

Definitive Histology (Highest)

- 1: Unsatisfactory
2: Normal
3: CIN1
4: CIN2
5: CIN3
6: Invasive Squamous (1a1)
7: Invasive Squamous (1a2)
8: Invasive Squamous (>1a)
9: CGIN (low grade)
10: CGIN (high grade)
11: Invasive Adenocarcinoma
12: Other

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Excision Complete LLETZ

- 1: Complete
2: Endo cervix - Incomplete
3: Ecto cervix - incomplete
4: Both - Incomplete
5: Inconclusive

☐
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☐
☐
☐

Patient consent obtained? Yes

☐

No

☐

FOI V UP CARE/MANAGEMENT PLAN

*Planned follow-up care/treatment

- 1: Return to colposcopy clinic
2: Return to hospital smear clinic
3: Treatment - Inpatient
4: Treatment - Outpatient

☐
☐
☐
☐

- 5: Cancer treatment
6: Discharge
7: Other care or treatment

☐
☐
☐

No. of months to next follow up

Recommend Interval to next smear (months)

☐
☐
☐

Standard Letter Number:

Patient

GP

☐

Dictated Letter only

Yes

☐

No

☐

NOTES:

Signature

Date:

PLEASE TICK ALL APPROPRIATE BOXES

* DENOTES MANDATORY ITEM FOR ALL NEW REFERRALS

** MANDATORY IF COLPOSCOPY/BIOPSY/SMEAR DONE AT VISIT

INSTRUMENT TRACKING INFORMATION



50867650X

ARTHUR

F

DOROTHY

04/05/1972

22 Springside Place

GLASGOW

G15 7YG

CHI-0405726104

Please peel all traceability labels from instrument sets + supplementary instruments and stick on form.

Place completed form in patient's notes.

DATE STERILIZED	STLZR
07 11 05	4
23185	
CYCLE NUMBER 0	

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Patient Details

Name: Dorothy ARTHUR
Address: 22 Springside Place
Glasgow
G15 7YG

Unit no.: 15311
PAS no.: 50867650X
Phone no.: 0141 944 8198
Work no.:
Mobile no.:

GP

Name: Turner, D
Address: Drumchapel H/centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

NHS no.: 0
Date of birth: 04/05/1972
Ethnic origin: GGHB
Religion: (None)
Marital status: (None)

Referral Details

Date: 10/07/2004
RMO: Dr. JW Cordiner
Specialty: Colposcopy
Source: GP
Reason: Suspicious Symptoms

Referrer:
Organisation:
Address:

Baseline

Method of contraceptive
Current symptoms
Referring cytology
Parity A
Parity B
Patient smokes
Cigarettes per day
Genital warts - ptnr
Chlamydia
Colposcopist sign:

Other
Implant
Other
?Cyst on cervix
Negative
Two
None
Current smoker
20
No
No
Dr Watson

6/11/06
10-10am

Event

Date	Type	Purpose
23/08/2004	OP clinic attendance	New patient
08/12/2004	OP DNA	Treatment
06/04/2005	OP clinic attendance	Treatment
23/11/2005	OP clinic attendance	Return - no treat.

Summary

Date	Cyto	CxBx	Treat	BxVag	BxVul	Bact	Chlam	Next
10/07/04								
23/08/04		CIN1						

DNA FAppt

Colposcopy

MT

Q002

Clinic Examination Sheet

Team 1

Printed on: 17/05/2006

Patient: Dorothy ARTHUR

Return - no treat.

Marital status: (None)

Due Date: 24/05/2006

Unit Number: 15311

PAS Number 50867650X

Examination sheet

Supervised by :

remarks >>

LMP :

date >>

Colposcopic opinion :

remarks >>

Vulvosopic opinion :

remarks >>

Cervix present :

Yes

No

SCJ visible :

Yes

No

Cervical lesion :

Yes

No

Jpper limit seen :

Yes

No

Vaginal lesion :

Yes

No

Vulval lesion :

Yes

No

Tests (specify no.) :

Cytology

Cervical biopsy

Vaginal Biopsy

Vulval biopsy

Bacteriology

Chlamydia

Other

Treatment performed :

remarks >>

Anaesthesia :

Local

General

Other

Treatment comps. :

remarks >>

Excision :

Complete

Inconclusive

Incomp - endocervix

Incomp - ectocervix

Incomp - both

Planned follow-up :

remarks >>

Letters to send :

remarks >>

08/12/04
06/04/05
23/11/05 Neg

Neg

Neg

Patient Details

Name: Dorothy CUMMINGS
Address: 6 Kilcloy Avenue

Unit no.: 15311
PAS no.: 50867650X
Phone no.: 0141 585 2421
Work no.: 944 8198
Mobile no.:

Glasgow
G15 8RR

22 SPRINGSIDE PL
G15 7YG

GP

Name: Turner, D
Address: Drumchapel H/centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

NHS no.: 0
Date of birth: 04/05/1972
Ethnic origin: GGHBB
Religion: (None)
Marital status: (None)

Referral Details

Date: 10/07/2004
RMO: Dr. JW Cordiner
Specialty: Colposcopy
Source: GP
Reason: Suspicious Symptoms

Referrer:
Organisation:
Address:

Baseline

Method of contracept. Other
Implant
Current symptoms Other
?Cyst on cervix
Referring cytology Negative
Parity A Two
Parity B None
Patient smokes Current smoker
Cigarettes per day 20
Genital warts - ptrr No
Chlamydia No
Colposcopist sign: Dr Watson

Event

Date	Type	Purpose
10/07/2004	Registration	(None)
23/08/2004	OP clinic attendance	New patient
08/12/2004	OP DNA	Treatment
06/04/2005	OP clinic attendance	Treatment

CHANGE S/N
+ ADDRESS + TEL NO

Summary

Date	Cyto	CxBx	Treat	BxVag	BxVul	Bact	Chlam	Next
10/07/04								
23/08/04		CIN1						



50867650X
ARTHUR
DOROTHY 04/05/1972
22 Springside Place

GLASGOW G15 7YG
CHI-0405726104

08/12/04
06/04/05

50867650X
CUMMINGS F
DOROTHY 04/05/1972
6 Kilcloy Avenue

GLASGOW G15 8RR



Colposcopy

MT

Q002

Clinic Examination Sheet

Team 1

Printed on: 15/11/2005 08:14

Patient: Dorothy CUMMINGS

Return - no treat.

Marital status: (None)

Due Date: 23/11/2005

Unit Number: 15311

PAS Number 50867650X

Examination sheet

Supervised by :

remarks >>

LMP :

date >>

Colposcopic opinion :

remarks >>

Vulvoscopic opinion :

remarks >>

Cervix present :

☒ Yes☐ No

SCJ visible :

☒ Yes☐ No

Cervical lesion :

☒ Yes☒ No

Upper limit seen :

☒ Yes☐ No

Vaginal lesion :

☒ Yes☒ No

Vulval lesion :

☒ Yes☒ No

Tests (specify no.) :

☒ Cytology☐ Cervical biopsy☐ Vaginal Biopsy☐ Vulval biopsy☒ Bacteriology☒ Chlamydia☐ Other

Treatment performed :

remarks >>

Anaesthesia :

☐ Local☐ General☐ Other

Treatment comps. :

remarks >>

Excision :

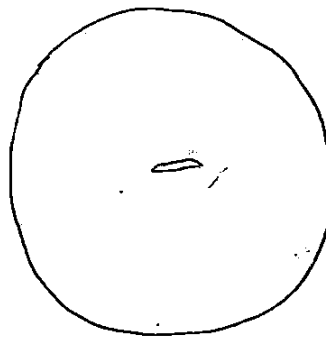
☐ Complete☐ Inconclusive☐ Incomp - endocervix☐ Incomp - ectocervix☐ Incomp - both

Planned follow-up :

remarks >>

Letters to send :

remarks >>

CL for CINI for discussion options.
last visitML
% Dyspareunia
recentlylooks
Cx healthy
intact

no acorn

ML

(Neg)

Cx sw (Neg)

(Neg)

Need
24/5/06
10.20ML
1/11/05

6/12 nurse's clinic apt please

Baseline

Method of Contraception

Menopause

HRT

Current symptoms

Referring cytology

Date of ref. cytology

Laboratory ID

Ref. No. of smear

Parity A

Parity B

Pregnant

Pregnancy Test

Patient smokes

Cigarettes per day

Genital warts – patient

Genital warts – partner

Chlamydia

Past medical history

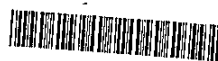
Drugs

Allergies

Previous treatment incl. Year

Diagnosis history

Colposcopist sign.



50867650X
CUMMINGS
DOROTHY
6 Kilcloy Avenue
0/2
GLASGOW
CHI-0405726104
04/05/1972
G15 8RR

Colposcopy

MT

Q002

Clinic Examination Sheet

Team 1

Printed on: 23/03/2005 14:07

Patient: Dorothy CUMMINGS
Due Date: 06/04/2005

Treatment
Unit Number: 15311

Marital status: (None)
PAS Number: 50867650X

Examination sheet

Supervised by :

remarks >>

LMP :

date >>

Colposcopic opinion :

remarks >>

Vulvoscopic opinion :

remarks >>

Cervix present :

Yes

No

SCJ visible :

Yes

No

Cervical lesion :

Yes

No

Upper limit seen :

Yes

No

Vaginal lesion :

Yes

No

Vulval lesion :

Yes

No

Tests (specify no.) :

Cytology

Cervical biopsy

Vaginal Biopsy

Vulval biopsy

Bacteriology

Chlamydia

Other

Treatment performed :

remarks >>

Anaesthesia :

Local

General

Other

Treatment comps. :

remarks >>

Excision :

Complete

Inconclusive

Incomp - endocervix

Incomp - ectocervix

Incomp - both

Planned follow-up :

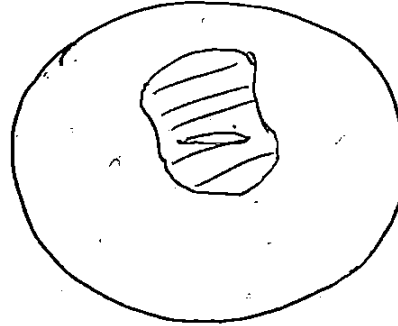
remarks >>

Letters to send :

remarks >>

Implanon in situ. for treatment CINI.

Allergic to penicillin



CC to TZ.
for 25 secs

Ne

WED
23/03/05
CNA
Now
23/03/05
BIDPM

CC to TZ for 25 secs

6/12 apt for colp. please.

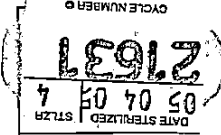
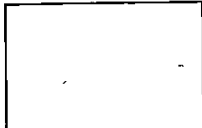
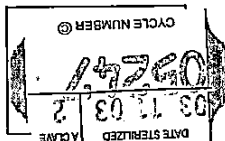
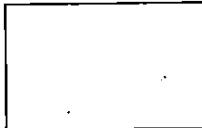
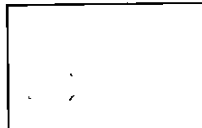
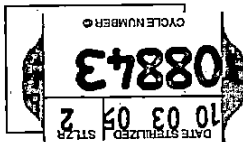
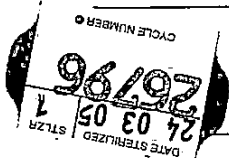
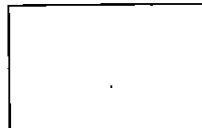
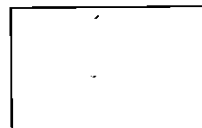
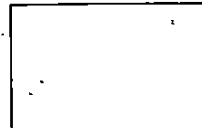
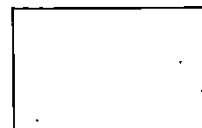
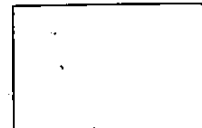
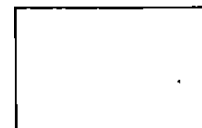
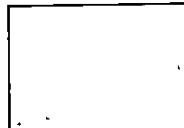
Ne.

INSTRUMENT TRACKING INFORMATION

Patient's Name			
Hospital Number	50867650X		
	CUMMINGS		F
	DOROTHY	04/05/1972	
Procedure:	6 Kilcloy Avenue		
	0/2		
	GLASGOW	G15 8RR	
	CHI-0405726104		

Please peel all traceability labels from instrument sets + supplementary instruments and stick on form.

Place completed form in patient's notes.

Patient Details

Name: Dorothy CUMMINGS
Address: 6 Kilcloy Avenue
Glasgow
G15 8RR

Unit no.: 15311
PAS no.: 50867650X
Phone no.: 0141 585 2421
Work no.:
Mobile no.:

GP

Name: Turner, D
Address: Drumchapel H/centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

NHS no.: 0
Date of birth: 04/05/1972
Ethnic origin: GGHB
Religion: (None)
Marital status: (None)

Referral Details

Date: 10/07/2004
RMO: Dr. JW Cordiner
Specialty: Colposcopy
Source: GP
Reason: Suspicious Symptoms

Referrer:
Organisation:
Address:

Baseline

Method of contraceptive
Other
Implant
Current symptoms
Other
?Cyst on cervix
Referring cytology
Negative
Parity A
Two
Parity B
None
Patient smokes
Current smoker
Cigarettes per day
20
Genital warts - ptnr
No
Chlamydia
No
Colposcopist sign:
Dr Watson

Wed.
6/4/05
3.05pm

Event

Date	Type	Purpose
10/07/2004	Registration	(None)
23/08/2004	OP clinic attendance	New patient

Summary

Date	Cyto	CxBx	Treat	BxVag	BxVul	Bact	Chlam	Next
10/07/04								
23/08/04		CIN1						

DNA

Baseline

Method of Contraception

Menopause

HRT

Current symptoms

Referring cytology

Date of ref. cytology

Laboratory ID

Ref. No. of smear

Parity A

Parity B

Pregnant

Pregnancy Test

Patient smokes

Cigarettes per day

Genital warts – patient

Genital warts – partner

Chlamydia

Past medical history.

Drugs

Allergies

Previous treatment incl. Year

Diagnosis history

Colposcopist sign.

50867650X
CUMMINGS
DOROTHY
6 Kilcloy Avenue
0/2
GLASGOW

F
04/05/1972
G15 8RR



Colposcopy

MT

Q002

Clinic Examination Sheet

Team 1

Printed on: 29/11/2004 10:44

Patient: Dorothy CUMMINGS

Treatment

Marital status: (None)

Due Date: 08/12/2004

Unit Number: 15311

PAS Number 50867650X

Examination sheet

Supervised by :

remarks >>

LMP :

date >>

Colposcopic opinion :

remarks >>

Vulvoscopic opinion :

remarks >>

Cervix present :

Yes

No

SCJ visible :

Yes

No

Cervical lesion :

Yes

No

Upper limit seen :

Yes

No

Vaginal lesion :

Yes

No

Vulval lesion :

Yes

No

Tests (specify no.) :

Cytology

Cervical biopsy

Vaginal Biopsy

Vulval biopsy

Bacteriology

Chlamydia

Other

Treatment performed :

remarks >>

Anaesthesia :

Local

General

Other

Treatment comps. :

remarks >>

Excision :

Complete

Inconclusive

Incomp - endocervix

Incomp - ectocervix

Incomp - both

Planned follow-up :

remarks >>

Letters to send :

remarks >>

Dist. Appr for cold wap

NAME

50867650X

CUMMINGS

F

DOROTHY

04/05/1972

6 Kilcloy Avenue

GLASGOW

G15 8RR

PHYS/
SURG.OUT PATIENT
HISTORY

DATE

2/12/06

Dr. Cordner

% abdominal swelling

Irregular bleeding Had mifepristone 2003

Beta 2+ (TOP prior to mifepristone)

PH. ovarian cyst age 11.
Laparoscopy in 2003

Drugs: nil

Allergies - Penicillin

Sweat: no symptoms

Colp CIN1

PV Normal vulva vagina

Co - multiple dark follicles

Mammary ATV mobile breasts

Adnexa - normal

Reassured

to D/W Sandyford mifepristone
USG

Patient Details

Name: Dorothy CUMMINGS
Address: 6 Kilcloy Avenue

Glasgow
G15 8RR

Unit no.: 15311
PAS no.: 50867650X ✓ *51315310W Dof*
Phone no.: 0141 585 2421
Work no.:
Mobile no.:

NHS no.: 0
Date of birth: 04/05/1972
Ethnic origin: GGHB
Religion: (None)
Marital status: (None)

GP

Name: Turner, D
Address: Drumchapel H/centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Referral Details

Date: 10/07/2004
RMO: Dr. JW Cordiner
Specialty: Colposcopy
Source: GP
Reason: Suspicious Symptoms

Referrer:
Organisation:
Address:

Baseline

Method of contraceptive *Implant*

Menopause

HRT

Current symptoms *Thin & cervix*

Referring cytology *negative*

Date ref. cytology

Laboratory ID

Ref.No. smear

Parity A *2*

Parity B *0*

Pregnant *0*

Pregnancy test *0*

Patient smokes *current*

Cigarettes per day *20*

Genital warts - pat. *NIL*

Genital warts - ptrn

Chlamydia *NIL*

Past medical history *NIL*

Drugs

NIL

Allergies

Prev. treat. inc Yr.

Diagnoses History

Colposcopist sign:

Event

Date	Type	Purpose
10/07/2004	Registration	(None)

Summary

Date	Cyto	CxBx	Treat	BxVag	BxVul	Bact	Chlam	Next
10/07/04								

51315310W
CUMMINGS F
DOROTHY 04/05/1972
6 Kilcloy Avenue

GLASGOW G15 8RR



Colposcopy

MT

Q002

Clinic Examination Sheet

Team 1

Printed on: 16/08/2004 09:26

Patient: Dorothy CUMMINGS

New patient

Marital status: (None)

Due Date: 23/08/2004

Unit Number: 15311

PAS Number 50867650X

~~57315310W~~

} Del

Examination sheet

Supervised by:

remarks >>

WABON

LMP:

date >>

23.8.04

Colposcopic opinion:

remarks >>

Wial + Nal of main
follicles

Vulvoscopic opinion:

remarks >>

Cervix present:

☒ Yes☐ No

SCJ visible:

☒ Yes☐ No

Cervical lesion:

☒ Yes☐ No

Upper limit seen:

☒ Yes☐ No

Vaginal lesion:

☒ Yes☐ No

Vulval lesion:

☒ Yes☐ No

Tests (specify no.):

Cytology

☒ Cervical biopsy

Vaginal Biopsy

Vulval biopsy

Bacteriology

Chlamydia

Other

Treatment performed:

remarks >>

Anaesthesia:

Local

General

Other

Treatment comps.:

remarks >>

Excision:

Complete

Inconclusive

Incomp - endocervix

Incomp - ectocervix

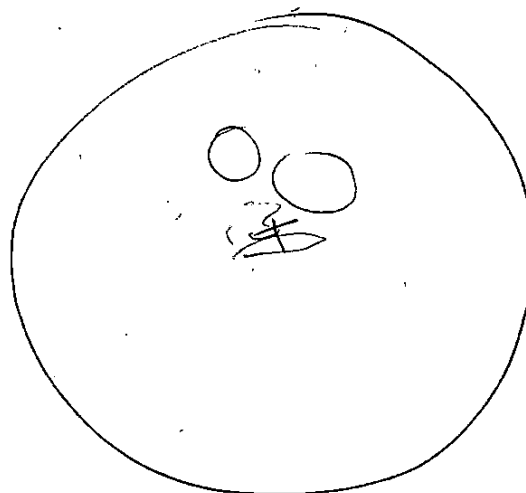
Incomp - both

Planned follow-up:

remarks >>

Letters to send:

remarks >>



Wial path

N.F's

done rcb

Wed

8/12/04

10.45am

for wld wap

Dup. Nbls requested.
2/9

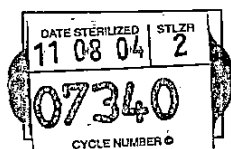
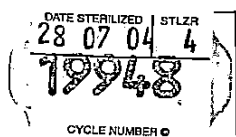
INSTRUMENT TRACKING INFORMATION

Patient's Name ...	51315310W	F
Hospital Number ..	CUMMINGS	04/05/1972
	DOROTHY	
	6 Kilcloy Avenue	
Procedure:	GLASGOW	G15 SRR



Please peel all traceability labels from instrument sets + supplementary instruments and stick on form.

Place completed form in patient's notes.



WEST GLASGOW HOSPITALS

50867650X

CUMMINGS

DOROTHY

6 Kilcloy Avenue

GLASGOW

04/05/1972

G15 8RR

ROTHY

F

05/72

OUT PATIENT

HISTORY

DATE

24/3/03

Med/Gyn

G-mal 2y 1x

- S.T.O.P.

- UNWANTED pregnancy.

27/3/03

= Remains

(1) Uterus

(2) Vagina.

Multif. Cx

10/12 Grand uterus

P-O-C noted

Procedures

- Difficult Cx dilatation

- 8mm suction cannula performed

- Cavity checked after 5 min.

- Empty

- Vulva site checked in speculum

applied for pressure haemorrhage.

- Physl 1g P-R 5 end

P-op

(1) At comfortable - Abs

no foetal Plus

[Signature]

[Signature]
(Consultant)



HYSTEROSCOPY RECORD



867650
ARTHUR DOROTHY
17 Summerhill Road F
C/O CUMMINGS
GLASGOW 04/05/72
G15 7JW
G.P.Prac. 40205

DATE

19/8/98

Patient Details

Age:

Par:

Cycle:

LMP:

INDICATION

Drugs:

Allergies:

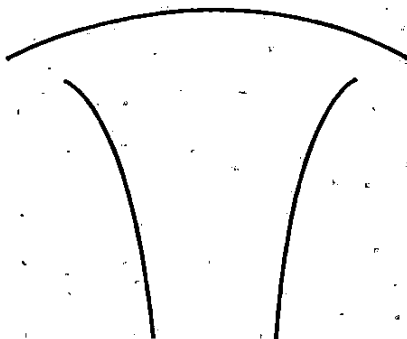
Hysteroscope:

Anaesthetic: none

intra

PCB

GA



Cavity length:

Biopsy:

Pipelle:

Tolerance:

Clinical findings:

Diagnosis:

Management:

Histology:

View:

Poor:

Adequate:

Good:

Follow-up:

Surgeons:

NAME

867650/V

ARTHUR

DOROTHY

C/O CUMMINGS

F

17 SUMMERHILL RD

S

GLASGOW

04/05/72

G15 7JW

G.P. Prac. 40205

PHY/

SURG.

OUT-PATIENT HISTORY

DATE

14/4/98

DEPARTMENT OF GYNAECOLOGY

Complaint and duration

25y0 ♀

intermenstrual bleeding

constant PV bleeding, dyspareunia, abdo. pain

IMB

PV Bleeding: Sept '97 last depo-provera, since Jan '98 constant PV spotting - ne some times 2 clots, occurs between periods
 Had menorrhagia prior to depot

Abdo cramps: Start just before period & last for ~ 2/3 stopping menses

Previous illnesses and operations

Dyspareunia: Jan '98 → now asexual

• Husband - Vasectomy 1997

• 1982 - (R) Ovarian Cystectomy / Appendicectomy

Parity

2 + 1

2x SVD

Date of last delivery

Menstrual history

F.M.P.

L.M.P.

1/2/98

Cycle

5/28-35 - 44

Regular

Irregular

Pain

Severe, lower abdo

Discharge

Thick, yellowish, offensive discharge

infrequent

cramp

Bowels

(N)

Urinary Symps.

NF

DF

SI

Urgency

(N)

Urine Exam.

Examination by

J. RAJAH

General

Breasts

Pap. Smear

1 month ago

Abdominal

soft, slight tenderness

→ inflammatory cel
 to be rpt in

Pelvic

SPEC: (R)

parous OS

1/2 time

redened area

ECS, HVS, chlamydia.

BIMANUAL: - marked cervical excitation + (L) adnexal tenderness

Treatment recommended

Diagnostic Laparoscopy + Hysteroscopy

J. RAJAH (S)

HISTORY
(Use other side first)

Date

8/6/98

Diag. Laparoscopy

Dr KARIDAZ

Dr Pinner

GVA = J-J. dx (R) curved cervix from previous
 uterus M size Retroverted. Reduced mobility deliveries
 Adhesions MADS

Procedure Catheterised Uterus at umbilicus. 2nd co2 pump
 7mm trocar/good views. 2nd port supraumbilically

Findings = A band of adhesions from ant abdominal
 wall to ovum.

Uterus M size

Normal (L) tube and ovary

Normal (R) tube. Remnants of (R) ovary from previous
 cystectomy / appears normal

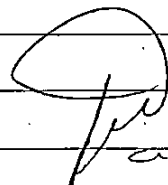
No evidence of endometriosis

Some filmy adhesions in POD (evidence of old PID)

Microscopic bands Normal

No peritoneal adhesions

Chronic catgut to skin incision?



Dr KARIDAZ

10/6/98

Needs appt for oophorectomy.

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

AE No. C/673677

TREATMENT CARD

ACCIDENT/EMERGENCY FORM

HOSPITAL CODE

601

SURNAME		FORENAMES		BIRTH SURNAME	
ADDRESS		PATIENT'S OWN OCCUPATION			
POSTCODE	TELEPHONE No.	DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
PRO	339-0511	4.5.72	2	1	LC
NEXT OF KIN: NAME		RELATIONSHIP		FAMILY DOCTOR: SURNAME	
Maggie Hadden		Sister		Robertson	
ADDRESS		ADDRESS		INITIALS	
5/A		Hendrie H/C			
POSTCODE	TELEPHONE No.	POSTCODE	TELEPHONE No.		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO		IN/OUT PATIENT	
10.12.88		NO			
TIME OF ATTENDANCE		REASON FOR ATTENDANCE			
01:20		Bleeding (clawed Pliers)			
DATE OF INJURY OR ILLNESS		TIME OF INJURY		SOURCE OF REFERRAL	
		8		GP _____ SELF _____ POLICE _____ OTHER (CODE) _____	
ROAD TRAFFIC ACCIDENT PLACE		DETAILS			
HOME ACCIDENT PROBABLE CAUSE					

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis

X-Ray film/ECG shows

Treatment given

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange

DISCHARGE CODES: Please Circle										
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge							
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.							
Ward No. (if admitted)		Transfer to Hospital			Consultant (if admitted)					
Follow Up		Not arranged		Arranged		To be arranged				
Clinic Referred to	AE	Hand	Fracture	Ortho.	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
Medical Officers Name (In Block Letters)						Signature of Medical Officer				
Cons SR Reg SHO/JHO Clin Assist (please circle)						K. J. H. H.				

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

TO BE RECORDED ON ARRIVAL

8PM - BY 150/75 P 108 T 36.1

T 36.5 P 100 R 140/90 BP 140/90

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT

REG/SHO

JHO

SEEN BY

K. Hughes AT (TIME) 0140h

CLINICAL NOTES

KEY TO CLINICAL NOTES

- 1 - HISTORY OF
- 2 - ON EXAMINATION
- 3 - X-RAY FINDINGS
- 4 - TREATMENT GIVEN
- 5 - DISPOSAL
- 6 - NAME OF MEDICAL OFFICE

DATE

PC:- PV bleeding

10/12/88 HPC:- LMP 2wk ago

Cycles 6/28. tonight had
cramping → sharp, central abdo
pain + PV bleeding.

Intermittent pain for 6/1wk - Rx by
GP & antibiotics. Pain lower abdo;
intermittent dull.

no 1 in B. otherwise

Not sexually active for 3/12. Using
condoms for - no symptoms of
pregnancy.

no fever; no PV etc.

Pain settled over

no shoulder pain / no fainting

PMH

⊖ Ovarian cystectomy 4 yrs ago
at Perth.

Appendix 5 yrs ago at Perth
nil ill

no medicines no allergies.

DATE

CLINICAL NOTES

sp RS - Smokes 10/d - 21215

CVS

GIT

GUS

CNS

of 100Ks well

mm well perfused

o2n

mm well perfused

no breast lumps

RS - hachea

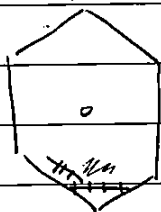
Chest - clear

CVS - Pulse 72/min

BP 110/70

h.s S₁ ✓ S₂ ✓ +0

abdo



soft

% minimal tenderness

no rebound, no guarding

no masses, no distension

b-st

v/e Cervix healthy, os closed, no excitation

broad blood staining

uterus R/V, 6th menses small

adnexae 0 masses

otender

Imp? PID

Plan Smea

HVS

FBC, ESR, gp + save

BVICG

Utho for progesterone (negat)

Unwilling to stay; adamant not pregnant

Discharge. Patient will phone for HCG marker

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

TREATMENT CARD

AE No. C/ 673817

ACCIDENT/EMERGENCY FORM

SURNAME ARTHUR		FORENAMES DOROTHY		BIRTH SURNAME	
ADDRESS 13 HILLHEAD ST. GLASGOW		PATIENT'S OWN OCCUPATION UNEMPLOYED			
POSTCODE G12 8PQ	TELEPHONE No. 339 0294	DATE OF BIRTH W.S. 72 (16)	SEX 2	MARITAL STATUS 1	RELIGION R.C.
NEXT OF KIN: NAME MAGGIE HADDEN		RELATIONSHIP GUARDIAN	FAMILY DOCTOR: SURNAME ROBERTSON		INITIALS
ADDRESS S/A		ADDRESS WOODSIDE, H/C GLASGOW			
POSTCODE	TELEPHONE No.	POSTCODE G20		TELEPHONE No.	
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 10.12.88		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES		OUT PATIENT OUT	YEAR 88
TIME OF ATTENDANCE 20.10		REASON FOR ATTENDANCE GYN CONDITION			
DATE OF INJURY OR ILLNESS 10.12.88		TIME OF INJURY 01.20	TYPE (CODE) 8	SOURCE OF REFERRAL GP _____ SELF ☒ POLICE _____ OTHER (CODE) 1	
ROAD TRAFFIC ACCIDENT PLACE			DETAILS		

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis

ectopic PID

X-Ray film/ECG shows

Treatment given

actinon G 9

Drugs _____ days supply of _____ has been given

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle										
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge							
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.							
Ward No. (if admitted) G 9		Transfer to Hospital WIC			Consultant (if admitted) Cucliner					
Follow Up	Not arranged		Arranged		To be arranged					
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
Medical Officers Name (In Block Letters) ILICHER										
Signature of Medical Officer ILICHER										
Cons	SR	Reg	SHO/JHO	Clin Assist	(please circle)					

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

TO BE RECORDED ON ARRIVAL

T 36 P 108 R _____ BP 130/75

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT _____ REG/SHO _____ JHO _____

SEEN BY _____ AT (TIME) _____

CLINICAL NOTES

- KEY TO CLINICAL NOTES
- 1 - HISTORY OF
 - 2 - ON EXAMINATION
 - 3 - X-RAY FINDINGS
 - 4 - TREATMENT GIVEN
 - 5 - DISPOSAL
 - 6 - NAME OF MEDICAL OFFICER

DATE

*SB @ 4000 hours
contingency
shoot*

OPEN BEFORE WRITING

DATE

CLINICAL NOTES



NAME

Dorothy
Arthur

HOSPITAL

No.

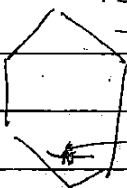
AGE

PHYS/
SURG.DEPT.
WARDIN-PAT
FORM 3IN PATIENT
CONTINUATION HISTORY

DATE

10/12/88 Readmitted with abdominal pain since 1100h.
sharp + intermittent; central suprapubic
2000h No PV loss today. b.o. this am.

Abdom - soft



tender no rebound

no guarding
b.s.t.

Vf not repeated.

Apyrexial but feels hot

ΔΔx PID

? ectopic

Check prognosticon (2hr test)

LVI

fast

Karen Hughes

* Says that intercourse b/w K ago

- confirmed c. fiance. USS scan done
KSL

fasted from 6pm

2250h Prognosticon OVS

baseline temp

olm Reg. c/w observation

Chalgesic

Con fecolman

USS scan today

K Hughes



HISTORY
(Use other side first)

Date

11/12/87. Selled for 12G

BITCG awarded
ESR 24.

[Signature]

Urine cloudy

glycosuria +

proteinuria

haematuria

} mssu

U+E + fasting glucose nae

ICSH

12/12/88 B HCG < 2

Spm Allow home on cephalexin + flagyl

- One dose given tonight + letter to GP

[Signature]



GREATER GLASGOW HEALTH BOARD
WESTERN DISTRICT
FILE IN PART 1 OF CASE RECORD
ADMISSION FORM

CASE RECORD

C/685043
867650V

HOSPITAL CODE 601		CASE REFERENCE No. 867650V	
PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO		IN/OUT PATIENT	
SURNAME ARTHUR		MAIDEN NAME	
FIRST FORENAME DOROTHY		SECOND FORENAME	
DATE OF BIRTH 4/8/72		SEX 2	
ADDRESS 335 VINCANNIS RD, GLASGOW		MARITAL STATUS	
POST CODE G15		TELEPHONE No.	
FAMILY DOCTOR: SURNAME		INITIALS	
ADDRESS		G.P. TELEPHONE No.	
POSTCODE		TIME OF ADMISSION	
ADMISSION: DATE OF ADMISSION 26/2/84		WARD No. 98	
DATE PLACED ON WAITING LIST		ADMITTED/TRANSFERRED FROM	
CONSULTANTS SURNAME WHITFIELD		PATIENTS RELIGION R/C	
OCCUPATION YTS		TYPE OF ADMISSION	
HUSBAND'S OCCUPATION (MARRIED WOMAN)/PARENT'S OCCUPATION (CHILD)			
REASON FOR ADMISSION Abd PAIN			
PROVISIONAL DIAGNOSIS			
IF ADMISSION IS CONSEQUENCE OF ROAD TRAFFIC ACCIDENT: PLACE		DATE OF INJURY	
DETAILS		TIME OF INJURY	
IF ADMISSION IS CONSEQUENCE OF HOME ACCIDENT: PROBABLE CAUSE			
NEXT OF KIN: NAME MARICIA CUMMINGS		RELATIONSHIP SISTER	
ADDRESS SA		TELEPHONE No.	
OTHER RELATIVE OR FRIEND: NAME		RELATIONSHIP	
ADDRESS		TELEPHONE No.	
NAME		RELATIONSHIP	
ADDRESS		TELEPHONE No.	
		POSTCODE	

CODING USED ABOVE

ADMITTED/TRANSFERRED FROM

1. HOME
2. OTHER HOSPITAL
3. OTHER UNIT IN THIS HOSPITAL
- 4.
- 5.
- 6.
- 7.
8. OTHER
- 9.

TYPE OF ADMISSION

0. DEFERRED ADMISSION
1. WAITING LIST
2. BOOKED CASE
3. TRANSFER
4. EMERGENCY-DELIBERATE SELF-INFLICTED INJURY OR POISONING
5. EMERGENCY-ROAD TRAFFIC ACCIDENT

6. EMERGENCY-HOME ACCIDENT (INCLUDES ACCIDENTAL POISONING IN THE HOME)
7. EMERGENCY-OTHER INJURY (INCLUDES ACCIDENTAL POISONING OTHER THAN IN THE HOME)
8. EMERGENCY-OTHER (EXCLUDING ACCIDENTAL POISONING)
- 9.

DISCHARGE FORM

CONSULTANT IN CHARGE			
DATE OF DISCHARGE		TIME OF DISCHARGE	
HOSPITAL DIVISION OR UNIT		SUB-SPECIALITY CODE	DISCHARGE CODE
CATEGORY OF PATIENT		TYPE OF FACILITY	
DIAGNOSES	1		
PRINCIPAL DIAGNOSIS	2		
OTHER	3		
CONDITIONS	4		
TO BE	5		
INDEXED	6		
INCLUDE EXTERNAL CAUSE OF INJURY AND TUMOUR TYPE WHERE RELEVANT	7		
	8		
SURGICAL OPERATIONS	DATE	DETAILS	
PRINCIPAL	1		
	2		
OTHER OPERATIONS AND DIAGNOSTIC PROCEDURES	3		
	4		
	5		
	6		

CODING USED ABOVE

HOSPITAL DIVISION OR UNIT ON DISCHARGE OR TRANSFER

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

SUB-SPECIALITY CODE

(SEE SEPARATE SPECIALITY LIST FOR CODINGS)

TYPE OF FACILITY

- | | |
|----------------------|----------------------|
| 1 Ordinary Inpatient | 6 Day Bed Unit |
| 2 | 7 Day Case in |
| 3 | Inpatient facilities |
| 4 | 8 Other Day Case |
| 5 5-day ward | 9 |

CATEGORY OF PATIENT

- 1 Amenity
- 2 Paying
- 3 N.H.S.

DISCHARGE CODE

- 0 'Irregular' - e.g. Self Discharge
- 1 Home
- 2 Convalescent Hospital or Home
- 3 Other Hospital
- 4 Local Authority Care
- 5 Transfer to other speciality in same hospital
- 6 Died (P.M.)
- 7 Died (No P.M.)
- 8 Other

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

AE No. C/ 685043

ACCIDENT/EMERGENCY FORM

HOSPITAL CODE 601

SURNAME: <u>McGhie</u>		FORENAMES: <u>Jeremy</u>		BIRTH SURNAME	
ADDRESS: <u>335 Kinnaird Dr</u>				PATIENT'S OWN OCCUPATION: <u>Y.T.S</u>	
POSTCODE: <u>G15</u>	TELEPHONE No. <u>—</u>	DATE OF BIRTH: <u>16 4.5.72</u>	SEX: <u>2</u>	MARITAL STATUS: <u>1</u>	RELIGION: <u>K.C.</u>
NEXT OF KIN: NAME: <u>PATRICIA Cumming</u>		RELATIONSHIP: <u>Sister</u>		FAMILY DOCTOR: SURNAME: <u>—</u> INITIALS: <u>—</u>	
ADDRESS: <u>S/A.</u>				ADDRESS: <u>—</u>	
POSTCODE: <u>—</u>	TELEPHONE No. <u>—</u>	POSTCODE: <u>—</u>	TELEPHONE No. <u>—</u>		
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE: <u>26.2.88</u>		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO: <u>YES</u>		IN/OUT PATIENT: <u>IN.</u> YEAR: <u>—</u>	
TIME OF ATTENDANCE: <u>21.40</u>		REASON FOR ATTENDANCE: <u>HEAD PAIN</u>			
DATE OF INJURY OR ILLNESS: <u>—</u>		TIME OF INJURY: <u>—</u>	TYPE (CODE): <u>8</u>	SOURCE OF REFERRAL: <u>ST AMB</u>	
ROAD TRAFFIC ACCIDENT PLACE: <u>—</u>		GP: <u>—</u> SELF: <u>—</u> POLICE: <u>—</u> OTHER (CODE): <u>1</u>			
HOME ACCIDENT-PROBABLE CAUSE: <u>—</u>		DETAILS: <u>—</u>			

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis: EclampsiaX-Ray film/ECG shows: 4p + X-rayTreatment given: IVT
1000
500mg
Scan mainDrugs: — days supply of — has been given.Tetanus Prophylaxis has/has not been administered. TT Course: — TT Booster: — HATI: — (Please Tick)Would you please arrange: —

DISCHARGE CODES: Please Circle										
1. Admission		3. Refer to G.P.		5. Died		7. Irregular Discharge				
2. Discharge		4. Transfer to other hospital (see below)		6. Refer to O.P. Clinic (see below)		8. D.O.A.				
Ward No. (if admitted): <u>99</u>			Transfer to Hospital: <u>—</u>			Consultant (if admitted): <u>WHITFIELD</u>				
Follow Up	Not arranged		Arranged		To be arranged					
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
Medical Officers Name (In Block Letters): <u>—</u>					Signature of Medical Officer: <u>—</u>					
Cons: SR Reg SHO/JHO Clin Assist (please circle)										

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

TO BE RECORDED ON ARRIVAL

T 36.8° P 100 R _____ BP 120/70

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT _____

REG/SHO Fleach

JHO _____

SEEN BY FleachAT (TIME) 10.30.

CLINICAL NOTES

KEY TO CLINICAL NOTES

- 1 - HISTORY OF
- 2 - ON EXAMINATION
- 3 - X-RAY FINDINGS
- 4 - TREATMENT GIVEN
- 5 - DISPOSAL
- 6 - NAME OF MEDICAL OFFICER

DATE

26/2/89

Withdrawal LMP: 26/1/89.

PV bleed: 26/2/89. lasted 3/7.Tonight pain in suprapubic area
Has had similar all week.Today pain constant + heavy.
opr bleed.

Discharge: yellow.

Stopped pill 2 months ago.

Unprotected intercourse.

PMH

⑧ ovarian cyst → operation - Perth. 3yr
Appendix - sev. yr ago.

DH

AH

nil

Penicillin

SH

Smoker 20/day.

O/E

pale over of

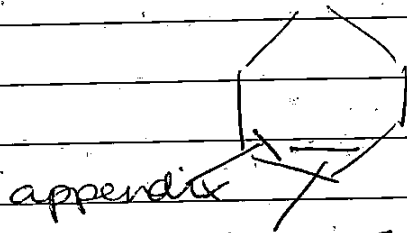
DATE

CLINICAL NOTES

H/S I + II + O pp intact ooed...
JVP -

Chest exp R = L
BS vesic + nil

Abdo tender supra pubic
masses



appendix

laparotomy

soft

masses

guarded

Pv vulva/vagina NAD
uterus - not bulky anteverted
? adnexal mass on (R) + v. tender
os firm + closed.

Imp ? Ectopic

For Admit ✓
Gp + X match ✓
BHLG ✓
Sian mane ✓
Fast

Ready
(SMD)

NAME

HOSPITAL

IN-PAT
FORM 3

No.

IN PATIENT
CONTINUATION HISTORY

Dorsey Arthur.

AGE

PHYS/
SURG.DEPT.
WARD

DATE

26289

History as above

Last normal period 4 weeks ago - 1c = 7/28.

Light bleed midcycle. Having unprotected intercourse.

Developed deep dyspareunia 2 weeks ago, &
yellow offensive discharge7 days ago - suprapubic pain - initially cramping,
then constant.No bleeding. No pain on defecation. No shoulder tip
pain, no fainting

- Nausea this week, no breast tenderness

No urinary / bowel problems

O/E well undistressed well-perfused

P: 80 BP 120/70.

Abd - Soft deep palpation possible cell quadrants

Mild tenderness suprapubically & slight rebound

No guarding

BS✓

PV - No cervical excitation.

No pain in PAD

L adnexa - N/A

R - tender R. Fallopian - difficult to examine
but no definite mass

HVS✓

Imp. Early ectopic pregnancy a possibility. Well & not
an acute abdomen.

→ if stable over night for beta in am.

HISTORY

(Use other side first)

Date

IVI, Post & watch meatus.

Will need soap/lap if any deterioration meatus.

Ellen

2/2 Scan - Bulky uterus no evidence of I.U pregnancy.

(R) side - cystic mass 2.5 x 1.75
no fluid noted L. side

? ovarian
? tube

(R) side -

await β HCG result.

28.2.89

not entirely a
ectopic.

Palpable bowel on L.F.

Await HCG - if

normal can go

home

27/2/89 1800h

key

β HCG ≤ 2 units

not pregnant

Home today

Sett

N
8676507V
ARTHUR DOROTHY
13 HILLHEAD ST., 2/1
GLASGOW 4/5/72
G17 8PD
PI
SD
WD NT 48/63

OUT-PATIENT HISTORY

DATE

6/9/89

DEPARTMENT OF GYNAECOLOGY

DD WILKINSON

Complaint and duration

Chronic lower abdominal pain
Several emergency admissions
Suspected PID. On the pill
Had Postnatal bleed 3/9/89 - severe dyspareunia

Previous illnesses and operations

Appendicectomy + Ovarian
Cystectomy at age 6 years.

Parity

0

Date of last
delivery

Menstrual history

F.M.P.

L.M.P.

24-8-89

Cycle

5/28

Regular

✓

Pain

No pain

Discharge

Brown offensive

NF

Bowels

Urinary Symps.

DF

SI

Urine Exam.

Urgency

Examination by

General

Breasts

Pap. Smear

Abdominal

Pelvic

Tender lower abdo with guarding
+ rebound tenderness - declining
Pelvic exam due to pain

Treatment recommended

for diagnostic laparoscopy
+ smear 8-9-89 - admit
7-9-89

NAME

DOROTHY
ARETHA

HOSPITAL

No.

AGE

DEPT.

WARD

PHYS/
SURG.IN-PAT
FORM 3IN PATIENT
CONTINUATION HISTORY

V24.

DATE

PC: Referred from OPD yesterday with lower abdominal pain

HPC: Since February has been experiencing lower abdominal pain which has increased in intensity in the last 3 weeks. A colicky abdominal pain in the left iliac fossa which cramps for hours and is relieved by pressure.

A feeling of fullness accompanies this pain. There is also a brown smelly discharge from the vagina which started 2-3 days ago. The discharge is heavier in the presence of abdominal pain. Also complains of dyspareunia and one incidence of post coital bleeding.

Menstrual hx

menarche @ 10

LMP 24.8.89

cycle 5/8 on or pull

no menorrhagia or dysmenorrhoea

Pap sm. D+°

C/S: no symptoms

Respir: smokes 10 cigarettes a day

cough in morning

bronchitis diagnosed by GP

no asthma no wheeze

G.I.S: good appetite, no weight loss

no alteration in bowel habit



(Use other side first)

(Use other side first)

US: no symptoms

7H:	Ovarian cyst 1983 Appendicectomy 1983	} Perth Royal Infirmary
-----	--	-------------------------

In February c lower abdo pain

$\times RF \times MI \times DM \times Asthma \times TB \times Epilepsy$
 $\times HTN$

1: Oral contraceptive pill on site? 18 months

Allergic to penicillin - red weals on face and body

4.

alt: Lives with sister. Voluntary worker in Drumchapel
Drinks 3 units per week

Well

No pallor, jaundice, cyanosis

Hands normal. Conjunctivae well perfused

vs. Pulse 82 bpm regular, normal volume & character

JRP not raised

Apex not displaced $H_2I + I_2 + O$

Ex Trachea central, Expansion $R \propto L = N$

Breath sounds RLL2 vesicular + D

ibdo. Tense, tender abdomen, generalised guarding especially suprapubic. Bowel sounds loud & harking

NAME

HOSPITAL

IN-PAT.
FORM 3

Dorothy

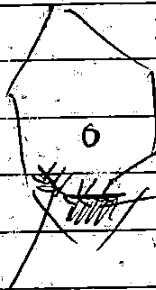
No.

Arthur

AGE

PHYS/
SURG.DEPT.
WARDIN PATIENT
CONTINUATION HISTORY

DATE

Previous scar of ovarian cyst op
guarding

Previous appendix scar

Summary

17 year old lady with lower abdominal
pain and vaginal discharge. Tense abdomen

M. McGaughey (student)

Gp + Save ✓

8/9/89

Diagnostic laparoscopy

Cx smear

Doddson

Subumbilical pneumoperitoneum
uterus normal sized + healthy
adhesion in POD.(L) tube + ovary healthy
C.C. (L) ovary(R) tube contracted + 1 d. J. tube
fimbrial end healthy.
Ovary stuck to uterus on (R)
side.

no pus, no endometriosis

S.C. Dexon to skin

HISTORY
(Use other side first)

Date

Imp
Chronic PID ? @ tube patent
Wedge

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

AE No. C/ 733303

ACCIDENT/EMERGENCY FORM

HOSPITAL CODE 601

Room 2

SURNAME HARRISON		FORENAMES ARNDT JOSTIN		BIRTH SURNAME	
ADDRESS 10 CUMMINGS 335 KILMARNOCK GLASGOW					
POSTCODE G15	TELEPHONE No.	DATE OF BIRTH 4.5.72(17)	SEX 2	MARITAL STATUS 1	RELIGION C/S
NEXT OF KIN: NAME PATRICIA CUMMINGS		RELATIONSHIP AUNT		FAMILY DOCTOR: SURNAME WHITBY	
ADDRESS S/A		ADDRESS 22 MEXINGTON AVE			
POSTCODE A1A	TELEPHONE No. A1A	POSTCODE G15		TELEPHONE No.	
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 5/1/90		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES		IN/OUT PATIENT BOTH	
TIME OF ATTENDANCE 20.40		REASON FOR ATTENDANCE GYN COND			
DATE OF INJURY OR ILLNESS 5/1/90		TIME OF INJURY 16.04.00 AM		TYPE (CODE) 8	
ROAD TRAFFIC ACCIDENT PLACE		SOURCE OF REFERRAL GP ☒ LETTER ☒ SELF ☐ POLICE ☐ OTHER (CODE) 8			
HOME ACCIDENT PROBABLE CAUSE		DETAILS			

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis

X-Ray film/ECG shows

Treatment given

Drugs _____ days supply of _____ has been given
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)
Would you please arrange _____

DISCHARGE CODES: Please Circle

- | | | | |
|--------------|---|-------------------------------------|------------------------|
| 1. Admission | 3. Refer to G.P. | 5. Died | 7. Irregular Discharge |
| 2. Discharge | 4. Transfer to other hospital (see below) | 6. Refer to O.P. Clinic (see below) | 8. D.O.A. |

Ward No. (if admitted) G9		Transfer to Hospital		Consultant (if admitted) ARM	
Follow Up	Not arranged	Arranged	To be arranged		
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical
				Surgical	Skin
				ENT	Gyn.
Others Specify					
Medical Officers Name (In Block Letters)				Signature of Medical Officer	
Cons SR Reg SHO/JHO Clin Assist (please circle)					

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

TO BE RECORDED ON ARRIVAL

T 36.5 P 86 R _____ BP 120/70

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT ABM REG/SHO _____ JHO _____SEEN BY A Calder AT (TIME) _____

CLINICAL NOTES

KEY TO CLINICAL NOTES

- 1 - HISTORY OF
- 2 - ON EXAMINATION
- 3 - X-RAY FINDINGS
- 4 - TREATMENT GIVEN
- 5 - DISPOSAL
- 6 - NAME OF MEDICAL OFFICER

DATE

PV bleeding at 11/40

S/H/O LMP 18/10/89 P O+O

Bleeding started 4am today
initially minimal but assoc

e cramping abd pain

Now bleeding like a period

Vomited x 1 & felt dizzy

Shoulder pain

Sept A/A for Δ Lapscopy

Order Dr Cardener → PID

Scan was normal

Unplanned but wanted Reg

Positive Test 24/11/89

GLUCO

Using sheaths/spermicide

Boyfriend pleased

pm H 1989 Δ LAP

1983 Appendic

1987 Ovarian Cyst PRI

DATE

CLINICAL NOTES

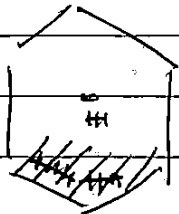
SH → Smokes 20/day
 Alcohol 2-4x/week
 Lives w boyfriend

OK Appraisal Well looking
 Good colour
 O/N's

Chest - Clear

CVS - W

Abd



Soft
 Tender lower abd
 OKKs masses

P/S - PV - VV

V - fresh bld small amt
 CX - smooth Nullop
 • Excluded

Uterus A/V ~ 10/40
 Adnexa tender but
 no palp masses

Imp → Th Abant = (?? Eclipsed)

Plan - FBC

- STES

GPTase

Scan Monday

6/1/20

10⁰⁰

Bleedy settled. Clinically threatened abortion at 10 weeks

% ABD SPT not detected. Minimal suprapubic tenderness

Rh positive.

Anant USS Monday AM.

Manage clinically responds

Th

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 041-339 8822

GREATER GLASGOW HEALTH BOARD

ACCIDENT/EMERGENCY FORM

TREATMENT CARD
AE No. C/ 891992

SURNAME ARTHUR		FORENAMES DOROTHY		BIRTH SURNAME	
ADDRESS C10 CUMMINGS		PATIENT'S OWN OCCUPATION H/WIFE			
POSTCODE G15 7JW	TELEPHONE No.	DATE OF BIRTH 4/5/72	SEX 2	MARITAL STATUS 1	RELIGION CIS
NEXT OF KIN: NAME WILLIAM CUMMINGS		RELATIONSHIP FIANCE		FAMILY DOCTOR: SURNAME DUFFY	
ADDRESS S/A		INITIALS			
POSTCODE		TELEPHONE No.		ADDRESS 22 MERRYTON AVE	
POSTCODE G15 7PU		TELEPHONE No.		GLASSGOW	
ACCIDENT/EMERGENCY: DATE OF ATTENDANCE 8/12/92		PREVIOUS ATTENDANCE AT THIS HOSPITAL YES/NO YES		IN/OUT PATIENT	
TIME OF ATTENDANCE 11.50		REASON FOR ATTENDANCE SURG. CONDITION			
DATE, OF INJURY OR ILLNESS		TIME OF INJURY	TYPE (CODE)	SOURCE OF REFERRAL	
				8 GP ☒ SELF ☐ POLICE ☐ OTHER (CODE) ☐	
ROAD TRAFFIC ACCIDENT PLACE		DETAILS			
HOME ACCIDENT PROBABLE CAUSE					

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

Dear Doctor,

The above-named patient attended Accident & Emergency Department today.

Diagnosis **? P.D.**

X-Ray film/ECG shows **on cyste**

Treatment given **11.15 - 11.30**

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange _____

DISCHARGE CODES: Please Circle										
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge							
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.							
Ward No. (if admitted) G9		Transfer to Hospital			Consultant (if admitted) (Cordine)					
Follow Up	Not arranged	Arranged		To be arranged						
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify
Medical Officers Name (In Block Letters) ROBERTSON					Signature of Medical Officer Robertson					
Cons	SR	Reg	SHO/JO		Clin Assist	(please circle)				

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

TO BE RECORDED ON ARRIVAL

T 362

P 92

R

BP

132/88

URINALYSIS - Blood - Large

CLAR VIGOR - ve

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)

DATE GIVEN	DRUG (BLOCK CAPITALS)	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION	SIGNATURE	GIVEN BY

CONSULTANT

REG/SHO

JHO

SEEN BY

AT (TIME)

1238

CLINICAL NOTES

KEY TO CLINICAL NOTES

- 1 - HISTORY OF
- 2 - ON EXAMINATION
- 3 - X-RAY FINDINGS
- 4 - TREATMENT GIVEN
- 5 - DISPOSAL
- 6 - NAME OF MEDICAL OFFICER

DATE

see GP letter

c/o sudden onset @ 1F ps

2/52 + irregular bleed pa

Lum & stressing mid

of hand joints & wing

of elbow

c/fe well

back @ 1F

appended site numb

appended + 1/4 @ 1F

kneel

△ pelv E/H - rupt ch. l

role gyno

Gynaec

20 yr old ♀ para 1 + 1

10 - RIF pain for 10/7

- thick, offensive, yellow discharge

- dyspareunia 10/7

- PV bleeding 8/7 (breakthrough)

in dress - red beads

DATE

CLINICAL NOTES

- Vulval itch

- treated by antibiotics by GP. - skin on
cause

- History of previous PID

laparoscopy 1991

- never had Gsmox

PMM - SVD - 1990 - 5.15kg

- appendicectomy - ov. cyst removed '91

OH - Antibiotics 2 different

- ~~200~~ AUGMENTIN

OH - lives in France + daughter

- smokes 20/day

OB - appearance unremarkable
pulse 92/req

ABD



SOFT TISS

uterus LF++, rebound

no guarding

ov. cystectomy

appendicectomy

v. spec. blood coming from cervix

vulva + vaginal walls red + inflamed

cervix red, purulent

cervical excitation tenderness

uterus not enlarged

(R) adnexa v. tender

"masses p"

Gross exam

Imp? PID

? ovarian cyst

for US scan

Admitted. Abdomen

HISTORY

IN-PAT. FORM 1

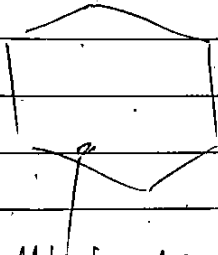
DATE

08/12/92 Above noted.

1800

Afebrile. Preg test negative.

REG



vs n/s R/V uterus.

4cm (R) ovarian cyst with good mobility and no tenderness.

Minimal tenderness.

No guarding nor.

Scv n/s R/V uterus. Pub cavity like.

46x40mm unilocular (R) ovarian cyst.

Δ Symptomatic ovarian cyst

Plan 1. Review 21/12/92 scan then G&P on 23/12/92.

2. Revisit if symptoms

WATSON

NAME



867650/V

ARTHUR

DOROTHY

C/O CUMMINGS

F
S.

17 SUMMERHILL RD

GLASGOW

04/05/72

G15 7JW

G.P. Prac. 40205

PHY/

SURG.-

OUT-PATIENT HISTORY

DATE

16/2/78

Dr. C. H. H. H. H.

DEPARTMENT OF GYNAECOLOGY

Complaint and duration

Previous illnesses and operations

Parity

Date of last
delivery

Menstrual history

F.M.P.

L.M.P.

Cycle

Regular

Pain

Discharge

NF

Bowels

Urinary Symps.

DF

SI

Urine Exam.

Urgency

Examination by

General

Breasts

Pap. Smear

Abdominal

Pelvic

Treatment recommended

Patient Profile

North Glasgow University Hospitals Division



Ward: L10W Date: 21³⁰

Time: 21⁰⁰ (24hr clock)

Title: MRS
 Name: Dorothy Arthur
 Preferred name: _____
 Address: 22 Springfield Springside
 Post Code: G15 7YG
 Tel: 0141 944 8198
 DOB: 4/5/72 Age: 35
 Hosp. No: 50363650X
 Occupation: care assistant
 Religion: christian
 S.O.S. ☐ date: ☐☐☐☐☐
 Interpreter required: ☐
 (specify: _____)
 Lives alone ☐

1 NOK/Friend/Contact: William Cumming
 Address: _____
 Day: A/A
 Night: _____
 Relationship: Husband
 2 NOK/Friend/Contact: _____
 Address: _____
 Day: _____
 Night: _____
 Relationship: _____
 NOK informed of admission ☒
 NOK informed by: patient
 GP: Dr. K TURNER
 Address: DRUMCHAPEL HEALTH CENTRE
80/90 KINFARNS DRIVE
GLASGOW
G15 7TS 211 6120

MEDICATION
 With patient ☐
 Stored & receipt given ☐
 No medication required ☐
 Taken home details: ☐

PERSONAL BELONGINGS
 Clothing listed ☐
 Valuables listed ☐
 Valuables in ward ☐
 Valuables in hospital safe ☐

Please print clearly in BLOCK CAPITALS

Consultant: MR MCKAY
 Named Nurse ①: SN H INKSTER
 Admitting Nurse: SN L DUFFY
 Named Nurse ②: _____
 Relatives seen by Doctor ☐

REASON FOR ADMISSION
epigastric pain
 Patient's perception of illness: Aware
 Diagnosis: _____
 Operation/Treatment: Abdo USS - NAD
 Relevant PMH: NIL

OBSERVATIONS ON ADMISSION
 Temperature: 36.5 °C
 Pulse: 99 bpm
 BP: 128/90
 Resp: 15
 Pain Score: 1
 Urinalysis: neg ketones HCG-
 Waterlow Score: 4
 Height: _____ m
 Weight: _____ kg
 Body Mass Index: _____
 Blood sugar (if appropriate): N/A mmols
 Allergies: Yes ☒ No ☐
 details: (LATEX) Penicillin

FPS - 6
 NRS - 0

DISCHARGE PLANNING

Boarding	1st	2nd	3rd	Signature	Time	Comments/Information
Informed:						
ward	☐	☐	☐			
patient	☐	☐	☐			
relatives	☐	☐	☐			
Date patient boarded:						
1st:	☐	☐	☐	☐	☐	
2nd:	☐	☐	☐	☐	☐	
3rd:	☐	☐	☐	☐	☐	
Internal Transfers						
Transfer destination:						
Planned transfer date:						
☐ ☐ ☐ / ☐ ☐ ☐						
Medical consent	☐					
Arranged with receiving area	☐					
Patient informed	☐					
NOK/Contact informed	☐					
Transport: stretcher	☐					
2 hand seat	☐					
chair	☐					
Esc	☐					
Case notes	☐					
X-rays	☐					
Nursing notes & Drug Form	☐					
Property/Valuables listed	☐					
Catering	☐					
Dietitian	☐					
Physiotherapy	☐					
Occupational Therapist	☐					
Speech and Language Therapist	☐					
Discharge Checklist						
Planned discharge date:						
☐ ☐ ☐ / ☐ ☐ ☐						
Medical consent	☒					
Date discussed with patient:						
☐ ☐ ☐ / ☐ ☐ ☐						
Date discussed with NOK/Contact:						
☐ ☐ ☐ / ☐ ☐ ☐						
Transport: own	☒					
ambulance	☐					
Ambulance ordered on:						
☐ ☐ ☐ / ☐ ☐ ☐						
• type:						
• order no.:						
District nurse ☐ /Liaison nurse	☐					
Home help:	☐					
Social work dept.	☐					
Discharge prescription	☐					
Discharge dressings	☒					
Patient information	☐					
Valuables/Cashier	☐					
Physiotherapy	☐					
Speech and Language Therapist	☐					
Out patient appointment						
☐ ☐ ☐ / ☐ ☐ ☐						
Other:						

Helen



50867650X

ARTHUR

DOROTHY

04/05/1972

22 Springside Place

GLASGOW

G15 7YG

CHI-0405726104

Ward: L10W

Date: 8/3/08

Case Record No.:

ACTIVITIES OF DAILY LIVING

Lives with family ☒
Lives alone ☐
Nursing home ☐
Residential care ☐
Elderly/disabled partner ☐
Family support (specify below) ☐

District Nurse (days/week) ☐
(cancelled) ☐
Home help (days/week) ☐
(cancelled) ☐
Other services (specify below) ☐

Stairs: Internal ☒ External ☐
Comments: _____

NUTRITION

Normal menu (includes vegetarian) ☒
Vegan. ☐ Child's menu ☐
Halal ☐ Kosher ☐
Refer to Dietician if any below ticked; ☐
Inability to eat/swallow ☐
(refer to speech and language therapist) ☐
Any recent weight changes ☐
Medically related nutrition ☐
problems (e.g. diabetes) ☐
Other (specify): _____

BREATHING

1. No symptoms ☒
2. Breathless with moderate exercise ☐
3. Breathless with minimal exertion ☐
4. Breathless at rest ☐
5. Uses inhalers ☐
Comments: _____

SMOKING

Non-smoker ☐
Smoker: 20 per day ☒
Ex-smoker ☐
Aware of hospital policy ☒

HYGIENE

Bath ☐ Shower ☒
Requires assistance ☐ Stand up wash ☐
Skin assessment: intact

Other: _____

ELIMINATION

Bowels regular ☒
Constipated ☐
Diarrhoea/Loose stools ☐
Uses aperient ☐
Has stoma: ☐
• Colostomy ☐
• Urostomy ☐
• Ileostomy ☐
appliances used: _____

Frequency of micturition ☐
Incontinent: urine/faeces ☐
day/night ☐
stress ☐

No urinary symptoms ☒
Comments: _____

SLEEP

Hours/night good sleeper ☒
Medication ☐
details: _____

MENTAL STATE

Alert/Orientated ☒
Confused: day/night ☐
Anxious/Distressed ☐
Unconscious ☐
Other (specify): _____

[illegible]

ALCOHOL INTAKE		
ts/week:	nil	☐
	less than 14	☒
	14 - 21	☐
	over 21	☐
(1 unit = 1 measure spirits/half pint beer/ lager/1 glass wine)		

Mobile without aid	☒
Mobile with aid	☐
(Specify type/side held: _____)	
Furniture walking	☐
Chair Bound	☐
Housebound	☐

[illegible]

(Please print name in block capitals)
LUSA Duffy
Signature: [Signature]
Designation: SIN
Countersigned (if applicable):

[illegible]

50867650X

ARTHUR F
DOROTHY 04/05/1972
22 Springside Place

Ward: LOW

Date: 8/3/08

Case Record No.:

GLASGOW G15 7YG
CHI-0405726104

CARE PLAN EVALUATION

CHI-0405726104		ene	5. Observations	9. Sleep
2. Nutrition			6. Technical Care	10. Special Needs
3. Elimination			7. Wound Care	11. Other Relevant Information
4. Mobility			8. Specimens/Investigations	

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
8/3/08	2130		Admitted via A+E with epigastric pain.	
		2	NBM	
		5	Observations stable	
		6	for IV fluids	
		8	Await WSC	
		11	Await senior review	<i>enabled</i>
9/3/08	0450	2	sips orally	
		9	Appeared settled overnight sept for short spells	
		3	not passed urine.	
		6	IV fluids in progress Analgesia given	
			NO vomiting	<i>enabled</i>
		11	2 for USS in morning	
	1230		SIB M. W. W. W.	
		2	fluids	
		5	Observations stable	
		6	IVI in progress	
			IV antibiotics as per ward ex.	
	1840	8	A/N USS today	<i>flinn</i>
			Discharged home	
			OPA arranged 4-6/07	<i>flinn</i>

[illegible]

50867650X

ARTHUR

F

DOROTHY

04/05/1972

22 Springside Place

GLASGOW

G15 7YG

CHI-0405726104

Ward: L10W Date: 8/3/08

Case Record No:

CARE PLAN**BASIC CARE AND PERSONAL HYGIENE**Date
Disc.

Signature

8/3/08 ED

Independent

Bed bath

Assisted wash

Oral hygiene

Pressure care

2.NUTRITION

8/3/08 ED

Fasting

Normal Diet

Special Diet / Modified Diet

3.ELIMINATION

8/3/08 ED

Independent

Commode

Bedpan/urinal

Urinary Catheter Size:

Batch No:

Type of Material:

H₂O in Balloon:

Type of Stoma Appliance:

4.MOBILITY

8/3/08 ED

Fully Independent/fully mobile

Minimal assistance (give details)

Dependent (See movement and handling sheet -
keep with patient)**5.OBSERVATIONS**

Waterlow daily (if score is over 10+)

8/3/08 ED

TPR

BP

Pain Score

Fluid Balance

} 4x daily

CARE PLAN					
Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature	
7/3/08	[Signature]	IV Infusion ✓			
		Monitor			
		Catheter			
		Oxygen Therapy			
		Nebulisers			
9/3/08	[Signature]	IV access: ∞ IV cannulae ✓ ∞ others	M.H 9/2/08		
		7.WOUND CARE			
		8.SPECIMENS/INVESTIGATIONS			
8/3/08	[Signature]	WSU B - ketones			
		9.SLEEP			
		10.SPECIAL NEEDS			
		Assess for dysphagia (refer to speech and language therapist)			
		Source/protective isolation (refer to infection Control)			
		Blind/visually impaired			
		Deaf/hard of hearing			
		Anti-embolic stockings			
		Nurse escort when out of ward			
		11.OTHER RELEVANT INFORMATION			
		12.FAMILY/SIGNIFICANT OTHER			

Initial Care Plan seen and agreed by patient:

Signature of nurse: _____

Yes ☐ N/A ☐

Date: 08/03/08

Yes ☐ N/A ☐
Date: 08/03/08

PATIENT DETAILS			ONCE ONLY AND PREMEDICATION DRUGS									
Name:		Height:	DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN		
50867650X ARTHUR DOROTHY 22 Springside Place		Weight:										
DOB: GLASGOW G15 7YG CHI-0405726104		Surface area:										
Date of Admission: ____/____/____		Date of writing discharge prescription: ____/____/____										
Consultant Name: <u>MACKAY</u>		Ward: <u>L10W</u>										
Date and time this form prepared: ____/____/____ Time: ____:____	Sheet No	2nd Prescription in use										
		Yes or NO										
DRUG SENSITIVITIES												
<u>Latex → anaphylaxis</u>												
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: _____										
PHARMACY INFORMATION												
Community Pharmacy Details:								Use of Patients Own Medicines in Hospital				
								Patient Consent Y/N		Initials		Date
								Compliance Aid Details:				
Tel No.:												

ADMINISTRATION

FOR PRESCRIBERS USE ONLY															For Use Y/N	
D		DRUG													Other time	
DOSE		ROUTE		DATE		STOPPED INITIALS:		0700-0900							Qty:	
SIGNATURE OF PRESCRIBER		1200-1400							Date:							
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		1600-1800							Assessed by:							
		2200-2400							Ordered from Pharm							
								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.

Parenteral Drugs: Regular Prescription		DATE																					Patient's Own Medicine		
		MONTH																					For Use Y/N		
E	DRUG		Other time																					Qty:	
	DOSE	ROUTE	DATE	DATE:																					Date:
	SIGNATURE OF PRESCRIBER		INITIALS:																					Assessed by:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		Other time																					Ordered from Pharm.	
			Other time																						
FOR PRESCRIBERS USE ONLY																									
F	DRUG		Other time																					For Use Y/N	
	DOSE	ROUTE	DATE	DATE:																					Qty:
	SIGNATURE OF PRESCRIBER		INITIALS:																					Date:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		Other time																					Assessed by:	
			Other time																					Ordered from Pharm.	
FOR PRESCRIBERS USE ONLY																									
G	DRUG		Other time																					For Use Y/N	
	DOSE	ROUTE	DATE	DATE:																					Qty:
	SIGNATURE OF PRESCRIBER		INITIALS:																					Date:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		Other time																					Assessed by:	
			Other time																					Ordered from Pharm.	
FOR PRESCRIBERS USE ONLY																									
H	DRUG		Other time																					For Use Y/N	
	DOSE	ROUTE	DATE	DATE:																					Qty:
	SIGNATURE OF PRESCRIBER		INITIALS:																					Date:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		Other time																					Assessed by:	
			Other time																					Ordered from Pharm.	
FOR PRESCRIBERS USE ONLY																									

Note: To discontinue a prescription. initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions				DATE													Patient's Own Medicine For Use Y/N		
				MONTH															
J	DRUG <i>FORIC AND.</i>	DOSE <i>5mg</i>	ROUTE <i>o</i>	DATE <i>8/3/8</i>	DATE:	Other time													Qty:
						0700-0900													
						1200-1400													
						1600-1800													
						2200-2400													
SIGNATURE OF PRESCRIBER <i>[Signature]</i>						INITIALS:													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		Assessed by:	
																		Ordered from Pharm.	

FOR PRESCRIBERS USE ONLY																For Use Y/N			
K	DRUG <i>RUSCOPAN</i>	DOSE <i>20mg</i>	ROUTE <i>o</i>	DATE <i>8/3/8</i>	DATE:	Other time													Qty:
						0700-0900													
						1200-1400													
						1600-1800													
						2200-2400													
SIGNATURE OF PRESCRIBER <i>[Signature]</i>						INITIALS:													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		Assessed by:	
																		Ordered from Pharm.	

FOR PRESCRIBERS USE ONLY																For Use Y/N			
L	DRUG <i>PARACETAMOL</i>	DOSE <i>1g</i>	ROUTE <i>o</i>	DATE <i>8/3/8</i>	DATE:	Other time													Qty:
						0700-0900													
						1200-1400													
						1600-1800													
						2200-2400													
SIGNATURE OF PRESCRIBER <i>[Signature]</i>						INITIALS:													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		Assessed by:	
																		Ordered from Pharm.	

FOR PRESCRIBERS USE ONLY																For Use Y/N			
M	DRUG	DOSE	ROUTE	DATE	DATE:	Other time													Qty:
						0700-0900													
						1200-1400													
						1600-1800													
						2200-2400													
SIGNATURE OF PRESCRIBER						INITIALS:													Date:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		Assessed by:	
																		Ordered from Pharm.	

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions		DATE																									Patient's Own Medicine		
		MONTH																									For Use Y/N		
N	DRUG		Other time																									Qty:	
	DOSE	ROUTE	DATE	DATE:	0700-0900																								Date:
	SIGNATURE OF PRESCRIBER		INITIALS:	1200-1400																								Assessed by:	
				1600-1800																								Ordered from Pharm.	
				2200-2400																									
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			Other time																										
FOR PRESCRIBERS USE ONLY																													
P	DRUG		Other time																									For Use Y/N	
	DOSE	ROUTE	DATE	DATE:	0700-0900																								Qty:
	SIGNATURE OF PRESCRIBER		INITIALS:	1200-1400																								Date:	
				1600-1800																								Assessed by:	
				2200-2400																								Ordered from Pharm.	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			Other time																										
FOR PRESCRIBERS USE ONLY																													
R	DRUG		Other time																									For Use Y/N	
	DOSE	ROUTE	DATE	DATE:	0700-0900																								Qty:
	SIGNATURE OF PRESCRIBER		INITIALS:	1200-1400																								Date:	
				1600-1800																								Assessed by:	
				2200-2400																								Ordered from Pharm.	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			Other time																										
FOR PRESCRIBERS USE ONLY																													
S	DRUG		Other time																									For Use Y/N	
	DOSE	ROUTE	DATE	DATE:	0700-0900																								Qty:
	SIGNATURE OF PRESCRIBER		INITIALS:	1200-1400																								Date:	
				1600-1800																								Assessed by:	
				2200-2400																								Ordered from Pharm.	
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			Other time																										
FOR PRESCRIBERS USE ONLY																													

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

**Oral and Other Drugs:
Regular Prescriptions**

DATE

MONTH

T

DRUG

DOSE ROUTE DATE

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED

INITIALS:

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

Patient's
Own
Medicine
For Use
Y/N

Qty:

Date:

Assessed
by:

Ordered
from Pharm.

FOR PRESCRIBERS USE ONLY

V

DRUG

DOSE ROUTE DATE

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED

INITIALS:

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

For Use
Y/N

Qty:

Date:

Assessed
by:

Ordered
from Pharm.

FOR PRESCRIBERS USE ONLY

W

DRUG

DOSE ROUTE DATE

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED

INITIALS:

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

For Use
Y/N

Qty:

Date:

Assessed
by:

Ordered
from Pharm.

FOR PRESCRIBERS USE ONLY

X

DRUG

DOSE ROUTE DATE

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED

INITIALS:

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

For Use
Y/N

Qty:

Date:

Assessed
by:

Ordered
from Pharm.

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.

Oral and Other Drugs: Regular Prescriptions										DATE											Patient's Own Medicine	
										MONTH											For Use Y/N	
Y	DRUG									Other time											Qty:	
DOSE	ROUTE		DATE		DATE:	STOPPED INITIALS:	0700-0900											Date:				
SIGNATURE OF PRESCRIBER							1200-1400											Assessed by:				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							1600-1800											Ordered from Pharm.				
							2200-2400															
											Other time											
FOR PRESCRIBERS USE ONLY																						
AA	DRUG									Other time											For Use Y/N	
DOSE	ROUTE		DATE		DATE:	STOPPED INITIALS:	0700-0900											Qty:				
SIGNATURE OF PRESCRIBER							1200-1400											Date:				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							1600-1800											Assessed by:				
							2200-2400											Ordered from Pharm.				
											Other time											
FOR PRESCRIBERS USE ONLY																						
BB	DRUG									Other time											For Use Y/N	
DOSE	ROUTE		DATE		DATE:	STOPPED INITIALS:	0700-0900											Qty:				
SIGNATURE OF PRESCRIBER							1200-1400											Date:				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							1600-1800											Assessed by:				
							2200-2400											Ordered from Pharm.				
											Other time											
FOR PRESCRIBERS USE ONLY																						
CC	DRUG									Other time											For Use Y/N	
DOSE	ROUTE		DATE		DATE:	STOPPED INITIALS:	0700-0900											Qty:				
SIGNATURE OF PRESCRIBER							1200-1400											Date:				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							1600-1800											Assessed by:				
							2200-2400											Ordered from Pharm.				
											Other time											
FOR PRESCRIBERS USE ONLY																						

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions		DATE																									Patient's Medicine For Use Y/N		
		MONTH																											
DD	DRUG	Other time																									Qty:		
		0700-0900																											
		1200-1400																											
		1600-1800																											
		2200-2400																											
DOSE		ROUTE	DATE	STOPPED INITIALS:																									Date:
SIGNATURE OF PRESCRIBER																										Assessed by:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																										Ordered from Pharm.			
		Other time																											

FOR PRESCRIBERS USE ONLY

EE	DRUG	Other time																									For Use Y/N		
		0700-0900																											
		1200-1400																											
		1600-1800																											
		2200-2400																											
DOSE		ROUTE	DATE	STOPPED INITIALS:																									Date:
SIGNATURE OF PRESCRIBER																										Assessed by:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																										Ordered from Pharm.			
		Other time																											

FOR PRESCRIBERS USE ONLY

FF	DRUG	Other time																									For Use Y/N		
		0700-0900																											
		1200-1400																											
		1600-1800																											
		2200-2400																											
DOSE		ROUTE	DATE	STOPPED INITIALS:																									Date:
SIGNATURE OF PRESCRIBER																										Assessed by:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																										Ordered from Pharm.			
		Other time																											

FOR PRESCRIBERS USE ONLY

GG	DRUG	Other time																									For Use Y/N		
		0700-0900																											
		1200-1400																											
		1600-1800																											
		2200-2400																											
DOSE		ROUTE	DATE	STOPPED INITIALS:																									Date:
SIGNATURE OF PRESCRIBER																										Assessed by:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																										Ordered from Pharm.			
		Other time																											

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.

Oral and Other Drugs: Regular Prescriptions		DATE																									Patient's Own Medicine: For Use Y/N
		MONTH																									
HH	DRUG	Other time																									Qty:
DOSE	ROUTE	DATE	0700-0900																								Date:
SIGNATURE OF PRESCRIBER		DATE:	1200-1400																								Assessed by:
		INITIALS:	1600-1800																								Ordered from Pharm.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		2200-2400																									
		Other time																									
FOR PRESCRIBERS USE ONLY																											
JJ	DRUG	Other time																									For Use Y/N
DOSE	ROUTE	DATE	0700-0900																								Qty:
SIGNATURE OF PRESCRIBER		DATE:	1200-1400																								Date:
		INITIALS:	1600-1800																								Assessed by:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		2200-2400																									Ordered from Pharm.
		Other time																									
FOR PRESCRIBERS USE ONLY																											
KK	DRUG	Other time																									For Use Y/N
DOSE	ROUTE	DATE	0700-0900																								Qty:
SIGNATURE OF PRESCRIBER		DATE:	1200-1400																								Date:
		INITIALS:	1600-1800																								Assessed by:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		2200-2400																									Ordered from Pharm.
		Other time																									
FOR PRESCRIBERS USE ONLY																											
LL	DRUG	Other time																									For Use Y/N
DOSE	ROUTE	DATE	0700-0900																								Qty:
SIGNATURE OF PRESCRIBER		DATE:	1200-1400																								Date:
		INITIALS:	1600-1800																								Assessed by:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		2200-2400																									Ordered from Pharm.
		Other time																									
FOR PRESCRIBERS USE ONLY																											

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

ADMINISTRATION

Qty:
Date:
Assessed by:
Ordered from Pharm.

[illegible]

NN	DRUG						STOPPED	DATE:									Y/N Qty: Date: Assessed by: Ordered from Pharm.						
DOSE		ROUTE	INDICATION					INITIALS:	TIME														
									DOSE														
SIGNATURE OF PRESCRIBER								MAX.FREQUENCY	DATE:	GIVEN BY													
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																							

[illegible][illegible]

SS	DRUG		STOPPED DATE: INITIALS:	DATE																					For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
	DOSE	ROUTE		INDICATION	TIME																						
	SIGNATURE OF PRESCRIBER			MAX.FREQUENCY	DOSE																						
					GIVEN BY																						
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											

TT	DRUG		STOPPED DATE: INITIALS:	DATE																					For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
	DOSE	ROUTE		INDICATION	TIME																						
	SIGNATURE OF PRESCRIBER			MAX.FREQUENCY	DOSE																						
					GIVEN BY																						
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											

VV	DRUG		STOPPED DATE: INITIALS:	DATE																					For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
	DOSE	ROUTE		INDICATION	TIME																						
	SIGNATURE OF PRESCRIBER			MAX.FREQUENCY	DOSE																						
					GIVEN BY																						
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											

WW	DRUG		STOPPED DATE: INITIALS:	DATE																					For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
	DOSE	ROUTE		INDICATION	TIME																						
	SIGNATURE OF PRESCRIBER			MAX.FREQUENCY	DOSE																						
					GIVEN BY																						
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

NOTES TO USERS

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) with the following exceptions: _____

Signature: _____ Date: _____

[illegible]

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 | | |

West Glasgow Hospitals

N.B. If using a Syringe Driver/Infusion Pump Please Use The 'Prescription And Administration Sheet For Medicines Given By Syringe Driver/Infusion Pump'

PARENTERAL FLUID PRESCRIPTION SHEET

Name <i>DONOTHY</i>	Case Record No.
<i>ARTHUR</i>	Age
	Sex
	Dept.
Consultant <i>MACKAY</i>	

The 'added drugs' should be prescribed in the patient's main prescription sheet, cross referenced by annotating the "other prescription sheets in use" section

Date	FLUID	Volume (mls)	Time to Run	Rate mls/hr	ADDED DRUGS	Quantity	Doctor's Signature	Added by	Start Time (24 hr clock)	Put up	Checked by	Serial/ Batch No
8/3/8	① Solne	500	5 ⁰⁰				<i>APL</i>		00 ⁰⁰	<i>ed</i>		
	5% Dextrose	500	5 ⁰⁰				<i>APL</i>					
	② Solne	500	5 ⁰⁰				<i>APL</i>					



Greater Glasgow
and Clyde

North Glasgow Hospitals

24 Hour Fluid Balance Chart

Name: <u>Dorothy Arthur</u>		Case Record No: <u>50867650X</u>				Ward: <u>L10W</u>				Date: <u>9/3/08</u>					
INPUT (mls)									IN	OUTPUT (mls)					OUT
TIME HRS (Please delete 1 column)	ORAL	NASO GASTRIC TPN	BLOOD COLLOID PLASMA	IV (1) /	TYPE	IV (2)	IV (3) Drugs	Hourly Total	Cumulative Total	URINE	URINE Cumulative Total	Gastric Aspirate / Vomit	Drain 1	Hourly Total	Cumulative Total
08	24														
09	07														
10	02														
11	03														
12	04														
13	05														
14	06														
15	06														
16	07														
17	08														
18	09														
19	10														
20	11														
21	12														
22	13														
23	14														
24	15														
01	16														
02	17														
03	18														
04	19														
05	20														
06	22														
07	23														
TOTALS															
									TOTAL IN MLS		RAI	CE		TOTAL OUT MLS	

GUIDELINES FOR RECORDING INTRAVENOUS INFUSIONS ON 24 HOUR FLUID BALANCE CHART

ALL INTRAVENOUS INFUSIONS TO BE RECORDED ON COMPLETION OF INFUSION.

TYPE OF PARENTAL FLUID TO BE RECORDED IN APPROPRIATE COLUMNS:-

BLOOD/COLLOID/PLASMA

IV (1)

IV (2)

IV (3)

- RECORD ANY BLOOD OR BLOOD PRODUCTS, e.g.
 - ♦ UNITS OF PACKED BLOOD CELLS
 - ♦ FROZEN PLASMA
 - ♦ GELOFUSINE
- PLEASE RECORD TYPE OF INTRAVENOUS FLUID AND AMOUNT, e.g.
 - ♦ SODIUM CHLORIDE 0.9%
 - ♦ GLUCOSE 5%
 - ♦ RINGER LACTATE

- FOR USE IF MORE THAN ONE INTRAVENOUS INFUSION IN PROGRESS, e.g. CVP LINE

FOR RECORDING INTRAVENOUS DRUGS SUCH AS ANTIBIOTICS. CROSS REFERENCE BY USING THE CODED LETTER OF THE PATIENT'S MEDICATION PRESCRIPTION SHEET, e.g.

A. 100mls

- RECORDING INTRAVENOUS PRESCRIPTIONS GIVEN BY SYRINGE DRIVER /INFUSION PUMP, e.g. HEPARIN, INSULIN, DOPAMINE.
- ADDITIONAL COLUMN FOR USE IF MORE THAN TWO INFUSIONS IN PROGRESS AT ANY ONE TIME

North Glasgow Hospitals

24 Hour Fluid Balance Chart

Name: Dorothy Arthur		Case Record No: 50867650X								Ward: C10W		Date: 8/3/08			
INPUT (mls)									IN	OUTPUT (mls)					OUT
TIME HRS (Please delete 1 column)	ORAL	NASO GASTRIC TPN	BLOOD COLLOID PLASMA	IV (1) /	TYPE	IV (2)	IV (3) Drugs	Hourly Total	Cumulative Total	URINE	URINE Cumulative Total	Gastric Aspirate / Vomit	Drain I	Hourly Total	Cumulative Total
08	24														
09	01														
10	02														
11	03														
12	04														
13	05														
14	06														
15	06														
16	07														
17	08														
18	09														
19	10														
20	11														
21	12														
22	13														
23	14														
24	15														
01	16														
02	17														
03	18														
04	19														
05	20														
06	22									200					200
07	23														
TOTALS															
TOTAL IN MLS										RAI	CE		TOTAL OUT MLS		

GUIDELINES FOR RECORDING INTRAVENOUS INFUSIONS ON 24 HOUR FLUID BALANCE CHART

ALL INTRAVENOUS INFUSIONS TO BE RECORDED ON COMPLETION OF INFUSION.

TYPE OF PARENTAL FLUID TO BE RECORDED IN APPROPRIATE COLUMNS:-

BLOOD/COLLOID/PLASMA	
IV (1)	- RECORD ANY BLOOD OR BLOOD PRODUCTS, e.g. ♦ UNITS OF PACKED BLOOD CELLS ♦ FROZEN PLASMA ♦ GELOFUSINE
IV (2)	- PLEASE RECORD TYPE OF INTRAVENOUS FLUID AND AMOUNT, e.g. ♦ SODIUM CHLORIDE 0.9% ♦ GLUCOSE 5% ♦ RINGER LACTATE
IV (3)	FOR USE IF MORE THAN ONE INTRAVENOUS INFUSION IN PROGRESS, e.g. CVP LINE FOR RECORDING INTRAVENOUS DRUGS SUCH AS ANTIBIOTICS. CROSS REFERENCE BY USING THE CODED LETTER OF THE PATIENT'S MEDICATION PRESCRIPTION SHEET, e.g. A. 100mls
	RECORDING INTRAVENOUS PRESCRIPTIONS GIVEN BY SYRINGE DRIVER /INFUSION PUMP, e.g. HEPARIN, INSULIN, DOPAMINE.
	ADDITIONAL COLUMN FOR USE IF MORE THAN TWO INFUSIONS IN PROGRESS AT ANY ONE TIME

Patient Observation Chart

Name	 50867650X F ARTHUR 04/05/1972 DOROTHY 22 Springside Place GLASGOW G15 7YG CHI-0405726104
Address	
Hospital No	
DOB	

Admitted	Date <u>8/3/08</u>	Ward <u>L10W</u>
Transferred	Date _____	Ward _____
Transferred	Date _____	Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed: Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient requires scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.

DATE	8/3	9/3	9/3																	
Time	21	06	11																	
B P and P u l s e	240																			
	230																			
	220																			
	210																			
	200																			
	190																			
	180																			
	170	X		X																
	160		X																	
	150																			
	140																			
	130																			
	120																			
	110																			
	100																			
90																				
80																				
70																				
60																				
50																				
40																				
TEMP	X																			
Resp. Rate	15	17	16																	
Inspiration O ₂ %	AIR	AIR																		
SpO ₂ %	94	100																		
Pain Score	1	0	0																	
Sedation Score	0	0	0																	
Nausea Score	0	0	0																	
Blood Glucose	/	/																		

MEWS	Resp. Rate	0	0	0																
	Pulse																			
	Systolic BP																			
	GCS / AVPU																			
	Urine Output																			
	Temp.																			
	SpO ₂ %	0	0																	
	TOTAL	0	0	0																

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO ₂ %	≤87	88-91	92-94	95-100			

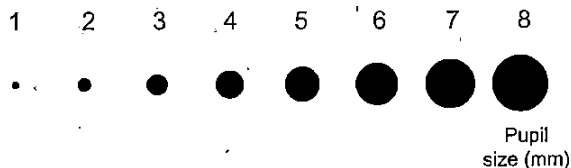
[illegible]

Calling Criteria

Neurological Observation Chart

DATE																		
Time																		
COMA SCALE	E Eyes open	Spontaneously	4															Eyes closed by dwelling = C
		To speech	3															
		To pain	2															
		None	1															
	V Best verbal response	Orientated	5															Endotracheal tube or tracheostomy = T
		Confused	4															
		Inappropriate words	3															
		Incomprehensible sounds	2															
	M Best motor response	Obey	6															Usually record the best arm response
		Localises	5															
Flexion - withdrawal		4																
Flexion - abnormal		3																
	Extension to pain	2																
	None	1																
TOTAL SCORE																		
PUPILS	R	Size																= reacts —no reaction c. eyes closed
	L	Size																
LIMB MOVEMENT	A R M S	Normal power																Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																
		Severe weakness																
		Spastic flexion																
		Extension																
	L E G S	Normal power																
		Mild weakness																
		Severe weakness																
		Extension																
		No response																

Glasgow Coma Scale



DATE																		
Time																		
COMA SCALE	E Eyes open	Spontaneously	4															Eyes closed by dwelling = C
		To speech	3															
		To pain	2															
		None	1															
	V Best verbal response	Orientated	5															Endotracheal tube or tracheostomy = T
		Confused	4															
		Inappropriate words	3															
		Incomprehensible sounds	2															
	M Best motor response	Obey	6															Usually record the best arm response
		Localises	5															
Flexion - withdrawal		4																
Flexion - abnormal		3																
	Extension to pain	2																
	None	1																
TOTAL SCORE																		
PUPILS	R	Size																= reacts —no reaction c. eyes closed
	L	Size																
LIMB MOVEMENT	A R M S	Normal power																Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																
		Severe weakness																
		Spastic flexion																
		Extension																
	L E G S	Normal power																
		Mild weakness																
		Severe weakness																
		Extension																
		No response																



50867650X
 ARTHUR F
 DOROTHY 04/05/1972
 22 Springside Place
 GLASGOW G15 7YG
 CHI-0405726104

NUTRITIONAL SCREENING TOOL



Weight (kgs):

Height (metres):

B.M.I:

Please circle only one score in each section

RESCORE

Date	43				
BODY WEIGHT					
● Normal (no recent weight changes)	0	0	0	0	0
● Recent unintentional weight loss (<6 kgs)	3	3	3	3	3
● Underweight / weight loss > 6 kgs	5	5	5	5	5
APPETITE					
● Good - finishing three meals per day	0	0	0	0	0
● Reduced - leaving quarter meals and fluids	2	2	2	2	2
● Poor - leaving half meals and fluids	3	3	3	3	3
● Little or no appetite, refusing or unable to eat/drink	5	5	5	5	5
ABILITY TO EAT AND DRINK					
● No difficulties, eating and drinking independently	0	0	0	0	0
● Requires assistance with eating and drinking	2	2	2	2	2
● Difficulty swallowing and/or chewing	5	5	5	5	5
SKIN CONDITION					
● Healthy	0	0	0	0	0
● Some red pressure areas	2	2	2	2	2
● Superficial breaks in pressure areas	4	4	4	4	4
● Multiple deep pressure sores	5	5	5	5	5
GUT FUNCTION					
● Normal	0	0	0	0	0
● Persistent nausea	2	2	2	2	2
● Nausea + / or occasional vomiting + / or some diarrhoea / constipation	3	3	3	3	3
● Diarrhoea > 3 per day / unable to keep food or fluids down	5	5	5	5	5
MEDICAL CONDITION					
● No impairment to food intake	0	0	0	0	0
● Minor surgery / mild infection	2	2	2	2	2
● Major surgery (Esp. G.I. Tract) / G.I. disease / CVA / Chronic illness	4	4	4	4	4
● Severe infection / Sepsis / Cancer / Burns > 15% / Multiple injuries	5	5	5	5	5
TOTAL (REFER TO ACTION PLAN)					
0					

IF YOU FEEL THAT YOUR PATIENT REQUIRES DIETETIC INTERVENTION
DESPITE THE SCORE, PLEASE CONTACT THE DIETITIAN TO DISCUSS.

WIG ILLOW

Cannard Falls Risk Assessment Pack

Patient name: 50867650X F
ARTHUR
DOROTHY 04/05/1972
Ward: 22 Springside Place
CHI number: GLASGOW G15 7YG
CHI-0405726104 Unit/Hospital number:

Contents

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

Notes: Risk assessment should be completed within 24 hours of admission.

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

Continuing Care Wards: Mobile and 'at risk' patients should have risk assessment and care plan reviewed monthly.

Cannard Falls Risk Assessment

(Must be completed within 24 hours)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						DATE 8/3/08	DATE	DATE	DATE	DATE	DATE	DATE
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	60-70 1	71-80 2	81+ 1			0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		2						
Medication type**	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		0						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed bound 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
TOTAL SCORE						6						
ACTION(S) TAKEN Enter action code(s)						1,						
SCORE 2 - 8 = LOW, 9 - 12 = MEDIUM, 13+ = HIGH RISK						NURSE SIGNATURE	20					

** If you are in any doubt about whether a person's medicine belongs to one of the types listed ask the person or carer or please phone the number on the medicine container and ask the community or hospital pharmacist.

* Please see back page for clarification

Falls Assessment Care Plan

Please tick all applicable nursing interventions

	NURSING INTERVENTIONS	DATE 8/3/08	DATE	DATE	DATE	DATE	DATE	DATE
Action code	LOW, MODERATE AND HIGH RISK							
1	Prevention and general safety precautions discussed with patient and family.	✓						
	MODERATE AND HIGH RISK							
2	Move to more observable area of ward to optimise supervision.							
3	Refer to Physiotherapist.							
4	Refer to Occupational Therapist.							
5	Patient requires footwear or podiatry referral. (Date referred:)							
6	Commence continence assessment							
7	Monitor lying and standing BP and pulse.							
8	Request medication review.							
9	Select suitable seating (refer to policy).							
10	Non-slip mat on chair/floor following advice of OT.							
11	Bed rails/bumpers to be used (refer to policy).							
12	Falls map in use for seven days.							
13	Bed/chair monitor in use.							
14	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
15	Patient to be nursed on mattress on the floor (refer to policy.)							
16	Patient requires one to one nursing care.							
17	Other interventions.							
	HIGH RISK ONLY (Score of 13 or over)							
18	Provide hip protectors to patients being discharged to care homes/longterm NHS facilities							
	SIGNATURE	ed						

Review Cannard score weekly / monthly as per policy.

Enter action code(s) selected in action taken section on Falls Risk Assessment.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

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

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

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

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevin), antidepressants.

BLOOD PRESSURE TABLETS include Captopril, atenolol and many others.

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

SLEEPING TABLETS include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane).

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).

HESTANT 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.

Pressure Sore Risk Assessment Documentation Form

Patient Name: Dorothy Arthur

Case Record Number: 50867650X

Ward: U10W

Waterlow Risk Assessment		Initials	Date	No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body weight for height:	Average Above average Obese Below average	0 1 2 3	01/03	0														
Continence:	Completely catheterised Occasionally incontinent Cath. Incontinence of faeces Doubly incontinent	0 1 2 3		0														
Skin type-visual risk areas:	Healthy Tissue paper/dry Oedematous clammy (temp ↑) Discoloured Broken spot	0 1 1 2 3		0														
Mobility:	Fully Restless/fidgety Apathetic Restricted Inert/traction Chairbound	0 1 2 3 4 5		0														
Age/Sex:	Male/Female 14-49 50-64 65-74 75-80 80+	½ 1 2 3 4 5		2 1														
Appetite:	Average Poor NG Tube/fluids only nbm – Anorexic	0 1 2 3		0														
Special risks – tissue malnutrition:	eg Terminal cachexia Cardiac failure Peripheral vascular disease Anaemia Smoking	8 5 5 2 1		1														
Neurological deficit:	Motor-sensory paraplegia eg diabetes, MS, CVA	4-6		0														
Major surgery/trauma:	Orthopaedic Below waist, Spinal On table > 2 hours	5 5		0														
Medication:	Cytotoxics, High dose steroids Anti-inflammatory	4		0														
TOTAL SCORE				4														

Score: <10 = low risk; 10-14 = at risk; 15-19 = high risk; 20+ = very high risk

CLASSIFICATION OF PRESSURE DAMAGE (TORRANCE)

[illegible]

Designed & Produced by Department of Medical Illustration MID Job No. 99/1694

9

For review:

Please
tick

Anaesthetist's
signature

ECG		
Bloods		
Anaesthetic opinion		
Allergies: <u>Penicillin</u>		

Please write in red

BOOKLET FOR DAY PROCEDURES

CONFIDENTIAL

PATIENT INFORMATION

1315310	
CUMMINGS	DOROTHY
6 Kilcloy Avenue	F
GLASGOW	04/05/72
G15 8RR	
G.P.Prac. 40436	
Hosp. No.	D.O.B.

Procedure Appointment Date Thursday 27.3.03 Time 09¹⁰

Consultant SEALE

General Practitioner _____

GP Telephone No. _____

Date of Outpatient Appointment _____

Seen by Dr. _____

Diagnosis _____

Proposed Procedure STOP

Proposed Anaesthesia: General ☒ Local ☐

Investigations Required (please tick)

FBC ☐

Blood Glucose ☐

U's and E's ☐

Blood Group ☐

ECG ☐

Has contraception been discussed at OPC? Yes ☒ No ☐ N/A ☐ Implant

Comments _____

Pre-Anaesthetic Assessment

Date 24.03.03 Assessed by DBurns

Social

Do you live alone? Yes ☐ No ☒ with daughters 12 & 9 yrs

Can you arrange an escort? Yes ☒ No ☐

Will someone be with you overnight? Yes ☒ No ☐

Patient telephone no. 07763414356

Height 1.54 cms Weight 58 kilos BMI 22

B.P. 110/70 Pulse _____ SaO₂ _____

Understanding of English: Good ☒ Poor ☐ None ☐

Is interpreter required? Yes ☐ No ☒

Has interpreter been arranged? Yes ☐ Contact name / tel. no. _____

No ☐ N/A ☐

Pre-Anaesthetic Questionnaire

	Yes	No
Have you had any anaesthetics in the past?	☒	☐
Have you had any problems with anaesthetics?	☐	☒
Have you any blood relatives with anaesthetic problems?	☐	☒
Are you taking any medications, drugs, inhalers or tablets?	☐	☒
Please specify _____		
Is patient taking: HRT ☐ OCP ☐ Has this been discussed at OPC? ☐ ☐		
Comments _____		
Allergies?	☒	☐
Please specify <u>Penicillin</u> <u>ASME</u>		
Have you had any problems with your heart or high blood pressure?	☐	☒
Please specify _____		
Do you get chest pain after exercising or climbing stairs?	☐	☒
Do you have heartburn or indigestion?	☐	☒
Have you had trouble with your breathing or do you take medicine for a breathing problem?	☐	☒
Please specify _____		
Do you smoke? If yes, how many per day? <u>20</u>	☒	☐
Do you have a cough or produce phlegm?	☐	☒
Do you have loose teeth, caps or dentures? <u>Full set</u>	☒	☐
Do you have any neck or jaw stiffness?	☐	☒
Have you ever had any convulsions, fits, blackouts or funny turns?	☐	☒
Date of last episode _____		
Have you had any jaundice, hepatitis or liver disease?	☐	☒
Do you have diabetes?	☐	☒
controlled by: diet ☐ or oral hypoglycaemics ☐ insulin ☐	☐	☒
Have you had any other serious illnesses?	☐	☒
Please specify _____		
Do you have a prosthesis or a pacemaker?	☐	☒
Do you have any physical disability?	☐	☒
Have you had any illnesses from which you have not fully recovered?	☐	☒

I agree to have nothing to eat or drink for six hours before surgery and to have a responsible adult accompany me home and remain with me overnight.

Signed X D Lennings

Witnessed DBurns

date 24.03.03
date

Admission

Named Nurse

D. Burmo

Admitted by

R. Alexander

Date

Case Sheet

Yes

☒

No

☐

Name Band

Yes

☒

No

☐

Next of Kin

Mark Bark

Relationship

partner

Phone No.

077634143

Discharge Escort

N/A

Relationship

A/A

Phone No.

A/A

Overnight Escort

A/A

Anaesthetic Questionnaire Complete

Yes

☒

No

☐

Fasted since:

date 26/03/03

time

Midnight

Confirmed:

Yes

☒

No

☐

Current Medication

BP

130/73

Pulse

90O₂ Saturation98%

LMP

Jan 03

BM Stix

Pre-Operative Medication (if required)

Drug	Dose	Route	Doctor's Signature	Time Given	Nurse's Signature	Witness
Misoprostol	600ug	Pv	<u>[Signature]</u>	10 ⁰⁰	<u>Pt / P. [Signature]</u>	

Before the patient proceeds into theatre, nursing staff please check and tick:

	Ward check			Theatre check		
	Yes	No	N/A	Yes	No	N/A
Is the consent form signed?	☒	☐		☒	☐	
Is the patient wearing a correct identification bracelet?	☒	☐		☒	☐	
Has make-up and nail varnish been removed?	☐	☐	☒	☐	☐	☒
Has jewellery has been removed or taped?	☒	☐	☐	☒	☐	☐
Have contact lenses/prosthesis been removed?	☐	☐	☒	☐	☐	☒
Specify _____						
Have dentures been removed? <u>INSITU</u>	☐	☒	☐	☒	☐	☐
Is the operation site clearly marked?	☐	☐	☒	☐	☐	☐
Has the patient passed urine pre-op?	☒	☐	☐	☐	☐	☐
Fasted since:	date <u>26/3/3</u>		time <u>Midnight</u>			
Signature of nurse checking:	ward <u>[Signature]</u>		theatre <u>[Signature]</u>			

Operating Room Record

Procedure performed S.T.O.P.
Theatre No. DSU 1 Surgeon Dr. Sealie
Anaesthetist Dr. McManus Named Nurse S/L Young
Time in 12:20 hrs

Anaesthesia and Monitoring

ECG ☒ LMA ☒ ETT ☐ Face mask ☒
NIBP ☒ GA ☒ LA ☐ Regional ☐
SaO₂ ☒ IV sedation ☐ Eyes protected ☒
IV cannulation ☒ Throat pack out ☐

Patient positioning

ith ☒ Prone ☐ Supine ☐ L lat ☐ R lat ☐ Trend ☐ Rev. trend ☐

Electrocautery

Bipolar ☐ Monopolar ☐ Grounding plate site _____

Tourniquet

On _____ Off _____ Site _____ Pressure 1 mmHg Smillie _____

Wound

Skin prep Chlorhexidine Wound toilet _____
Acetate 0.02%

Specimen to: Path. ☐ Bact. ☐ Other _____

Count: Correct ☒ Incorrect ☐ No count required ☐

Instruments (stickies):

DATE STERILIZED 25 03 03 10505	ACCLAVE 4	DATE STERILIZED 25 03 03 10505	ACCLAVE 2						
CYCLE NUMBER ©		CYCLE NUMBER ©							

Name scrub person SARIE YOUNG

Sig. circ. person [Signature]

Discrepancy _____

Surgeon's signature _____

Skin closure: Suture absorbable ☐ Suture nonabsorbable ☐ Staples ☐ Skin glue ☐

Open wound _____ Drain _____ Packing _____ Catheter _____

Dressings _____

Recovery Instructions

Oxygen to be given at _____ litres for _____ Signed _____

Postoperative Instructions

Does patient require visit from district nurse?

Yes ☐ Date _____

No ☐ N/A ☐

Are dressings to be sent home with patient?

Yes ☐ Type and amount _____

No ☐ N/A ☐

Do sutures require to be removed?

Yes ☐ Date _____

No ☐ N/A ☐

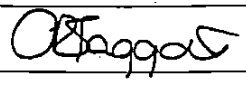
Is out-patient clinic appointment required?

Yes ☐ Date _____

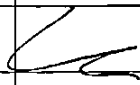
No ☐ N/A ☐

Comments

Drugs to be given in hospital

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
27.3	Flagyl	1G	PR	x1					
Nurse Record of Administration					Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
	Cocaine	20	AL						
Nurse Record of Administration					Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
	Volmer	500	AL						
Nurse Record of Administration					Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
Nurse Record of Administration					Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
Nurse Record of Administration					Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
Nurse Record of Administration					Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration				Doctor's Signature
Nurse Record of Administration					Sign Box				

Recovery

Time in to Rec. 12:40 Artificial airway type 1.14A removed at _____

Oxygen at 12/4L litres via tube / mask discontinued at _____

TIME	12 ³⁰	12 ⁵⁵	1 ³⁰																	
PAIN SCORE		0	1																	
SEDATION SCORE	deep	0	0																	
NAUSEA SCORE		0	0																	
	210																			
	200																			
	190																			
BLOOD	180																			
PRESSURE	170																			
	160																			
	150																			
	140																			
	130																			
	120	121	113	112																
	110	111	111	111																
	100	100	100	100																
	95	95	95	95																
	90	90	90	90																
	85	85	85	85																
PULSE	80	80	80	80																
	75	75	75	75																
	70	71	74	72																
	65																			
	60																			
	55																			
	50																			
	45																			
	40																			
	35																			
	30																			
RESPIRATIONS	16																			
O ₂ SATURATION	99%	100%	99%																	
PV LOSS	spot	spot	spot																	
WOUND																				
LIMB COLOUR																				
LIMB SENSATION																				
LIMB MOVEMENT																				

Clinical / Nursing Notes

Time Notes

12.40

Patient received to recovery all obs as charted. Breathing spontaneously N. Mulgre

13.10. Patient fit for second stage recovery

N. Mulgre

Tea and Toast

Yes ☒

No ☐

Check recordings at 1355 hrs

BP 115/67

Pulse 88 SaO₂ 98

Fit to Mobilise

Yes ☒

No ☐

Discharge Drugs

Date	Name of Drug	Strength	Quantity	Doctor's Sig.	Nurse's Sig.
27.3.03	Doxycycline	100mg b.d	7 days	Q.T. 100mg	DBurns
	VOLINER	50	12	C	DBurns

Patient's Name Dorothy Cummings (1315310)

Discharge Checklist

Estimated discharge time 14:40

	Yes	No
Has a stable BP and pulse	☒	☐
Can walk without feeling faint	☒	☐
Has minimal nausea and is not vomiting	☒	☐
Can breathe comfortably and is a normal colour	☒	☐
Is orientated to time and place	☒	☐
Has passed urine	☒	☐
Has had something to eat and drink	☒	☐
Has had the operation site checked (if applicable)	☒	☐
I.V. Cannulae has been removed	☒	☐
Knows when to come back to Outpatients	☒	☐
Has someone to take them home	☒	☐
Has someone to stay with them overnight	☒	☐

Seen by doctor before discharge ☐ Yes ☒ No

Doctor's name _____

Discharge medication received by ph.

Discharge instruction received by ph.

Discharge Escort Parham Discharged at 14:40

Sign if appropriate X DBurns

Means of Transport Taxi

Discharge Nurse's Signature DBurns

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.



Western Infirmary / Gartnavel General Hospital
West Glasgow Hospitals

Anaesthetic Record



1315310
CUMMINGS DOROTHY
6 Kilcloy Avenue F
GLASGOW 04/05/72
G15 8RR
G.P.Prac. 40436

Premedication

Procedure(s) ~~SA~~ STOP

Anaesthetist(s) M-McMann

☐ ☐ ☐

C SpR SHO

Surgeon(s) T SANCHEZ

☐ ☐ ☐

Date 27/3/73

Pre-operative assessment

Weight(kg)

Airway

Haematology

RS

Biochemistry

CVS

BP /

ECG

CXR

Current therapy

Other significant illnesses

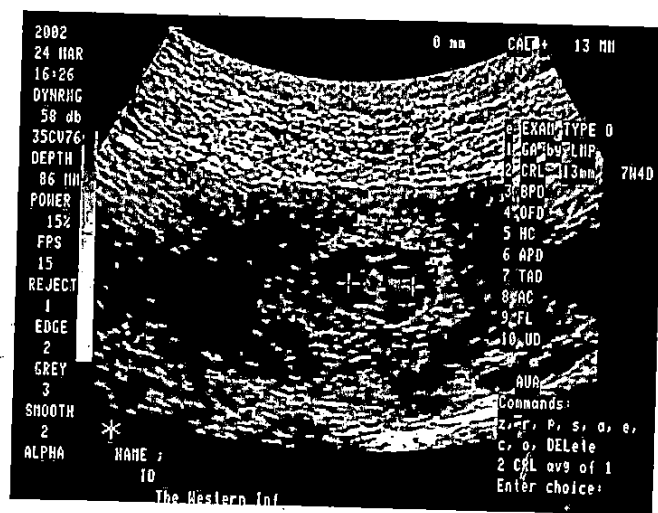
well

Allergies

Previous anaesthesia

ASA 1 2 3 4 5 E

Comments / Technique





Integrated Care Pathway
Gynaecology
Termination of Pregnancy

Affix addressograph label or complete:

Name: DOROTHY CUMMINES.
Address: 6, KILCLOY AVE,
DRUMCHAEZ.
Postcode: G15 8RL.
Hospital number: 1315310.
DOB: 4/5/72 Age: 30y6.
Phone number: 0763414356.

Consultant: DR TAREAGT
Date: 1/1.
Referred by: ☒ FPC ☐ GP
Notify GP: ☐ Yes ☒ No

Gynaecological History

LMP: JAN 03.
Cycle: REGULAR 28/7.
Parity: 2+0. (129).
Pregnancy test: ☒ Yes ☐ No
Smear date: 1/11/2 YRS AGO.

Social History

	Yes	No
Partner aware	☒	☐
Partner supportive	☒	☐
Smoker?	☒	☐

Relevant Past Medical History:

NIL OF NOTE.

Contraception – Past:

CONDOMS.

Contraception – Present:

IMPLANON.

Allergies: ☐ Yes ☐ No

Details: 2 PENICILLIN.

Reason T.O.P. Requested:

FEELS UNABLE TO CORE.
FAMILY COMPLETE.
Certain.

Medication:

NIL

Medical Examination

Clinical assessment of uterine size:

Adnexa:

Result if scan performed: Single IUP Future cell 13mm = 7+4

Checklist

Blood for Group and Save
Blood for HB
Swabs taken
Consent
Certificate A
Contraindications for MTOP – if yes, details:

Yes	No
☒	☐
☒	☐
☒	☒
☒	☐
☒	☐
☒	☐

Procedure:

☐ M.T.O.P. ☒ S.T.O.P.

When: Thursday 27.3
Where: DSU

Signature:

Mifepristone Day		Date: ____/____/____	
Next of Kin: Name: _____ Address: _____ Telephone number: _____ Aware of admission: ☐ Yes ☐ No Discharge escort: ☐ Yes ☐ No Tablets given: ☐ Yes ☐ No		Observations: BP: _____/_____ Pulse: _____ bpm Temperature: _____ °C	
		Comments:	
Signature:		Time:	

rostaglandin Day: Nursing		Date: ____/____/____	
Procedure	Yes No	Progress and Evaluation of Care	
Explain with reference to: Cervagerm pessary Pain Bleeding POC Obs.	☐ ☐ ☐ ☐ ☐		
Discharge Checklist			
Review patient POC seen Blood group: ☐ Rh pos. ☐ Rh neg.	☐ ☐ ☐ ☐		
Discharge Summary			
Anti D given	☐ ☐		
Contraception	☐ ☐	Type: _____	
Antibiotics	☐ ☐		
Return appointment	☐ ☐	Date: ____/____/____	
Signature:		Time:	

Integrated Care Pathway Gynaecology Termination of Pregnancy

Affix addressograph label or complete:

Patient name:

Hospital number:

DOB: ____/____/____ Age: ____

Date: ____/____/____ Ward: ____

[illegible]

**Integrated Care Pathway
Gynaecology
Termination of Pregnancy**

Affix addressograph label or complete:

Patient name:

Hospital number:

DOB: ____/____/____ **Age:** ____

Outpatient Follow-up

Date: ____/____/____

Post abortal bleeding: ☐ still present ☐ stopped – date bleeding stopped: ____/____/____

Any medical problems:

Examination:

Scan Result:

Clinical Outcome – termination:

- ☐ Complete
☐ Incomplete
☐ Ongoing

Contraception: ☐ Yes ☐ No **If yes, type:**

Comments:

Additional Notes:

Signature:

CONSENT TO ANAESTHESIA, OPERATION, INVESTIGATION OR TREATMENT

for Guidance of Doctors and Patients overleaf)



867650
ARTHUR
17 Summerhill Road F
C/O CUMMINGS
GLASGOW
G15 7JW
G.P.Prac. 40205

DOROTHY

04/05/72

Date 14/4/98

Proposed Procedure (BLOCK CAPITALS) DIAGNOSTIC LAPAROSCOPY +
HYSTEROSCOPY

TO BE COMPLETED BY MEDICAL OR DENTAL PRACTITIONER

I 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)

JAY RAJAH

SIGNATURE

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.

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

X. D. Arthur

Patient/Parent/Guardian/
Next of Kin*

Name

(BLOCK CAPITALS)

Address

(* DELETE AS APPROPRIATE)

1. **DOCTORS**

A patient has the right to grant or withhold consent prior to examination, investigation, treatment or operation. The Doctor/Dentist must give the patient sufficient information, in a way he/she can understand, about the proposed procedure, any side effects and the possible alternatives. The Doctor/Dentist must give the patient enough time to read this form and ask any questions relating to it or their treatment. The patient must be allowed to decide whether he or she will agree to the procedure, and they may refuse or withdraw consent to a procedure at any time. The patient's consent to a procedure should be recorded on this form.

1.1 The patient must give written consent to be examined by students during any procedure for which written consent is required. (See Below).

2. **PATIENTS**

2.1 The doctor is here to help you. He or she will explain the procedure, which you are entitled to refuse. You can ask any questions and ask for more information.

2.2 You may ask for a relative or a friend or a nurse to be present while the Doctor/Dentist explains the procedure and asks you to sign this form.

2.3 Students need to learn how to examine patients and to see how procedures are done. This is important for the future of health services. You may be asked to give consent to be examined by students during the procedure. It is up to you to decide whether you give your consent or not but whatever you decide, it will not affect your treatment.

-
1. **I agree/~~do not agree~~*** to the involvement of a student at the procedure named on this form.
2. **I agree/~~do not agree~~*** to examination by a student during the procedure named on this form under the supervision of the senior medical/dental officer undertaking the procedure.

Name _____ Date _____
(BLOCK CAPITALS)

Signature x D Butler

* TE AS APPROPRIATE



West Glasgow Hospitals University NHS Trust

BOOKLET FOR DAY PROCEDURES

CONFIDENTIAL

PATIENT INFORMATION

Patient Label



867650
ARTHUR DOROTHY
17 Summerhill Road F
C/O CUMMINGS
GLASGOW 04/05/72
G15 7JW
G.P.Prac. 40205

Procedure Appointment Date

Thursday 18th June, 1998

Consultant

Dr. Chatfield

General Practitioner

Dr. Turner

Date of Outpatient Appointment _____

Seen by Dr. _____

Diagnosis _____

Proposed Procedure diag Lemp + hyste'scopes

Proposed Anaesthesia: General ☒ Local ☐

Investigations Required (please tick)

Haemoglobin ☐

ECG ☐

U's and E's ☐

Blood Glucose ☐

Blood Group ☐

Others _____

Pre-Anaesthetic Assessment

Date 14/4/98

Assessed by R. Red

Social

Do you live alone? Yes ☐ No ☒

Can you arrange an escort? Yes ☒ No ☐

Will someone be with you overnight? Yes ☒ No ☐

Height 152 Weight 55 BMI 24

B.P. 120/60 Pulse 70

PRE-ANAESTHETIC QUESTIONNAIRE

	YES	NO
Have you had any anaesthetics in the past?	☒	☐
Have you had any problems with anaesthetics? <i>P.O.N. ✓</i>	☒	☐
Have you any blood relatives with anaesthetic problems?	☐	☒
Are you taking any medications, drugs, inhalers or tablets?	☒	☐
If so, what? <i>2 Augmentin for (P.I.D)</i>		
Allergies?	☒	☐
If so, what? <i>Bacillin</i>		
Have you had any problems with your heart or high blood pressure?	☐	☒
Do you get chest pain after exercising or climbing stairs?	☐	☒
Do you have heartburn?	☐	☒
Have you had trouble with your breathing or do you take medicine for a breathing problem?	☐	☒
If so, what?		
Do you smoke?	☒	☐
How many? <i>20</i> cigs per day		
Do you have a cough or produce phlegm?	☐	☒
Do you have loose teeth, caps or dentures? <i>Top</i>	☒	☐
Do you have any neck or jaw stiffness?	☐	☒
Do you have had any convulsions, fits, blackouts or funny turns?	☐	☒
Have you had any jaundice, hepatitis or liver disease?	☐	☒
Do you have diabetes?	☐	☒
Have you had any other serious illnesses?	☐	☒
Do you have any physical disability?	☐	☒
Do you have prosthesis or a pacemaker?	☐	☒
Have you had any illnesses from which you have not fully recovered?	☐	☒

I agree to have nothing to eat or drink for six hours before surgery and to have a responsible adult accompany me home and remain with me overnight.

Signed *D. Allin* Date _____
Witness _____ Date _____

ADMISSION

Admitted by N. J. J. J. Date 18/6/98

Case Sheet Yes ☒ No ☐

Name Band Yes ☒ No ☐

952 -
8936

Next of Kin W. M. CUMMINGS Relationship Partner Phone No.

Discharge Escort Relationship Phone No.

Overnight Escort

Anaesthetic Questionnaire Complete Yes ☒ No ☐

Fasted since 12 MN

Current Medication

LMP 1/6/98 Parity 2+1

BP 119/60 Pulse 94 BM Stix

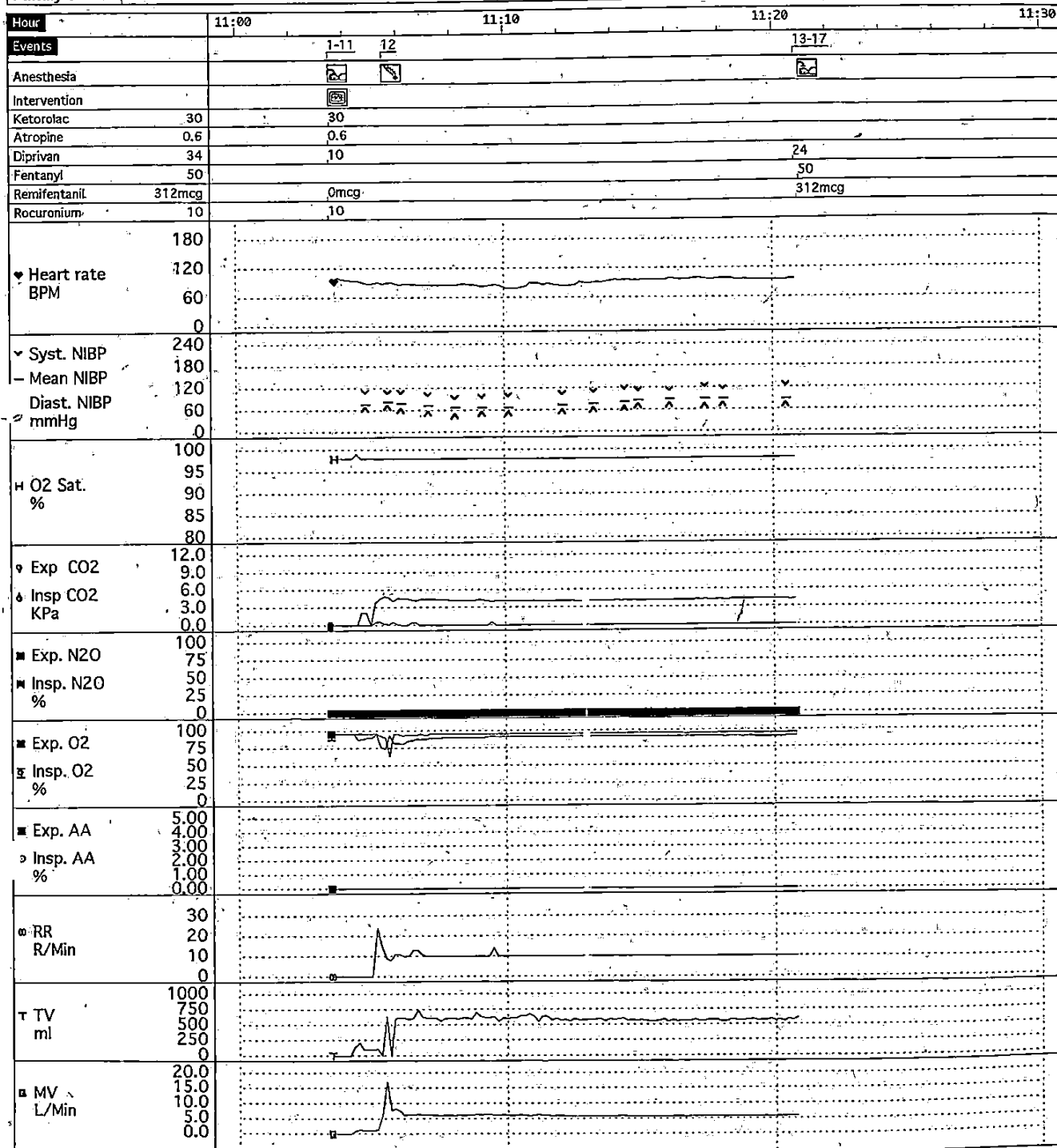
Pre-Operative Medication (if required)

Drug	Dose	Route	Doctor's Signature	Time Given	Nurse's Signature	Witness

Before the patient proceeds into theatre, Nursing Staff please check and tick that:

	YES	NO	
Consent form is signed	☒	☐	
They are wearing an identification bracelet	☒	☐	N/A
They are not wearing any make-up	☐	☒	☐
They are not wearing any jewellery or their jewellery is taped	☒	☐	☐
They are not wearing removable contact lenses	☐	☒	☐
They are not wearing dentures	☒	☐	☐
Operation site is clearly marked	☐	☐	☐

Intra Op Record		Last Name ARTHUR		First Name DOROTHY	
Patient ID, 867650		Patient ID 2,		Misc.	
Birthdate, 4/5/72		Weight		Blood Group	
Op. Date, 18/6/98		Height		ASA 1	
Anesthesiologist, Dr Ian McMenemin		Surgeon, Dr Pirwany		Age 26 Y	
Pathology		Allergies		B.S.A.	
Operation, Diagnostic Laparoscopy; D & C; Hysteroscopy					
Room		Op. Room			
Anesth. Ass.		Surgeon Ass.			
Family Doc.					



Events			<u>10</u>	11:03	Anesth.: :
1	11:03	Start	<u>11</u>	11:03	Marque N° 0
2	11:03	Induction • 20 Gauge cannula L.Hand	12	11:05	Intubation • LMA4
3	11:03	Remifentanyl Omcg	13	11:20	Diprivan 24
4	11:03	Rocuronium 10	14	11:20	Remifentanyl 312mcg
5	11:03	Diprivan 10	15	11:21	Fentanyl 50
6	11:03	Atropine 0.6	16	11:21	Anesthesia Over
7	11:03	Monitors Used Ultima	<u>17</u>	11:21	Stop
8	11:03	Monitors Used Cardiocap CMO-CC-CC			
9	11:03	Ketorolac 30			

OPERATION RECORD

Th. No. 1 Surgeon Dr. Purwani Anaesthetist Dr. Mcmenamin
Time In 10.50 Time Out _____
Procedure Performed Diagnostic laparoscopy, hysterectomy
Position Lithotomy

Tourniquet On _____ Off _____

Post-Operative Instructions

Oxygen to be given at 4 litres for 4 hrs Signed _____

DRUGS TO BE GIVEN IN HOSPITAL

Date	Drug Name	Dose	Route	Frequency	Times of Administration			Doctor's Signature
	<u>Cocodur</u>	<u>25</u>	<u>o</u>	<u>x 1</u>	<u>1140</u>			<u>ce</u>
Nurse Record of Administration				Sign Box	<u>EW</u>			

Date	Drug Name	Dose	Route	Frequency	Times of Administration			Doctor's Signature
	<u>1 Buprenorphine</u>	<u>400</u>	<u>o</u>	<u>x 1</u>	<u>1140</u>			<u>ce</u>
Nurse Record of Administration				Sign Box	<u>EW</u>			

Date	Drug Name	Dose	Route	Frequency	Times of Administration			Doctor's Signature
Nurse Record of Administration				Sign Box				

Date	Drug Name	Dose	Route	Frequency	Times of Administration			Doctor's Signature
Nurse Record of Administration				Sign Box				

RECOVERY

Name Deborah Arthur

Time In to Rec. 1130 Artificial Airway type 2 removed at 1200

Oxygen at 4 litres via Venti discontinued at _____

		30				MD 15			
TIME		11	11 ⁴⁵	12	12				
PAIN SCORE		0	0	0	0				
SEDATION SCORE		3	0	0	0				
NAUSEA SCORE		0	0	0	0				
	210								
	200								
	190								
BLOOD	180								
PRESSURE	170								
	160								
	150								
	140								
	130								
	120								
	110	^		^					
	100		^		^				
	95	•							
	90								
	85								
PULSE	80	✓	•	•					
	75								
	70			✓	✓				
	65		✓						
	60								
	55								
	50								
	45								
	40								
	35								
	30								
RESPIRATIONS		16	16	18	16				
O2 SATURATION		98	96%	97	97				
PV LOSS		nil	Nil	nil	nil				
WOUND	Umb	DRY Att	slight	same	same				
	pubic	DRY	DRY	dry	same				

CLINICAL/NURSING NOTES

Time Notes

Dorothy Arthur

11:30

Returned to recovery following GA.
Care as charted. Breathing
Spontaneously & in progress

Edward

2 cc codeine + buffer 400 orally
at 11:40

B.W.

Fit to transfer 2nd stage
12⁵⁰ Mobilized to sealed area U.B.M.
vitals stable.

Tea and Toast at

Check recordings at

12⁵⁰

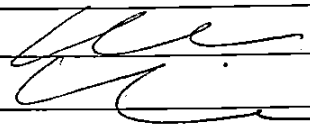
BP

Pulse

Up and Dressed at

Patient's Name _____

DISCHARGE DRUGS

Date	Name of Drug	Strength	Quality	Dose	Doctor's Signature
	BW FER	400	12		
	Cocodimer		20		

DISCHARGE CHECK LIST

Estimated discharge time 14.30

Dorothy Arthur
Has a stable BP and pulse

	YES	NO
Can walk without feeling faint	☒	☐
Has minimal nausea and is not vomiting	☒	☐
Can breathe comfortably and is a normal colour	☒	☐
Is wide awake and knows what is going on	☒	☐
Has passed urine	☒	☐
Has had something to eat and drink	☒	☐
Has had the operation site checked (if applicable)	☒	☐
Has their Doctor's letter (if applicable)	☒ NA	☐
I.V. Cannulae has been removed	☒	☐
Knows when to come back to Outpatients	☒ by post	☐
Has someone to take them home	☒	☐
Has someone to stay with them overnight	☒	☐

Seen by Doctor before discharge ☒ YES ☐ NO

Dr name _____

Discharge Medication given by Edward Received by X W Lunn

Discharge instruction given by Edward Received by _____

Discharge Escort husband Discharged at _____

Means of Transport taxi

Follow Up Instructions

Clinic Appointment by post

Discharge Nurse's Signature Edward

PATIENT NURSING HISTORY

12

DATE OF ADMISSION <u>8-12-92</u> PATIENTS NAME <u>Dorothy Arthur</u> ADDRESS <u>% Cummings, 17</u> <u>Summerhill Rd</u> <u>Glasgow</u> <u>IN LANE'S</u> <u>944-7354</u> TELEPHONE NO. <u>944-7354</u> DATE OF BIRTH <u>4-5-72</u> AGE <u>20</u> RELIGION <u>Church of Scotland</u> NEXT OF KIN (1) <u>William Cummings</u> <u>(france)</u> ADDRESS <u>As Above</u> TELEPHONE NO. _____ RELATIVES NOTIFIED OF ADMISSION <u>Yes</u> PATIENT SPOKEN TO BY CONSULTANT _____ RELATIVES SPOKEN TO BY CONSULTANT _____	TIME <u>130 pm</u> WARD <u>G9</u> HOSPITAL <u>Weston Infirmary</u> CONSULTANT <u>Cordiner</u> HOSPITAL NO. <u>E/11</u> G.P. <u>Duffy</u> TELEPHONE NO. <u>944-4787</u> OCCUPATION <u>housewife</u> SACRAMENTS OF THE SICK _____ NEXT OF KIN (2) <u>Agnes Arthur (sister)</u> ADDRESS <u>92 Dunmore Dr, Drumchapel</u> TELEPHONE NO. _____ CLOTHING LISTED _____ PATIENTS OWN DRUGS _____
--	---

SOCIAL CIRCUMSTANCES lives with fiancé in a tenement
flat ground floor, no social services
Smokes 10 per day
Alcohol: abstains

REASON FOR ADMISSION ? ovarian cyst ? P.I.D.

PATIENTS PERCEPTION OF ILLNESS aware

DIAGNOSIS/OPERATION _____

OTHER HEALTH PROBLEMS P.I.D. admission 190 to G9, ^{EVAC} 3 yrs ago.

ALLERGIES Penicillin

GRH

MAINTAINING A SAFE ENVIRONMENT Alert + orientated to the ward.

NUTRITION Normal balanced diet takes 3 meals per day

ELIMINATION Bowels:- open daily
Bladder:- independant re micturition, continent

HYGIENE Well kept
Baths/Showers daily
Skin:- intact

SLEEP 6 hours per night:- interrupted to go to toilet:- no night sedation

MOBILITY Independant unaided

SENSES Reading glasses, otherwise intact

BREATHING NOT unduly breathless

OTHER RELEVANT INFORMATION LMP:- 25-11-92
PARA:- 1+1 miscarriage

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐
DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐
TICK (✓) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36.8°C PULSE 84 RESPIRATIONS _____

BLOOD PRESSURE 110/70 HEIGHT _____ WEIGHT _____

URINALYSIS Req

SIGNATURE OF ADMITTING NURSE [Signature]

NAME: Dorothy Arthur

DATE OF ADMISSION: 8/12/9

HOSPITAL: W16

HOSPITAL NO: CPA

DATE	PATIENT PROGRESS REPORT	SIGNATURE
8-12-92	Admitted as an emergency via A+E with 2 PID ? ovarian cyst recordings satisfactory, settled on admission. SIB Medical staff - USS scan on 21/12/92 - to be discharged this evening. Venflon removed.	ARM Ellis P. N. D. A.

REGULAR PRESCRIPTIONS - PARENTERAL MEDICINES

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIME OR ADMINISTRATION												Prescribers Signature (Full)	DISCONTINUED	
					am	am	am	md	pm	pm	pm	pm	pm	pm	pm	Other Times		Date	Signed
	8/12/9	Symomex	500mg	IV													TELOR		
	8/12/9	Cefotaxime	1g	IV													TELOR		
C																			
D																			
E																			
F																			
G																			

REGULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	8/12/9	Doxycycline	100mg	oral													TELOR		
J																			
K																			
L																			
M																			
N																			
O																			
P																			
R																			
S																			
T																			
V																			

ONCE ONLY PRESCRIPTIONS

DIET:

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN	PLEASE / WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS			
8/12/9	2PM	Doxycycline	200mg	PO	TELOR	L.R.	4PM	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
99	Dorothy Arthur	45/92			ELA	Cordner

KNOWN MEDICINE SENSITIVITIES
1
2

FORM MR1 10/90

DATE OF ADMISSION: 8-12-92

HOSPITAL NO.

[illegible]

NAME Jeromey Arthur HOSPITAL W19
WARD 99 HOSPITAL NUMBER E/A

DATE						
TIMES						
TEMP °C						
PULSE/min						
RESP/min						
BOWELS						
WEIGHT						

NAME

Dorothy Arthur

HOSPITAL

No.

AGE

PHYS/

SURG.

Cordner

DEPT

WARD

RESUSCITATION AND
BLOOD PRESSURE CHARTIN-PAT
FORM 7

DIAGNOSIS:

SUGAR

URINE

ALB.

Drugs before admission

DATE

TIME

BLOOD
PRESSURE

PULSE RATE

RESPIRATION

KEY B.P.  III
PULSE 
RESP.  XXX

INTAKE ml

URINE ml

THERAPY

PATIENT NURSING HISTORY

DATE OF ADMISSION <u>5/1/90.</u> PATIENTS NAME <u>DOROTHY ARTHUR.</u> ADDRESS <u>90 CUMMINGS 335 KINFARNS DR.</u> <u>GLASGOW.</u> <u>G15</u> TELEPHONE NO. <u>—</u> DATE OF BIRTH <u>4/15/72</u> AGE <u>17.</u> RELIGION <u>CIS.</u> NEXT OF KIN (1) <u>PATRICIA CUMMINGS (AUNT)</u> ADDRESS <u>AIA</u> TELEPHONE NO. <u>—</u> RELATIVES NOTIFIED OF ADMISSION <u>YES</u> PATIENT SPOKEN TO BY CONSULTANT <u>—</u> RELATIVES SPOKEN TO BY CONSULTANT <u>—</u>	TIME <u>21³⁰</u> WARD <u>G9.</u> HOSPITAL <u>W.I.G</u> CONSULTANT <u>DR. GORDINER</u> HOSPITAL NO. <u>—</u> G.P. <u>DR. WHITBY/22, MERRATON AVE.</u> TELEPHONE NO. <u>—</u> OCCUPATION <u>UNEMPLOYED</u> SACRAMENTS OF THE SICK <u>—</u> NEXT OF KIN (2) <u>WILLIAM CUMMINGS (BOYFRIEND)</u> ADDRESS <u>90 DRUMORE RD., DROUCHAPEL</u> TIME <u>—</u> TELEPHONE NO. <u>944-7354.</u> CLOTHING LISTED <u>—</u> PATIENTS OWN DRUGS <u>—</u>
---	---

SOCIAL CIRCUMSTANCES LIVES WITH AUNT IN FLAT ONE UP.
SMOKES 20 A DAY
DOESN'T DRINK.

REASON FOR ADMISSION THREATENED ABORTION

PATIENTS PERCEPTION OF ILLNESS THREATENED MISCARRIAGE.

DIAGNOSIS/OPERATION —

OTHER HEALTH PROBLEMS NIL OF NOTE

ALLERGIES PENICILLIN

MAINTAINING A SAFE ENVIRONMENT Alert and oriented

NUTRITION Normal

ELIMINATION Bowel and micturition normal

HYGIENE Daily Shower

SLEEP no night sedation required

MOBILITY up as able

SENSES normal

BREATHING normal

OTHER RELEVANT INFORMATION LMP-12/6/89 ^{11th} 40 gestation
PARA 0+0

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐

DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐

TICK (✓) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36.9 PULSE 84 RESPIRATIONS _____

BLOOD PRESSURE 130/70 HEIGHT _____ WEIGHT _____

URINALYSIS SG 1005 PH 5 BLOOD - LARGE

SIGNATURE OF ADMITTING NURSE SIN A. Canning

NAME: Dorothy Carter

DATE OF ADMISSION: 5/1/90

HOSPITAL: W.I.G.

HOSPITAL NO:

DATE	PATIENT PROGRESS REPORT	SIGNATURE
5/1/90	9A via A&E with history of P.v. bleeding since 4am with abdominal cramps. No pain, p.v. loss slight. Blood taken for Hb, x-match, grouping, BHCG. recordings stable	acanning
6/1/90	Settled night. recordings stable, p.v. loss fair. 2 paracetamols given for cramps	acanning
no	care as plan. Pain and p.v. loss settled at present. Seemingly irking down for scan on Monday	cmurray
pm	Care as plan. P.V. loss slight/red observations stable	mcgallagh
7/1/90	settled night. Care as plan. p.v. loss sl. Care as plan. Patient stated that she wished to go home today. S/B Dr Calder signed irregular discharge form. Discharged home	mcgallagh

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										
3/1/42								H	M											
6-1-40																				

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

NAME
DOROTHY ARTHUR.
UNIT NUMBER

WARD
E9

KEY:- CODE LETTER CIRCLED E.G. Ⓐ = MEDICINE REFUSED AND MEDICAL STAFF INFORMED
 CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MRI 1

REGULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

ONCE ONLY PRESCRIPTIONS

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
29	DOROTHY ARTHUR	17				DR. CORDINEER

IF MEDICINE DISCONTINUED BECAUSE OF
SUSPECTED ADVERSE REACTION,
ENTER BELOW.

MEDICINE	ADVERSE REACTION
----------	------------------

1	
2	

KNOWN MEDICINE SENSITIVITIES	1
	2

NAME Dorothy Carter

No.

AGE: 17

PHYS/

SURG. Dr. Cordova

DEPT

WARD *GA*

DIAGNOSIS:

SUGAR

URINE

ALB.

Drugs before admission

IN-PAT FORM 7

[illegible]

UNIT WEST 1 — PATIENT NURSING HISTORY

DATE OF ADMISSION <u>7/9/89</u>	TIME <u>3PM.</u> WARD <u>910</u>
PATIENTS NAME <u>DOROTHY ARTHUR</u>	HOSPITAL <u>WIG</u>
ADDRESS <u>6/0 CUMMINGS</u>	CONSULTANT <u>DR WILLOCKS</u>
<u>335 KINFARNS DR.</u>	HOSPITAL NO. <u>867650</u>
<u>GLASGOW G15.</u>	G.P. <u>DR WHITBY MEERKRYTON AVE</u>
TELEPHONE NO. _____	TELEPHONE NO. _____
DATE OF BIRTH <u>4.5.72.</u> AGE <u>17</u>	OCCUPATION <u>UNEMPLOYED</u>
RELIGION <u>R/C</u>	SACRAMENTS OF THE SICK _____
NEXT OF KIN (1) <u>PATRICIA CUMMINGS (SISTER)</u>	NEXT OF KIN (2) _____
ADDRESS <u>SA</u>	ADDRESS _____
TELEPHONE NO. <u>SA</u>	TIME _____
RELATIVES NOTIFIED OF ADMISSION <u>YES.</u>	TELEPHONE NO. _____
PATIENT SPOKEN TO BY CONSULTANT _____	CLOTHING LISTED _____
RELATIVES SPOKEN TO BY CONSULTANT _____	PATIENTS OWN DRUGS _____

SOCIAL CIRCUMSTANCES Lives with sister + sisters two children.
Smokes 10 cigs a day. Drinks alcohol socially

REASON FOR ADMISSION Arranged for diagnostic laparoscopy

PATIENTS PERCEPTION OF ILLNESS Understands that she is to have an operation regarding abdominal pain

DIAGNOSIS/OPERATION DIAGNOSTIC LAPAROSCOPY UNDER GENERAL ANAESTHETIC 8.9.89

OTHER HEALTH PROBLEMS Bronchitis. Previous admission with abdominal pain

ALLERGIES Penicillin

MAINTAINING A SAFE ENVIRONMENT Alert + orientated.

NUTRITION Normal diet - appetite good.

ELIMINATION Bowels move every day.
Bladder - no problems

HYGIENE

SLEEP sleeps well - no night sedation

MOBILITY Fully mobile independently

SENSES Eyesight - good.

Hearing - good.

BREATHING Bronchitis.

OTHER RELEVANT INFORMATION PARA - O+O

LMP - 24/8/89

DISCHARGE PLANNING: HOME HELP ☐

COMMUNITY NURSE ☐

AMBULANCE ☐

DRESSINGS ☐

CASHIER ☐

MEDICATION ☐

APPOINTMENT ☐

TICK (✓) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 36 PULSE 104 RESPIRATIONS

BLOOD PRESSURE 120/70 HEIGHT WEIGHT

URINALYSIS Requested -

SIGNATURE OF ADMITTING NURSE

S/N A. Greer.

NAME: DOROTHY ACTHURDATE OF ADMISSION: 7/19/89HOSPITAL: W.I.G.HOSPITAL NO: 867650

DATE	PATIENT PROGRESS REPORT	SIGNATURE
7/19/89	Admitted as arranged. at toward Q10 at 3pm. for diagnostic laparoscopy tomorrow due to history of abdominal pain. For prep + 2 supps. ✓	A. Greer
8/4/89	Please start for theatre in AM Gave as plan. Started from 12NN for theatre etc-day JL Gave Lorazepam 2mg as pre-med Returned to Recovery at 12nd observations and colour satisfactory call as per care plan Surgeon 15 mins In AT 12:50 PM Returned to Ward Condition stable Wounds - re-dressing satisfactory. pu Soaks loss p.v., passed urine breasts pink	A. Greer Allmunnell A. Greer
9/19/89	Settled night. Care as plan Wound & fl loss satisfactory Seen by Mr Dodgson. Chd today. Seen	J. Komplexon E. M. Mulligan M. Mulligan S. Menzies C. Menzies

DOROTHY. ARTHUR

WARD: 510

DATE OF ADMISSION: 7/9/89

HOSPITAL:

W. I. G.

HOSPITAL NO.: 867650

[illegible]

WARD 910 NAME DOROTHY ARTHUR UNIT 867656 NUMBER

DRUG RECORDING SHEET

REGULAR PRESCRIPTIONS

[illegible]

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET

7.9.89

HOSPITAL NO.

[illegible]

REGULAR PRESCRIPTION																				URINE				
Date Commenced		DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN.	TIMES OF ADMINISTRATION																SIGNATURE	DISCONTINUED		
					A.M. 2	A.M. 4	A.M. 6	A.M. 8	A.M. 10	A.M. 12	P.M. 2	P.M. 4	P.M. 6	P.M. 8	P.M. 10	P.M. 12	Other Time	DATE	INITIALS.					
A	8-9-89	PARACETAMOL	1G	O	4-6	4g	as	req'd	for	pain								Gunn						
B	8-9-89	PASOANESTUM	15mg	in	4g	for	pain											R. J. Smith						
C	8-9-89	PROCTOLPERKINS	12.5g	in	4g	for	nervous											Rat						
D																								
E																								
F																								
G																								
H																								
I																								
J																								
K																								
L																								
M																								
N																								

[illegible]

NAME

HOSPITAL

RESUSCITATION AND
BLOOD PRESSURE CHARTINPAT
FORM 7DOROTHY
ARTHUR

No.

AGE

DIAGNOSIS:

SUGAR

URINE

ALB.

PHYS/
SURG.DR. W. W. MOULDS DEPT
WARD 6T10

Drugs before admission

DATE

TIME

7:48

9/1

12

12

12

12

1

30

2

3

4

6

10

2

6

10

9/9/89

BLOOD
PRESSURE

PULSE RATE

RESPIRATION

KEY

B.P.

PULSE

RESP.

III

XXX

INTAKE ml

URINE ml

temp

36

Wounds

SUGAR

SAMS

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

P.U. WBS

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

NIL

PATIENT NURSING HISTORY

DATE OF ADMISSION 26TH FEBRUARY 1989

PATIENTS NAME DOROTHY ARTHUR

ADDRESS 13 HILLHEAD STREET
335 KINEAUNS DR

GLASGOW G15

TELEPHONE NO. NONE

DATE OF BIRTH 4-5-72 AGE 16

RELIGION R/C (SISTER)

NEXT OF KIN (1) PATRICIA CUMMINGS

ADDRESS A/A

TELEPHONE NO. —

RELATIVES NOTIFIED OF ADMISSION YES

PATIENT SPOKEN TO BY CONSULTANT —

RELATIVES SPOKEN TO BY CONSULTANT —

TIME 11¹⁵ PM WARD G9

HOSPITAL WESTERN INFIRMARY

CONSULTANT PROF WHITFIELD

HOSPITAL NO. —

G.P. DR ROBERTSON

TELEPHONE NO. —

OCCUPATION YTS

SACRAMENTS OF THE SICK —

NEXT OF KIN (2) MARGT HADDEN GARDIAN

ADDRESS 13 HILLHEAD ST.

TELEPHONE NO. —

CLOTHING LISTED —

PATIENTS OWN DRUGS NONE

SOCIAL CIRCUMSTANCES LIVES $\frac{1}{2}$ MR & MRS HADDEN WHO ARE GUARDIANS.
BOTH PARENTS ARE DECEASED. IS PRESENTLY LIVING
 $\frac{1}{2}$ SISTER FOR A FEW DAYS. SMOKES 20 CIGARETTES DAILY
DOES NOT TAKE ALCOHOL.

REASON FOR ADMISSION ECTOPIC - ABDOMINAL PAIN.

PATIENTS PERCEPTION OF ILLNESS REALLY BAD PAINS CENTRAL STOMACH.

DIAGNOSIS/OPERATION —

OTHER HEALTH PROBLEMS VALE OF LEVEN
APPENDIX REMOVED 1984 - R/OVARIAN CYST

PERTH HOSP 4 YRS AGO - ADMITTED WIG OCT 1988
 $\frac{1}{2}$ INFECTION.

ALLERGIES AMMOXICILLIN & PENICILLIN.

MAINTAINING A SAFE ENVIRONMENT ALERT & ORIENTATED

NUTRITION NORMAL WARD DIET

ELIMINATION NO PROBLEMS w/ MICTURITION. BOWELS OPEN DAILY.

HYGIENE

SLEEP AVERAGES 8-9 HRS SLEEP. NO SEDATION

MOBILITY NO DIFFICULTIES.

SENSES GLASSES FOR READING - NO PROBLEMS w/ OTHER SENSES.

BREATHING NO DIFFICULTIES.

OTHER RELEVANT INFORMATION LMP 26/1/89 para 0+0

DISCHARGE PLANNING: HOME HELP ☐ COMMUNITY NURSE ☐ AMBULANCE ☐
DRESSINGS ☐ CASHIER ☐ MEDICATION ☐ APPOINTMENT ☐
TICK (✓) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

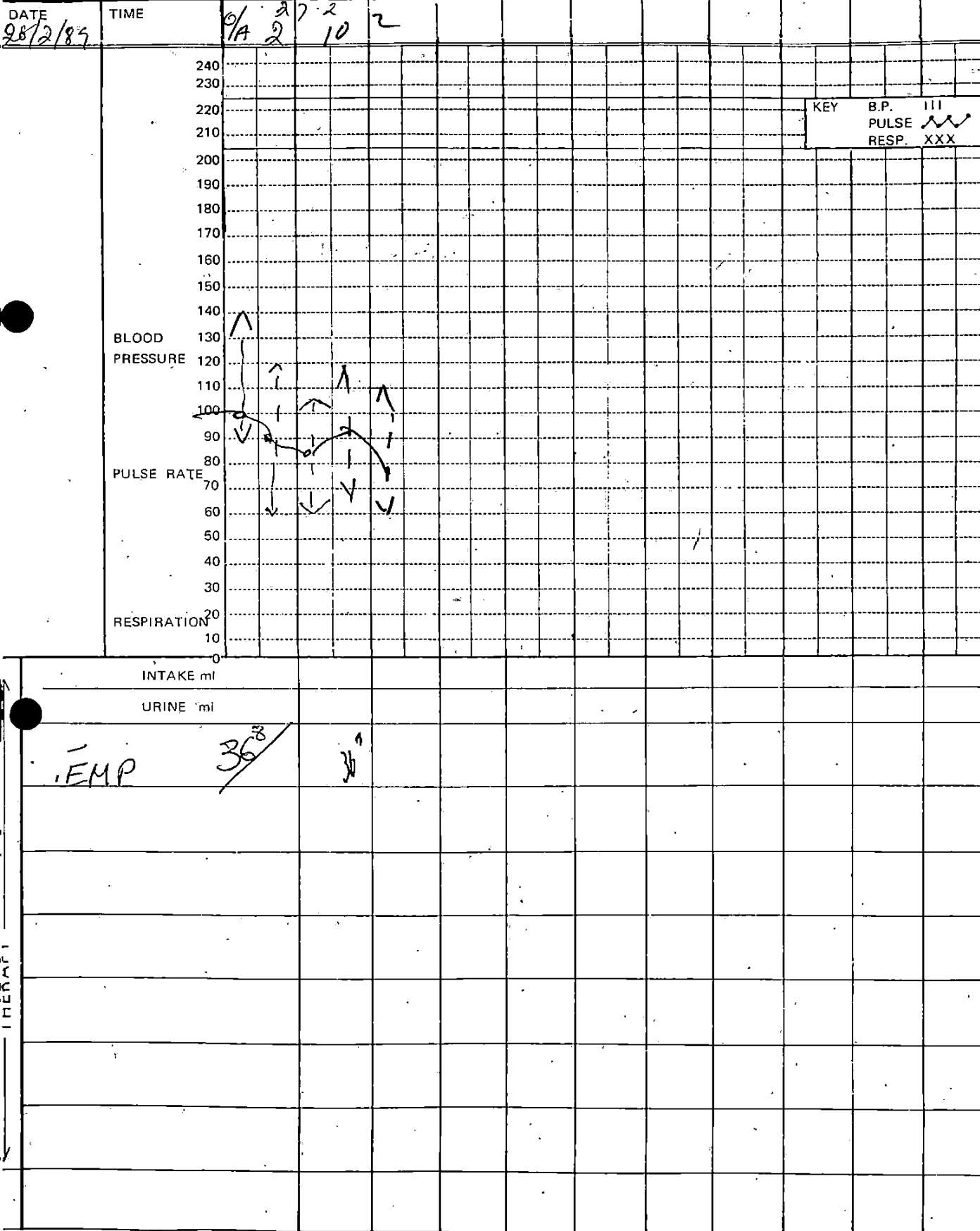
TEMPERATURE 36.8 PULSE 100 RESPIRATIONS _____
BLOOD PRESSURE 140/90 HEIGHT _____ WEIGHT _____
URINALYSIS NAD

SIGNATURE OF ADMITTING NURSE [Signature]

DATE OF ADMISSION: 26/2/89.

HOSPITAL NO. _____

DATE COMM.	BASIC CARE & PERSONAL HYGIENE	DATE DISC.	DATE COMM.	TECHNICAL CARE	DATE DISC.
26/2/89	Basin To wash		26/2/89	Care of venflon & FVI	27/2
				OBSERVATIONS	
			26/2/89	Lo BPJP	
26/2/89	Mobilisation	27/2	26/2/89	Accurate FLUID BALANCE	
27/2	BEDREST MEANTIME up more				
				WOUND CARE	
26/2/89	Diet				
	Fasting				
26/2/89	BLADDER & BOWEL CARE			SPECIMENS	INVESTIGATIONS
	Commode		26/2/89	WSU ✓	USG SC ✓
	SPECIAL NEEDS				



TIME	INTAKE				OUTPUT						
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS				
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain			
08-09											
09-10	Dextrose	200									
10-	(iv disc)										
11-											
12-											
1 p.m.											
2-											
3-											
4-											
5-											
6-											
7-											
8-											
9-											
10-											
11-											
12-											
1 a.m.											
2-											
3-											
4-											
5-											
6-											
07-08											
TOTALS											
TOTAL INTAKE				ml	TOTAL OUTPUT						ml

NAME _____

HOSPITAL NO. _____

	NEG.	POS.	ml
BALANCE			

IN-PAT. FORM 6A

FIRST SIDE

DATE FROM 26/2/89 to 27/2/89.

[illegible]

TIME	INTAKE				OUTPUT				
	PARENTERAL		Oral/ Nasogastric	Oral/NG Running Total	URINE	Urine Running Total	SECRETIONS		
	TYPE	AMOUNT					Vomit/ NG ASP	Wound Drain	
08-09									
09-10									
10-									
11-									
12-									
1 p.m.									
2-									
3-									
4-									
5-									
6-									
7-									
8-									
9-									
10-									
11-									
12-									
1 a.m.									
2-					400	400			
3-									
4-	10 Folose	500							
5-									
6-									
40 07:08	Glucose	500							
TOTALS									
TOTAL INTAKE				ml	TOTAL OUTPUT				

NAME DOROTHY ARTHUR
HOSPITAL NO. 26/2/89

BALANCE	NEG	POS

ml

PATIENT NURSING HISTORY

DATE OF ADMISSION <u>10/12/88</u> PATIENTS NAME <u>DOROTHY ARTHUR</u> ADDRESS <u>13 HILLHEAD ST</u> <u>GLASGOW</u> <u>G12 8PQ</u> TELEPHONE NO. <u>339 0294</u> DATE OF BIRTH <u>4/5/72</u> AGE <u>16</u> RELIGION <u>R/C</u> (GUARDIAN) NEXT OF KIN (1) <u>MAGGIE HADDEN</u> ADDRESS <u>S/A</u> TELEPHONE NO. <u>S/A</u> RELATIVES NOTIFIED OF ADMISSION <u>YES</u> PATIENT SPOKEN TO BY CONSULTANT _____ RELATIVES SPOKEN TO BY CONSULTANT _____	TIME <u>8:45pm</u> WARD <u>G9</u> HOSPITAL <u>W19</u> CONSULTANT <u>CORDINER</u> HOSPITAL NO. _____ G.P. <u>ROBERTSON</u> <u>WOODSIDE H/C</u> <u>GLASGOW</u> TELEPHONE NO. <u>—</u> OCCUPATION <u>UNEMPLOYED</u> SACRAMENTS OF THE SICK _____ NEXT OF KIN (2) _____ ADDRESS _____ TELEPHONE NO. _____ CLOTHING LISTED _____ PATIENTS OWN DRUGS <u>—</u>
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SOCIAL CIRCUMSTANCES LIVES IN YOUNG PERSONS HOSTELS
BROTHER LIVES THERE AS WELL
SMOKES 10 CIGARETTES PER DAY
DOESN'T DRINK

REASON FOR ADMISSION PE ? ECTOPIC ? PID

PATIENTS PERCEPTION OF ILLNESS PAINS IN MY TUMMY AND IRREGULAR BLEEDING

DIAGNOSIS/OPERATION _____

OTHER HEALTH PROBLEMS TWO OVARIAN CYSTS REMOVED '84
APPENDICECTOMY '83

ALLERGIES PENICILLIN

MAINTAINING A SAFE ENVIRONMENT ALERT + ORIENTATED

NUTRITION NORMAL DIET.

ELIMINATION BOWELS MOVE REGULARLY

NO PROBLEMS WITH MICTURITION

HYGIENE TAKES SHOWERS IN HOSTEL

APPEARS WELL KEMPT

SLEEP NO PROBLEMS. NORMALS SLEEP PATTERN 7-8 HRS
PER NIGHT.

M...LITY INDEPENDENT - USES NO AIDS.

SENSES GLASSES FOR READING. OTHER SENSES
INTACT.

BREATHING NO BREATHLESSNESS.

OTHER RELEVANT INFORMATION LMP 23/10/88 PARITY 0+0
MEDICATION: - PONSAN

DISCHARGE PLANNING: HOME HELP ☐

COMMUNITY NURSE ☐

AMBULANCE ☐

DRESSINGS ☐

CASHIER ☐

MEDICATION ☐

APPOINTMENT ☐

TICK (✓) WHEN ARRANGED

OBSERVATIONS ON ADMISSION

TEMPERATURE 37³ PULSE 104 RESPIRATIONS _____

BLOOD PRESSURE 120/70 HEIGHT 5ft 2ins WEIGHT _____

URINALYSIS 11/12/88 protein +, blood +, sugar +. urine cloudy.

SIGNATURE OF ADMITTING NURSE St/M. C.M. Chayne

UNIT WEST 1

NAME: DOROTHY ARTHUR.

DATE OF ADMISSION: 10/12/88

HOSPITAL:

W1A.

HOSPITAL NO:

DATE	PATIENT PROGRESS REPORT	SIGNATURE
10/12/88	Emergency admission to ward G10. Observations on admission BP - 120/70, P - 104, Temp - 37.3°C PV loss slight. Orientated to ward fasting meantime	C.H. Cheyne
10/12/88	Preparation -ve. Can have fluids & diet	J. H. Lee
11/12/88	Settled night. Care as plan. settled morning. Abdomen again slight SIB Qr Cordier for U/S in am. Recordings satisfactory. P.V. loss 0 slight. Care as plan.	J. H. Lee
9PM	Care as planned observations stable PV loss slight FNN blacker for interventional 8.30am tomorrow	J. H. Lee
10pm	Abdominal pain - sugar, protein & blood present - urine very cloudy, not offensive. Dx Hyper, passed - MSL & 102 obtained. To have water only after MN to fill bladder for scan and for fasting blood sugar. Please keep breakfast.	W Taylor
12/12/88	MSL obtained. Urine now clear. PV loss nil. Preparing for scan. Has slight abdominal pain. U/S shows empty uterus & apparently normal pelvis. To await B.H.C.G. passed clot prior to scan but not seen by nursing staff. Care as plan.	K. H. Lee
5PM	BHCG < 2, for discharge home on oral antibiotics no follow up venflon removed	W Taylor

REGULAR PRESCRIPTIONS

	Date Commenced	DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN.	TIMES OF ADMINISTRATION														SIGNATURE	DISCONTINUED		URINE
					A.M.	A.M.	A.M.	A.M.	A.M.	M.D.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	Other		DATE	INITIALS	
A	10/2/88	Mefenamic acid	50mg	oral															Slings			
B		Aspirin																				DIAGNOSIS
C																						
D																						
E																						
F																						
G																						OPERATIONS
H																						
I																						
J																						
K																						
L																						
M																						
N																						

ONCE ONLY PRESCRIPTIONS

INTRAVENOUS FLUIDS

DATE GIVEN	DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN.	TIME OF ADMIN.	SIGNATURE	GIVEN BY INITIALS
12.12.88	CEPHIRADINE	500mg 250mg	oral	5pm	M. M. M. M.	LT
12.12.88	METRONIDAZOLE	400mg	oral	5pm	M. M. M. M.	LT

WARD	NAME OF PATIENT	AGE	UNIT NUMBER	CONSULTANT	DRUG SENSITIVITY
110	DOROTHY ADAMS	110		DR. M. M. M. M.	1. PENICILLIN / 2.

NUMBER

KEY

☒ DRUG REFUSED
☒ PATIENT ABSENT

DRUG RECORDING SHEET

REGULAR PRESCRIPTIONS

NAME		UNIT		REGULAR PRESCRIPTIONS																									
				2 a.m.		4 a.m.		6 a.m.		8 a.m.		10 a.m.		12 a.m.		2 p.m.		4 p.m.		6 p.m.		8 p.m.		10 p.m.		12 p.m.		Others	
$\frac{10}{12}$				Initial		Initial		Initial		Initial		Initial		Initial		Initial		Initial		Initial		Initial		A	Initial		Initial		Initial
$\frac{11}{12}$																									A	Rw			
$\frac{12}{12}$																		A	SM										

PLEASE ENTER APPROPRIATE CODE FROM PRESCRIPTION SHEET.

NAME **DOROTHY ARTHUR**

HOSPITAL

No.

AGE **16**

PHYSI.

SURG. **DR. CORDIMER**

DEPT

WARD **C10**

RESUSCITATION AND BLOOD PRESSURE CHART

IN-PAT
FORM **7**

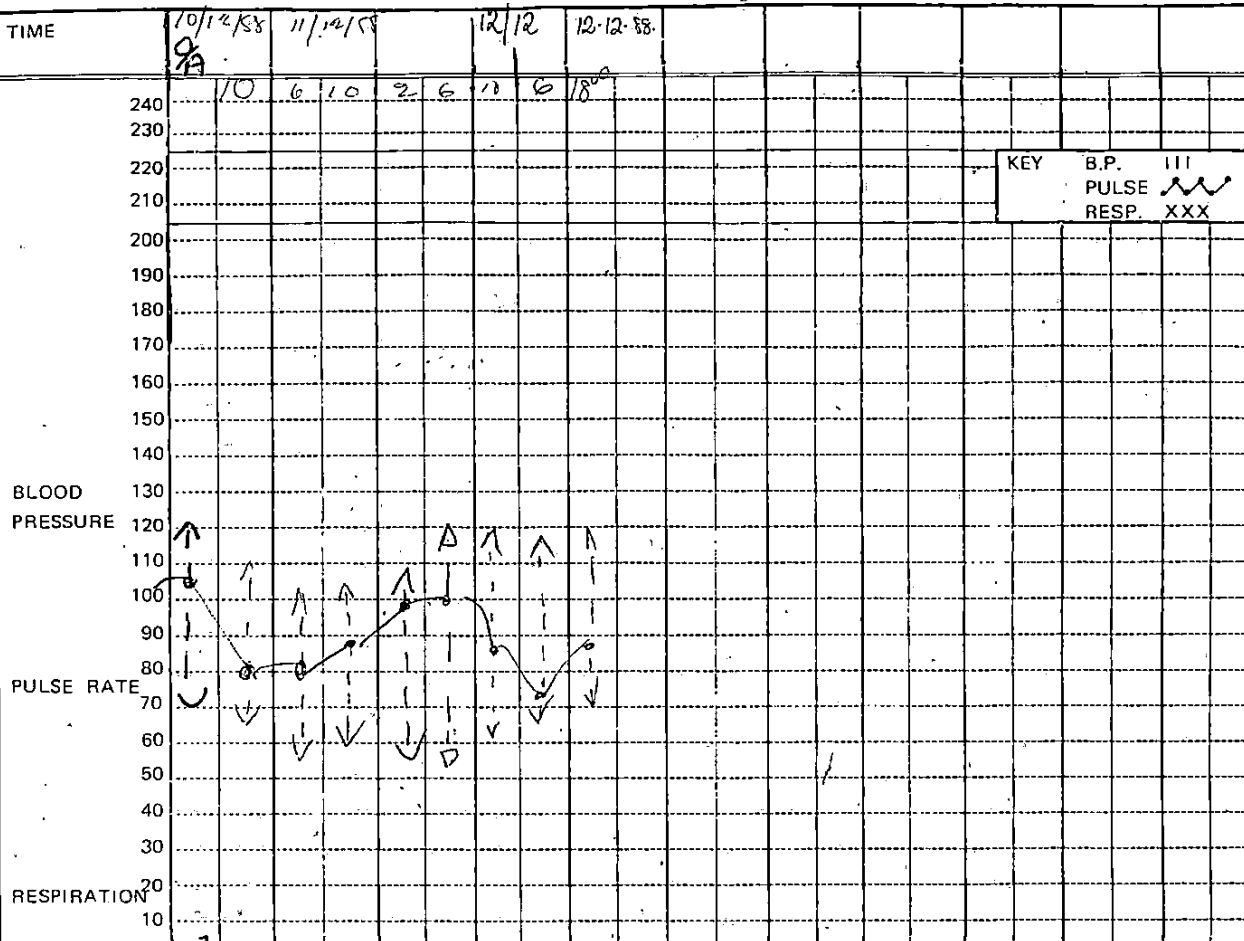
DIAGNOSIS:

SUGAR

URINE

ALB.

Drugs before admission



TEMP **37.3** **36.7** **37.3** **36.4** **37.3** **36** **37.1**

URINE ml

V LOSS V. 5L.
NIL **NIL** **slight** **slight**

THERAPY

