This letter replaces all previous discharge letters that have been received relating to this patient's episode of care.

NHS Tayside

Stracathro Hospital
Discharging Ward: Surgery (Oral and Maxillofacial Surgery)

IMMEDIATE DISCHARGE LETTER

Dr. JULIE DYKER
BRECHIN MEDICAL PRACTICE
BRECHIN HEALTH CENTRE
INFIRMARY STREET
BRECHIN
DD9 7AN

Date: 08/10/2020
Letter Version: 0.1
Enquiries to:
Telephone:
Email:

STACEY LOUISE LEONARD, CHI: 2804880060, DOB: 28/04/1988, 2 WARDS ROAD, BRECHIN, DD9 7AS

Read Code	Diagnosis	Date	Laterality	Principal / Other
	fillings, extractions and scale & polish	**08/10/2020**		**Principal**

Date of Admission: **08/10/2020**
Mode of Admission: **Elective**
Source of Admission: **Elective**
Admission Reason: **fillings,extractions and scale & polish**
Admission Ward: **Surgery**
Admission Speciality: **Oral and Maxillofacial Surgery**
Discharge Type: **Discharge from NHS inpatient/day case care**
Date Of Discharge: **08/10/2020**
Discharge Destination: **Private Residence - lives with relatives or friends**

Read Code	Operations, Procedures, Investigations and Complications	Date	Laterality	Principal / Other
	full dental clearance + fil F/F immediate replacement	**08/10/2020**		**Principal**

Medications

Drug	Dose	Frequency	Duration	Quantity	Supply	Additional Information
Co-codamol 30mg/500mg tablets	1-2 tablets	4 - 6 Hourly - max 8 tablets in 24 hours			Own At Home	
Ibuprofen 400mg tablets	1 tablet	3 x a day - if required for pain			Own At Home	
Fluoxetine 20mg capsules	1 tablet	At night			Own At Home	
Quetiapine 100mg tablets	1 tablet	At night			Own At Home	

Medicines not checked by pharmacist before discharge. For any clinical information contact prescriber.

Medication Comments / Other Information

No change to pre admission medications

Follow Up Details

Follow Up	Date	Date To Be Arranged
Monday 12th Octobetr at Springfield Arbroath 1330		Yes

Communication To Primary Care

Dear Doctor,

Ms Leonard was admitted to the SRTC for the above procedure, which was performed without complication. Ms Leonard is recovering well and has now been discharged home.

If you have any queries regarding the procedure, please do not hesitate to get in touch.

kind regards

Mrs Kerry Low (Position: Non-Medical Prescriber. Pager: _____)

Date/Time Signed Off: 08/10/2020 13:11:08

Discharge Consultant: GILLIAN MARY ELLIOTT

Appendix

No items have been appended to this letter.

NHS Tayside

DATE OF ADMISSION 8-10-2020

TAYSIDE PRESCRIPTION AND ADMINISTRATION RECORD (DAY CASE)

Hospital / Ward: SHX SURG WARD

Consultant: G ELLIOT

On admission:

Weight: 48 **Height:** 156

Patient Name: Stacey Leonard

CHI number: 2804880060

Date of Birth:

(Attach print

2804880060

ONCE ONLY PRESCRIPTIONS

Date	Time	Medicine	Dose	Route	Prescribed By	Time Given	Given By

KNOWN MEDICINE ALLERGIES/SENSITIVITIES (if NONE confirmed write NKA in Box 1)

1. LATEX.	2.	3.	4.

OTHER MEDICINE CHARTS IN USE

Chart Type	Signed	Chart Type	Signed
1. Insulin		5. Anticoagulant	
2. Epidural / Pain relief		6. Mental Health Act	
3. Fluid		7. Symptomatic Relief Administration Record	
4. Anaesthetic Chart		8. Other	

AS REQUIRED THERAPY

Medicine / Form		Date				
~~CO-CODAMOL 30/500mg~~		Time				
Dose & Freq.	Route	Dose				
2 TABS/4-6HOURLY	ORAL	Initials				
Signature	Start Date	Date				
KLW	8/10/2020	Time				
Indication / Notes: PRN MAX 8 TABS IN 24 HOURS		Dose				
		Initials				

Medicine / Form		Date				
IBUPROFEN.		Time				
Dose & Freq.	Route	Dose				
400mg 6°	ORAL.	Initials				
Signature	Start Date	Date				
		Time				
Indication / Notes: MAX PAIN. TDS		Dose				
		Initials				

AS REQUIRED THERAPY

Medicine / Form: Paracetamol		Date: 8/10/20				
		Time: 1159				
Dose & Freq: 1g/6h	Route: IV/PO	Dose: 1g				
		Initials: JW				
Signature	Start Date: 08/10/20	Date				
		Time				
Indication / Notes: pain		Dose				
		Initials				

Medicine / Form: Codeine		Date				
		Time				
Dose & Freq: 30mg/6h	Route: PO	Dose				
		Initials				
Signature	Start Date: 08/10/20	Date				
		Time				
Indication / Notes: pain		Dose				
		Initials				

Patient Name: CHI No: Ward:

REGULAR THERAPY

		Date → ↓ Time					
Medicine / Form TED STOCKINGS		6					
		8					
Dose & Freq. 1 PAIR	Route TOPICAL	12					
Signature Klw	Start Date 8/10/2020	14					
Further information		18					
		22					

Medicine / Form FLUOXETINE		6					
		8					
Dose & Freq. 20mg	Route ORAL	12					
Signature Klw	Start Date 8/10/2020	14					
Further information		18					
		㉒					

Medicine / Form QUETIAPINE		6					
		8					
Dose & Freq. 100mg	Route ORAL	12					
Signature Klw	Start Date 8/10/2020	14					
Further information		18					
		㉒					

Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

REGULAR THERAPY

		Date → ↓ Time					
Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

Medicine / Form		6					
		8					
Dose & Freq.	Route	12					
Signature	Start Date	14					
Further information		18					
		22					

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINES

If a dose is not administered, initial and enter the appropriate code in the box with a circle drawn around it:

1. Patient refused
3. Medicine out of stock
4. Instructions not clear / legal
5. Nil by mouth
6. Once only / "as required" dose given
7. Dose withheld – Prescriber's instructions
8. Self administered by patient
9. Nausea / vomiting
10. Unable to swallow
11. No intravenous access
12. Other ....
13. Other ....

For Barcode

NHS Tayside

STRACATHRO REGIONAL TREATMENT CENTRE
SURGICAL UNIT

CONFIDENTIAL

PLEASE DO NOT VIEW THESE RECORDS
UNLESS YOU HAVE THE PATIENT'S CONSENT

Surgical Care Document
GA / Spinal

User Guidance Notes

To be used in conjunction with a valid Pre-Assessment Document and Core Data Set and all other applicable supporting assessment & recording documentation as applicable.

This Document has been developed for use on **ALL** patients admitted to the Surgical Unit, for procedures under General/Spinal Anaesthetic. It shall promote and demonstrate a collaborative, chronological Multidisciplinary Team Record of the care delivered during the patient's journey through the Stracathro Surgical Unit.

It will be supported by other assessment, observation and recording tools which are in use within NHS Tayside. The Senior Charge Nurse will be responsible for ensuring that all documentation will be completed in line with NHS Tayside's Policy for Records and Record Keeping for Nursing and Midwifery

DATE 8-10-2020

CONSULTANT G ELLIOT

PROCEDURE FILLINGS, EXTRACTIONS AND SCALE AND POLISH

J Dyker

2804880060

onard
acey

2 Wards Road

Brechin
DD9 7AS

Patient Theatre Ticket

for patient/carer use (for GA/Regional)

NHS Tayside

Date 8/10/20

To make your trip to theatre as safe and effective possible, we would be grateful if you could please complete the following information (if you have any problems with this, please ask your nurse/carer/friend for help)

What would you like to be called Stacey. (e.g. your first name/nickname)

Our intention is to provide high quality care and to support you through the journey to theatre. If there is anything we can help you with during your stay, or if you have any concerns you would like to discuss with the theatre team, please tell us in the space below.

If you would like a friend/relative to accompany you until you reach the anaesthetic room, please let us know

To make your trip to theatre safe, we need you to stop eating and drinking at the required times.

- **Please do not suck sweets/use chewing gum after your last drink (i.e. 2 hours before surgery)**

When did you last have food? Date 7/10/20 Time ~~8~~ 2000

When did you last have a drink? Date 7/10/20 Time 2000

Your anaesthetist might advise you to continue drinking depending on your expected time for theatre

PLEASE COMPLETE IF YOU HAVE BEEN ADMITTED TODAY FOR SURGERY, OR IF YOU HAVE SELF-MEDICATED ON THE WARD

Medication you have taken today, including inhalers or patches	Time	Medication you have been asked to stop taking	When stopped

Preparing you for theatre

Are you wearing contact lenses? Yes ☑ No ☐

Do you have any loose teeth/caps/ bridges or dentures? Yes ☐ No ☑

We would request that your underwear (including bras if appropriate) be worn for coming to theatre. Please remember your glasses / dressing gown / slippers.

You MUST remove all Jewellery / Piercings / Make up/ Nail varnish . Yes ☐ No ☑

Coming to theatre

You may bring the following items to theatre with you. Please tick to confirm if you have brought any of the following to theatre :

Spectacles ☐ Contact lenses ☑

Dentures ☐ Wedding band ☑ taped

Reading material ☐

Other personal items (please specify) Right wrist dermal implant.

FOR CLINICAL USE ONLY – MULTIDISCIPLINARY WARD TEAM

		Ward (Initial)	Theatre (Initial)
Correct Identity Band in place?	Yes ☑	AB	
Consent signed and dated (including CJD box) including day-of-consent signature(if applies)	Yes ☑	LM	
Surgical site marked RIGHT ☐ LEFT ☐	Yes ☐ N/A ☑	AB	
Identity band, consent and site in agreement with operating list	Yes ☑		
Medical / Nursing casenotes present	Yes ☑	AB	
Piercings removed (including retainers for facial/ oral piercings) Dermal implant (R) wrist - taped	Yes ☐	AB	
Makeup/ nail varnish removed	Yes ☑	AB	
Drug kardex complete with patient name, CHI, allergies, regular medication transcribed	Yes ☑	LM	
Are there any infection control risks (confirmed/suspected) the theatre team should be aware of? If yes, please specify _____	Yes ☐ No ☑	AB	
Interpreter required and available	Yes ☐ N/A ☑	AB	
Cognitive impairment/communication issues _____	Yes ☐ No ☑	AB	
Specify any patient allergies LATEX	N/A ☐	AB	
Specify any artificial joints, pacemakers, nerve stimulators	N/A ☑	AB	
G&S/Blood available (STRACATHRO REGIONAL TREAMENT CENTRE ONLY) Yes ☐ N/A ☐ **INR** _____			

Pregnancy test (all females 12-55) (inform anaesthetist of positive result and refer to SOP for exemptions to pregnancy testing) Menstruating Women	☐ +ve ☑ -ve Exempt ☐ Patient refused ☐ Tampon in-situ ☐ Sanitary towel ☐	AB
Patient has confirmed loose teeth/dentures	Yes ☑ No ☐	AB
Patient has skin problems, broken areas/unhealed wounds (please specify)	Yes ☐ No ☑	AB
Last fragmin injection	Time_____ Date_____	AB
Time of last oral anticoagulant e.g. warfarin, clopidogrel, aspirin etc.	Time_____ Date_____	AB
Has appropriate medication been given today, e.g. beta blocker/omeprazole, inhalers (patients inhalers/GTN spray must be taken with them to theatre) has nicotine patch on	Yes ☐ No ☐ N/A ☐	AB
TEDS applied?	Yes ☑ N/A ☐	AB
Confirmed time of last food 2000	Diabetic Patient's Most Recent BM N/A	AB
Confirmed time of last drink 2000		
Patient has confirmed emptied bladder	Yes ☑ - time_____ N/A ☐	AB
Pre-medication given	Yes ☐ No ☐ N/A ☐	

IF THIS WAS A SEDATIVE, TRANSFER TO THEATRE MUST BE ON A BED OR TROLLEY

TICKET COMPLETE (for completion by ward staff)

I hereby confirm that the above named patient has had all necessary pre-theatre checks undertaken, has been prepared for theatre as per Standard Operating Guide/Quick Reference Guide, and is consented for theatre YES ☐

PRINT NAME WENDY HELM DATE 8:10:20

Other Information for Theatre staff (please document below)

Temp: 36.8

PATIENT BELONGINGS CHECKLIST – on arrival to theatre, is the patient in possession of items as confirmed overleaf

Yes ☐ No ☐ N/A ☐ (document any discrepancies)_____

COMMUNICATION FROM ANAESTHETIST e.g. needs EMLA, interpreter, relative to accompany patient, agree time of last drink

I hereby confirm that this patient ticket is fully and accurately completed PRINT NAME/SIGNATURE DATE	Y ☐ N ☐ **(RECEPTION STAFF)**	Y ☑ N ☐ **(ANAESTHETIC ASSISTANT)** 08/20

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM
(Please complete using block capitals & no abbreviations)

NHS Tayside

2804880060

Patient's Surnam Leonard
Other Names Stacey
CHI Number 2 Wards Road
Patient Label can be Brechin DD9 7AS

Hospital/Ward _____
Speciality _____
Consultant _____

Name of propose

The site / side of surgery

I have explained the procedure to the patient. In particular I have explained:

Intended Benefits:

Significant Risks:

Any extra procedures which may become necessary during the procedure:

Blood Transfusion ☐ **Other** (specify)

(The need and alternatives have been discussed with the patient)

I have also discussed what the procedure is likely to involve, the benefits and the significant risks of any available alternative (including no treatment), and any particular concerns of this patient. I have done this in terms that, in my judgement have been understood.

The following information leaflet(s) has been given

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?

No	☐	Proceed as normal
Unable to Respond	☐	Proceed as normal unless high risk tissue, e.g. Brain, Spinal Cord Posterior Eye and Quarantine instruments pending contact with infection control for further advice.
Yes	☐	Ask for further explanation. Quarantine instruments pending contact with infection control for further advice.

Clinicians Signature: _____ **Date** _____

Name Printed: _____ **Grade** _____

Contact Details _____

Please Turn over for Patient Section

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM

This page is to be completed by the patient/representative.

Please read this form carefully. If you have any further questions, do ask; we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree: To the procedure or course of treatment described on this form.

To the administration of a general, local or other anaesthetic as appropriate, following informed discussion including the benefits and significant risks with the anaesthetist.

I understand:

- That any procedure in addition to those described above will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- That you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- Information including digital information (radiological e.g. x-rays, CT and MRI scans, video and/or photographic material) may be stored as part of the patients medical records and may be stored on computer databases.
- Body tissue e.g. fluids, organs or parts of them may be removed during the procedure and used for diagnosis, my future treatment and then discarded or stored as considered appropriate.

Please tick ✓appropriate box if you agree to

☐ Excess body tissue not required for diagnosis or future treatment being used for medical research (the University of Dundee is very active in medical research and donations of excess body tissues are a valuable resource for research)

☐ To photographs and other digital images being used for teaching, in presentations at conferences or available on websites and in publications

(If consent is withdrawn at a later date it may not be possible to withdraw images that are already in the public domain) NB Medical staff you must complete the appropriate medical photography forms.

I have been told about additional procedures as specified which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Specified Additional Procedures | Additional Procedures I do not want carried out

Patient's Signature: **Date:**

Print Name: _____ _____

Witness Signature **Date:**

(if patient unable to sign)

Print Name _____

Statement of Interpreter (if applicable): I have interpreted the information above to the patient to the best of my ability and in a way in which I believe the patient can understand.

Interpreters Signature: **Date:**

Name Printed:

Day of Operation

I have marked the skin at the operation site and / or confirmed consent ☐

Signature **Date**

THB (MR)161

NHS Tays[illegible] WHO Surgical Safety Check[illegible]t (September 2018)

NHS Tayside

Last Name :	MCDONALD
First Name:	STACEY
Date of Birth:	280488
NHS/CHI#:	2804880060
Planned Procedure:	FULL CLEARANCE
ASA Score	1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐

THEATRE : 1 DATE: 08/02/2

SIGN IN (to be read out loud) before induction of anaesthesia

		Yes
Patient confirmed identity & procedure, matched with consent form		☑
Is surgical site/side marked	N/A ☑	☐
Regional Block – team confirm correct block site	N/A ☑	☐
Any known allergies	No ☐	☑
Drug prescription chart checked		☑
Confirm anaesthetic plan/concerns (e.g. airway, blood loss)		☑

Blood available Y ☐ N ☐ N/A ☑

Patient's pre-operative temperature 36.8c

Anaesthetist : Dr Bradbury

Anaesthetist Signature :

SURGICAL PAUSE (to be read out loud) before start of surgical intervention, e.g. skin incision

Surgeon, Anaesthetist & Registered Nurse/OPD verbally confirm :

What is the patient's name / CHI No ☑

What procedure, site and position are planned ☑

Patient allergy status confirmed? LATEX ☐

Any metal implants/stimulators Y ☐ N ☑

Plan agreed for anticipated blood loss G&S ☐ xmatch ☐ N/A ☑

Are there any specific equipment requirements or special investigations Y ☐ N ☑

Presence of throat pack recorded on whiteboard Y ☑ N/A ☐

Has the following been agreed and applied :

Warming measures Y ☑ N/A ☐
DVT prophylaxis Y ☑ N/A ☐
Essential imaging displayed Y ☑ N/A ☐
Diathermy setting confirmed Y ☑ N/A ☐

Is interim pause required in this case Y ☐ N ☐ N/A ☑
(if Y, see overleaf)

SURGICAL ANTIBIOTIC PROPHYLAXIS REQUIRED Y ☐ N ☑

If indicated, ensure a **single dose** of **policy compliant antibiotic** is given within 60 mins of KTS and **recorded on the front of the TPAR.** Document any deviation from policy in medical notes Y ☐ N/A ☐

Document KTS time

Name : Anne Smith

To be signed by member of staff who read out checklist

SIGN OUT (to be read out loud) before any member of staff leaves the operating room

Confirm actual procedure undertaken (implant code in notes) TS UNIFIT ☑

Confirm instruments, swabs and sharps counted/correct ☑

Confirm throat pack removed Y ☑ N/A ☐

Confirm specimens labelled correctly ☑

Blood loss confirmed to team (if >1.5l or prolonged procedure of >4 hours, refer to local abx surgical prophylaxis guideline for re-dosing instruction) ☑

Anaesthetist confirm IV access to be flushed ☑

Anaesthetist/Surgeon confirm post-op patient instructions

Post-operative plan for DVT prophylaxis ☑

Post-operative antibiotic plan agreed ☑

Drains to be opened Y ☐ N ☐ N/A ☑

Plan for fluids/food ☑

Patient confirmed daycase/inpatient Daycase ☑ Inpatient ☐

Datix required Y ☐ N ☑

Name : A Smith

To be signed by member of staff who read out checklist

SURGICAL SITE INFECTION

Patient body temperature maintained at ≥36° in peri-operative period Y ☐ N ☐

Record post op temp °C

Known diabetic patient's glucose control level kept at <11mmols/l throughout the operation Y ☐ N ☐ N/A ☐

Record final glucose level mmols/l

2% chlorhexidine gluconate in 70% isopropyl alcohol solution (if patient sensitive use povidine-iodine solution) Y ☐ N ☐

WHO Surgical Safety Checklist – Interim Pause

INTERIM SURGICAL PAUSE	
Patient position still correct	Yes ☐ No ☐
Diathermy correct settings	Yes ☐ No ☐
Document current blood loss	
Swabs/Instrument Count	Yes ☐ No ☐ N/A ☐
Any surgical/anaesthetic concerns	Yes ☐ No ☐

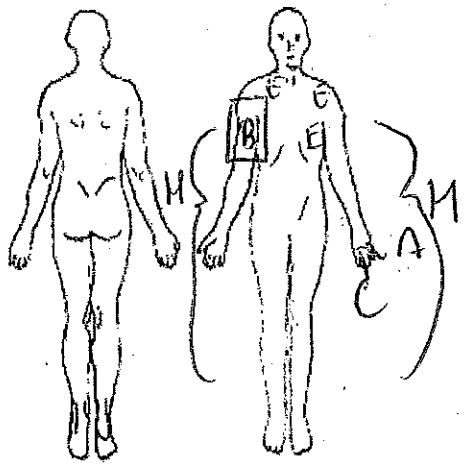
PERIOPERATIVE THEATRE SECTION

Operation / Procedure performed:

Sutures

Full dental clearance + Fit F/F denture

BODY CHART



EYE CARE

closed & tape padded

- A - Sp02
- B - Blood Pressure Cuff
- C - Cannula Site
- D - Diathermy Site
- E - ECG
- F - Flowtron Device
- G - Tourniquet
- H - Body Warming Device

THROAT PACK IN

Yes N/A

Diathermy *(circle)*

Adhesive Dry

Monopolar Bipolar

Skin intact after removal:- YES NO

TEMP

Hourly Temp monitored ☐

Recorded on Anaes chart ☐

Recorded on period fluid chart ☐

Anaesthetic: *(circle)*

General Epidural Spinal

Caudal Sedation Local BY SURGEON

Regional -Specify

Regional Anaesthetic *(circle)*

Local Infiltration Penile Block

Ring Block Ileo Inguinal Block

Ankle Block other

Chirocaine 0.25% 0.5% 0.125%
Plain or with Adrenaline *(Delete)*

Lidocaine 0.5% 1% 2%
Plain or with Adrenaline *(Delete)*

ADDITIONAL Anaesthetic information

North polar nasal tube #6. gueded used pre O2.

Patient Position: *(circle)*

Supine Trendelenburg

Prone Reverse Trendelenburg

Lloyd Davies Right Lateral

Other Left Lateral

Position of Arms: *(circle)*

Left	Right
at side	at side
on board	on board
across chest	across chest
Carter Bain	Carter Bain
other: ANGLED BOARD + GELS	other:

Pressure Care Aids: CONFORMING MATTRESS, PADDED HEAD RING

Manual Handling Aids

ON DAYCASE TROLLEY

Skin Prep:

Betadine Aqueous / Betadine Alcohol / Chlorhexidine / Hibiscrub / other:

Catheter ..... YES / NO.....

Size.....

Balloon (mls).....

IPC / Flowtron Instructions

BILATERAL TEDS

* Contact lenses in with *

Skin Closure:

1st Site: **2nd Site:**

Plaster of Paris: **YES / NO**

Specimen Type:

Histology Microbiology Bacteriology other:-

Cytology Frozen Section No of Specimens. 1 2 3 4 5 6 7 8 9 10

Tourniquet **Padding:-** YES / NO

Drain:
OPEN:- YES NO

ON	OFF	Pressure (mmHg)	LEFT	RIGHT	Total Time
Swabs		Sutures			
ATS		Hypos			
Blades		Saw Blades			

Total Blood Loss: **mls**

Swabs Correct		Instruments Correct		Sharps Correct		Throat Pack Out		
(YES)	NO	(YES)	NO	(YES)	NO	(YES)	NO	N/A

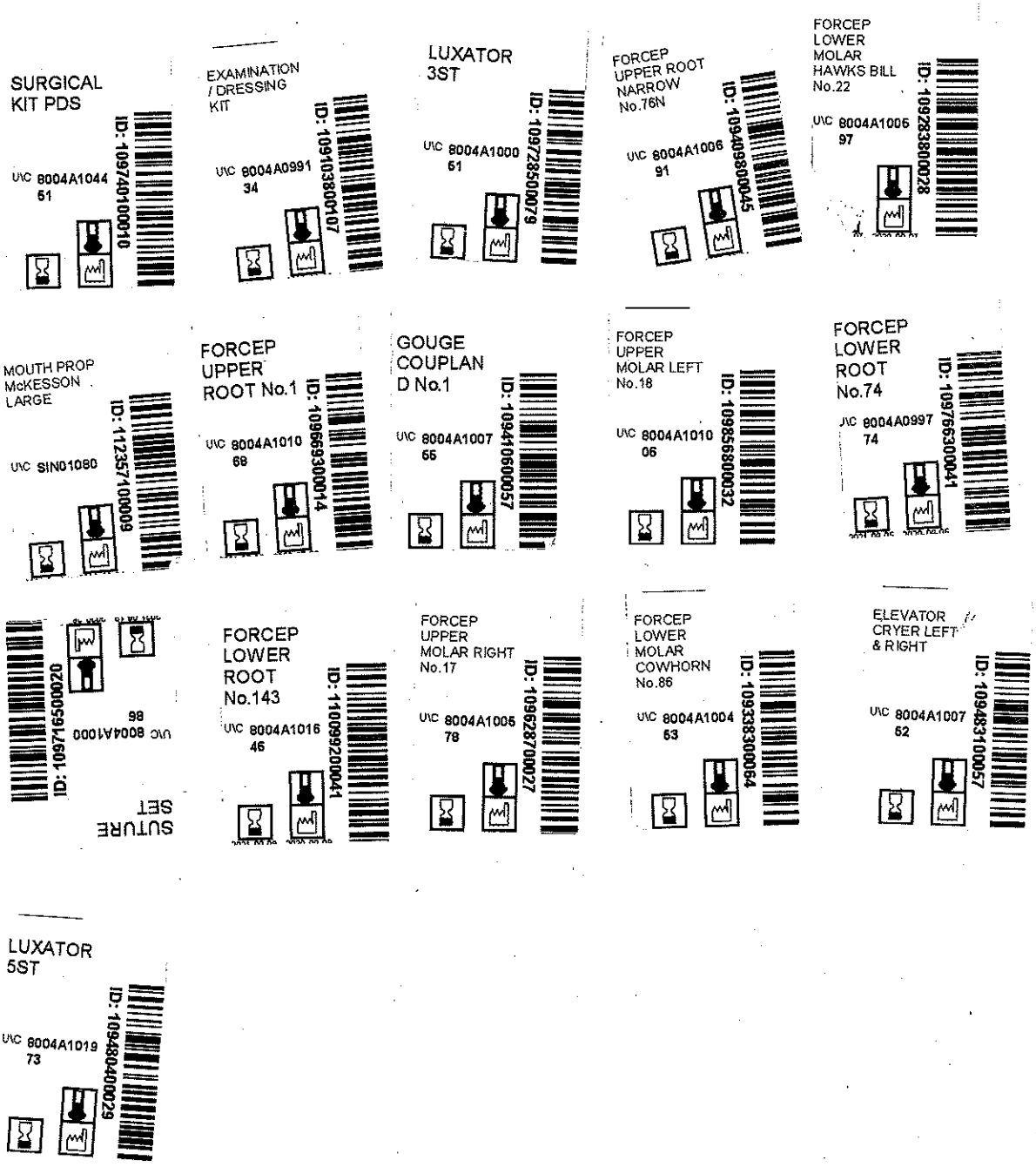
Dressings / Packs:

Comments:

Verbal Handover to Recovery Nurse **YES** **NO**

Scrub Nurse/Assistant	Circulating Nurse/Assistant	Anaesthetic Nurse/Assistant
H Macri	M Long	

STERILE SERVICES



STERILE SERVICES

IMPLANT LABELS

IMPLANT LABELS

ıte		RECOVERY					PULSE & BP CHART			
me	O/A	11 35	1145	1155	1205	1215				
240										
230										
220										
210										
200										
190										
180										
170										
160										
150										
140										
130										
120	^	^								
110	^	^	116			112				
100	v	^		103						
90					96					
80		v								
70			71			72				
60										
50				59	58					
40										
30										
mperature	35.9									
spiratory Rate	15	14	20	17	18	16				
02	97	97	96	100	100	99				
pplemental ygen Yes/No	~~Y~~S Em	YS Em	N	Y/S	45	45				
uroResponse; rt,Verbal Pain, responsive	A	A	A	A	A	A				
WS SCORE										
od Glucose										
n Score	2	2	2	2	1	1				
ısea Score	0	0	0	0	0	0				
lation score	0	0	0	1	1	1				
b Observation (If applicable)										
our										
ısation										
rement										
:										

PAIN Assessment
0= No pain at rest or on movement
1= No pain at rest, slight on movement
2 = Intermittent pain at rest, moderate on movement
3= Continuous pain at rest, sever on movement
If 2 or 3 repeat **PAINGO** to guide intervention

Nausea and Vomiting score
0= No nausea and vomiting
1=Nausea only
2= Vomiting once
3=Vomiting more than once
Intervene at score 1,2 or 3

Sedation Score
0= None (patient alert)
1= Mild (occasionally drowsy easy to rouse)
2= Moderate (frequently drowsy, easy to rouse
3= Severe(somnolent , difficult to rouse)
Int

FOR WARD ONLY
NEWS Escalation
0-2 = Fit for discharge (if able)
2-4= Monitor every 4 hourly, inform RN to manage
5-7 = Likely to deteriorate rapidly, urgent escalation to medical team
7 or above = Emergency escalation to critical care team
Continuous monitoring of vital signs

AVPU
Any change in response, commence Neuro Observations - immediate medical review at Score 3

Limb Observation

Colour	Sensation/ movement
Pink **P**	Full **F**
Pale Pink **PP**	Moderate **M**
Blue **B**	Slight **S**
Dusky Blue **DB**	Nil **N**

'SIOLOGICAL PARAMETER	(NEWS) NHS EARLY WARNING SCORE						
	3	2	1	0	1	2	3
ɔiration rate			9-11	12-20		21-24	≥25
ɡen Saturation		92-93	94-95	≥96			
ɔlemental Oxygen		Yes		No			
perature			35.1-36.0	36.1-38.0	38.1-39	≥39.1	
olic BP		91-100	101-110	111-219			≤90
t rate			41-50	51-90	91-110	111-130	≥131
l of Consciousness				A			V/P/U

(RTW)

PULSE & BP CHART

Date	8/10/20	WARD								
Time	O/A 745	1250	1300	1345	1500	1525				
240										
230										
220										
210										
200										
190										
180										
170										
160										
150										
140										
130										
120	123									
110										
100			104	94	100	106				
90		89								
80										
70	700					75				
60										
50			62	62	62					
40		51				66				
30										
Temperature	36.9	36.8	36.9	36.8	36.8	36.8				
Respiratory Rate	14	13	12	13	14	16				
Sp02	96	98	99	99	96	96				
Supplemental Oxygen Yes/No	N	Y	Y	Y	NO	NO				
NeuroResponse; Alert,Verbal Pain, Unresponsive	A	A	A	A	A	A				
NEWS SCORE	0	5	3	4	1	1				
Blood Glucose	N/A	N/A	N/A	N/A	-	N/A				
Pain Score		0	0	0	0	0				
Nausea Score		0	0	0	0	0				
Sedation score		1-2	1-2	1	0	0				
Limb Observation (If applicable)										
Colour Sensation Movement										
DRESSING/WOUND SITE		S	S	S		D				

PAIN Assessment
0= No pain at rest or on movement
1= No pain at rest, slight on movem
2 = Intermittent pain at rest, moderat movement
3= Continuous pain at rest, sever on movement
If 2 or 3 repeat **PAINGO** to guide intervention

Nausea and Vomiting score
0= No nausea and vomiting
1=Nausea only
2= Vomiting once
3=Vomiting more than once
Intervene at score 1,2 or 3

Sedation Score
0= None (patient alert)
1= Mild (occasionally drowsy easy to rouse)
2= Moderate (frequently drov rouse
3= Severe(somnolent , diffic Int

FOR WARD ONLY
NEWS Escalation
0-1 = Fit for discharge (if able)
2-4= Inform every 15 minutes - RR to manage
5-7 = Likely to deteriorate rapidly urg escalation to medical team
7 or above = Emergency escalation to senior team
continuous monitoring of vital signs

AVPU
Any change in response commence Neuro observations - Immediate med review at score 3

Limb Observation

Colour	Sensation/ movement
Pink **P**	Full **F**
Pale Pink **PP**	Moderate **M**
Blue **B**	Slight **S**
Dusky Blue **DB**	Nil **N**

Dressing /Wound Site
D = Dry
1 = Slight
2 = Moderate
3 = Severe

(NEWS) NHS EARLY WARNING SCORE

PHYSIOLOGICAL PARAMETER	3	2	1	0	1	2	3
Respiration rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturation	≤91	92-93	94-95	≥96			
Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1-36.0	36.1-38.0	38.1-39	≥39.1	
Systolic BP	≤90	91-100	101-110	111-219			≥220
Heart rate	≤40		41-50	51-90	91-110	111-130	≥131
Level of Consciousness				A			V,P,U

Oral Intake

Time	Volume	Running Total
	Total (B)	

(Do Not include in fluid balance)

0.9% NaCl 500 mls for Arterial Line flush only. Prescribed by Checked by Date: Please do not include in calculation of daily fluid balance	Start Time Batch No
0.9% NaCl 500 mls for central line flush only. Prescribed by Checked by Date: Please do not include in calculation of daily fluid balance	Start Time Batch No

Other

Time	BM	Temp	Haemoglobin	
			Hemocue	Blood gas

Output

Time	Urine	Running Total
	Total (C)	

Time	Theatre Blood Loss	Vomit/NG Aspirate	DRAIN ( )	DRAIN ( )	DRAIN ( )	OTHER ( )	OTHER ( )	Running Total
							Total (D)	

TOTAL INTAKE (A+B)

_____mls

TOTAL OUTPUT (C+D)

_____mls

PERIOPERATIVE BALANCE (A+B) – (C+D)

_____mls

280488006

Leonard
Stacey

2 Wards Road

Brechin
DD9 7AS

NHS
Tayside

PERIOPERATIVE FLUID BALANCE CHART

Date ...8·10·20... Theatre .....1..... Hospital ..S.H..... Weight.....

IVI Bag No	FLUID TYPE	Amount (mls)	RATE OF FLOW PER HOUR	ADDITIONS	BATCH NO.	ROUTE	START	FINISH (24HR CLOCK)	PRESCRIBED BY	ADMINISTERED BY	INPUT	
											Volume Infused	Running Total
1	Hartmans	TN	—	—	20D19 T+D	IV	9[30]	10[20]	DD D. Bonnar	RD A Scott	500	500
2	Hartmans	TN	—	—	20D19 4D	IV	10[20]		DD D. Bonnar	DD D. Bonnar	500	
3	Paracetamol	TN				IV	11[39]		~~DD~~ Dr Dunn	RD K Campbell	100	
											Total(A)	

Arterial/CVP Fluid

Recovery Care Summary & Ward Handover

Date: 8/10/20 Time into Recovery: 11:35

Patient Name: STACEY LEONARD
Patient ID Label
CHI: 2804880060

Anaesthetist: DR Borowski Surgeon: Elliot

Operation: Fillings, extractions, scale + polish

Anaesthetic GA ☑ LA ☐ Spinal ☐ Epidural ☐ Regional ☐ Sedation ☐ Intrathecal Opiate ☐

Theatre to Recovery Handover

Airway ETT ☑ LMA/iGel ☐ Oral Airway ☐ Nasal Airway ☐ Chin Support ☐ Self Maintaining ☑ in RR
Time Airway Removed - in TH SpO2 - 97%.

Conscious Level A ☑ V ☐ P ☐ U ☐ Comments:

O_2 Therapy 5 L/min for TO maintain SpO2 above 96%. Mask ☑ Nasal Cannulae ☐ Non Re-breather Mask ☐

Monitoring Oximeter ☑ ECG ☑ NIBP ☑ Arterial BP ☐ CVP ☐ CO_2 ☐ Temperature 35.9 °C Bear hugger in situ

Diabetic Yes ☐ No ☑ BM mmols GKI ☐ Sliding Scale ☐

Cannulae in Situ Peripheral ☑ Site: LEFT DORSUM Arterial ☐ Site: Time Removed In Situ ☑
Cannulae flushed Yes ☐

IV Infusion Yes ☑ No ☐ Flushed Yes ☑ N/A ☐ Rate: mls/hr

PCA in Situ Yes ☐ No ☑ (see PCA chart)

Blood Loss Intraoperative: mls

Elastomeric Infusion Yes ☐ No ☐ (see chart) Rate: mls/hr

Perioperative skin bundle Yes ☐ see chart N/A ☐

Skin checked in recovery Yes ☐ No ☑ independent with pressure area care.

Pain Score 0 ☐ 1 ☐ 2 ☑ 3 ☐ Analgesia Given ☐ Comments: Fentanyl increments began + IV paracetamol.

Nausea Score 0 ☑ 1 ☐ 2 ☐ 3 ☐ Antiemetic Given ☐ Comments:

CSM Right /Left | Circulation / Colour | Sensation | Movement | Comments: N/A

Dressings Dry ☐ Slight Ooze ☐ Moderate Ooze ☑ Packs in Situ: Yes ☐ No ☐
Reinforced ☐ Pressure Dressing ☐ Replaced ☐

Drains Yes ☐ No ☑ No:.... in Situ: Position: Open: Yes ☐ No ☐ To be opened at:

Catheter Yes ☐ No ☑ Hourly Volumes ☐ Irrigation ☐ Free Drainage ☐

Additional Information

(1) Quite a lot of ooze when in recovery - Dentist took bottom denture out and applied pressure, with effect. Bottom denture replaced in mouth
(2) Does not wish oral fluids meantime

Recovery Discharge Notes and Ward Handover Summary

Conscious Level A ☐ V ☐ P ☐ U ☐ **Maintaining Own Airway** Yes ☑ **Patient Stable** Yes ☑

Comments: BM mmols

Drains Yes ☐ No ☑ Patent ☐ Amount: mls Nature:

Dressings

Drugs Given Intraoperatively and in Recovery
See anaesthetic sheet for details **Communicated to Ward Nurse - Yes** ☑

Additional Information

Fentanyl 40mcg
Paracetamol 1g @ 11.39

Pain Score 0 ☐ 1 ☐ 2 ☐ 3 ☐ Comments:

CSM Right /Left Circulation / Colour Sensation Movement Comments:

Items Returned to Patient Dentures Yes ☑ N/A ☐ Spectacles Yes ☐ N/A ☐ Hearing Aids Yes ☐ N/A ☐
Dressing Gown Yes ☐ N/A ☑ Slippers/Shoes Yes ☐ N/A ☑ Other

NEWS	Score :		Time Ready for Discharge				
	Respiration Rate	Sp02	Supplementary O2	Temperature	Pulse	Systolic BP	AVPU
3	≥25				≥131	≥220	
2	21-24			≥39.1	111-130		
1				38.1-39.0	91-110		
0	12-20	≥96	No	36.1-38.0	51-90	111-219	A
1	9-11	94-95		35.1-36.0	41-50	101-110	
2		92-93	Yes			91-100	
3	≤8	≤91		≤35.0	≤40	≤90	V, P or U

Discharge Checklist (Use in conjunction with SBAR at handover to ward nurse)

Post Op Instructions Anaesthetist ☑ Surgeon ☑ **Epidural / PCA TPAR Prescription Checked and Recorded** Yes ☐ N/A ☐

DVT Prophylaxis Prescribed Yes ☑ No ☐ **Post-op Antibiotics Prescribed** Yes ☐ No ☑ **Post-op Analgesia Prescribed** Yes ☑ No ☐

Additional Information / Comments

tolerated a with water
IVI paracetamol 1g given as prescribed however when charging Patient I realised her weight was probably less than 50 kg. It was Ward Sister spoke to D. Babiuk not concerned at present.

SBAR Handover to Ward Nurse

1. Situation	2. Background
State patient details, conscious level /airway / pain / nausea.	Give summary of relevant medical history. State procedure performed and care given intraoperatively and in recovery. Provide details of postoperative instructions from anaesthetist and surgeon.
3. Assessment	**4. Recommendations**
Provide details of intravenous infusions, invasive monitoring, drains, dressings, current NEW, pain and nausea scores, CSM status, etc. State drugs given intraoperatively and in recovery with times of administration.	Confirm patient's condition is suitable for return to ward. Ask if ward nurse requires any additional information.

Recovery NEWS Score on Discharge: **Time Out of Recovery:**

Recovery Practitioner Name and Signature	Ward Practitioner Name and Signature
J. Williams	

(Document pre-existing conditions below):

.....

.....

.....

.....

n addition, after my elective treatment/procedure/surgery, I may need additional care that may equire me to go to an emergency department or a hospital.

understand that COVID-19 may cause additional risks, some or many of which may not currently be nown at this time, in addition to the risks described herein, as well as those risks for the eatment/procedure/surgery itself.

further understand that my treatment/procedure/surgery may be cancelled at short notice due to hexpected changes associated with the pandemic within NHS Tayside.

nave been given the option to discuss if I can defer my treatment/procedure/surgery to a later date. owever, I understand all the potential risks, including but not limited to the potential short-term and ng-term complications related to COVID-19, and I would like to proceed with my desired eatment/procedure/surgery.

inician's Signature: _____ Date: 8/10/20

int Name: G. Elliott Grade: SDG

tient's Signature: Sleonard Date: 8 OCT 2020

int Name: _____

tness Signature:
patient unable to sign) _____ Date: _____

nt Name: _____

tement of Interpreter (if applicable): I have interpreted the information above to the patient to best of my ability and in a way in which I believe the patient can understand.

erpreters Signature: _____ Date: _____

nt Name: _____

2804880060

Leonard
Stacey

2 Wards Road

Brechin
DD9 7AS

Lot Barcode

NHS
Tayside

J Dyke

Special Consent for Investigations, Treatment or Operation Form

COVID-19

Ward: Surgical Ward Stracathro

Consultant: Elliott

Specialty: Dental

I understand that I am opting for a treatment/procedure/surgery that I agree is necessary after discussion with

GILLIAN ELLIOTT. (Clinician name)

This is for the following procedure:

full dental clearance (Procedure name)

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organisation (WHO). I further understand that COVID-19 is extremely infectious and is believed to spread by person-to-person contact. As a result, the Scottish Government currently recommends social distancing. I understand that social distancing is not always possible while I am receiving hospital care.

I recognise that staff within NHS Tayside are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is still a risk of becoming infected with COVID-19 by proceeding with this treatment/procedure/surgery. I hereby acknowledge the risk of becoming infected with COVID-19 through this treatment/procedure/surgery.

I understand that even if I have been tested for COVID-19 and receive a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test. I understand that if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure/ surgery can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalisation that may require medical therapy, Intensive Care treatment and possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. Those with pre-existing health conditions appear to be at a greater risk of significant complication from COVID-19 infection, and I have discussed my risks with my clinician.

HOW TO USE THIS FORM

Surgical Clinic — Surgeon fills in section 1 → send form & notes to PAC → *Pre-Assess Clinic* — PAC staff complete PAC documents & section 2 on pt → *Pre-Assess Clinic* — form scanned PDF viewable in Clinical Portal → PDF emailed to WL Sec. → *Waiting List* — Secretary Lists Patient for surgery

NHS Tayside

23/9
1-15
phone

Use this form for **non LA** procedures

Pre-Assessment Clinic PLEASE PRINT ALL TEXT

SECTION 1 - SURGEON TO COMPLETE (Please complete all fields)

Completed by (PRINT) _____ Date: _____

Consultant: Dr. Gillian Elliott Speciality: Dental.

Procedure: (write in full)

Fillings, Extractions & Scale & Polish.

Name Stacey Leonard
CHI 2804880060
Address 2 Woods Road
Brechin.
Angus
DD9 7AS

Urgent ☐ Estimated duration of surgery: _____

Consent form completed Y ☑ N ☐

Day of surgery admission? Y ☑ N ☐ Why not? Interpreter for PAC ☐ Age ☐

Expected postop LoS _____ nights (D = Day case)

Proposed Date (if known) 8/10/20. 14/10.
OPCS4 Code(s): _____

Surgical Planning Information _____

Minimum Grade of Surgeon _____ Proposed Site (s) NW ☐ PRI ☐ S'CATHRO ☑ ALL SITES ☐

SECTION 2 - PAC STAFF TO COMPLETE

OUTCOME OF PRE-ASSESSMENT

Patient Telephone No: 01356622497 ~~Email~~: 07368227877 Date: _____

List for surgery ☑ Notes review requested ☐ Not Fit ☐ Unsuitable for Stracathro/private sector/out of hours WLI ☐

Reason unsuitable for SHX/WLI _____

Suitable for NW ☐ PRI ☐ S'CATHRO ☑ DC ☑ DoSA ☐ In Patient ☐

Completed by (PRINT) M. Harris M. HARRIS Date Scanned 23/9/2020 DS

Risk Factors									
Cardiac									
Respiratory									
Diabetes	insulin ☐		drugs ☐		diet ☐				
BMI	>40 ☐		<18.5 ☑						
Allergies	☑	(see p.2)	LATEX						
Warfarin	☐								
Renal	egfr <30 ☐		egfr 30-60 ☐						
CKD ☐	>75yrs ☐	Diabetes ☐	PVD ☐	Cardiac ☐					
Liver Disease ☐	Score> 2/6, refer AKI Guidelines								
VTE risk	high ☐		med ☐		low ☐				
Complex needs	☐								
Neuromuscular	☐								
Other	☐								

PAC Advice

1 Senior anaesthetist ☐ HDU Bed ☐ ICU Bed ☐
2 1st on list LATEX Allergy
3
4 Telephone Assessment
5
6
7
8

Admission arrangements

Transport Required Yes ☐
Short Notice Availability Yes ☐
Dates unavailable
Interpreter required on admission ☐ Specify

Pre-Assessment Clinic

ALLERGIES	REACTIONS
Drugs	
Latex LATEX - RASH	
Other	

ADMISSION MEDICATION

ACTION Note: Unless indicated to stop/hold, medication should be continued on TPAR/discharge

DRUG HISTORY - Source(s) of history:

Patient ☐ GP referral letter ☐ ECS database ☐
GP practice ☐ Patient's own drugs ☐ Community pharmacy ☐
Relative ☐ Nursing home prescription ☐ Other ☐

DRUGS **NOT** LISTED ON ECS

Name (Generic)	Dose	Frequency	Hold	Stop	Comments (if medication held or stopped)
See ECS		SUMMARY			

Is the patient prescribed: Warfarin / Clopidogrel / Aspirin / NSAID's / Oral Contraceptive Pill? Refer to guidelines

Are you satisfied this medication history is complete and accurate? **Yes** ☐ **No** ☐

If "no" what further action is necessary (contact GP, etc)?

Reviewed by pharmacist? Name: Signature:

INVESTIGATIONS (please follow NHS Tayside guidelines when ordering)

Investigation	Date Requested	Result	Investigation	Date Requested	Result
FBC		Hb WCC Pts	ECG		
U&E's		Na K eGFR	ECHO		
G&S		Antibodies? No ■ Yes ■	Spirometry		FEVI FVC FEVI / FVC PEFR
Clotting/INR		PTR APTTR	LFT's		ALT BIL
Urinalysis		Positive ■ Specimen sent ☐			ALP ALBUMIN
MRSA Screen as per protocol			Other		

Pre-Assessment Clinic

Emergency Care Summary

Last Updated on 04/09/2020 12:01

Allergy

Date Recorded	Description	Comments
07/07/2010	Allergy, unspecified	- Latex (coded as per patient report) - causing rash

Acute Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
GP practice	Trimethoprim 200mg tablets	14 tablet	1 TWICE DAILY AS PER MIDWIFE . POSTNATAL POS URINE CULTURE			01/06/2020
GP practice	Co-codamol 30mg/500mg tablets	100 tablet	TAKE 1-2 TABLETS UP TO FOUR TIMES A DAY. THIS DRUG IS FOR MODERATE TO SEVERE PAIN ONLY, NOT RECOMMENDED FOR LONG TERM USE DUE TO THE RISKS OF TOLERANCE AND ADDICTION.			20/07/2020
GP practice	Amoxicillin 500mg capsules	15 capsule	TAKE ONE CAPSULE THREE TIMES A DAY			04/09/2020

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Cancel Date
GP practice	Fluoxetine 20mg capsules	28 capsule	ONE TO BE TAKEN EVERY DAY AS ADVISED BY CMHT		03/09/2020	03/09/2020		
GP practice	Quetiapine 100mg tablets	28 tablet	TAKE ONE AT NIGHT AS ADVISED BY CMHT		03/09/2020	03/09/2020		

End of Emergency Care Summary

CARDIOVASCULAR ASSESSMENT

	Yes	No
1. Hypertension?	☐	☑
2. Myocardial Infarction?	☐	☑
Within the past 6 months?	☐	
3. Angina?	☐	☑
What brings on the pain?		
Vigorous exercise	☐	
Climbing 1 flight of stairs	☐	
Walking on flat 200 yards	☐	
Walking on flat < 50 yards	☐	
At rest or at night	☐	
4. Have you ever been diagnosed with Heart Failure?	☐	☑
i) do you get short of breath at rest?	☐	☑
ii) do you get SOB lying flat?	☐	☑
iii) do you ever wake at night gasping for breath?	☐	☑
5. Palpitations/atrial fibrillation?	☐	☑
6. Heart Murmur? *(See guidelines for ECHOs)*	☐	☑
Date of last Echo: *(See clinical portal)*		
7. History of Rheumatic Fever?	☐	☑
8. Cardiac Pacemaker *(See guidelines on Pre-Assessment website)*	☐	☑
(Last check <than 9 months ago)	☑	☐
Implanted cardiac defibrillator?	☐	
9. Cardiac Surgery/intervention (eg cardioversion)	☐	☑
Within the past year?	☐	
10. Coronary Stenting?	☐	☑
Within past 6 months?	☐	

Type of stent? Drug eluting/bare metal/unknown

(Refer anti-platelet protocol and see guidelines on Clopidogrel/Aspirin. If Drug Eluting Stent must stay on Clopidogrel/Aspirin for 1yr, if bare metal stent can step down onto aspirin alone after 3 months)

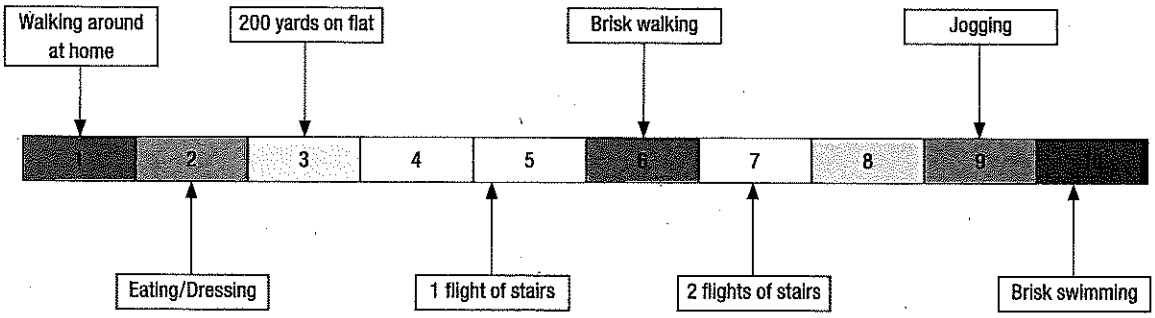
11. Peripheral Vascular Disease?	☐	☑

HEALTH IMPROVEMENT

Smoking		
No of Cigarettes per day 20 Smoking Cessation advice/~~referral~~? ☐	☑	☐
Alcohol Women - Do you ever drink 6 or more units of alcohol on one occasion?	☐	☑
> 14 units of alcohol per week	☐	
Men Do you ever drink 8 or more units of alcohol on one occasion?	☐	☑
> 21 units of alcohol per week	☐	
Recreational Drug Use *Details*	☐	☑

Pre-Assessment Clinic

FUNCTIONAL ACTIVITY GUIDE



Estimated METS Score: 8

What prevents further activity?

	Yes	No	Comments
Breathlessness		✓	
Angina		✓	
Arthritis or leg pain		✓	
Other		✓	

If the patient has a METS score of less than 5, **excluding** restriction due to arthritis or leg pain, discuss with Doctor.

RESPIRATORY ASSESSMENT

		Yes	No
12. Asthma		☐	☑
	Uses reliever once a day or more?	☐	
	Uses nebuliser/oxygen at home?	■	
	Hospital admission in the last 3 years?	■	
	Date:		
13. Chronic Obstructive Pulmonary Disease?		☐	☑
	Previous Hospital admission in the last 3 years?	■	
	Previous Intensive Care admission?	■	
	Home O_2/Home nebulisers	■	
14. Tuberculosis?	If yes when?	☐	☑
15. Bronchiectasis?		☐	☑
16. Sleep Apnoea?		☐	☑
	Use Nocturnal CPAP (*bring machine to hospital for surgery)*	☐	
17. Other Respiratory Disease?	Details:	☐	☑

Pre-Assessment Clinic

ENDOCRINE ASSESSMENT

	Yes	No
18. Diabetes Mellitus?	☐	☑
Diet Controlled	☑	
Tablet Controlled	☐	
Insulin Controlled	☐	
HbA1c: > 75mmol/mol	☐	
>108mmol/mol	■	
Date of last test:		

(If HbA1c > 75 mmol/mol contact diabetes team. If HbA1c > 108mmol/mol, non urgent surgery should be postponed and referral to diabetic team made)

NEUROLOGICAL ASSESSMENT

	Yes	No
19. Stroke/TIA?	☐	☑
> 12 months ago	☑	
Date:		
3-12 months ago	☐	
Date:		
< 3 months ago	■	
Date:		
Details, including residual disability:		
20. Epilepsy?	☐	☑
Well controlled, last fit > 1 year ago	☑	
Last fit 3-12 months ago	☐	
Poorly controlled/fit within last 3 months	■	
21. Other neurological disease (eg. MS, Muscular Dystrophy)?	■	☑
Details:		
22. Complex needs?	■	☑
Details:		

Pre-Assessment Clinic

OTHER

	Yes	No
23. Renal Failure?	☐	☑
Chronic Kidney Disease stage ≥4 /eGFR <30	■	
Dialysis	■	
24. Hepatic disease requiring treatment - *details*	■	☑
25. Clotting disorders?	☐	☑
Easy bruising, prolonged bleeding?	☐	☑
Previous DVT/PE	☐	
Thrombophilia	☐	
Von Williebrand's Disease	■	
Haemophilia	■	
Further Details:		
26. Gastro Oesophageal Reflux Disease?	☐	☑
Dyspepsia only	■	
Reflux or heartburn	☐	
Known Hiatus Hernia	☐	
Proton Pump Inhibitor (PPI)	■	☐
(If have reflux/hiatus hernia prescribe pre-op PPI according to NHST PGD)		
27. Any other medical problems? *details*	☐	☑
28. Previous Surgery?	☑	■

Dates: Myringotomy + Grommet | Diagnostic Cystoscopy | 2016. Removed Cyst on Thigh. | 2017. Gynae Surgery

Details:

29. Chronic pain?	☐	☑
Details:		
Yes = Not Suitable for Strathcathro ❑		
30. Female Patients (13-55) - any possibility of pregnancy?	☐	☑
If yes, perform pregnancy test ❑		
Result positive? ❑ If yes, postpone surgery		

Date of last period 18/9/20

Pre-Assessment Clinic

ANAESTHETIC

	Yes	No
31. Any personal or family history of any anaesthetic difficulty or abnormal reaction (excuding post operative nausea & vomiting)?	☐	☑
Malignant Hyperpyrexia	■	
Difficult Intubation	■	
Difficult Spinal or Epidural Anaesthetic	☐	☑
Other details:		
32. Any obvious airway problems? Eg. limited mouth opening, receding chin, reduced neck mobility, previous airway pathology or surgery.	■	☐
Do you have any loose teeth, caps/crowns or dentures? *Details*	☐	☑
33. History of post op nausea and vomiting (PONV)	☑	☐

OBSERVATIONS

Pulse Sats % BP > 180/110mmHg ■ Complete on Admission

Height (m) 1.56 Weight (kg) 48 BMI 17.5

(If blood pressure >160 /90 mmHg refer to GP with appropriate letter depending on reading)

Form Completed by (PRINT) M. MARRIS Date: 23.9.20

MEDICAL EXAMINATION - if patient >60, any red boxes, any amber boxes Q2-17, or METS <5

CARDIOVASCULAR

Pulse Regular ■ Irregular ☐ - if yes do ECG

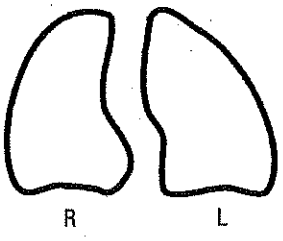
Heart sounds Normal ■ Abnormal ■

If abnormal please describe:

■ Any Red = Notes Review

RESPIRATORY

Breath sounds Normal ■ Abnormal ■



Indicate site of abnormal clinical signs

Pre-Assessment Clinic

ANAESTHETIC NOTES AND RECOMMENDATIONS

Signature: Print Name: Date:

RELEVANT SURGICAL HISTORY AND EXAMINATION

SURGICAL HISTORY AND EXAMINATION

SECTION 3 - DAY OF ADMISSION - Admitting medical/nursing team to complete

Has anything changed since Pre-Assessment: Y ☐ N ☑ Details:

Send 2nd G&S/X match to BTS as per protocol Y ☐ N ☐ N/A ☑

Pregnancy possible in females 13 - 55? Y ☐ N ☑

(if yes, test. Positive ☐ Negative)

VTE Prophylaxis Prescribed Y ☑ N ☐

Takes ceroxet - contraceptive pill, buys by self at ~~local~~ pharmacy online.

Signature: KLw Print Name: Kerry Law Date: 8/10/2020

No recent illness.

Admitting Team

W Leonard Stacey
S 2 Wards Road
F
D Brechin
S DD9 7AS

2804880060

J Dyker

NHS Tayside

Date: 8/10/20.

SURGICAL RECORD

THEATRE: 1 Stracathro

SURGEON: G. Elliott

ANAESTHETIST: Dr Borowski

ASSISTANT: C. Ross.

OPERATION/PROCEDURE PERFORMED:

full dental clearance

+ fit F/F immediate replacent.

10ml LA articaine / adr infiltration.

2ml LA articaine / adr (L) ID block

2ml LA articaine / adr (R) ID block.

Xt 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Vicryl sutures for closure.

F/F dentures fitted.

Coe-comfort upper denture.

8/10/20

Print Name: G. Elliott

Signature:

NHS Tayside

POST OPERATIVE INSTRUCTIONS	
SUTURES:	
DRAIN:	
CATHETER:	
DRESSING/P.O.P/CAST	

DISCHARGE/FOLLOW UP INSTRUCTIONS

☐ Nurse led discharge ☐ Review by clinician prior to discharge ☐ OPD ☐ Other

FILE IN NOTES

TAYSIDE HOSPITALS ANAESTHETIC RECORD

2804880060

Hospital: Stracathro Ward: Surgical unit

Operation Proposed: Fillings, extractions, scale + polish.

Consultant: ECLOT

Date of Surgery: 8/10/20 Theatre: TH 1

Leonard
Stacey
2 Wards Road
Brechin
DD9 7AS

J Dyker

PRE-OP ASSESSMENT

By: Site: Date:

Elective ☑ Scheduled ☐ Urgent ☐ Emergency ☐

Weight/BMI 48kg/17.5/156 Pulse Blood Pressure SpO_2 on

CVS/RS:

Other:

Myringotomy / grommets.
Diagnostic cystoscopy
Removal of Lt eyelash.
Gynae surgery.

Airway Assessment:

Dentition:

Mallampati:

Incisor Gap:

Jaw Protrusion:

Neck Movement:

Aspiration Risk **Y / N**

Anticipated Difficulty **Y / N**

Prev Airway Hx:

FBC **U&E** **Other**

G&S / X-Match Y / N

Units

ECG:

Pregnant: Yes No N/A

ASA:

PONV Score:

AKI Score:

Fasting: SOLID

LIQUID

Consent Signed & Checked ☐

Incapacity Form ☐

Drugs:

G-codonal
Fluoxetine
Quetiapine

OTC POP - cetirizine.

Allergies:

latex - rash.

Anaesthetic Plan / Techniques Discussed:

C

PREMEDICATION AND INSTRUCTIONS:

Date	Drug and Dosage	Route	Time	Signature	Given By	Time

Fast as per protocol ☐
OR
Fast solids from
Fast fluids from

Give routine medications EXCEPT: Premed Effect:

ANAESTHETIST AND GRADE

1. Assistant:

2. Consultant: Informed? Y / N

ANAESTHETIC TECHNIQUE:

INJECTION SITE: ZOC OLH.

DRUGS & DOSES:

MIDAZOLAM 2.5mg.
FENTANYL 25mcg + 25mcg + 25mcg
PROPOFOL 100mg + 30mg.
ROCURONIUM 30mg.
DEXAMETHASONE 6.6mg.
ONDANSETRON 4mg.
Glycopyrrolate/neostigmine 0.5/2.5mg.

AIRWAY AND BREATHING SYSTEM:

Facemask ☐ SV ☐ Circuit ①

Airway - Oral/Nasal ☐ IPPV ☑ Machine Penlon

LMA/OETT/NETT/Trache Ventilation Mode: VCV/PCV

Type Cuffed NETT. V_T ..... PEEP .....

Size 6 Freq 12 P_{AWP} 15.

Laryngoscope MAC Throat Pack ☐ HME ☑

Laryngoscopy Grade 1 Ease of Mask Ventilation: Easy w/ guedel.

GEB/Stylet ☐ Ease of Intubation: Easy.

EVENTS:

1. GA.
2. Transfer to theatre.
3. KTS.
4.
5.
6.
7.
8.
9.
10.

Patient Position & Protection: Supine, PPP, eyes taped.

Fluid Warmer: ✓

Warming Blanket: ✓

I.V. FLUIDS:

① 500ml HARTMANN'S
② 500ml HARTMANN'S

TIME	30	45	09:00	15	30	45	10:00	15
Events					①	② ③		
FENTANYL (mcg)						25.		
KETORALAC (mg)								
TEMP °C								
SpO_2				99	98.	98.	98	98
F_IO_2					0.43	0.45	0.42	0.4
E_TCO_2					4.5	4.5	4.4	4.2
Agent Sevo					2.3	2.2	2.1	2.2
CVP MAC.					1.1	1.1	1.0.	1.0
Urine								
I.V. FLUIDS					①			②

EQUIPMENT CHECK: Circuit, Machine & Monitor

Anaesthetic Room ☑ Theatre ☐

REGIONAL: **STOP BEFORE YOU BLOCK** ☐

BLOCK / APPROACH:

SITE / SIDE:

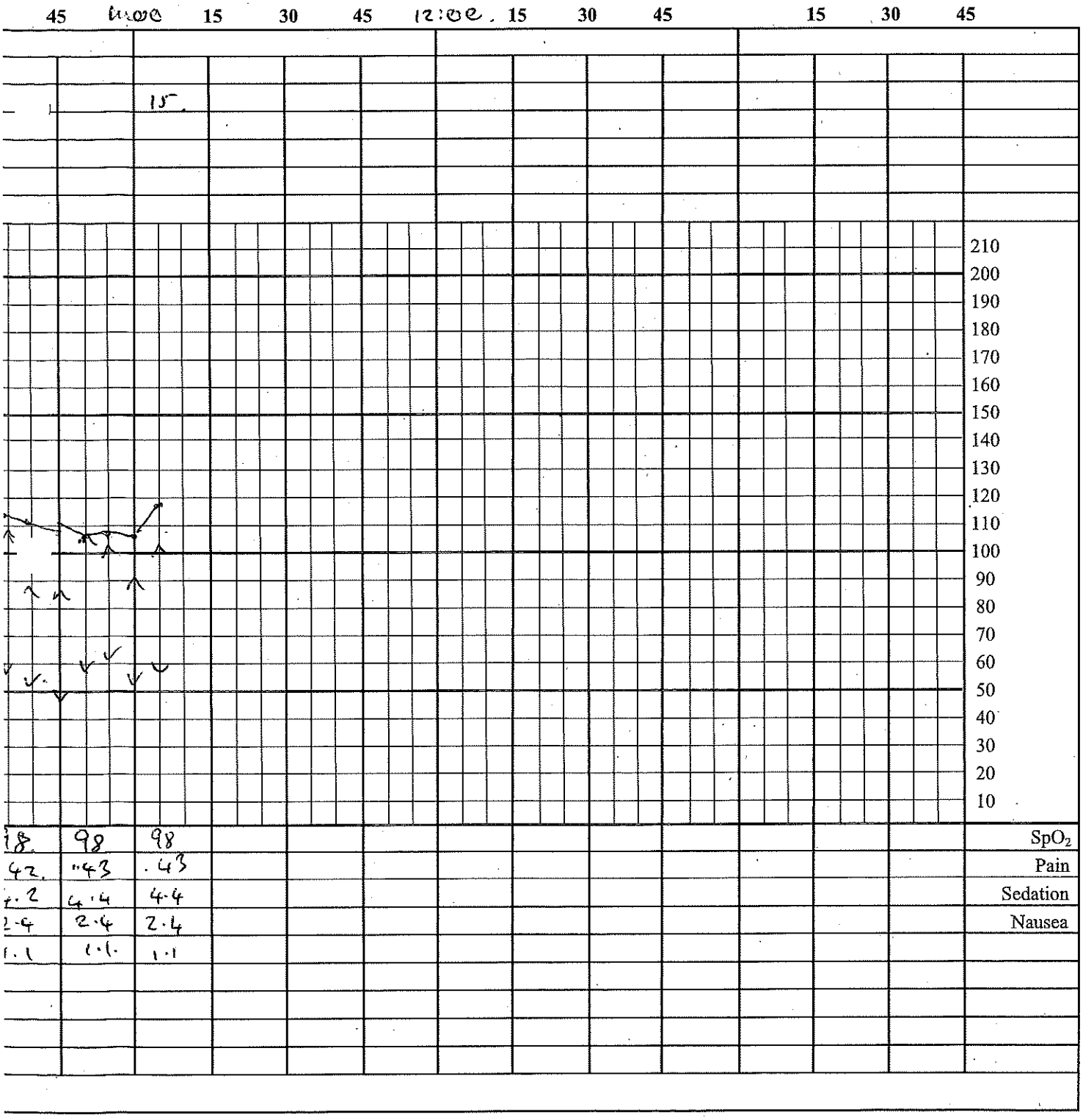
NEEDLE / CATH:

TECHNIQUE:

DRUGS:

MONITORING:

ECG	☑	PNS	☐
NIBP	☑	TEMP	☑
SpO_2	☑	URINE	☐
$ETCO_2$	☑	CO Monitor	.....
F_IO_2	☑	Depth of Anaes	.....
ET Agent	☑	ABP	.....
VENT ALARM	☑	CVP	.....
P_{AW}	☑	Other:	
MIN VOL	☑		



Operation Performed: Dental extraction x (full) + dentures Operating Surgeon:

Anaesthesia: GA ☑ GA & Regional ☐ Regional Only ☐ Regional & Sedation ☐

S

Relevant Medical History: Allergies: LATEX None ☐

B

Anaesthetic / Surgical Difficulties: None ☑

Fluids Given: 500ml HARTMANN'S

A

Total Urine Output: Estimated Blood Loss:

Analgesia / Anti-emetics Given: FENTANYL, KETOROLAC DEX / ONDANSETRON

POSTOPERATIVE INSTRUCTIONS:

Oxygen l/min for hours **OR** Aim for $SpO_2 \geq$ 96% Ward SpO_2 Monitoring ? Y / N

Observations: Pulse, Respiratory Rate, Blood Pressure and Pulse Oximetry

Frequency: 5-15 mins Duration: Recovery

After this period observations: **as documented below** ☐ **OR** **as per EWS chart** ☑

Observations:

Routine post GA.

Invasive Monitoring and Lines: -

Fluid Therapy: Eat + drink when able Fluids Prescribed? Y / N

Proposed Post-Operative Analgesia:

Post-op Thromboprophylaxis : TED ☐ LMWH ☐ RIVAROXABAN ☐ FLOWTRONS ☐ OTHER Mobilise

Surgical Instructions:

R

RECOVERY ROOM ANALGESIA & OTHER DRUGS:

Drug Name	Maximum Dose	Increment	Route	Prescriber's Signature	Time Given/ Total Dose
FENTANYL	100mcg	10 mcg	IV		
PARACETAMOL	1g	1g	IV		
ONDANSETRON	4mg	4mg	IV		

DRUGS GIVEN BY RECOVERY STAFF:

1. 11:37 10mcg IV Fentanyl given JW
2. 11:39 1g IV paracetamol given
3. 11:42 10mcg IV Fentanyl given
4. 11:48 10mcg IV fentanyl & 4mg
5. 11:53 10mcg iv fentanyl JW
6.
7.
8.
9.
10.
11.
12.

RECOVERY TO WARD HANDOVER:

DISCHARGE TO:

DSU ☐
WARD ☐
HDU ☐
ITU ☐

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM

(Please complete using block capitals & no abbreviations)

NHS Tayside

Patient's Surname	LEONARD.	**Hospital/Ward**	Ninewells.
Other Names	STACEY.	**Speciality**	Dental
CHI Number	2804880060.	**Consultant**	Ballantyne.

Patient Label can be used

Name of proposed procedure or course of treatment

XGA full clearance + denture fit F/F. immediate.

The site / side of surgery

I have explained the procedure to the patient. In particular I have explained:

Intended Benefits: - removal of painful, infected, cavies + unrestorable teeth.

Significant Risks: GA risks - pain. swelling - bruising - infection. - bleeding.

Any extra procedures which may become necessary during the procedure:

Blood Transfusion ☑ **Other** (specify)

(The need and alternatives have been discussed with the patient)

I have also discussed what the procedure is likely to involve, the benefits and the significant risks of any available alternative (including no treatment), and any particular concerns of this patient. I have done this in terms that, in my judgement have been understood.

The following information leaflet(s) has been given

LN0411.

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?

No	☑	Proceed as normal
Unable to Respond	☐	Proceed as normal unless high risk tissue, e.g. Brain, Spinal Cord Posterior Eye and Quarantine instruments pending contact with infection control for further advice.
Yes	☐	Ask for further explanation. Quarantine instruments pending contact with infection control for further advice.

Clinicians Signature:	C M Dun G Elliott SDO	**Date**	31st July 2020 8/10/20
Name Printed:	CATRIONA DUNCAN	**Grade**	D2
Contact Details	Springfield dental dept, Aberdeen.		

Please Turn over for Patient Section

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM

This page is to be completed by the patient/representative.

Please read this form carefully. If you have any further questions, do ask; we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree: To the procedure or course of treatment described on this form.

To the administration of a general, local or other anaesthetic as appropriate, following informed discussion including the benefits and significant risks with the anaesthetist.

I understand:

- That any procedure in addition to those described above will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- That you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- Information including digital information (radiological e.g. x-rays, CT and MRI scans, video and/or photographic material) may be stored as part of the patients medical records and may be stored on computer databases.
- Body tissue e.g. fluids, organs or parts of them may be removed during the procedure and used for diagnosis, my future treatment and then discarded or stored as considered appropriate.

Please tick ✓appropriate box if you agree to

☐ Excess body tissue not required for diagnosis or future treatment being used for medical research (the University of Dundee is very active in medical research and donations of excess body tissues are a valuable resource for research)

☐ To photographs and other digital images being used for teaching, in presentations at conferences or available on websites and in publications

(If consent is withdrawn at a later date it may not be possible to withdraw images that are already in the public domain) NB Medical staff you must complete the appropriate medical photography forms.

I have been told about additional procedures as specified which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Specified Additional Procedures | Additional Procedures I do not want carried out

Patient's Signature: x Sleonard **Date:** x 31 July 2020.

Print Name: x STACEY LEONARD

Witness Signature 8 OCT 2020

(if patient unable to sign) **Date:** Sleonard.

Print Name

Statement of Interpreter (if applicable): I have interpreted the information above to the patient to the best of my ability and in a way in which I believe the patient can understand.

Interpreters Signature: **Date:**

Name Printed:

Day of Operation

I have marked the skin at the operation site and / or confirmed consent ☐

Signature **Date**

RECOMMENDATIONS State any advice or further care required resulting from your assessment

Currently fasting for theatre,

HEALTH AND WELLBEING

Height 1.56 (m) Weight 48 (kg) BMI 17.5

Alcohol Y N Unites per week

Smoker (Y) N Cigarettes per day 20 per day. - has nicotine patch on,

If patient is a smoker offer NRT therapy /if patient wishes to continue to smoke give smoking information leaflet and sign disclaimer (Personal Safety Risk Assessment THB 610) ☐

No smoking policy explained **Y N**

7. ORIENTATION

ID band in situ (Y) N Oriented to area / buzzer / bed controls / toilets (Y) N

Visiting arrangements explained (Y) N Your Food and Drinks in Hospital leaflet given Y (N)

8. MEDICATIONS

Patients own medications stored in area Y (N)

Patient has brought in Controlled Drugs, stored in locked area Y (N)

9. VALUABLES Please circle below if applicable:-

Dentures Top / Bottom / Full Glasses / Contact lenses Hearing aid/s Own clothing

Other (specify)

Walking aids (specify)

Patient's funds and property procedure explained and **PF1 completed?** (Y) N

Money / property to be handed over on behalf of patient for safekeeping? Y (N)

(Please refer and follow section 2.2.3 of Patient's Funds and Property procedure)

NHS TAYSIDE - PATIENT FUNDS AND PROPERTY PROCEDURE
PERSONAL DISCLAIMER FORM - LOSS OF PERSONAL EFFECTS

NHS TAYSIDE STATEMENT:

*****NHS Tayside will not accept any responsibility for loss or damage to any article / personal belongings unless such article / personal belongings (including cash) have been handed over and accepted by NHS Tayside, for safe keeping and an official receipt issued****

*(*delete as appropriate)*

Section A TO BE COMPLETED BY NURSING STAFF

If the patient or patient's representative at the time of admission is unable or refusing to complete and sign section B below, for whatever reason, inform the patient / representative verbally that they are responsible for their own belongings and valuables and state below the reason for non completion of Section B. Sign and date this, and enter a review date in Section C:

Reason: _____

Signature of Staff Recording: _____ Date: _____

Signature of Staff Witness: _____ Date: _____

Section B TO BE COMPLETED BY PATIENT

I have been given the opportunity to read the above statement and *~~do~~ / do not wish to take advantage of the facilities provided for safe keeping of my personal belongings

Patient Signature*** X S Leonard. Date: 8/10/20.

Print Name: _____

Hospital: _____ Ward: _____

*****If signing on behalf of a patient please enter your relationship with the patient, and your address:**

Relationship: _____

Address: _____

_____

Witness to above signature: _____

Print Name: _____

Date: _____

Section C

If a section A has been completed and a review is required, please enter review date (should be held every 4 weeks) noting two staff signatures required at each review :

(1) _____

Sign: _____

Sign: _____

(2) _____

Sign: _____

Sign: _____

(3) _____

Sign: _____

Sign: _____

(4) _____

Sign: _____

Sign: _____

Note: Please note that when a patient is absent from the ward for treatment (e.g. x-ray, an operation etc), the safe custody of their property which has not been handed over to NHS Tayside for safe keeping, remains the patient's responsibility. Arrangements may be available whereby property can be handed over to Nursing Staff for safe keeping during such periods. However, please note that due to storage restrictions, it is not possible to store larger items

ONGOING PLAN OF PATIENT CARE & EVALUATION

Document interventions/treatment, evaluation & changes to patient condition

Code					
N/FB	Nutrition and Fluid Balance	E	Elimination	C	Communication
PUP	Pressure Ulcer Prevention	P	Pain	LD	Learning Disabilities
M	Manual Handling & Mobility	W	Wound/Skin Integrity	PS	Personal Safety
F	Falls	PH	Personal Hygiene	PC	Psychological/Well being
BR	Bedrails	OH	Oral Hygiene	S	Sleep
A	Airway/Breathing	I	Infection Control	CF	Cognitive Function
O	Observation & Monitoring	PVC/CVC	PVC/CVC	ACN	Additional Care Needs

Date/Time	Code		Initials
23.9.20		Telephone assessment carried out Planned procedure.	
		Proposed date 8.10.20	
	P.M.H	Diag. Cystoscopy, Removal cyst from thigh. Cypress Surgery	
		Observations to be completed on admission	
		Patient information leaflet, COVID 19 leaflet	
		posted	MH
8/10/20 730		Admitted for planned procedure	
		Has contact lenses in ? if these need	
		to come out.	
		Patient also extremely nervous - reassurance	
		given.	AG
		Has overnight supervision & transport home	AB
8/10/20 1250	N)	Drowsy, easily roosable to speech.	
		O^2 5L/min titrated fully awake as SPO^2	
		96-95% on room air	
	Acn)	OPD this Mon @ Spring Gdns Arbroath	
		13:30 - w/R dentist	
	O)	NEWS 5 = BP 89/51 + O^2 therapy.	
		ANP informed + will recheck 15 minutes	
	W)	Minimal wound ooze. Top + bottom	
		dentures in situ	
	I)	PVC day 1 - VIPO	
	Fb)	Will offer H30 when more awake	
	PS)	Buzzer at hand, rails in place	AG

6. Admission SBAR

SITUATION (reason for admission and or planned procedure including changes since pre-assessment)

Fillings, extractions & scale & polish

BACKGROUND (relevant past medical history, or changes since pre assessment)

See PAC.

ASSESSMENTS

Allergies (Record on TPAR) include any food allergies Latex.

Implanted Device Y (N) **Pacemaker** ☐ **Cochlea implant** ☐ **Other** ☐ State _____

Anticoagulant therapy Y (N)

Possibility of pregnancy? (Y) N N/A Pregnancy test (all females aged 12 - 55) +ve ☐ -ve ☑

Urinalysis taken ☐

Other

Essential Care Needs (write your response below each question)

Are you able to eat and drink without assistance? Y (N) If no can you explain what you need

Are there any foods you cannot eat or require a special diet? Y (N) If yes can you explain what you need

Do you have any problems in relation to passing urine? Y (N) If yes can you briefly explain

Are you able to move about without assistance? (Y) N If no, what do you use or need to help you?

Are there any areas of your skin that are red, broken or sore? Y (N) If yes, where on your body is the sore?

Have you fallen or feel you might fall at any time? Y (N) If yes, can you explain

5. INFECTION RISK STATUS (Please complete **ALL** sections for all patients within **6 hours** of admission)

If deemed "at risk" document AMBER (suspected) or RED (confirmed) on Traffic Light each shift

If there is any suspicion of, or confirmed transmissible infection please ensure appropriate patient placement, **(side room where possible, practical and safe)** and document **in the nursing record.**
Additional Infection Control Precautions (contact, droplet, airborne) as per NHS Tayside Policy.

Date and time of completion 23.9.20 **Initials** M.H

CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE (CPE) RISK ASSESSMENT

- **Hospitalised (as in patient) outside Scotland within the last 12 months?** Y (N)
- Transferred in from any high risk unit (ICU/HDU, Renal, Hematology, Oncology, and Infectious Diseases outside Tayside? Y (N)
- Holiday Dialysis Patients Y (N)
- Previous known CPE colonisation / infection? Y (N)

If **YES** to any of the above questions, obtain verbal consent prior to taking swabs Consent Y N

Please tick: Stool Specimen ☐ or Rectal Swab (preferred) ☐

MRSA SCREENING RISK ASSESSMENT (for overnight stay only)

1. Admitted from Care Home, Sheltered Housing, Prison, Homeless Hostel or from another hospital? Y N

Please circle

2. Admitted/transferred to:- HDU ICU Renal Vascular Orthopaedics
3. Previous history of MRSA colonisation/infection? **(Check on ICE)** Y N
4. Any open wound/ulcer or invasive medical device present **before** admission to hospital? Y N

If **YES** to any of the above questions, obtain verbal consent prior to taking swabs Consent Y N

Swabs - please tick Nose & Perineum ☐ **(preferred option)** Nose & Throat ☐
Wound ☐ CSU ☐ Invasive Device Site ☐

If rescreened, please tick which swabs **AND** include Wound, CSU and Invasive Device Site if present

Date..... Time .....Nose & Perineum ☐ **(preferred option)** Nose & Throat ☐ Invasive Device Site ☐
Date..... Time .....Nose & Perineum ☐ **preferred option)** Nose & Throat ☐ Invasive Device Site ☐
Date..... Time .....Nose & Perineum ☐ **preferred option)** Nose & Throat ☐ Invasive Device Site ☐
Date..... Time .....Nose & Perineum ☐ **preferred option)** Nose & Throat ☐ Invasive Device Site ☐
Date..... Time .....Nose & Perineum ☐ **preferred option)** Nose & Throat ☐ Invasive Device Site ☐

ONGOING PLAN OF PATIENT CARE & EVALUATION

Document interventions/treatment, evaluation & changes to patient condition

Code					
N/FB	Nutrition and Fluid Balance	**E**	Elimination	**C**	Communication
PUP	Pressure Ulcer Prevention	**P**	Pain	**LD**	Learning Disabilities
M	Manual Handling & Mobility	**W**	Wound/Skin Integrity	**PS**	Personal Safety
F	Falls	**PH**	Personal Hygiene	**PC**	Psychological/Well being
BR	Bedrails	**OH**	Oral Hygiene	**S**	Sleep
A	Airway/Breathing	**I**	Infection Control	**CF**	Cognitive Function
O	Observation & Monitoring	**PVC/CVC**	PVC/CVC	**ACN**	Additional Care Needs

Date/Time	Code		Initials
8/10/20 13:15	(ACN)	Dentist provided mobile no if any concerns – 07894145690	
	(O)	NEWS now 3 = 104/62, will check ½ hourly meantime	AH
08.10.20 15.40	(M)	Mobilised under supervision for first time, no issues mobilising	
	(P)	No complaints of pain	
	(W)	No active bleeding noted, ongoing monitoring	AE
08.10.20 16.10	(O)	News 0 hypotensive at 106/66, asymptomatic, oral fluids encouraged.	
	(P)	Declined any analgesia to be on board for going home, no complaints of pain	
	(W)	Surface site satisfactory, no active bleeding	
	(PVC)	PVC removed	
	(ACN)	Given discharge information both written and verbal and analgesia explained. Awaiting discharge transport.	
	(N/FB)	Had diet and fluid earlier, had yoghurt, prior to ~~be with~~ mobilising	AE

ONGOING PLAN OF PATIENT CARE & EVALUATION

Document interventions/treatment, evaluation & changes to patient condition

Code					
N/FB	Nutrition and Fluid Balance	**E**	Elimination	**C**	Communication
PUP	Pressure Ulcer Prevention	**P**	Pain	**LD**	Learning Disabilities
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F	Falls	**PH**	Personal Hygiene	**PC**	Psychological/Well being
BR	Bedrails	**OH**	Oral Hygiene	**S**	Sleep
A	Airway/Breathing	**I**	Infection Control	**CF**	Cognitive Function
O	Observation & Monitoring	**PVC/CVC**	PVC/CVC	**ACN**	Additional Care Needs

Date/Time	Code		Initials
08.10.20 16:25	(ACN)	Discharged from ward, no issues on enquiry	AG
	(E)	Stacey has passed urine	MG

2a. CAPACITY

Do you have any concerns regarding the patient's capacity or ability to make healthcare decisions (including Cognitive Impairment/ Delirium/ Confusion/ Diagnosed Mental Health Condition / Learning Disability)? **Y** (N)

IF YES SPECIFY _____

IF YES, Notify medical staff of the need to undertake a **capacity assessment with regard to the treatment needed and nurse to consider Butterfly scheme / Getting to Know Me.**

2b. FORMAL CONSENT TO TREATMENT

Check Consent to Treatment Form completed for Surgery/Medical Procedure/Test **(if applicable)**, signed and in medical records ☐

Power of Attorney/Legal Guardianship (if applicable)

a) Welfare?	**Y** (N)	Activated: Y N Contact details:		

If the emergency / first contact has Power of Attorney (Welfare only) or Legal Guardianship they are legally entitled to full disclosure of all confidential information

3. DISCLOSURE OF INFORMATION

I/ the patient give consent for full disclosure of confidential information to first contact only i.e. diagnosis, test results etc? (Y) **N**

I/ the patient give consent to disclosure of general information to general enquiries from all other relative/carers/friends i.e had a good day; doing well etc? (Y) **N**

Is there anyone you do NOT wish us to disclose any information to? **Y** (N)

Full name/s & relationship _____

4. SOCIAL CIRCUMSTANCES

Dependents
Have arrangements been made for any dependents/pets (Y) **N** **N/A**

Home Environment
Is the patient planning to return to their usual home after they leave hospital? (Y) **N**

Are there any concerns regarding post procedure discharge i.e. poor mobility around the home, access to toilet, stairs, personal care, cooking, housework, shopping, laundry etc

If YES please describe _____

1. GENERIC PATIENT DETAILS

Hospital SHX Ward Sur Consultant Elliot

Date of Admission 8/10/20 Time ______ Expected date & time of discharge 8/10/20

Patient details (affix label)	GP details (affix label)
Surname LEONARD.	GP Name Brechin Health Centre,
Forename STACEY	Address
DOB and CHI 2804880060	
Address	
	Postcode
Postcode	Telephone Number
Sex F	
Address if different from above	Home Telephone Number 01356 622497
	Mobile Telephone Number

Preferred Name STACEY Title ______ Age 32 Marital Status Partner.

Ethnic Origin Scottish First Language English Other: ______ Interpreter Required Y (N) (circled)

Date interpretation and translation services contacted ______ Initials ______

Do you/the patient use other methods of communication? Y N

Sign Language ☐ Braille ☐ Makaton ☐ Talking Mat ☐ Other: ______

Religion ——— Does the patient have any spiritual care needs? Specify ______

Emergency / First Contact/s	
1st. Contact STEVEN GRANT	2nd Contact
Relationship PARTNER	Relationship
Address S/A	Address
Telephone Number 01356 622497	Telephone Number

Is the First contact aware of the admission: (Y) N

Is the First contact aware of the discharge date and time and able to collect / escort home? (Y) N N/A

Is the patient or carer aware of your discharge date and time (Y) N **Patient** **Carer** (circle)

Does the patient require a person to be available to offer help but not physically present in the home (Y) N
or
Does the patient require a person to be at the home for or up to a period of 24 hours (Y) N

"Coming into and Leaving Hospital" and 'Your trip to Theatre' leaflets given (Y) N

Ask the patient, have they received and understand all the procedure instructions (Y) N

ONGOING PLAN OF PATIENT CARE & EVALUATION

Document interventions/treatment, evaluation & changes to patient condition

Code					
N/FB	Nutrition and Fluid Balance	**E**	Elimination	**C**	Communication
PUP	Pressure Ulcer Prevention	**P**	Pain	**LD**	Learning Disabilities
M	Manual Handling & Mobility	**W**	Wound/Skin Integrity	**PS**	Personal Safety
F	Falls	**PH**	Personal Hygiene	**PC**	Psychological/Well being
BR	Bedrails	**OH**	Oral Hygiene	**S**	Sleep
A	Airway/Breathing	**I**	Infection Control	**CF**	Cognitive Function
O	Observation & Monitoring	**PVC/CVC**	PVC/CVC	**ACN**	Additional Care Needs

Date/Time	**Code**		**Initials**

Criteria for Nurse Led Discharge

1. Pain Score 0

Pain Score 1-2

Pain Score 3

Give simple Analgesia & Review in 1 Hour

2. There are no signs of nausea & vomiting (N&V)

Patient has N&V, Give prescribed Anti Emetic & Review in 1 hr

3. The patient does not have any complications post op/post procedure

Patient has post op/procedure complications - Take appropriate actions and Review in 1 hr

4. SEWS score within acceptable limits

Escalate as per SEWS and review as appropriate

5. The patient has passed urine (if appropriate)

Assess patient for risk of retention and preform bladder scan

ADMIT OVERNIGHT

6. The patient has all the appropriate discharge information and education.
TTOs if prescribed have been given and explained.
If applicable 24 hour post discharge contact arrangements in place

7. There is an escort home and carer support is available to offer help for 24 hours and not required to be present

Carer support is required to be present with patient at home for 24 hrs and there is none available

Patient is ready to be discharged

Discharge Checklist completed?

Discharge patient

Multidisciplinary Record of Care
Register of all personnel writing in Core Data Set

All members of staff who are using this Core Data Set should complete this section once.

Name	Job title	Ward	Hospital	Signature	Initials	Date
MARY HARRIS	CN	PAC	SHX	M. Harris	MH	23.9.20
AMY BROWN	SN	SUR	SHX	ABrown	AB	8/10/20
ALISON HAGGART	RN	SU	SHX	AHeggat	AH	8/10/20
ALISON ELLIS	SN	SO	SHX	AEllis	AE	08/10/20

Date/Time	INVESTIGATIONS/TESTS	RESULTS e.g. catheter label, urinalysis label

Abbreviations

This abbreviation list has been approved by NHS Tayside and is supported by NHS Tayside policy for Records and Record Keeping for Registered Nurses, Midwives and Specialist Community Public Health Nurses.

A & E	Accident and Emergency	**IM**	Intramuscular
ABX	Antibiotics	**INR**	International Ratio
BM	Blood Glucose Monitoring	**ICU**	Intensive Care Unit
BMI	Body Mass Index	**IV**	Intravenous
BP	Blood Pressure	**LA**	Local Anaesthetic
CAD	Care given as described on.....Date..... (the date and planned care must be stated on the ongoing record)	**MUST**	Malnutrition Universal Screening Tool
CCU	Coronary Care Unit	**MRSA**	Methicillin Resistant Staphylococcus Aureus
C DIFF	Clostridium Difficile	**MSSU**	Mid Stream Specimen of Urine
CHI	Community Health Index	**NIR**	No Intervention Required
CPE	Carbapenemase Producing Enterobacteriaceae	**O2**	Oxygen
CPR	Cardio Pulmonary Resuscitation	**PAC**	Pre Assessment Clinic
CSU	Catheter Specimen of Urine	**PEG**	Percutaneous Endoscopic Gastronomy
CVA	Cerebral Vascular Accident (Stroke)	**PICC**	Peripherally Inserted Central Catheter
CVC	Central Venous Catheter	**PMH**	Past Medical History
DNA CPR	Do Not Attempt Cardio Pulmonary Resuscitation	**PVC**	Peripheral Vascular Catheter
DOB	Date of Birth	**SBAR**	Situation Background Assessment Recommendations
DOSA	Day of Surgery Admission Unit	**SEWS**	Scottish Early Warning Score
DVT	Deep Vein Thrombosis	**SPO2**	Saturation of Peripheral Oxygen
ECG	Electrocardiogram	**TPAR**	Tayside Prescription Administration Record
GA	General Anaesthetic	**TTO's**	Tablets to Take Out
HAN	Hospital At Night	**UTI**	Urinary Tract Infection
HDU	High Dependency Unit		
ICT	Infection Control Team		

Discharge Checklist

Category	Essential	Assessment
Conscious level	Alert & Responsive	(Y) N
Mobility	Able to mobilise (within the constraints of any surgery / procedure undertaken) with no dizziness	(Y) N
Pain	Payient indicates that they are experiencing acceptable levels of pain (pain score 0-1)	(Y) N
Eating and Drinking	Tolerating oral fluids (+/- light diet) with no signs of nausea / vomiting	(Y) N
Elimination	Patient has passed urine	(Y) N
Ongoing care and patient information	Patient / carer given any leaflets / cards associated with medications detailing side effects and cautions Has own analgesia	Y (N) N/A
	Post procedure / surgery advice given	(Y) N N/A
Social circumstances	Does the patient require a person to be available if required to offer help but not physically present in the home **or** Does the person require a person to be at the home for up to a period of 24 hours	Y N (N/A) (Y) N N/A
Transport	Patient has transport home / ambulance arranged (if applicable)	(Y) N N/A

Discharge Final Check

PVC removed?	(Y) N N/A
Equipment/dressings etc. given to patient / carer? gauze swabs	(Y) N N/A
Patient / carer given medication?	Y (N) N/A
Pharmacy Smoking Support request given if wishes to continue quit attempt	Y N (N/A)
Valuables returned to patient? E.g. glasses / hearing aids / walking aids	Y N (N/A)
Out Patient Appointment/s.	(Y) N N/A
Please state Monday 12/10/20 at Springfield See GP Arbroath 13·30	

Patient is ready for Discharge. Nurse Signature _____ **Date** 08·10·20

Patient to be admitted for overnight stay. Nurse Signature _____ **Date** _____

(adapted from the British Association of Day Surgery Resources 2014 Wirral NHS Trust)

CONFIDENTIAL

PLEASE DO NOT VIEW THESE RECORDS
UNLESS YOU HAVE THE PATIENT'S CONSENT

Mutidisciplinary Record of Care
Core Data Set

Day Case / 24 Hour Stay (Surgery)

PATIENTS/CARERS ARE ASKED TO COMPLETE ALL SECTIONS HIGHLIGHTED IN BLUE IF ABLE TO DO SO

Telephone Assessment

MANDATORY COMPLETION

Core Data Set completed by **Patient** ☐ **Carer** ☐ **Nurse** ☑

Partially completed **Initials of Nurse:-** MH **Date:-** 23.9.20 **Time:-**

If Section/s not completed then specify section number and communicate this on handover

_____

Fully completed **Initials of Nurse:-** **Date:-** **Time:-**

Re-admission history can be re-used if no more than 12 weeks since last admission

Date	Ward	Consultant

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Arbroath Royal Infirmary
Rosemount Road
Arbroath
DD11 2AT

www.nhstayside.scot.nhs.uk

Dr SM Rooney
Brechin Medical Practice
Brechin Health Centre
Infirmary Street
Brechin
DD9 7AN

Date	02/09/2019
Clinic Date	27/08/2019
Your Ref	
Our Ref	YB/MC/ **2804880060**
Enquiries to	Marianne Cowie
Extension	65021
Direct Line	01356 665021
Email	marianne.cowie@nhs.net

Dear Dr Rooney

Stacey Leonard, 2 Wards Road, Brechin, Angus, DD9 7AS DOB: 28/04/1988

The above named patient was reviewed in the gynaecology clinic in Arbroath. She is 31-years-old, para 4, who has mainly had right iliac fossa pain for more than a year. Her menstrual cycle is fairly regular but variable from being light to heavy. She has no symptoms of intermenstrual bleeding. Her smears have been regular and normal and a gynaecology laparoscopy in 2009 has been negative.

Abdominal, speculum and vaginal examination was entirely normal.

In view of the slightly raised previous CA125 I had repeated the CA125. After discussing with the patient I have made arrangements for her to have an MRI. I will aim to have a telephone consultation with the patient once I have the MRI report.

With kind regards.

Yours sincerely

Authorised on 03/09/2019 12:32:46 by Yeswanthini Bhushan.

Dr Y Bhushan
Consultant Obstetrician and Gynaecologist

NHS Tayside

Department of Surgery
Stracathro Regional Treatment Centre
Stracathro Hospital
NHS Tayside
Stracathro Hospital
Brechin DD9 7QA
65068
01356 665101
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	12/10/2016
Clinic Date	04/10/2016
Your Ref	
Our Ref	MOH/ amc/ **2804880060**
Enquiries to	Mrs A. Campbell, Surgical Secretary
Extension	65068
Direct Line	01356 665068
Email	acampbell3@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

This lady was seen in the surgical see and do local anaesthetic clinic at Stracathro Hospital today regarding a lump in her right axilla.

PROCEDURE: Under infiltration of 25 mgs of Levobupivacaine the small cyst was excised through a transverse elliptical incision. It was clearly a cyst and was discarded. The skin was sutured with subcuticular 3/0 Vicryl Rapide and Steristrips over it.

She has been advised to take Paracetamol tablets for pain relief.

HISTOLOGY: Nil.

SUTURE REMOVAL: Nil.

FOLLOW UP: No follow up arrangements have been made.

Yours sincerely

Authorised on 12/10/2016 11:56:35 by Typist/Secretary Aileen Campbell, not verified by Consultant.

M. O. Hamza FRCS Edin & Glas
Speciality Doctor

NHS
Tayside

Department of Surgery
Stracathro Regional Treatment Centre
Stracathro Hospital
NHS Tayside
Stracathro Hospital
Brechin DD9 7QA
65068
01356 665101
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	14/09/2016
Clinic Date	24/08/2016
Your Ref	
Our Ref	WJGM/ amc/ **2804880060**
Enquiries to	Mrs A. Campbell, Surgical Secretary
Extension	65068
Direct Line	01356 665068
Email	acampbell3@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

You referred this gentleman to our service with a lump in her right axilla. She was sent an appointment for our one stop see and do clinic at Stracathro Hospital but unfortunately, has not attended for this.

I am not sure of the reason for her non-attendance and a further appointment has not been arranged. If she still wishes to be seen in our clinic she can contact us within 4 weeks of the date of this letter and a further routine appointment can be arranged.

Yours sincerely

Authorised on 14/09/2016 09:47:21 by Typist/Secretary Aileen Campbell, not verified by Consultant.

Mr. W.J.G. Murray
Locum Consultant General Surgeon

Stacey Ellis
17 Annat Road
Montrose
DD10 8EF

Screening Notes

Ambulance required	No
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No
Manual entry to Topas	No

AH

BOOKING DETAILS

CLINIC:	See and Do		
DATE:	20/04/2016	SCREENED BY:	David Smith:Screening User
SPECIALTY:	T312H_C11	BOOKED IN TOPAS:	Yes
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

20/4

24/8
2.45pm

REFERRAL LETTER
MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11
TAY General Referral

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

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospital** and **hospital address**

Hospital unit no.: T312H

Email address:

Date of Referral (set by referrer) 19-Apr-2016
Date referral was submitted 19-Apr-2016
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: lump right axilla

Comment: This 27 year old lady has been aware of a lump of her right axillae for several months. It is not changing and is non tender. On examination there is a very superficial lump measuring approximately 2cm in diameter with the skin mobile over it, it would appear to be a benign cyst. She has no significant skin lesions and no breast lumps. I think this is a simple benign cyst but she would like it to be removed. I would be very grateful if you would consider this. Thank you. Dr Ruth Cranswick GMC No., 3260678

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	12-Apr-2016
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	12-Nov-2007
Exercise grading:	Walking alot	12-Nov-2007

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	45	Kg	Recorded Date: None provided
BMI:	17.7	Kg/m^2	Recorded Date: None provided
Blood Pressure:	112/78	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[D]Lump, localized and superficial	-	-	Subcut, ref plastics.	12-Apr-2016
Depressed mood	-	New event	[TRUNCATED]Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits o	15-Mar-2016
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992

Recurrent acute otitis media	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Patient reviewed	-	-	12-Apr-2016
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY	-	12-Apr-2016	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	17/08/2016
Theatre Date	16/08/2016
Your Ref	
Our Ref	WMcM/JHG/ **2804880060**
Enquiries to	Mrs Jackie Gilchrist
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Procedure: Loop excision of transformation zone.

Following a smear suspicious of invasive disease and a difficult examination in clinic this lady was taken to theatre today as planned for a diagnostic loop excision.

On examination she had a 1.5 cm exophytic lesion arising circumpherentially around the os. Whilst this could be a florid viral wart the appearances were certainly more inkeeping with malignancy. Clinically there was no vaginal or parametrial spread. We will liaise with the radiology department as to whether it is still appropriate to do her imaging next week and will see her once the pathology results are available.

Yours sincerely

Dr Wendy McMullen
Consultant in Obstetrics & Gynaecology

TCI 15/8

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	15/08/2016
Your Ref	
Our Ref	KR/JHG/ **2804880060**
Enquiries to	Mrs Jackie Gilchrist : 09/08/2016
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

The biopsy taken at Stacey's last clinic visit has shown only CIN III. It might be that the sample is not representative as Stacey found the examination quite painful and I was not able to do the loop biopsy which was my initial intention. In view of this I have spoken to Stacey over the phone, have given her the diagnosis and will bring her in to theatre on 16 August to carry out the loop biopsy under general anaesthesia.

Yours sincerely

Dr Kalpana Ragupathy
Consultant Obstetrician & Gynaecologist

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel: 01382 660111
Fax: 01382 632096
www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	08/08/2016
Clinic Date	04/08/2016
Your Ref	
Our Ref	KR/JHG/ **2804880060**
Enquiries to	Mrs Jackie Gilchrist
Extension	32085
Direct Line	01382 632085
Email	jgilchrist@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Clinical impression – cervical cancer (? Stage 1B)

Many thanks for referring Stacey to the colposcopy clinic today. Her smear was suggestive of high grade dyskaryosis ? invasive.

On clinical examination there is a raised lesion on the cervix measuring about 2.2 cm in its maximum dimension. I was only able to do a punch biopsy today in view of the intense vaginal pain Stacey has (long history of vaginismus). I have also organised for a CT and MRI to be carried out. I will see her back in the clinic on 15 August to give her the final diagnosis.

I have explained to her my high suspicion of cervical cancer and hopefully the scan will give us further information about staging and treatment. Stacey was accompanied by her partner today and he was part of the consultation. I have also given her details of our clinical nurse specialist in case she requires support while we are awaiting the results.

Yours sincerely

Dr Kalpana Ragupathy
Consultant Obstetrician & Gynaecologist

NHS
Tayside

Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Whitehills Hospital
51 Station Road
Forfar
DD8 3DY

www.nhstayside.scot.nhs.uk

Dr RC Cranswick
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date	27/07/2016
Clinic Date	19/07/2016
Your Ref	
Our Ref	CN/RB/ **2804880060**
Enquiries to	Mrs Rosemary Bell
Extension	61206
Direct Line	01307 475206
Email	rosemarybell@nhs.net

Dear Dr Cranswick

Stacey Ellis, 17 Annat Road, Montrose, DD10 8EF DOB: 28/04/1988

Thank you for referring this twenty-eight year old para 4+0 for consideration of sterilisation.

Unfortunately NHS Tayside Protocol does not allow me to perform sterilisation in patients younger than thirty due to the high risk of regret. Stacey's main reason for wishing sterilisation is that she has finished her family and she has had trouble with other forms of contraception. She currently has a Nexplanon insitu and bleeds heavily with this. She has intermenstrual and post-coital bleeding. She is a smoker and has not had a smear in eight years. She has a low BMI. She has previously tried Depo-Provera and found that she developed a pain in her side every eight weeks. Although she has never tried the Mirena coil, she does not like the idea of a foreign body inside her uterus. Her pregnancies were essentially uncomplicated but she did have an anti-partum haemorrhage in one pregnancy and she informs me there were some concerns about her cervix at this time. I note she suffers from depression and is currently on Sertraline for this.

Stacey was understandably disappointed that I was unable to offer her sterilisation. However my concern was that her irregular bleeding may be due to an abnormality of her cervix rather than hormonal. After much persuasion she eventually allowed me to examine her cervix but she was only able to tolerate a quick look. The cervix was erythematous, probably represents an ectropion however I was not able to see whether the area was raised. There was some contact bleeding with the smear. A quick vaginal examination did not suggest any suspicious lesions.

I have suggested that she could add in the combined oral contraceptive pill for one month to see if this would upgrade her progesterone receptors and allow the Nexplanon to be more effective. She is aware that if the smear is abnormal she would need colposcopy. I have given her an Information

Screening Notes

Ambulance required	No
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No
Manual entry to Topas	No

BOOKING DETAILS

CLINIC:	F2GENGYN (Tayside General Gynae Clinic)		
DATE:	21/03/2016	SCREENED BY:	Vanessa Kay:Screening User
SPECIALTY:	T357C_F2	BOOKED IN TOPAS:	Yes
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

REFERRAL LETTER

MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.
	Gynae - Tait Ward			SCC

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General Referral

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

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospital** and **hospital address**

Hospital unit no.: T357C

Email address:

Date of Referral (set by referrer) 16-Mar-2016
Date referral was submitted 17-Mar-2016
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number(s)

Voice: 959209
Voice: 07938812432

REGISTERED GP DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: request for sterilisation

Comment: This 27 year old lady has 4 children aged, 7, 4, 2 and 1 years. She is in a stable relationship and is absolutely sure that she does not want any further children. She currently has a Nexplanon implant but gets irregular bleeding on this. She has also tried a mirena coil in the past and did not like it. She is generally fit with no significant medical history. She has just started sertraline 50mg daily and is on no other medication. I would be very grateful if you would consider her request. Thank you. Dr Ruth Cranswick GMC No., 3260678

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20.	24-Sep-2015
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	12-Nov-2007
Exercise grading:	Walking alot	12-Nov-2007

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date:	None provided
Weight:	44.6	Kg	Recorded Date:	None provided
BMI:	17.6	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	112/78	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Depressed mood	-	New event	[TRUNCATED]Very flat. Feels like running away most days. 4 kids age 7, 4, 2 and 1. Husband supportive but works full time and aware she won't let him help with much. Long established eating habits o	15-Mar-2016
O/E - discharge from ear	-	-	[TRUNCATED]bilateral ear ache for 2 weeks, both ears discharging, clinically pussy discharge both ears left > right, tympanic membranes seem intact however reports right ear drum perforation as chil	02-Aug-2012
Anxiety with depression	-	-	[TRUNCATED]Low mood 3 months Feels not coping Anxious and feels unsafe alone in house. House cold. Sees Mhairi Still weekly. gets no time alone as Declan up till midnight. Can't keep him in room as	05-Jan-2012
Spontaneous vaginal delivery	-	-	- MRI, Male, 3160 grams, 39+5 weeks gestation. (See Docman 01.06.11)	28-May-2011
H/O: amblyopia	-	-	L eye Doesn't tolerate contact lens	19-Aug-2010
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison. .	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991

Specific delays in development	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Discharged from hospital	-	-	15-Mar-2015
Advice about long acting reversible contraception	-	-	06-Mar-2013
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY	-	15-Mar-2016	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Tayside Sexual and Reproductive
Health Service
Abbey Health Centre
East Abbey Street
Arbroath
DD11 1EN

NHS
Tayside

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
Gynaecology Outpatients Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date 23.2.2011
Your Ref DR/LIF
Our Ref

Enquiries to Dr D Reed
Extension
Direct Line 01241 430303
Email

Dear Dr Chien

RE: STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB 280488 0060

With reference to the above patient you referred to the Psychosexual clinic at Abbey Health Centre Arbroath, on 21.6.2010.

The patient failed to respond to a letter offering an appointment explaining that they had come to the top of the waiting list. Six weeks have passed and as we have not heard from Stacey ,we assume she is not requiring an appointment anymore and have removed them from our waiting list.

Many thanks

Yours sincerely

Dr D Reed
Associate Specialist in Sexual and Reproductive Health

Copy to
Dr R Cranswick Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Ophthalmology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Telephone Number 01382 660111
Fax Number 01674 832196
www.nhs.tayside.scot.nhs.uk

Date of clinic 05 August 2010
Date dictated 05 August 2010
Date typed 11 August 2010

Your Ref
Our Ref GS/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Mr Ian Morris
Specsavers Montrose
83 High Street
Montrose
DD10 8QY

Dear Mr Morris

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

Thank you for sending this young lady back to the clinic.

Her left eye is amblyopic and she is not really able to tolerate a contact lens in that side. She has been having frequent episodes where the sight seems to go on that side but on examining her today her optic discs look to be reasonably healthy if a little hypermetropic. In the absence of any serious findings probably we can accept this as normal for her but I would hope that her symptoms resolve at some point. She doesn't need a routine appointment to come back but I would happily see her again at your request if things are worsening.

Yours sincerely

Dr Graeme Sharpe
Associate Specialist in Ophthalmology
(Dictated but not read)

Copy to
Dr R Cranswick Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Direct Referral to Eye Department- General

NHS Tayside

Patient Surname	Patient Forename	OPTICIAN DETAILS
ELLIS	STACEY	**Specsavers Montrose** **83 High Street** **Montrose** **DD10 8QY** **Tel: 01674 679080**
DOB 28/4/88	CHI 0000	
Address 8 MILL PLACE, GRAIGO		
Postcode DD10 9LB	Tel No	
Ref:		Date: 17/6/10

Patient history & details

Miss Ellis attended for a sight test giving a history of repeated episodes of blacking out of vision in the LE. These last for a few hours and have become more frequent over the last 6 mths. The LE is amblyopic and seems to "wander around" when checking OMB

General Health

OK

Medications

Co-dydramol

Ocular examination – External / Internal

Right	Left
Lids + lashes healthy Cornea clear Vitreous clear Optic disc NRR healthy with vessels entering clearly Macula - good reflex periphery - all quadrants healthy	Lids + lashes healthy cornea clear vitreous clear Optic disc looks slightly pale with whitish plaque over the vessels. Macula - good reflex periphery - all quadrants healthy

Tonometry Time R L Applanation Y / N

Pupils: very sluggish

Fields Attached Y / N

n	Sph	Cyl	Axis	Prism	VA	PH VA	Near add	NVA	Test Date
R 6/60	+6.50	-0.50	180		6/6			N5 N8	16/6/10
L CF	+7.50	-0.50	180		6/7.5				

Specific Additional Information: **Fundus Photo attached? Y / N**

Ophthalmological review should be sought due to the possibility of Left toxic optic neuropathy

RECEIVED 21 JUN 2010

GP informed of referral? Y / N
(Do not send a copy of this letter – use separate GP letter for information only)

GP Name: DR Cranswick

GP Address: Amant Bank.

Optometrist Name: IAN MORRIS

Optometrist Signature: Ian Morris

ROUTINE	✓
SOON	
URGENT	

Gynaecology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Telephone Number 01382 660111
Fax Number 01674 832196
www.nhs.tayside.scot.nhs.uk

Date of clinic 21 June 2010
Date dictated 21 June 2010
Date typed 23 June 2010

Your Ref
Our Ref PC/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Dr D Reed
Associate Specialist
Psychosexual Clinic
Abbey Health Clinic
Arbroath

Dear Dr Reed

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

I would be grateful if you could see this above 22 year old para 1 + 1 for possible psychosexual counselling with her partner. She was first referred to me in June 2009 with vaginal bleeding and dyspareunia. It was difficult to examine her at the clinic because she was extremely tensed up and hence we undertook a diagnostic laparoscopy in September 2009. Her laparoscopy was completely normal and she was then discharged from any further follow-up.

She was then referred back to me recently and was seen at my clinic here in Montrose today, 21 June 2010 with superficial dyspareunia. All these symptoms post-dated her last delivery in 2008.

On examination the abdomen was soft and non-tender. There was no mass felt. On inspection of the vulva there were no lesions seen or any distortion of her vulval anatomy. Vaginal speculum examination was also entirely normal.

I wonder whether she has got vaginismus to account for her superficial dyspareunia. I would be grateful if you could assess her on this possibility. When she was seen at my clinic she also asked about the possibility of being sterilised. Given her young age I informed her I was not happy to sterilise her as there are other methods of reversible and reliable contraception available. I have not made any follow-up appointment for her in the meantime.

Kind regards.

Yours sincerely

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
(Dictated but not read)

Copy to
Dr R Cranswick Annat Bank Practice Links Health Centre Frank Wood Way Montrose DD10 8TY

Screening Notes

Ambulance required	Yes
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No

BOOKING DETAILS

CLINIC:	Gynae O/P Clinic		
DATE:	06/05/2010	SCREENED BY:	Patrick Chien:Screening User
SPECIALTY:	T357C_F2		
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

REFERRAL LETTER
MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General Referral

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

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospital** and **hospital address**

Hospital unit no. T357C

Email address -

Date of Referral (set by referrer) 29-Apr-2010
Date referral was submitted 29-Apr-2010
Urgency of referral Routine

☐ If patient is an armed forces veteran please tick this box

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s)

Voice: sandrastephenhasno

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr M Ireland		
GMC code	2848837	GP code	76007
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dyspareunia

Comment: This 22 year old lady complains of dyspareunia since the birth of her son 2 years ago. She had a tear which required stitches. She examined herself and though she could feel a "hole" in her vagina. O/E-V/e-Tender at vaginal entrance, no other abnormality noted. She had a laparoscopy last year which was normal. I would be grateful for your opinion.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	15-Oct-2009
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	12-Nov-2007
Exercise grading:	Walking alot	12-Nov-2007

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	46.5	Kg	Recorded Date: None provided
BMI:	18.3	Kg/m^2	Recorded Date: None provided
Blood Pressure:	126/75	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison.	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995
Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications

recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
MEBEVERINE HCl tabs 135mg	04075001	tablet(s)	TAKE ONE 3 TIMES/DAY	-	26-Apr-2010	-
FYBOGEL MEBEVERINE sach	00980001	sachet(s)	TAKE ONE TWICE DAILY FOR UP T[more]	-	21-Apr-2010	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Screening Notes

Ambulance required	Yes
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No

BOOKING DETAILS

CLINIC:	Gynae O/P Clinic		
DATE:	24/05/2010	SCREENED BY:	Patrick Chien:Screening User
SPECIALTY:	T357C_F2		
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

REFERRAL LETTER
MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General Referral

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

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospital** and **hospital address**

Hospital unit no. T357C

Email address -

Date of Referral (set by referrer) 19-May-2010
Date referral was submitted 19-May-2010
Urgency of referral Routine

☐ If patient is an armed forces veteran please tick this box

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s)

Voice: sandrastephenhasno

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Request for sterilisation (Already been referred for dyspareunia on 29/04/10)

Comment: Dear Dr Chien, This 22 year old girl has already been referred to you by one of my GP colleagues regarding dyspareunia. Stacey is requesting sterilisation. She has a 2 year old son, Declan, who has had very considerable problems with failure to thrive. Declan recently had an adenotonsillectomy for sleep apnoea and is slowly gaining weight. Stacey and Declan have had extensive multi agency input to support them and for short periods Declan has been in foster care. I have known Stacey for 2 years and had frequent contact with her. She has been clear throughout this time that she never intended to be a mother and certainly wants no more children. She thinks she can make a good job of caring for Declan but rightly perceives that this would be severely compromised if she had another child to care for. Stacey's Mum had 4 children all of whom ended up in care and this is her reason for not wanting to have children herself. The other issue is that she has tried implanon but requested removal for persistent bleeding (despite adding in the COCP). She is currently on depoprovera but thinks this is causing her pelvic pain (as this also occurred on a previous occasion with depo) and she is not a reliable pill taker. In summary, despite her young age I would support her request for sterilisation. Yours sincerely Ruth Cranswick

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 25.	15-Oct-2009
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	12-Nov-2007
Exercise grading:	Walking alot	12-Nov-2007

Most recent height, weight, BMI and Blood Pressure

Height:	1.59	m	Recorded Date: None provided
Weight:	46.5	Kg	Recorded Date: None provided
BMI:	18.3	Kg/m^2	Recorded Date: None provided
Blood Pressure:	126/75	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Child on protection register	-	-	[YEAR OF EVENT 1994] NOTES: mother psychiatric illness, father in prison.	01-Jan-1994
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Past procedures

Description	Laterality	Modifier	Date performed
Termination of pregnancy NEC	-	-	31-Dec-2009
Eye muscle operations	-	-	01-Jan-1995

Foster care	-	-	01-Jan-1994
Insertion of grommet	-	-	01-Jan-1992

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
CO-CODAMOL tabs 30mg 500mg	08876003	tablet(s)	TAKE 2 4 TIMES/DAY	-	13-May-2010	-
TRIMETHOPRIM tabs 200mg	05148002	tablet(s)	TAKE ONE TWICE DAILY	-	13-May-2010	-
MEBEVERINE HCl tabs 135mg	04075001	tablet(s)	TAKE ONE 3 TIMES/DAY	-	26-Apr-2010	-
FYBOGEL MEBEVERINE sach	00980001	sachet(s)	TAKE ONE TWICE DAILY FOR UP T[more]	-	21-Apr-2010	-

Clinical warnings

Allergies

H/O: non-drug allergy	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Women's & Child Health Clinical Group
Acute Services Division
Wards 37/38
Ninewells Hospital & Medical School
DUNDEE DD1 9SY
Tel Number: 01382 660111
Fax Number: 01382 632096
www.tayside.scot.nhs.uk
Date: 17th September 2009
Your Ref:
Our Ref: RY/MC
Enquiries to: Mrs Margaret Coull
Extension: 32085
Direct Line: 01382 632085
Email: margaret.coull@nhs.net

Dictated: 10/09/09
Theatre: 10/09/09

Dr M Ireland
Annat Bank Practice
Links Health Centre
MONTROSE

Dear Dr Ireland

RE: STACEY ELLIS, 8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB
MPI: 28 04 88 0060

Your patient underwent diagnostic laparoscopy under a general anaesthetic uneventfully today.

During the procedure the pelvic cavity looked entirely normal, with no evidence of endometriosis or adhesions. The left ovary had what looked like a normal follicle.

All being well she will be able to go home later on today, with no routine follow-up plans.

Yours sincerely

Dr R Youssef, Specialist Registrar to
Dr P Chien, Consultant Gynaecologist & Obstetrician

Gynaecology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Telephone Number 01382 660111
Fax Number 01674 832136
www.nhs.tayside.scot.nhs.uk

Dr M Ireland
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date of clinic 15 June 2009
Date dictated 15 June 2009
Date typed 17 June 2009

Your Ref
Our Ref PC/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Dear Dr Ireland

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

I saw this 21 year old para 1 + 1 at my Gynae Out-patient Clinic today who is complaining of constant vaginal bleeding since her last delivery a year ago. The bleeding has settled within the last two weeks. Currently she has got Implanon in situ for contraception which was inserted about a year ago. Her last cervical smear in 2008 was negative. She also complained of some dyspareunia but I note that her ultrasound scan on 23 June 2009 on her pelvis and abdomen was normal. She was also keen to preserve her future fertility.

On examination the abdomen was soft and non-tender. There was no mass felt. It was impossible to perform a vaginal speculum examination or pelvic examination on her as she was extremely tearful with the tenderness just on even light touch to her vulva or vagina. Therefore, that information is completely uninformative.

I had a discussion with her and have advised her to leave the Implanon in situ and hopefully her periods will settle down without any further treatment required. There is no indication to undertake any endometrial biopsy on her given her age.

In relation to her dyspareunia, I have offered her a diagnostic laparoscopy. She is aware of the need for a general anaesthetic and possible injury to the bowel, bladder and pelvic blood vessels which may subsequently require laparotomy. She is keen to go through with this so I have put her name down on my waiting list for a day case diagnostic laparoscopy to be done in the near future.

Yours sincerely

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
(Dictated but not read)

Copy to
Margaret Coull Dr Chien's Secretary Ninewells Hospital

Screening Notes

Ambulance required	Yes
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No

BOOKING DETAILS

CLINIC:	Gynae O/P Clinic		
DATE:	29/05/2009	SCREENED BY:	Patrick Chien:Screening User
SPECIALTY:	T357C_F2		
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

RECEIVED
29 MAY 2009
L.H.C.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gynaecology F2
TAY General Referral

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

Links Health Centre
Marine Avenue
Montrose
Angus
DD10 8TR

— **Hospital** and **hospital address**

Hospital unit no. T357C

Email address -

Date of Referral (set by referrer) 28-May-2009

Date referral was submitted 28-May-2009

Suspicion of cancer: ○ Yes ○ No

Urgency of referral Routine

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Title	MS
Sex	Female
Date of birth	28-Apr-1988
CHI no.	2804880060

Patient's address

8 MILL PLACE
CRAIGO
MONTROSE
DD10 9LB

Contact number(s) -

REGISTERED GP DETAILS

Name	Dr RC Cranswick		
GMC code	3260678	GP code	72001
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

REFERRING PRACTITIONER DETAILS

Name	Dr M Ireland		
GMC code	2848837	GP code	76007
Practice name	ANNAT BANK PRACTICE		
Practice code	13706		

Practice address

LINKS HEALTH CENTRE
MARINE AVENUE
MONTROSE

Contact number(s)

Voice: 01674-673400

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dysfunctional uterine bleeding

Comment: This 21 year old lady complains of continual vaginal bleeding with only 3 breaks from bleeding in the last year. She had an Implanon inserted following the birth of her son one year ago. 14 weeks post partum she had an USS done at Ninewells on 15/09/08 when she was complaining of a swelling in the left iliac fossa. The Scan was normal. She came requesting a D&C today and I explained that this is only occasionally performed as Scans are very helpful nowadays.She is also unsure about continuing with Implanon. I would be grateful for your advice.

Examinations and Investigations

Never smoked tobacco:	Smoking status on date of event: Never smoked.	12-Nov-2007
Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 8.	12-Nov-2007
Non drinker alcohol:	Drinking status on eventdate: Life teetotaler.	12-Nov-2007
Exercise grading:	Walking alot	12-Nov-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Blepharitis	-	-	Contact lens wearer	01-Apr-2009
Acne vulgaris	-	-	[MONTH AND YEAR OF EVENT 08/2006]	01-Aug-2006
Depressive disorder NEC	-	-	[MONTH AND YEAR OF EVENT 05/2005] NOTES: and alcohol misuse. Referred Cornhill.	01-May-2005
Right iliac fossa pain	-	-	admitted gynae with a false pos preg test, settled spontaneously	02-Apr-2005
Breast lump symptom	-	-	[YEAR OF EVENT 1997] NOTES: prepubertal.	01-Jan-1997
Convergent squint	-	-	[YEAR OF EVENT 1992] NOTES: left.	01-Jan-1992
Minor head injury	-	-	[YEAR OF EVENT 1992]	01-Jan-1992
Burn of wrist or hand NOS	-	-	[YEAR OF EVENT 1992] NOTES: right hand.	01-Jan-1992
Recurrent acute otitis media	-	-	[YEAR OF EVENT 1991]	01-Jan-1991
Specific delays in development	-	-	[YEAR OF EVENT 1989] NOTES: poor social circumstances.	01-Jan-1989

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
VARENICLINE tabs 500 micrograms	14598001	tablet(s)	TAKE ONE DAILY FOR 3 DAYS THE[more]	-	04-May-2009	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Allergies

H/O: non-drug allergy - Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: Latex itchy and red.

Additional relevant information

Administrative information

Referred By:Registered GP

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

Tayside University Hospitals

Dermatology Clinic
Stracathro Hospital
Brechin
Angus
DD9 7QA
Tele: 01356 647291
Fax: 01356 665101

Dr P D Mulcahy
Howe of the Mearns
Blackiemuir Avenue
Laurencekirk

Date typed:	**6th of March 2008**
Dictated:	**29th of February 2008**
Your Ref	
Our Ref	**AB/AF/2804880060**
Enquiries to	Mrs Y. Findlay – secretary
Extension	65036
Direct Line	01356 665036
Email	yfindlay@nhs.net

Dear Dr Mulcahy,

Stacey Ellis, (28.04.88), Mearns View, Church Road, Luthermuir, AB30 1YS

Your patient with acne vulgaris failed to attend her follow up appointment in the Dermatology Outpatient Clinic today.

I assume therefore that her problem has settled but should she require any further input please let us know and we can reappoint her.

Yours sincerely,

Dictated, not read

Dr A Bryden
Specialist Registrar

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

Dr. Pat Mulcahy,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date 13th August, 2007 Clinic: 1st August, 2007
Your Ref
Our Ref RM/YF/280488/0060
Enquiries to Mrs. Y. Findlay - Secretary
Extension 65036
Direct Line 01356 665036
Email yfindlay@nhs.net

Dear Dr. Mulcahy,

Stacey Ellis, Mearns View, Church Road, Luthermuir.

Diagnosis: Acne Vulgaris

Management: Lymecycline 408 mgs daily
Topical Brevoxyl

I reviewed this girl in the Dermatology Clinic today. She stopped her Lymecycline about three weeks ago and feels the skin on her face has started to flare up again. Her back and chest were clear but she does have some papules and pustules on her cheeks and forehead and some old scarring from previous acne lesions on her cheeks. She is not keen on oral contraceptive but she is interested in Depo Provera and I have asked her to see you to discuss this. I have re-started her on Lymecycline today and arranged review in three months, by which time she should be on Depo Provera and we can see how the oral antibiotics are working. If they are not, we can consider Roaccutane therapy.

Yours sincerely,

Dictated Not Read

R. W. E. Mellish,
Clinical Assistant.

Dermatology Clinic
Stracathro Hospital
Brechin
Angus
DD9 7QA
Tele: 01356 647291
Fax: 01356 665101

Date typed: 12th March 2007
Dictated: **Stracathro Dermatology Clinic: 7th March 2007**

Your Ref
Our Ref **CGF/2804880060**
Enquiries to Mrs Y. Findlay – secretary
Extension 65036
Direct Line 01356 665036
Email yfindlay@nhs.net

Dr P D Mulcahy
Howe of the Mearns
Blackiemuir Avenue
Laurencekirk

Dear Dr Mulcahy,

Stacey Ellis, (28.04.88), Mearns View, Church Road, Luthermuir, AB30 1YS

I reviewed this girl in the Dermatology Clinic today. Thank you for your note regarding her medication. In fact, on Tetralysal 1 daily and topical Brevoxyl, her skin is quite good although a little dry, so I have suggested she washes with the Dermol lotion. She tells me that moisturisers make her skin too greasy but she does need some sort of emollient, so this might be a good compromise.

Review has been arranged for 4 months time.

Yours sincerely,

Dictated, not read

Dr. C. Green, FRCP
Consultant Dermatologist.

LAURENCEKIRK MEDICAL CENTRE
BLACKIEMUIR AVENUE LAURENCEKIRK AB30 1GX

DR NEIL ANDERSON MB. ChB. DRCOG. MRCGP
DR PAT MULCAHY MB Ch.B. D.Obs. DCH.MRCP
DR KERSTIN BOX BSc. MB. Ch.B. MRCGP.DCCH

Tel 01561 377258
Fax 01561 378270

04 January 2007

KB/GD

Dr C Green, FRCP
Consultant Dermatologist
Dermatology Clinic
Stracathro Hospital
BRECHIN

Dear Dr Green

RE: Miss Stacey Ellis 28/04/1988
Mearnsview Church Road Luthermuir Laurencekirk
Home: 01674 840628 CHI: 2804880060

Problem: Acne

Thank you for your letter about this young lady. She declines to take Dianette as recommended by yourself as she is strongly against taking any form of contraceptive pill and states that contraception is not required at present. I have prescribed Tetralysal and Brevoxyl as you have suggested.
This letter is just for your information.

Yours sincerely

Dr K Box

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

Dr. Pat Mulcahy,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date 15th December, 2006 Clinic: 29th November, 2006
Your Ref
Our Ref CG/YF/280488/0060
Enquiries to Mrs. Y. Findlay - Secretary
Extension 65036
Direct Line 01356 665036
Email yfindlay@nhs.net

Dear Dr. Mulcahy,

Stacey Leonard, Mearns View, Church Road, Luthermuir.

I reviewed Stacey in the Dermatology Clinic today. She tells me that unfortunately the Differin was too irritating and that she had to stop this. The Lymecycline is helping to the extent that some of the inflammatory lesions are improving but she still has comedonal acne on her cheeks and forehead. Her affect seemed rather flat to me today and I note that she has a past history of depression, previously treated with Fluoxetine. She tells me the Depo Provera caused nausea and in any case, as per Dr. Procee's previous letter, I would be grateful if she was prescribed Dianette for contraceptive purposes, if there are no contra-indications to this, as it is likely to be helpful for her acne.

I was concerned that she is not using any contraceptive at all at present, despite being in a relationship. She should continue on the Tetralysal one daily. Review has been arranged back in three months.

Yours sincerely,

Dictated Not Read

Dr. C. Green, FRCP,
Consultant Dermatologist.

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

Dr. Pat Mulcahy,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date	**1st August, 2006 Clinic: 19th July, 2006**
Your Ref	
Our Ref	**RP/YF/280488/0060**
Enquiries to	**Mrs. Y. Findlay - Secretary**
Extension	**65036**
Direct Line	**01356 665036**
Email	**yvonne.findlay@tuht.scot.nhs.uk**

Dear Dr. Mulcahy,

Stacey Leonard (Ellis), Mearns View, Church Road, Luthermuir.

Diagnosis: Acne Vulgaris – Face

Management: Lymecycline
Differin Cream
Dianette to be considered

Thank you for referring this eighteen year old young lady with facial acne to the Clinic. She describes this as being present for the past five years and I understand she has tried several different topical treatments as well as a three to four months course of Erythromycin and then Minocycline. She had a flare up two weeks ago but she has not been applying any topical treatment or taking any systemic treatment for the past year. There is a history of possible scalp psoriasis when she was aged ten years and a history of depression for which she was on Fluoxetine; she stopped this about two months ago. She is currently on monthly injections of Depo Provera as a contraceptive. I note her mother and brother suffer from acne and have received Roaccutane treatment which did help resolve the problem. She has no known allergies.

On examination of her face, there were wide spread comedones on the upper cheek and lower part of the face and chin. There were a few papules but no cysts. On the left cheek there were one or two areas of minimal scarring. Dr. Green and I explained to Stacey that Roaccutane would be the last option and we would like to try topical treatment in the first instance and some antibiotics. We recommended starting a course of Lymecycline once a day for at least three months and also prescribed Differin cream. She could use Dermol 500 as a soap substitute as well as a moisturiser.

I wonder if she could have some information regarding Dianette and perhaps change her contraceptive medication to this as Depo could make her skin worse. We will review her back in the Clinic in four months' time.

Yours sincerely,

Dictated Not Read

R. Procee,
GP SHO.

© C

Hospital Use only	Clinic	Day Date	Time	Hospital No.

Ambulance transport required?

YES – ☐ NO – ☐

GP REFERRAL LETTER

SITTING - ☐ STRETCHER - ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Dermatology

Hospital: Stracathro Hospital
By Brechin
DD9 7QA

Urgency of Referral - Routine

PATIENT DETAILS

Surname: Ellis Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road, Luthermuir, Laurencekirk, AB30 1YS

Date of Birth: 28/04/1988 Sex:

Phone Number: Home: 01674 840628

Unit No.

CHI Number 2804880060

REFERRING DETAILS

Referring address

Practice Address -

Laurencekirk Medical Centre
Blackiemuir Avenue
Laurencekirk AB30 1GX

10/4

Phone number –01561 377258 Fax number –01561 378270

Name of referring Practitioner – Dr A Locum DS/KC Dr Dora Spangenberg

Stacey Ellis (28/04/1988)

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

I would be grateful if you could see Stacey who has been suffering from acne vulgaris on her face for quite a while. She has been on different treatments including Erythromycin and Minocycline but nothing really helps and she gets frequent flare-ups. Her mother and her brother also suffer from acne and they had treatment with Roaccutane.

Reason for referral (including expectation of referral outcome)

I wonder if you could assess Stacey to see if she needs Roaccutane treatment. Thank you very much.

Past Medical history (computer generated problem lists where possible)

1991 Otitis media NOS - recurrent
1992 Myringotomy and insertion of short term grommet bilateral
1992 Squint - symptom convelgent left
1994 Child on protection register - in foster care
1995 Operations for squint - correction
02/2005 [X]Depression NOS
02/03/2005 Notes summary on computer PD/kc
02/03/2005 No known allergies

Current Repeat Medication

11/04/2005 CIPRALEX tabs 10mg 1 DAILY FOR DEPRESSION 56 Dr K Box
06/01/2006 FLUOXETINE caps 20mg 1 DAILY FOR DEPRESSION 56 Dr K Box

Clinical Warnings eg allergies, blood borne viruses

Smoking Status **Alcohol Consumption**

No. Day **Units/week –**

Additional relevant information (including patient's issues, social circumstances, and special needs)

DR DORA SPANGENBERG LOCUM GP

07 April 2006

Signature of referring doctor **Date**

Dermatology Clinic
Stracathro Hospital
BRECHIN
Telephone Number 01356 647291 Fax Number 01356 665101
www.nhstayside.scot.nhs.uk

Dr. Duncan MacDonald,
Laurencekirk Medical Centre,
Blackiemuir Avenue,
LAURENCEKIRK.
AB30 1DX

Date	**2nd February, 2005 Clinic: 26th January, 2005**
Your Ref	
Our Ref	**CG/YF/280488/0060**
Enquiries to	**Mrs. Y. Findlay - Secretary**
Extension	**65036**
Direct Line	**01356 665036**
Email	**yvonne.findlay@tuht.scot.nhs.uk**

Dear Dr. MacDonald,

Stacey Leonard, Mearns View, Church Road, Luthermuir.

The above patient did not attend her Dermatology Out Patient Clinic Appointment and there was no message. In view of the pressure on clinic time I have not re-appointed her.

Kind regards.

Yours sincerely,

Dictated Not Read

Dr. C. Green, FRCP,
Consultant Dermatologist.

VRH

Hospital Use only	Clinic	Day Date	Time	Hospital No. C

Ambulance transport required?

YES – ☐ NO – ☐

GP REFERRAL LETTER

SITTING - ☐ STRETCHER ☐ MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant:

Specialty Clinic: Dermatology

Hospital: Stracathro Hospital
By Brechin
DD9 7QA

Urgency of Referral - Routine

PATIENT DETAILS

Surname: Leonard Forename(s): Stacey

Title: Miss

Previous Name:

Address: Mearnsview Church Road Luthermuir Laurencekirk AB30 1YS

Date of Birth: 28/04/1988 Sex: F

Phone Number: Home: 01674 840628

Unit No.

CHI Number 0060

REFERRING DETAILS

Referring address

Practice Address -
Laurencekirk Medical Centre
Blackiemuir Avenue
Laurencekirk AB30 1GX

Phone number –01561 377258
Fax number – 01561 378270

Name of referring Practitioner –
Dr Duncan Macdonald /
BB

6/12

Stacey Leonard (28/04/1988)

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

Stacy is referred because of persistent disfiguring acne. I understand that she has had up to 6 courses of antibiotics and numerous topical preparations without much improvement in her skin. She has comedonal and pustural acne on her face and a small amount on her back. I saw her today with her father who tells me that Stacy's mother also suffered from severe acne and I understand her older brother was treated with Roacutane. Stacy and her father are seeking this sort of this treatment as they feel that the antibiotics and topical preparations have made no difference. We have briefly discusses some of the side effects of Roacutane although she is reasonably well acquainted with this following her brother's treatment.

On reviewing her notes I note she was first prescribed Dalacin T back in 2002 and that she has had courses of Mincocyline, Erythromycin and Benzoyl Peroxide.

Reason for referral (including expectation of referral outcome)

She is referred therefore for your assessment and advice as how to proceed.

Past Medical history (computer generated problem lists where possible)

Current Repeat Medication

Clinical Warnings eg allergies, blood borne viruses

Smoking Status

No. Day

Alcohol Consumption

Units/week –

Additional relevant information (including patient's issues, social circumstances, and special needs)

01 December 2004

Signature of referring doctor

Date

Urgent (10)

JAC/MI/280488 0060 BRECHIN INFIRMARY

Dictated 6.3.01
Typed 13.3.01

Dr P Mulcahy
Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK

Dear Dr Mulcahy

STACEY LEONARD, MEARNS VIEW, CHURCH ROAD, LUTHERMUIR:

Thank you for referring this 13-year old child back to the clinic. As you know she has a longstanding convergent squint, for which she had surgery on both eyes in the form of bilateral medial rectus recessions in 1995. Stacey is not happy at continuing to wear spectacles, but these are in fact correcting both her vision and her squint. I doubt if she is ready to commence contact lens wear since she is reluctant to clean her spectacle lenses and will certainly come to grief if the adequate hygiene is not observed for handling contact lenses. She seemed disappointed that no further surgery has been offered, but this would almost certainly produce an over-correction and unbearable diplopia.

Kind regards

Yours sincerely

Dictated but not read

Dr J.A. Coleiro
Consultant Ophthalmologist

Hospital use only	Clinic	~~10/11/07~~ 14/12/07 - SCX	Day Date	Time	Hospital No.

C

Ambulance transport required ?

Yes ☐ No ☑

Sitting ☐ Stretcher ☐

GP REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant	JA COLEIRO	**Hospital Address**	~~Infirmary Street~~ Brechin
Speciality Clinic	Ophthalmology		
Hospital	~~Brechin Infirmary~~ Stracathro Hospital		
E-Mail No.	BREECHIN	**Postcode**	DD9 7AW
Urgency of Referral	Routine		

Voice Mrs Russell (Urgent) at Brechin

PATIENT DETAILS

Surname	LEONARD	**Patient's Address**	Mearns View Church Road LUTHERMUIR
Forename(s)	Stacey		
Previous Surname			
Title	Ms	**Postcode**	AB30 1YS
Date of Birth	29/04/1988 0060 **Sex** Female		
CHI No.			
Phone No.	01561 840628		

REGISTERED GP DETAILS

Name	Dr P Mulcahy	**Practice Address**	Laurencekirk Medical Centre Blackiemuir Avenue LAURENCEKIRK
Practice Code	32529		
GP Identifier	N65277		
Phone No.	01561 377258	**Postcode**	AB30 1DX
Fax No.	01561 378270		
E-Mail No.	pat.mulcahy@laurencekirk.grampian.scot.nhs.uk		

REFERRING DETAILS

Name of agency referring		**Address of agency referring**	as above
Name of referring practitioner	Dr P Mulcahy		
Phone No.			
Fax No.		**Postcode**	

14/12.

CLINICAL INFORMATION

History of presenting complaint/examination findings/investigation results

Many thanks for seeing Stacey. The letter from C J Elliot of the Spectacle Company is self explanatory

Reason for Referral (including expectation of referral outcome)

Past medical history (computer generated from problem lists, where possible)

No past medical history of note.

Current and recent medication (computer generated and free text)

Clinical Warnings e.g. allergies, blood-borne viruses

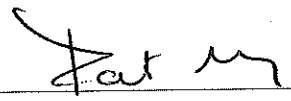
Smoking Status

No. per day

Alcohol Consumption

Units per week

Additional relevant information (including patient's issues, social circumstances, and special needs)



Signature of referring doctor

12 December 2000

Date

	NA	PM	KB	MS	PN	MISC.
FILE						
RESULT NORM.						
VISIT						
INFORM PAT						
MAKE APPT						

07 DEC 2000

NOTES						
DISEASE REGISTER						
PX SUMMARY						
BIN						
OTHER						

The Spectacle Company,
105 High Street, Montrose, Angus DD10 8QR
Tel. No. 01674 678988

REFERRAL/NOTIFICATION OF PATIENT TO GP

To Laurencekirk Surgery	
Patient's Details	DOB **28.4.88**
Surname **Leonard**	Other Name **Stacey**
Address **Mearns View** **Church Road** **Luthermuir**	
Postcode **AB30 1YS**	Tel. No. **840628**

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST – Date: ***2.12.00***

	Previous VA	Vision	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA	IOP Pulsair (mmHg) Time:
R	6/7.5		+4.75					6/6		N5	
L	6/12		+5.25					6/9		N5	

POINTS REQUIRING ATTENTION:

Miss Leonard believes that her squint has become more noticeable. She appears straight when wearing her correction. I would like her to be seen by an ophthalmologist to determine whether any further treatment is available to her.

Signed:

C J Elliott

TO BE COMPLETED BY GENERAL MEDICAL PRACTITIONER (if not accompanied by a formal letter)

To: Dr/Mr/Mrs/Miss/Ms	Urgent / Soon / In turn
Relevant Clinical History:	Blood Pressure : mmHg Urinalysis: Provisional Diagnosis: Name and Address of GMP:

M4. 29/12

Your Ref:

Our Ref: JAC/LS 28.04.88 0060

Enquiries to: Secretary - 01356 665069

TAYSIDE
University Hospitals
NHS Trust

DEPARTMENT OPHTHALMOLOGY

DR. J. A. COLEIRO

Stracathro Hospital
Brechin
Angus DD9 7QA
Telephone: 01356 647291
Fax No: (01356) 665101

Clinic: 14.12.99
Typed: 23.12.99

Dr. P. Mulcahy
Laurencekirk Medical Group
Blackiemuir Avenue
LAURENCEKIRK
AB30 1DX

Dear Dr. Mulcahy

Stacey Leonard, Mearns View, Church Road, Luthermuir

Thank you for referring this 11 year old child whose Optometrist was unhappy with the level of acuity obtained at a sight test on the 6th of October 1999. Stacey had been attending Arbroath Infirmary under Dr MacEwen for many years and had surgery for a convergent squint in July 1995. This has enabled her to control the squint more readily. Her current glasses are probably slightly over corrected by half a dioptre and her vision can be improved to 6/9 right eye, 6/12 with the left. The left eye has always been partially amblyopic on looking through the old records.

She has been also complaining of some pain behind both eyes. This may be due to the presence of a few follicles in the lower conjunctiva associated with exposure to chlorinated swimming pool water where she attends about twice a month.

Yours sincerely,

Dr. J. A. Coleiro
Consultant Ophthalmologist.
Dictated but not read.

c.c. Mr. G. Shand, The Spectacle Company, 105 High Street, Montrose.
Dr. C. MacEwen, Consultant Ophthalmologist, Arbroath Infirmary.

JAC/LS 28.04.88 0060

Secretary - 01356 665069

DEPARTMENT OPHTHALMOLOGY

DR. J. A. COLEIRO

Fax No: (01356) 665101

Clinic: 14.12.99
Typed: 23.12.99

Dr. P. Mulcahy
Laurencekirk Medical Group
Blackiemuir Avenue
LAURENCEKIRK
AB30 1DX

Dear Dr. Mulcahy

Stacey Leonard, Mearns View, Church Road, Luthermuir

Thank you for referring this 11 year old child whose Optometrist was unhappy with the level of acuity obtained at a sight test on the 6th of October 1999. Stacey had been attending Arbroath Infirmary under Dr MacEwen for many years and had surgery for a convergent squint in July 1995. This has enabled her to control the squint more readily. Her current glasses are probably slightly over corrected by half a dioptre and her vision can be improved to 6/9 right eye, 6/12 with the left. The left eye has always been partially amblyopic on looking through the old records.

She has been also complaining of some pain behind both eyes. This may be due to the presence of a few follicles in the lower conjunctiva associated with exposure to chlorinated swimming pool water where she attends about twice a month.

Yours sincerely,

Dr. J. A. Coleiro
Consultant Ophthalmologist.
Dictated but not read.

c.c. Mr. G. Shand, The Spectacle Company, 105 High Street, Montrose.
Dr. C. MacEwen, Consultant Ophthalmologist, Arbroath Infirmary.

Referral/Notification of Patient to GMP 14/12/99 10.00

To Dr Laurencekirk Health Centre

Patient's details

Surname LEONARD Other Name Stacey

Address Mearns View

Church Road

Luthermuir Postcode Tel.No.

Prescription details from current sight test-Date 1.10.99

	Uncorrected Vision	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		+4.50					6/12-		
L		+5.50					6/18		

Previous corrected V.A. Date

Date of birth 28.4.88 /0060

Points requiring attention

Stacey came for her first test since being discharged from the hospital eye service.
Her visual acuity was quite poor in both eyes which is slightly unusual. I would be grateful if you could check her notes or contact the hospital eye service to check if this is similar to the level of acuity she was achieving at that time. Further referral would only be required if the current acuity is poorer than what was obtained previously.
I have advised her mother that she will be contacted if further investigation is required.

IOP on Pulsair
R mmHg
L mmHg

GRAEME E SHAND
THE SPECTACLE COMPANY
105 HIGH STREET
MONTROSE
01674 678988

Signed 6.10.99

To Be Completed By General Medical Practitioner (if not accompanied by formal referral letter)

To: Dr/Mr/Mrs/Miss/Ms Colero

Urgent/Soon/In turn

Relevant clinical history

Presently in care.
I have no record of prev.
Visual acuity last s/B Dr
Craig registrar on ?.23.3.94.
Unit No 250488 0060.
Should probably be renewed.

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP
DR. PAT MULCAHY
LAURENCEKIRK MEDICAL GROUP
BLACKIEMUIR AVENUE
LAURENCEKIRK AB30 1DX
TEL: 01561 377258
FAX: 01561 378270

Pat Mulcahy 14/10/99

Signed Date

18 OCT 1999
TK

Ref: SAG/LMN/2804880060

Enquiries to: Dr. S. A. Greene

Clinic/Dictated/Received: 23/01/98
Typed: 28/01/98

Dr. M. Gray,
Practice 3,
Abbey Health Centre,
East Abbey Street,
ARBROATH.

Dear Dr. Gray,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

I was asked to see Stacey by Dr. Forsyth. I am also aware that she has recently been reviewed by Dr. Thomson, Consultant Gynaecologist.

The concerns being over probable breast lump tissue together with a little bit of vaginal discharge. Otherwise her general health is excellent.

I note that she is under long-term foster care and was brought today by her foster mother Mrs. Irene Claffey.

On examination she has I think normal beginnings of a left breast bud with no evidence of this on the right. She has very fine early pubic hair development but otherwise no other signs of external abnormalities to the genitalia.

I think this is all very early development one that does not seem to worry Stacey or indeed Mrs. Claffey.

I do not feel there is any need for any investigations at the present time and I have reassured them.

Yours sincerely,

S. A. Greene,
Consultant Paediatric Endocrinologist.

Copy to Community Child Health

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: JSF/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 03/12/97
Typed: 05/12/97

Dr. S. Greene,
Consultant Paediatrician,
Ninewells Hospital,
DUNDEE.

Dear Steve,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

I would be most grateful if you could arrange to see Stacey at your Arbroath Clinic she was originally seen by Dr. Anne McGeechan who was standing in for me at my clinic where she presented with swelling of her left breast and a blood stained vaginal discharge. From the latter point of view she was referred to Dr. Margaret Thomson, Consultant Obstetrician/Gynaecologist and I reviewed Stacey back at my clinic today.

On examination of her breasts I felt that the swelling maybe due to early development of breast tissue. There is no evidence of any swelling affecting her right breast and she is otherwise prepubertal. I would be most grateful. If you could see Stacey and inform me if you feel further investigation is indicated or not.

Yours sincerely,

pp JSF

J. S. Forsyth,
Consultant Paediatrician.

Arbroath
OPD

Copy to: Community Child Health.
Copy to Dr. M. Gray, Abbey Health Centre, Arbroath

29/12/97

MART/BJW/280488/0060

Dr. M. A. R. Thomson

ClinicDictated/Received: 11.12.97
Typed: 11.12.97

Dr. M. W. Gray,
Practice 3,
Abbey Health Centre,
ARBROATH.
DD11 1EN

Dear Dr. Gray,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath

I saw Stacey at the clinic on the 20th of November. I am sorry that a letter was not dictated. Stacey's notes were removed for the Paediatric clinic so therefore it was not brought to my notice earlier.

She has a history of a PV discharge that tends to come and go and the swabs are negative.

In the absence of bleeding and discussing with Stacey whether she could have put anything inside, there is no indication for an EUA. If there is a foreign body inside then the dischage would be bloodstained. I suspect it is probably just a contamination issue and often with these youngsters, with the lack of oestrogen in the vagina, often can be more sensitive to normal commensals and contamination from bowels.

In order to try and help a bit I would suggest that Stacey gets to use some Ovestin cream and I underline Ovestin not Dienoestrol. I have explained to her foster mum about putting 1 ml. just at the vaginal orifice once a day for a couple of weeks and that will hopefully increase the stratification of the vaginal mucosal wall. It should not be used for longer than this.

I would expect her to grow out of it as she gets older anyway and it is really nothing to worry about.

Thanking you.

Yours sincerely,

M. A. R. Thomson
Consultant Gynaecologist
Dictated but not read

c.c. Dr. A. McGeechan

Ref: JSF/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 03/12/97
Typed: 05/12/97

Dr. S. Greene,
Consultant Paediatrician,
Ninewells Hospital,
DUNDEE.

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Yours sincerely,

J. S. Forsyth,
Consultant Paediatrician.

Copy to: Community Child Health.
Copy to Dr. M. Gray, Abbey Health Centre, Arbroath

A. H. HORNSBY
M.B., Ch.B. (St Andrews)
MARGARET W. GRAY
M.B., Ch.B. (St Andrews)
M.R.C.G.P.
S. P. G. BIRD
B.Sc., M.B., Ch.B. (St Andrews)

C

Abbey Health Centre
East Abbey Street
Arbroath
DD11 1EN
Tel. (01241) 870311
Fax: (01241) 875411

MWG/JH

13th November, 1997

Dr. A. McGeechan,
Specialist Registrar to Dr. J.S. Forsyth
Arbroath Infirmary,
Rosemount Road,
Arbroath, DD11 2AT

New appt - 2-3 weeks
SS-

Dear Dr. McGeechan,

Re:- Stacey Leonard, 28/04/88 0060
c/o Irene Claffey,
49 Millfield Road,
Arbroath, DD11 4HW

You saw this 9 year old in July and again in September with a (L) breast lump and (L) cervical lymphodenopathy and a vaginal discharge. She is being seen by the gynaecologists this week with regard to the discharge. The breast lump has been fairly constant over the past 2 months and the neck glands have also been persistant.

Stacey herself seems perfectly well but due to the persistance of these problems I wondered if you were proposing to see her again fairly soon.

Yours sincerely,

M. Gray.

3/12.

pp Dr. Margaret W. Gray

17/11/97

Ref: MART/RCD/280488/0060.

Clinic/Dictated/Received 2.10.97
Typed 7.10.97.

Dr. A. McGeechan,
Specialist Registrar to Dr. J.S. Forsyth,
ARBROATH INFIRMARY.

Dear Dr. McGeechan,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

Thank you for your note regarding this girl. I am quite happy to see her with a view to her vaginal discharge, but as Gynaecologists we have no expertise whatsoever in breast lumps. If you are worried about this I am the wrong person to refer her to. However, I will see her at the clinic with a view to her discharge and usually unless the discharge is blood-stained then there is no indication for doing an EUA to look for a foreign body. Usually there are normal commensals giving rise to the discharge and we tend to give them a little bit of oestrogen.

I will send her an appointment. If you want to do something further about the breast lump you might wish to speak to one of the breast people.

Yours sincerely,

M.A.R. Thomson,
Consultant Obstetrician/Gynaecologist.
(Dictated but not read.)

Copy: Dr. M.W. Gray.

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: AM/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 10/09/97
Typed: 16/09/97

Dr. M. Thomson,
Consultant Obstetrician and Gynaecologist,
Arbroath Infirmary,
ARBROATH.

Dear Dr. Thomson,

Stacey Leonard, co Irene Claffey, 49 Millfield Road, Arbroath.

I would be very grateful if you could see little Stacey in your Out Patient Clinic. I first saw her in July of this year and hopefully you will be able to read this letter with her casenotes. She is in foster care because of problems with sexual abuse in the past and she really seems very settled with her current foster carers.

The problem is that this 9 year girl has is that there is a left breast lump which varies in size, can be present some times and not there the next and Stacey complains of it intermittently being a bit tender, although there has never been any discharge from the nipple nor has there been any history of trauma.

The second problem is that from about April there has been an intermittent green/yellow vaginal discharge necessitating changes of underwear. A swab had been taken by the GP - no growth was detected, however Canesten and Timodine have been tried without any benefit.

When I saw her at the clinic on 10/09/97 the lump which I could not feel the previous time was certainly present, just under her left nipple and areola approximately a cm across, fluctuant and non tender and I wondered whether this was just an intermittent cystic swelling and I did not go on and do further perineal examination, previously it looked very normal - pink and healthy, vaginal opening looked normal and there was no discharge.

I am unsure as to where to proceed with her next and whether she necessitates an EUA. I certainly do not feel that there is any concern at present over abuse and it may that there has simply been a foreign body or something causing the vaginal problem.

cont'd.....

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Many thanks for your help.

Yours sincerely,

A M Geechan

Anne McGeechan,
Specialist Registrar to
Dr. J. S. Forsyth.

Copy to Dr. M. Gray, Abbey Health Centre, Arbroath.

Copy to Community Child Health

Ref: AM/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 10/09/97
Typed: 16/09/97

Dr. M. Thomson,
Consultant Obstetrician and Gynaecologist,
Arbroath Infirmary,
ARBROATH.

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cont'd.....

Many thanks for your help.

Yours sincerely,

Anne McGeechan,
Specialist Registrar to
Dr. J. S. Forsyth.

Copy to Dr. M. Gray, Abbey Health Centre, Arbroath.

Copy to Community Child Health

Ref: JSF/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 09/07/97
Typed: 15/07/97

Dr. M. Gray,
Practice 3,
Abbey Health Centre,
East Abbey Street,
ARBROATH.

Dear Dr. Gray,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

Thank you for referring Stacey up to the Paediactric Clinic. I saw her this afternoon with her foster mother Irene Claffey.

Stacey is 9 years old and there were two problems with her, a left breast lump and a vaginal discharge. The breast lump was noted late March, it was a visible lump which was noticeable over the left breast first picked up when she was having a bath. Foster mum says this is no longer so visible but Stacey still complains of it being tender. No history of trauma was elicited.

The second problem again probably from about April has been of a green/yellow vaginal discharge. This has on occasions necessitated a change of pants, it has occasionally been itchy and smelly, I note that a swab taken from it had no growth detected. The discharge was also not helped by the use of Canesten or Timodine creams.

On the social side there is no contact with her natural dad and she has fairly erratic supervised access with the mother and step-father. The reason for her foster placement was because of sexual abuse in the past. She has been with these carers for the past 2 years. She otherwise is very healthy and going to go in to primary 5 at Inverbrothock Primary School after the holidays.

Examination was really quite unremarkable apart from the persisting cervical lymphadenopathy on the left side of her neck. No masses were palpable on either breast nor was there anything visible, although Stacy did complain of slight tenderness at the left breast but it was fairly variable in position. Abdominal examination was unremarkable. Her perineum looked very pink and healthy, there was no discharge from her vagina today and the vagina opening looked very healthy.

cont'd.....

I have arranged to see her back in 2 months' time and it may be that if the discharge is ongoing we will consider a gynaecological referral. There is no history of any foreign body. It may well be that the breast lump and the discharge are linked with hormonal changes in this as yet pre-pubertal child.

Yours sincerely,

Anne McGeechan,
Specialist Registrar to
Dr. J. S. Forsyth.
Copy to Community Child Health

Ps Leukocytes were detected on her urinalysis.
MSSU taken on 09/07/97 showed no growth

Hospital use Only	Clinic	Day Date	Time	Hospital No. C	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital Arbroath Date 20/5/96 CHI No. 2 8 0 4 8 8 0 0 6 0

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

Patient's Surname Lennon Maiden Surname

First Names Stacey Single/Married/Widowed/Other

Address c/o Mrs Clapperton, 49 Whitefield Road Date of Birth 28.04.82

Arbroath Patient's Occupation

Postal Code Contact telephone number

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

Name of Hospital ABE

Year of attendance 1996 Hospital No.

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

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

DRS. HORNSBY, GRAY & VAN DEN BRAKEN
PRACTICE 3
ABBEY HEALTH CENTRE
ARBROATH DD11 1EN

10286

Please use rubber stamp

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

Thankyou for seeing Stacey again. About 5-6 weeks ago her father noticed some swelling of the L nipple area - that it was tender. At that time there was no lumps but now there is a definite slightly tender oval swelling under the nipple. No discharge, c/w/b clear. Comp is ~ 3/4" x 1/2"

No secondary sexual development

Also about 5-6 weeks ago she developed a yellowish green vaginal discharge which occasionally contains some blood stained mucus. Itch.

There is a history of physical abuse/neglect & a suspicion of sexual abuse in the past. Stacey has been with foster parents for several years but still has contact with her mother

Ovarian - Substance - mass may

Diagnosis / provisional diagnosis: ① lump ② breast ③ vaginal discharge

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P. Pain 2.15

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

Signature

Rec 29/5

355-2104

Produced on behalf of The Scottish Office by HMSO Scotland, 8391996, 4/96

Leave file in notes

Arbroath Infirmary
Arbroath
Angus DD11 2AT.
Tel: 01241 872584

Ref: CM/RCD/280488/0060.

Clinic/Dictated/Received 5.2.97
Typed 11.2.97.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath DD11 4HW.

Consultant:
C.J. MacEwen.

Diagnosis:
Hypermetropia.
Esotropia.
Left amblyopia.

Outcome:
Discharged from clinic.

Stacey has a fully accommodative esotropia in association with her hypermetropia. She has limited binocular function but she is now aged 8 and, therefore, should be fairly stable. In view of this I have discharged her from further follow-up and she will require to attend her Optician for regular refraction.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

Ref: JSF/DT/280488/0060

Enquiries to: Dr J. S. Forsyth.

Dictated/Received: 1.11.95
Typed: 3.11.95

Dr A Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath

Stacey was seen at the Paediatric Clinic on the 1st of November 1995. She was referred to this clinic by Mr Davis, our Consultant ENT Surgeon, because of recurrent cervical lymphadenopathy. She was first noted to have enlarged cervical glands on the right side of her neck at the time when she had the infection. The size of the glands reduced with a course of antibiotics but have then increased in size again. Stacey is currently staying with Mrs Irene Claffey, her foster mother, and she said the the glands do tend to increase and decrease in size.

She had an audiogram last night which was reported to be normal. She also attends the Ophthalmology Clinic and you will be aware of the current social situation.

On examination, Stacey appeared well. She was pink. There were 3 smooth mobile cervical glands just anterior to the sternomastoid muscle on the left side. There was no significant lymphadenopathy on the right side of her neck and there was not axillary lymphadenopathy. On examination of the abdomen, there was no herpatosplenomegaly or significant inguinal gland. Ther throat was healthy.

It appears that these glands are normal and reactive glands and I therefore did not feel that investigation, in particular cervical excision biopsy, was indicated. I did express to Mrs Claffey that if any of the glands increased in size, remained enlarged and felt hard and fixed then of course we would want to see Stacey back at the clinic with a view to further investigation. In the meantime I have discharged her from this clinic.

Yours sincerely,

J. S. FORSYTH,
CONSULTANT PAEDIATRICIAN.

Copy to Community Child Health.
Copy to Mr B C Davis, AI.

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: JSF/DT/280488/0060

Enquiries to: Dr J. S. Forsyth.

Dictated/Received: 1.11.95
Typed: 3.11.95

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Yours sincerely,

J. S. FORSYTH,
CONSULTANT PAEDIATRICIAN.

Copy to Community Child Health.
Copy to Mr B C Davis, AI.

JSF/MSA/280488/0060

Dr. J. S. Forsyth.

23rd May, 1990.

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacy LAING, 9 Lamley Terrace, Arbroath.

You will recall that you referred Stacy to the Paediatric Clinic in November, 1989, because of concern regarding her development.

I agreed that there was mild delay in her development and wondered if it was partly related to her poor home circumstances. I did arrange to review her, but she failed to attend on 28th March and also today. I would therefore be most grateful if you, or your Health Visitor, could investigate this and inform me if you wish me to see her again at this clinic.

Yours sincerely,

J. S. FORSYTH
Consultant Paediatrician.

c.c. Community Child Health.

JSF/MSA/280489/0060

Dr. J. S. Forsyth. 1st November, 1989.

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacy LAING, 9 Lawley Terrace, Arbroath.

Stacy was seen at the Paediatric Clinic on 1st November, 1989, having been referred at the age of 16 months because of concern regarding her development.

Prior to the consultation, I was given some background to the family by your Health Visitor.

Stacy is not yet walking unsupported, but is now walking with support. She crawls, but does not really weight-bear on her knees. In terms of her hand movements, she can use a spoon, but is still rather clumsy. She can say "Mummy" and "Daddy", but was not heard to utter any recognisable words at the clinic. She is feeding well and her height and weight continue along the third centile with her head circumference nearer the 50th centile. She has a 3-year-old brother and Mrs. Laing is expecting another baby in two weeks' time. I believe that the home circumstances are poor, the other member of the family living in the house being the maternal grandfather.

On examination, Stacy appeared well and reasonably well cared for. She was pink and satisfactorily nourished. She had a resolving nappy rash, but systematic examination was entirely normal, including neurological examination. She was able to walk with support, but, as mentioned, she did not utter any recognisable words.

She therefore does demonstrate some developmental delay and this may be related to the home circumstances. I would therefore support the idea of Stacy being seen regularly at the Family Centre where hopefully she will receive greater stimulation, and I will review her again at this clinic in four months' time to see if there has been any progress. I emphasised the need for this to Mrs. Laing and she appeared to be agreeable to these arrangements.

Yours sincerely,

J. S. FORSYTH
Consultant Paediatrician.

c.c. Dr. J. B. Morris.

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital ... Antrim ... Date 20/10/89.

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ... [illegible] ... Maiden Surname .....
First Names ... STACY ... Single/Married/Widowed/Other
Address ... 9 Lumley Tce ✓ ... Date of Birth ... 25.4.88 / 00600...
... Antrim ... Patient's Occupation .....
Postal Code ... BT41 ... Contact telephone number .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital .....
Year of Attendance ..... Hospital No .....
If the patient's name and/or address has/have changed since then please give details:
..... (c)
.....

Can patient attend at short notice? YES/NO
If YES, minimum notice required..... days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. A. [illegible]
ABBEY [illegible]
ANTRIM

Please use rubber stamp

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

Dear Dr

I should be grateful for your opinion. This little woman came from a home deprived background. She is now 18 mths + cannot get walk unassisted. She sleeps most of the time OK on feeds but vomits very little with a 2nd opinion

Yours

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 .....

HMSO Dd8176496MD 6/89 M12 CCN13161

FOR PHARMACY USE:

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf.

To Dr. .....

Ward/Clinic/ Hosp. MW Dr. MACLEAN Cons

D D M M Y Y: 2 8 0 4 8 8 0 0 6 0 C.H.I. No

Surname Bernard

First Name Stanley M. State

Address Se:

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List ..... (if appropriate)

Date of Admission: 18/7/95

*Delete as appropriate

... 2nd Fold .....

	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
DISCHARGE DETAILS	18/7/95	EYES	MACLEAN	HOME			

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Squint

PRINCIPAL OPERATION / PROCEDURES:

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

en Medicines are be dispensed all ies to be sent to Pharmacy

MEDICINE TREATMENT ON DISCHARGE				Times of Administration (Mark ✓)											DISPENSED BY PHARMACY	
Days	NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	8	10	12	14	16	18	20	22	24			Number	Brand Names (for information only)
	Chloramphenicol	1%		✓			✓		✓	✓					10ml	

1st Fold .....

Approx. 5 ays supply s usually ispensed. Where the period is different, dicate the umber of ays in box rovided.

Discharge rescriptions should ormally be sent to harmacy at least 24 hours before discharge.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

CONDITION ON DISCHARGE: COMPLETELY AMBULANT ☐ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. DR. MACLEAN ..... Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY: MEDICINES REQUIRED ON WARD AT 18/7/95 (TIME) 12 mn

Signature ..... Status .....

for DR. MACLEAN Consultant Date .....

Dispensed By .....

Checked By .....

Date .....

Final Distribution

WHITE - G.P.
PINK - General Office Medical Records
YELLOW - Case Records
BLUE - Pharmacy

THB(MR)26
4 Part Set

NHS Tayside

Consent for Investigations, Treatment or Operation Form

(Please complete using block capitals & no abbreviations)

NHS Tayside

Patient's Surn	ELLIS STACEY	2804880060 F		**Hospital/Ward**	STRACATHRO OPD
Other Names	17 ANNAT ROAD MONTROSE	DD10 8EF		**Speciality**	SGE DO · MINOR OPS
CHI Number *Patient Label can*	Annat Bank Practice, Links Health Cent			**Consultant**	MR HAMZA

Name of proposed procedure or course of treatment

Excision of 5mm Sub Cut Jnn

The site / side of surgery Rt Axilla

I have explained the procedure to the patient. In particular I have explained:

Intended Benefits:

Excision

Significant Risks:

Bleeding - Recurrence
Infection

Any extra procedures which may become necessary during the procedure:

Blood Transfusion ☐ **Other** (specify)

(The need and alternatives have been discussed with the patient)

I have also discussed what the procedure is likely to involve, the benefits and the significant risks of any available alternative (including no treatment), and any particular concerns of this patient. I have done this in terms that, in my judgement have been understood.

The following information leaflet(s) has been given

Has the patient ever been notified that they are at increased risk of CJD or vCJD for public health purposes?

No	☐	Proceed as normal
Unable to Respond	☐	Proceed as normal unless high risk tissue, e.g. Brain, Spinal Cord Posterior Eye and Quarantine instruments pending contact with infection control for further advice.
Yes	☐	Ask for further explanation. Quarantine instruments pending contact with infection control for further advice.

Clinicians Signature: [signature] **Date** 07/10/2016

Name Printed: [illegible] **Grade**

Contact Details

Please Turn over for Patient Section

NHS Tayside

CONSENT FOR INVESTIGATIONS, TREATMENT OR OPERATION FORM

This page is to be completed by the patient/representative.

Please read this form carefully. If you have any further questions, do ask; we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree: To the procedure or course of treatment described on this form.

To the administration of a general, local or other anaesthetic as appropriate, following informed discussion including the benefits and significant risks with the anaesthetist.

I understand:

- That any procedure in addition to those described above will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- That you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- Information including digital information (radiological e.g. x-rays, CT and MRI scans, video and/or photographic material) may be stored as part of the patients medical records and may be stored on computer databases.
- Body tissue e.g. fluids, organs or parts of them may be removed during the procedure and used for diagnosis, my future treatment and then discarded or stored as considered appropriate.

Please tick ✓appropriate box if you agree to

☐ Excess body tissue not required for diagnosis or future treatment being used for medical research (the University of Dundee is very active in medical research and donations of excess body tissues are a valuable resource for research)

☐ To photographs and other digital images being used for teaching, in presentations at conferences or available on websites and in publications

(If consent is withdrawn at a later date it may not be possible to withdraw images that are already in the public domain) NB Medical staff you must complete the appropriate medical photography forms.

I have been told about additional procedures as specified which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Specified Additional Procedures | Additional Procedures I do not want carried out

Patient's Signature: [signature] **Date:** 4 · Oct · 16.

Print Name: _____

Witness Signature **Date:**

(if patient unable to sign)

Print Name _____

Statement of Interpreter (if applicable): I have interpreted the information above to the patient to the best of my ability and in a way in which I believe the patient can understand.

Interpreters Signature: **Date:**

Name Printed:

Day of Operation

I have marked the skin at the operation site and / or confirmed consent ☐

Signature **Date**

NHS TAYSIDE
SRTC OPD
SURGICAL RECORD

ELLIS	2804880060
STACEY	F
17 ANNAT ROAD	
MONTROSE	DD10 8EF
Annat Bank Practice, Links Health Cent	

Surgeon MR HAMZA	Date 4/10/16

Safety Pause
To be read aloud by Surgical Assistant

Confirm Patients Name & DOB	Yes	No
Confirm Procedure	Yes	No
Confirm Surgical Site	Yes	No

A&N

To Be Completed by Surgeon

Local Anaesthesia

25mg L-B-Vacaine

Operation/Procedure Performed

Excision of small Sub Cyst from Rt axilla

3/0 Vicryl Rapid Subcuticular Steri Strips

Post Operative Instructions

Wound Dressing 48 L

Suture Removal

Mobility

Follow-up

Surgeons Signature	Date

To be Completed by Procedure Room Staff

Tourniquet			
Site	*Time On*	*Time Off*	*Total Time*

Diathermy		
Site	Type	
	Monopolar	Bipolar

Skin Closure: 3-0 Vicryl Rapide

Specimens: No specimen Sent -

Wound Dressing: Steri strips Mepore dressing

Safety Pause

	Yes	No	N/A	Comment
Swabs Correct	✓			
Instruments Correct	✓			
Sharps Correct	✓			
Correct Details on Pathology Form & Pot			✓	
Is Specimen in Pathology Pot			✓	

Scrub Nurse: MPhi	Date
Circulating Nurse: A Dineen CSW	Date 4/10/16

Sterilisation Tracking Labels

MINOR SURGERY

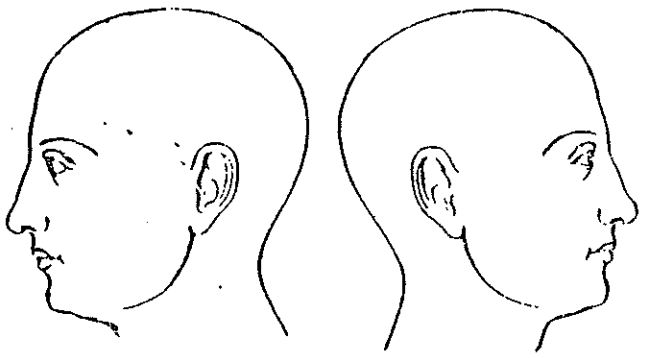
ID- B000666
2016/09/22 ANG0129
Stracathro Hospital

NINEWELLS HOSPITAL
DEPARTMENT OF DERMATOLOGY
19-7-06

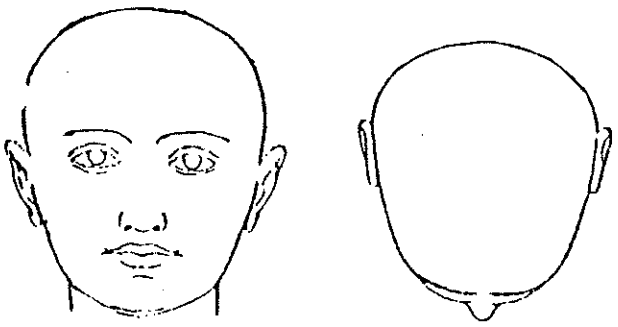
Date: 26/07/65 — DNA.

Ward/Clinic/
Hosp ELLIS STACEY MEARNS VIEW CHURCH RD 280488 0060
Surn LUTHERMUIR AB30 1YS
First DR. PD MULCAHY
Addr HOWE OF THE MEARNS BLACKIEMUIR AVENUE LAURENCEKIRK 32529
G.P. & Address (G.P. Requests Only)

Cons
M M Y Y
C.H.I. No
M. State
Sex
USE BLOCK LETTERS OR PATIENT LABEL



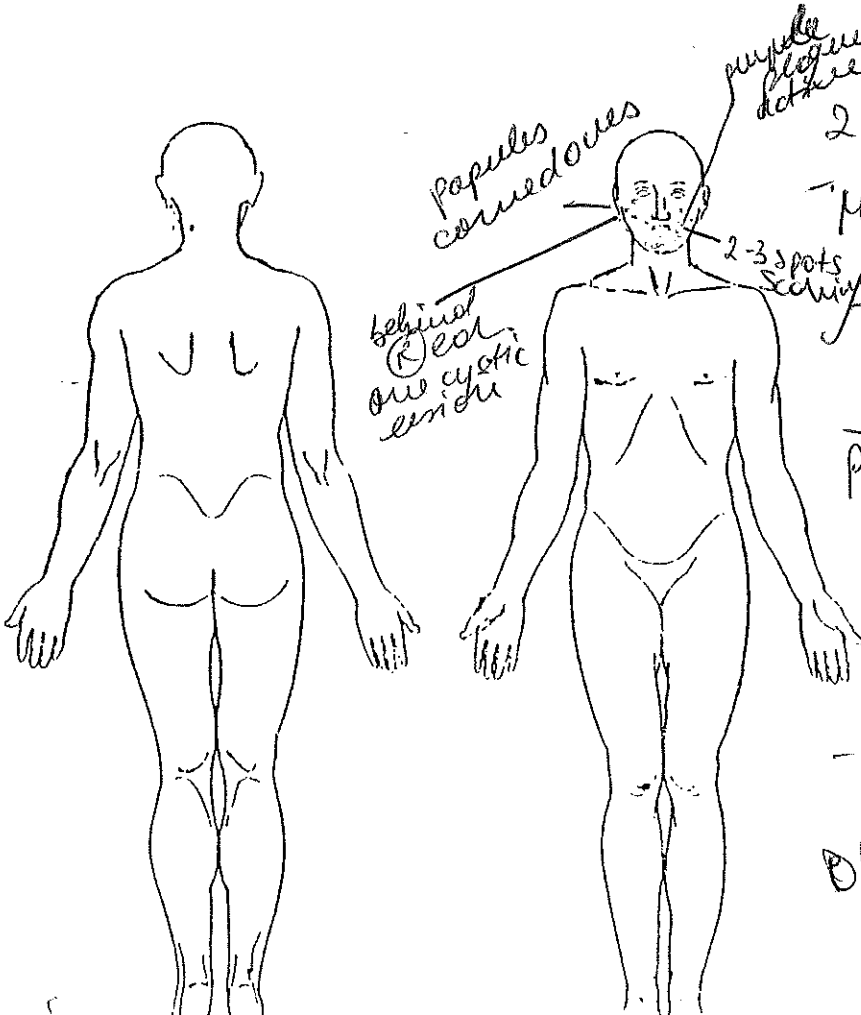
PRIMARY DIAGNOSIS
Acne vulgaris face
OTHER DIAGNOSES



189. Acne - face and neck.

HPC - For the past 5 years.

Erythromycin / for.
Minocycline / 3-4/12.



2/52 apo → a flare up.
Mother + brother → acne
→ on hoa cantaine
→ slight improvement.

PMH - ? Psoriasis scalp age 10 → treated ē shampoo
- Acne
- Depression.

DH - Depo injection

- NKDA.

D/E - Papules - comedones ē cheeks - chin
② cheek - scarring
- purple plaques

Plan – Roaccutane → discuss the SEs
→ blood tests.
But unlikely to be a candidate

Deroxil 500 to wash
topical treatment
– further abx ? Limecycline
– Dianette

Rhian
Sto
24/11

Discuss w Dr Green:
Plan
– tetrakyein – limecycline od
– Dianette – if suitable.
– Differin
– 4/12 follow up
– Deroxil 500

Rhian
Sto
24/11.

29.11.04

Clinically – hasn't affected
Lymecycline helped
to an extent but
still active lesions

No contraception – Offer in two days if has partner

Cipro 500/6/day

Scarring acne
Check
Comedonal
lesions
check
forehead

Try Doxycycl
nocte
Dianette

(2.12.04)

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/

Ho LEONARD 280488
STACEY 0060
MEARNS VIEW
CHURCH RD
Sur LUTHERMUIR AB30 1YS
Firs
Add DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
G.P LAURENCEKIRK 32529

.....Cons.
M M Y Y
C.H.I. No.
.....
..... M. State
..... Sex
.....
USE BLOCK LETTERS
OR PATIENT LABEL

DATE

Page .....

7/3/07

Doxy bette.
Declined Diane the.
O-Tetralysal Tod
and Bimoxyl.

- CT.
Skin dr -
Dermatology
4 1/52
Q.

1.8.07

Review
No problems with back or chest
stopped lymecycline ~3/52 ago
but feels face worsening again
Discussed contraception
Not keen on pill but thinking
about depot.
Plan/ restart lymecycline
She will D/W Depot & GP
and start this
Review in 3/ by which time
she will have started depot

DATE

and we can see if oral a/b working or if not ? for reaccutane

RW EMERG

7/11/02 CNL → 30.01.08

29/12/08

Ref: EH/RCD/280488/0060.

Clinic/Dictated/Received 25.4.96.
Typed 2.5.96.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

Stacey attended for refraction. New glasses were ordered for constant wear. She is still considerably hypermetropic. Squint remains well controlled and we will keep her under review in the Orthoptic Clinic.

Yours sincerely,

E. Houghton,
Associate Specialist in Ophthalmology.
(Dictated but not read.)

COPY Schools Dr

Ref: GS/RCD/280488/0060.

Clinic/Received 26.7.95
Typed 31.7.95.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

I saw Stacey in the clinic today. She has had a reasonable result so far from her squint surgery and we will check her formally in the Orthoptic Clinic at the next visit. In the meantime she can use her Predsol N drops twice daily over the next week and then stop them.

Yours sincerely,

G. Sharp,
for Dr. C. MacEwen.
(Dictated but not read.)

DIRECTORATE OF OPHTHALMOLOGY

CJM/AS/MPI 28 04 88 0060

Dr. C.J. MacEwen, Wards 24/25

Mrs A. McConnachie,
Braeminzion,
Glenclova,
KIRRIEMUIR

14th June 1995

Dear Mrs McConnachie,

Stacey Leonard

You did not bring Stacey along for squint surgery on 5.6.95 as had been organised, because the appropriate consent for surgery aparently had not been obtained. I discussed this with you in the out-patient clinic and obviously it is important that consent is obtained and surgery is carried out reasonably soon in order to improve Stacey's problem. I have relisted Stacey for 18.7.95 as a day case for squint surgery, and would be grateful if you could make the appropriate arrangements to have consent arranged for that date.

Yours sincerely,

C.J. MacEwen
Consultant Ophthalmologist

c.c. Mrs Elizabeth Ross, Social Worker, Academy Lane, Arbroath

DIRECTORATE OF OPHTHALMOLOGY

CJM/AS/MPI 28 04 88 0060

Dr. C.J. MacEwen, Wards 24/25

Dr. A. Hornsby,
Abbey Health Centre,
East Abbey Street,
ARBROATH

14th June 1995

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath

Stacey was due for admission for squint surgery on 5.6.95. Unfortunately the day before surgery her foster parents called to indicate that this had not been cleared with the social work department and no consent had been given for surgery. She therefore was not brought along for the operation. I am not entirely clear why this had not previously been approved, as I discussed it with Mrs McConnachie in the out-patient department. I given her a new date for surgery for Tuesday the 18th of July and have written to her step mother again to ensure that she obtains consent from the appropriate authorities on this occasion.

Yours sincerely,

C.J. MacEwen
Consultant Ophthalmologist

Ref: CM/RCD/280488/0060.

Clinic/Dictated/Received 3.5.95.
Typed 8.5.95.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, c/o Mrs. A. McConnachie, Braeminzion, Glenclova, Kirriemuir.

I reviewed Stacey today at the Eye Clinic. She continues to squint despite new glasses and I therefore have arranged for her to come in for squint surgery as a day case at the beginning of June.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

Ref: CM/RCD/280488/0060.

Clinic/Dictated/Received 12.4.95
Typed 18.4.95.

Dr. A.H. Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

Unfortunately, Stacey has not been brought back to the Eye Clinic for approximately nine months, but she did return today, with evidence of her squint decompensating quite markedly for close-up. I re-refracted her and gave her a prescription for new glasses today and we will review her in a month's time.

She is currently with a short-term foster mother but will return to her more permanent foster parents at the end of the week. I have emphasised to them that she really must come back in the near future because surgery is now a distinct possibility.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

EAC/RCD/280488/0060.

Dr.E.A. Craig.

Dictated/Received 23.3.94
Typed 28.3.94.

Dr. A.H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

This child was seen and new glasses ordered in the Eye Clinic today.

We will review her in the Orthoptic Clinic in two months' time.

Yours sincerely,

E.A. Craig,
Registrar in Ophthalmology.
(Dictated but not read.)

Copy: Dr. E. Cockburn, Clinical Medical Officer,
Ravenswood, Forfar.

10286.

C

TAYSIDE HEALTH BOARD

ANGUS UNIT

Ravenswood
New Road
Forfar DD8 2AE
Telephone 0307 66281

Your Ref.

Our Ref. EC/EG

Enquiries to:- Dr E Cockburn

18th January 1994

Dr C McEwan
Consultant Ophthalmologist
Ophthalmology Clinic
Arbroath Infirmary
ARBROATH

Dear Dr McEwan

re: Stacey Leonard, 28.04.88. 9 Lamley Terrace, Arbroath

The above child has defaulted many appointments at your clinic.

I saw Stacey along with her mother on 13.01.94 for her Primary 1 medical.

She continues to have an obvious convergent squint. Her uncorrected vision is 6/9p 6/18p, corrected 6/9 6/12p. As she obviously requires review I would be grateful if you could arrange a further appointment. Could you also possibly give details of the appointment to myself at the above address and I will endeavour to see that Stacey's mum brings her along.

Many thanks.

Yours sincerely

Dr E Cockburn
Clinical Medical Officer

R + S2 please

23/3.

20/1/94

CM/RCD/280488/0060.

Dr. C. MacEwen.

Dictated/Received 23.9.92
Typed 24.9.92.

Dr. A.H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

I reviewed Stacey today at the Eye Clinic. She has a left convergent squint but is showing evidence of binocular function with her spectacles on. I have increased the strength of her glasses today and will review her in six weeks' time. She should continue to patch her right eye.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

MH/RCD/280488/0060.

Dr. M. Halliwell.

Dr. J. Nolan,
C.M.O.,
Abbey Health Centre,
ARBROATH.

Dictated 26.2.92.
Typed 2.3.92.

Dear Dr. Nolan,

Stacey Leonard, 9 Lamley Terrace, Arbroath.

Thank you very much for referring this pleasant young girl to the Ophthalmic Clinic today.

On examination today she has a constant left esotropia with an A pattern. Visual acuity is 2/5 and equal in both eyes and although she has a left constant squint she takes up the fixation with the left eye fairly readily. Extraocular movements were full. Retinoscopy showed that she was hypermetropic to a similar degree in both eyes and I have consequently prescribed for her an appropriate spectacle correction.

We will review her in six weeks' time to see to what degree these glasses help her squint.

Yours sincerely,

M. Halliwell,
(Dictated but not read.)

Copy: Dr. Hornsby.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Abbey Health Centre
East Abbey Street
Arbroath DD11 1EN
Telephone 0241 70391

Your Ref.

Our Ref. JN/VSPS

Enquiries to:–

Dr. Nolan

10 December 1991

Dr. Haining
Eye Clinic
The Infirmary
Arbroath

Dear Doctor,

Stacey LEONARD (28.04.88) 9 Lamley Terrace, Arbroath

I would be grateful for your opinion on this little girl's vision and eyes.

Stacey, I believe, has a squint and managed 6/12 6/12 with Kay picture test. There is a degree of delay in her development and your assistance with her eyes/vision would be appreciated.

Stacey's family circumstances are very poor and clinic attendance is generally erratic. It may be helpful if the appointment date and time were notified to Mrs. D. Wood, Health Visitor, Abbey Health Centre, Arbroath as well as to Stacey's Mum.

Thanking you
Yours sincerely,

Johanna Nolan
C.M.O.

c.c. G.P. Dr. Hornsby

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/Hosp.... ... Cons.

Surname .. LEONARD
First Name . STACEY
Address ... 9 LAMLEY TER
... ARBROATH
Occupation
G.P. & Add

28 04 88
0060
F
S
DD115AD

.....Unit No.
...D. of B.
.....M. State
..Sex
...MPI No. (last 4 digits)
LOCK LETTERS AND IMPRINTER

DATE

Page .....

3/5 3/5.

Count. LCS.
A pattern

Taken Irradiation ō LE,
knees fix^d.

EOM Jan.
Prognosis.

+5.0 +5.0
+6.0 C +6.0 C

Fractures.
(2) CS
Glenn

15/4/92 DNA

24.6.92 DNA

15 JUL 1992 OC over vA Neuro
Gen —

THB.(MR)3A

DATE	
23 SEP 1992	See cc repair please
4/11/92	cc Dunt reappoint two pm cc please
24/11/92	cc Dunt. Try again please. - another appt given for 4/12
22/12/92	Dunt - Show to Dr McEwen - letter → GP
3 - FEB 1993	scan not came - dd R. and copy cc + send off
16/3/94	Dunt Again

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/Hosp...

Surname . LEONARD STACEY
First Nam 9 LAMLEY TER
Address . ARBROATH
... S DD115AD
Occupatio ARNOLD HORNSBY
G.P. & Ad ABBEY HEALTH CENTRE, EAST ABBEY STREET, ARBROATH, DD111EN

280488 0060

10286

... Cons.
..... Unit No.
... D. of B.
..... M. State
.. Sex
... MPI No. (last 4 digits)
LOCK LETTERS
HAND IMPRINTER

DATE

Page .....

23 MAR 1994

see oc repeat
diev decompensated cgls
- converge a excess
try to increase +. may require op.

23/3/94 1% cydo RTC

+7.00 +7.75 90

+7.50 +8.00 90

Older less 1.50

O.C. 2/12

25/5/94 OC + DR DNA.
reappt OC only. Weed AM PF

9/7/94 DNA

31/8/94 seen OC cgls borderline optician
review not reqd
∴ repeat Rx sent from 1/9/94 -
Renewals. PF

09 NOV 1994 DNA reappt
OC only

DATE

28 DEC 1994 DNA

15 MAR 1995 PP

12 APR 1995 Scan in as - sea report.

S. Cyclo 1/h 055 12.05 pm Oddds
" " 12.15 pm Oddds

7/+7.0 ~~7/+7.0~~ 7/+8.0

Wem +5.1/105x90 +6.25

Over +5.5 6.0/105x170

Rose —
Lee —

Scan 1/12 no? copy for them

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/

Hosp. LEONARD STACEY 9 LAMLEY TER

Surnan ARBROATH

First N

Addres ARNOLD HORNSBY

..... ABBEY HEALTH CENTRE

--- EAST ABBEY STREET

G.P. & ARBROATH

DD11LEN 10286

280488 0060

S

DD115AD

.....Cons.

C.H.I. No.

.....

..... M. State

.....Sex

.....

USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page .....

c/o Mrs A McConnachie

Glendevon

Kinesswood.

s/w Fly Ross

Social Worker

Academy Lane

Arbroath.

03 MAY 1995 or? List for bimedial rectus resection decompensated (E) microtropia near convergence excess. AAC ↓ suggested 2nd eliminated. MF

Needs bimed recess.

SA DLC

5/6/95 m/c - Assessment for Pgmnt correction 6/6/95 Cancelled ? choice on fast care - admission to be discussed with Social Work dept.

DATE

19.06.95. Mr E. Ross phoned to asked for a consult to be arr'd asap. Left on 19.06.95.

SCN

17.7.95 Seen in cc – See report NB.

Large CS ś glenn

v >> diskee

Hatfield v ditto ward.

Con fel

→ Breast recalls GA

18/7/95 Breast recall

SA

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp. ..... Cons.

D D M M Y Y
280488 0060 C.H.I. No.

Surname Leonard
First Name Stacey M. State
Address ..... Sex

UNIT/WARD/DEPT. G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page

18 07 95 Seen by Dr Pollock - fit for discharge, social worker contacted re:- collection. R. collected was requested by mother at 16:10hrs and same was given / P Chatterton

25 JUL 1995

Comfortable.

c gls — R. conv. for near
Almost straight for distance
cont gls — near vision conv. N+3

Good ROM - no restriction

+ 6 Prod. 1 N bd
R 1/12
5

28 Aug 95 OC. — see report
(le reduced e scans dealing with
(3/12 OC

22/11/95 OC repeat same as last visit
(le small e stable cgls

Query repeat Rx today
Vgls poor fit e hunting face

(R) +5.00 (L) +6.00
+0.50 120° Dr Baker Rx

6/12 OC + Dr.

THB.(M)

DATE

1.5.96 Acc. at report from Nov 95

Gls broken tooling please replace JF

Cycle 17 inserted 11.30AM EAMatthews

$t_{1.0}$ $t_{7.0}$

OSE

1.5 + 0.5 SU + 5.5 + 0.5 SU

(pneumatic kit)

OE

7.8.96 Seeing as cost tooling only 91L45.

5.2.97 Acc at report

D

OPHTHALMOLOGY

Ward/Clinic/
Hosp. . . .

	ELLIS	2804880060
	STACEY	F
Surname .	8 MILL PLACE	
First Name	CRAIGO	DD10 9LB
Address .	MONTROSE	
	DR RUTH CRANSWICK	
	ANNAT BANK, LINKS HEALTH CENTRE,	
G.P. & Adc		

. . . . . Cons.
M Y Y
C.H.I. No.
. . . . . M. State
. . . . . Sex
USE BLOCK LETTERS OR PATIENT LABEL

Date: 5.8.10

I.C.D.

Complaint:

	R	L
VA	—	—
TROPICAMIDE 0.5%	—	—
PHENYLEPHRINE 2.5%		
CYCLOPENTOLATE 1%		
OXYBUPROCAINE HYDROCHLORIDE (BENOXINATE) 0.4%		
SIGNATURE		—

↓ VA LR — started
1/2 — 1 day

Not wearing CL = LR
Not available

Past Ophthalmic History

Past General History

Family Ophthalmic History

STOSLON
10⁰⁰.

R.V.A. (R) CONTACT IN LENS. 6|12.

L.V.A. 6|18.

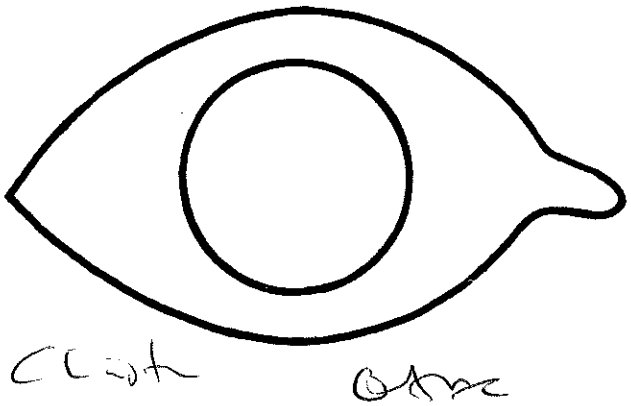
With glasses N 5.

With glasses cph 6|12. N 12.

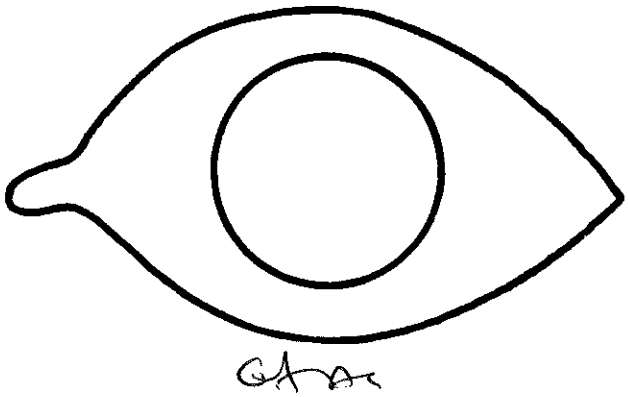
Own glasses (L) eye dilated at 10⁰⁰ 8x.

Refraction

Right Eye



Left Eye

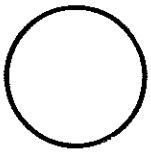


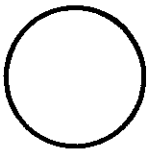
Pupil Reactions

Ocular Movements

Cover Test

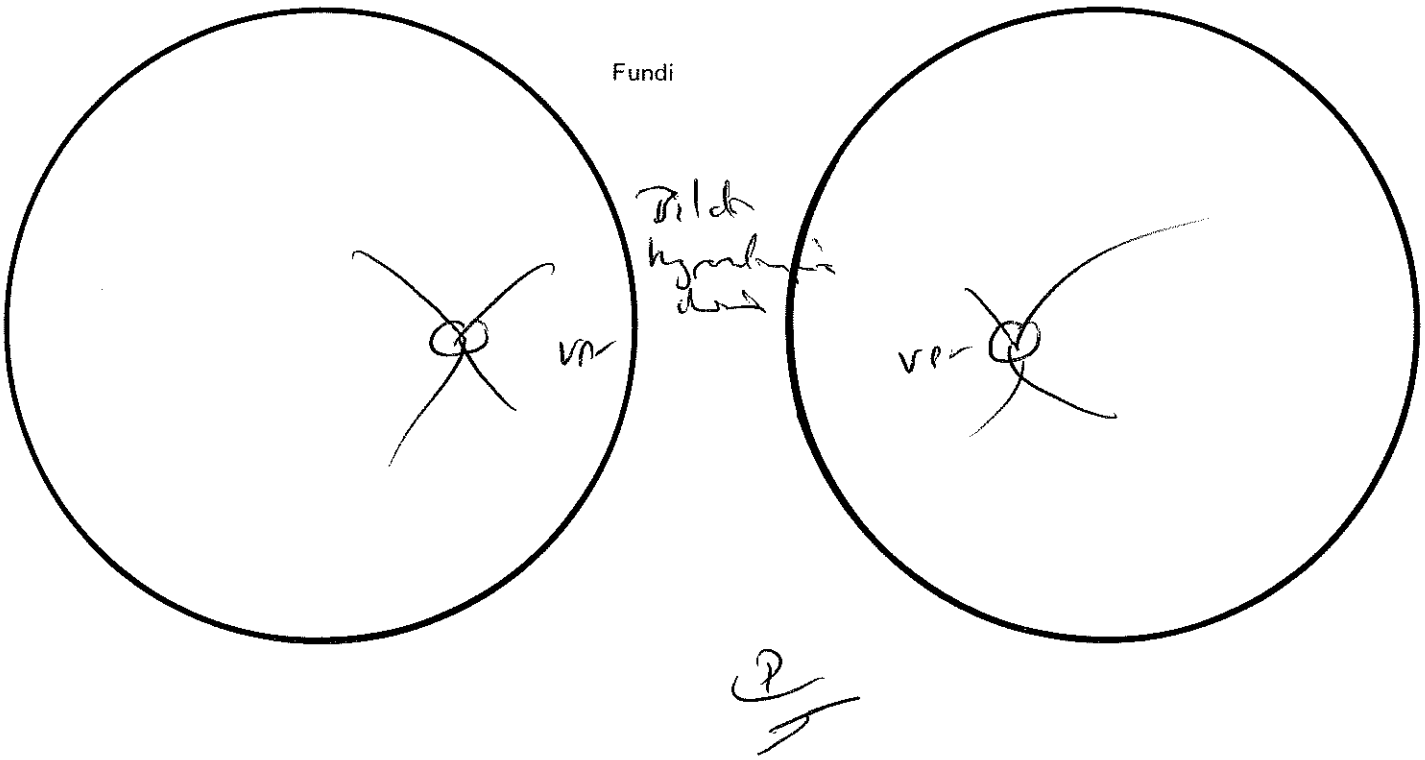
Lenses





Tensions

Fundi



DUNDEE TEACHING HOSPITALS
NHS TRUST

OPERATION NOTES

..... UNIT/WARD/DEPT

Ward/Clinic/
Hosp. ..... Cons.

D D M M Y Y
C.H.I. No.

Surname ..... Leonard
First Name ..... Stacey M. State
Address ..... Sex
.....

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS
OR PATIENT LABEL

DATE OF OPERATION	Operation Proposed	TIME BEGAN ..... AM PM
18/7/95	Bunionectomy recurrent	TIME FINISHED..... AM PM

SURGEON'S NOTES

Dr Thapa / Macfarlane

SA Dr Tyler

Both nerves at 5mm from bone

Removed a further 5mm

Stood ~ 60 right to

muscle + cut

S. Uncomplicated

DMR9

CONSENT FOR OPERATION INVESTIGATION

I, SUSAN Leonard

of, 71 Dennade GARDENS Kennoway

hereby consent to *(undergo / (the submission of my *(child / (ward STACEY LEONARD DOB 28/01/88

to undergo (the operation/investigation of) BILATERAL MEDIAN BASAL OSTEOTOMIES the nature and purpose of

which have been explained to me by * Dr./Mr. TIFFIN

I also consent to such further or alternative operative measures as may be found necessary durring the course of the above mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes. No assurance has been given to me that the operation will be performed by any particular practitioner.* *

Date 20-6-95 Signed X S Leonard

* (Patient/Parent/Guardian)

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

Date 20/6/95 Signed

* Medical/Dental Practitioner

NOTE: **Age of Consent**

The Tayside Health Board have been advised by the Central Legal Office that anyone who has attained 16 years of age can give or withhold valid consent to operation/ investigation on himself/herself. Ordinarily the parent or guardian should be informed in the case of a patient who has not reached the age of 18.

* DELETE AS APPROPRIATE

** THIS CLAUSE SHOULD BE DELETED WHERE THE INITIAL CONSENT IS FOR AN INVESTIGATION AND NOT AN OPERATION

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

Unit

Hospital

DAY SURGERY
Combined Record / Consent Form

Ward 2S Theatre

Surgeons

13.07.95

Date 01/01/1995

Ward/Clinic/Hosp.

	LEONARD
Surname	STACEY
First Name	9 LAMLEY TER
Address	ARBROATH
G.P. & Add	ARNOLD HORNSBY ABBEY HEALTH CENTRE EAST ABBEY STREET ARBROATH DD111EN

280488
0060

S
DD115AD

10286

Cons.

C.H.I. No.

M. State

Sex

BLOCK LETTERS
OR PATIENT LABEL

SURGICAL CONDITION:

Operation proposed:

Symptoms unchanged:

Consent Signed? Yes / No

OPERATION NOTE:

Post-operative Instructions:

Follow-up arrangements:

THB(MR)
47

Patient's Tel. No. ..... Time Admitted [| | |] hrs. Date [| | | | |]

Next of Kin .....

Diagnosis .....

and .....

Operation .....

Address .....

Tel. No. .....

Weight ..... Kg	Dentures Yes / No	Spectacles Yes / No	Contact Lenses Yes / No	Hearing Aid Yes / No	Valuables in Safe Yes / No

NURSING REPORT

36.4 °C	Pulse 94	BP /	Urinalysis	Last Oral Intake Time

Recent Cold | Homegoing Arrangements

	Signature
160795: Prepared for op. Please phone: KIR Ross 01241 878585 for collection C.A. by Dr TAYlor see overleaf for details Bimedial tenotomy recessions performed by Dr. Sharpe, assisted by Dr. MacEwen. Chloramphenicol eye drops instilled. Recovery:- Patient discharged slightly in recovery room. O2 10 litres/min given with good effect. Suction of saliva carried out. Patient now stable. Venflon still in situ. Remain pale in complexion, and also slightly wheezy.	
Weight: 21 kg. 2°TW at 1205 hrs quiet + sleepy. Venflon in situ. Venflon removed Effects A-Z R. Collie	
vomited approx 200mls 14.00	

Date	Medicine and (Special Instructions)	Dose	Form	Method of Administration or Site of Application	Times of Administration (24 hour clock)	Signature of Prescriber	
17/7/95	EMLA cream please	both	tube	on arrival	please		0830.
17/7/95	CALPOL SYRUP	2.5ml	120mg	orally	if req for pain		16.10 hrs PA L&A.

Please ✓ when medicines are prescribed separately on

- Fluid Prescription Sheet
- Other (Specify)

Date	Yrs.	AGE Mths.	Days	Weight

Nursing Report / Consent / Operation / Medicine Prescription
DAY CASES

HOSPITAL: NIW

Ward / Dept.: 25

NAME OF PATIENT: Stacey Leonard

Date of Birth: 28/04/88

Unit No. / CHI No.: [illegible]

Consultant: (A)

KNOWN DRUG SENSITIVITY OR ADVERSE REACTIONS

CONSENT FOR *OPERATION / INVESTIGATION

I, SEPARATE FORM of SIGNED

..... hereby consent to *the submission of my *ward

..... to undergo the *operation / investigation of

.....the nature and purpose of which have been fully explained to me by *Dr. / *Mr. .....

** I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation, and to the administration of general, local or other anaesthetic for any of these purposes. No assurance has been given to me that the operation will be performed by any particular practitioner.

Date ..... Signed .....
(*Patient / Parent / Guardian)

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

Date ..... Signed ..... Status .....
(*Medical / Dental Practitioner)

NOTES — Age of Consent

Dundee Teaching Hospitals NHS Trust have been advised by the Central Legal Office that anyone who has attained 16 years of age can give or withhold valid consent to operation/investigation on him/herself. Ordinarily the parent or guardian should be informed in the case of a patient who has not reached the age of 18.

*Delete as appropriate

**This clause should be deleted where the initial consent is for an investigation and not for an operation.

ANY DELETIONS / INSERTIONS OR AMENDMENTS TO THE FORM ARE TO BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM IS SUBMITTED FOR SIGNATURE.

MEDICAL HISTORY

Regular Medication: Nil ..... Taken Today? Yes / No

Previous Anaesthesia — No / Yes — Date of most recent anaesthetic .....

Problems (including Family History) — No / Yes .....

Heart Attack / Angina — No / Yes .....

Hypertension — No / Yes .....

Breathlessness — No / Yes .....

Exercise Tolerance .....

Asthma / Bronchitis — No / (Yes) had bronchitis in past

Cough / Sputum — (No) / Yes .....

Heartburn / Regurgitation — No / Yes .....

Other Illnesses — No / Yes .....

Allergies — (No) / Yes .....

Tobacco — No / Yes ..... Alcohol Problems — No / Yes .....

PHYSICAL EXAMINATION

Pulse Rate 70 SR ..... Rhythm ..... B.P. ..... / .....

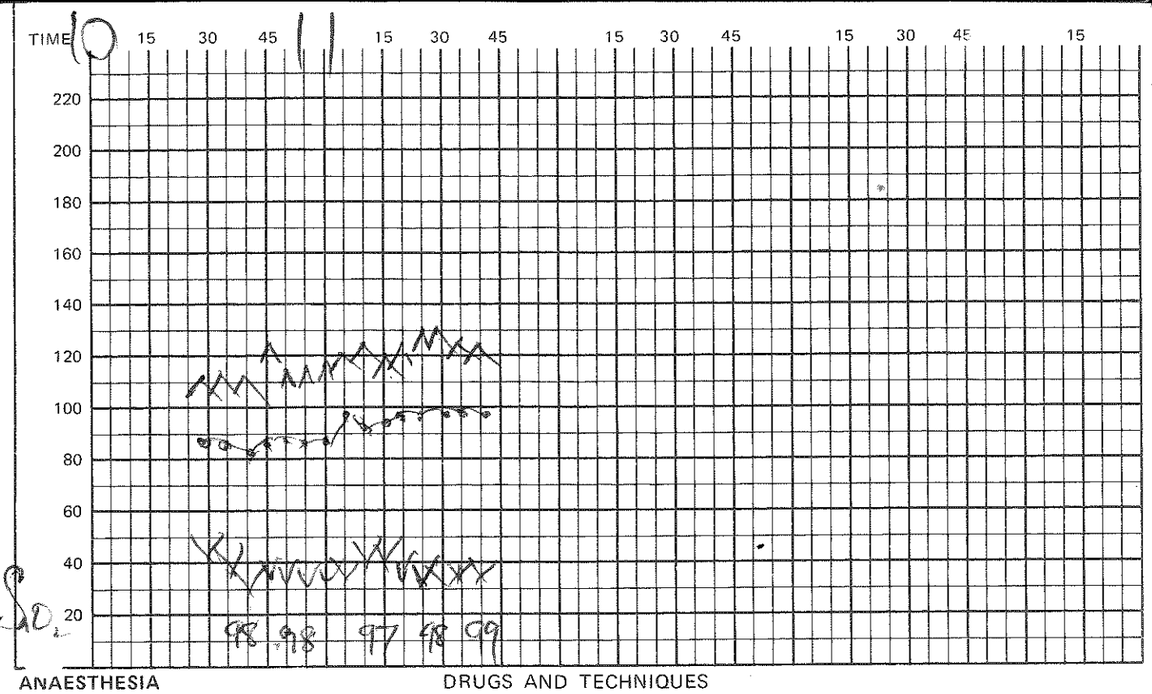
Heart Sounds I II I+N.I. ..... Teeth .....

Breath Sounds Rate 11 /min⁻¹

Other Cvs - R I=VI+N.I

Signed mcnock, SHO

Date 15/04/03 Status .....



ANAESTHESIA — DRUGS AND TECHNIQUES

20 Cyclizine IVB 1L Fent 25ug Propofol 60mg

#2½ F-LMA N2O/O2/Sevorane Bain

MaSk O2 "Snoring" ECG BP Pr Resp

No complications

POST-OPERATIVE INSTRUCTIONS

Maintain airway. Observe colour, airway, respiration and pulse continuously until fully awake.

Home accompanied ✱ O/P Protocol.

Signed: .....
Anaesthetist

TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/
Hosp. . LEONARD 280488
STACEY 0060
CO IRENE CLAFFEY
49 MILLFIELD RD S
Surname ARBROATH DD11 4HW
First Na DR. AH HORNSBY
Address PRACTICE 3
ABBEY HEALTH CENTRE
EAST ABBEY STREET
G.P. & A DD111EN 10286

..... Cons.
C.H.I. No.
.....
..... M. State
..... Sex
.....
USE BLOCK LETTERS OR PATIENT LABEL

VISUAL ACUITY	RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6	6/9	TT. cgls		Fully -ve Fly +ve. PRT +ve c̄ s low recovery LE.
s̄gls					

COVER TESTS

c̄gls small LCS increases for near c̄ partial recovery (LE)

s̄gls moderate LCS

OCULAR MOVEMENTS

sl limitation LMR.

NEAR P.T. OF CONVERGENCE		
PRISM COVER TEST	c̄gls	s̄gls
NEAR	⊖ 6 50 14Δ	⊖ 6 50 > 40Δ
DISTANCE	⊖ 6 50 2Δ	⊖ 6 50 40Δ
FAR DISTANCE		

SYNOPTOPHORE		c̄gls	s̄gls
OBJ	FR	0°	+22°
	FL		
SUBJ	FR	-2°	
	FL		
FUSION		-2°	
+			
-		few degrees	
S.V.			

OTHER TESTS AND REMARKS:

Fully accommodative. c̄ partial recovery cgls. good stable VA. Poor/weak Binocular Vision

Condition Stable now 8

? discharge

Date: 6/2/97

THB(MR)45

TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/
Hosp. ..... Cons.

D D M M Y Y
2 8 0 4 8 8 0 0 6 0 C.H.I. No.

Surname .....
First Name ... S. Stacey ... Leonard ... M. State
Address ..... Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

VISUAL ACUITY	RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6	6/9	22/11/95		Fusion -ve
s̄gls	6/9	6/12	1/8/96		Gross Bin Vision present.

COVER TESTS

cgls small ↙ CS.

sgls. Med ↙ CS

OCULAR MOVEMENTS

slight limitation ↙ MR.

NEAR P.T. OF CONVERGENCE		
PRISM COVER TEST	c̄gls	s̄gls
NEAR	8 50 10 D	
DISTANCE	8 50 2 D	
FAR DISTANCE		

SYNOPTOPHORE		c̄gls	s̄gls
OBJ	FR / FL	0°	+22°.
SUBJ	FR / FL	-2°	
FUSION		-2°	
+		5°	
−		3°	
S.V.			

OTHER TESTS AND REMARKS:

Controls cgls to small ↙ le c

Gross Bin Vision.

6/s Jordan please repeat.

Date: 22/11/95

THB(MR)45

TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/
Hosp. ..... Cons.
D D M M Y Y
C.H.I. No.
Surname .....
First Name Stacey ..... M. State
Address Leonard ..... Sex
.....
G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

	VISUAL ACUITY RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6 p+	6/9 p+	TT		
s̄gls					

COVER TESTS

cgls small LCS operator fem ME.

OCULAR MOVEMENTS

sl limitation LMR.

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE	c̄gls	s̄gls
PRISM COVER TEST	c̄gls	s̄gls	OBJ FR / FL		
NEAR	E S 10Δ / 12Δ		SUBJ FR / FL		
DISTANCE	E S 2Δ / 4Δ		FUSION		
FAR DISTANCE			+		
			−		
			S.V.		

OTHER TESTS AND REMARKS:

< le reduced ++ fem ME: post op.
Constantly good c VA stable 5 occl.
due (3/12) or
POST OP.

Date: 23/8/95 JF

THB(MR)45

TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/
Hosp. ..... Cons.
D D M M Y Y
2 8 0 4 8 8 0 0 6 0 C.H.I. No.
Surname HEGNARD
First Name Stacey M. State
Address ..... Sex
.....
G.P. & Address (G.P. Requests only) USE BLOCK LETTERS OR PATIENT LABEL

VISUAL ACUITY	RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6-	6/12	TR.		
s̄gls					

COVER TESTS cgls N V. briefly straight to right / Mod max hcew on accn"
D SI max hcew
sgls ✗ ↑.

OCULAR MOVEMENTS RVI

NEAR P.T. OF CONVERGENCE	to bent dev'		SYNOPTOPHORE	c̄gls	s̄gls
PRISM COVER TEST	c̄gls	s̄gls	OBJ FR FL	+4°	
NEAR	35°/40BO		SUBJ FR FL	⊕	
DISTANCE	8°BO	RET-J·DS	FUSION	⊕	
			+	+14°	
FAR DISTANCE		45°BO	-	+4°	
			S.V.		

OTHER TESTS AND REMARKS: Ac/A = 12:1

Date: 17.7.95

THB(MR)45

PRE OP NS

TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/

Hosp. ..... Cons.

D D M M Y Y
2 8 0 4 8 8 . . . . C.H.I. No.

Surname .....

First Name Stacey Leonard M. State

Address ..... Sex

.....

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

VISUAL ACUITY	RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6	6/18 (1)	TT		
s̄gls					

COVER TESTS

cgls NR moderate LCS dist small LCS.

sgls (le increases.

previously microtropia cgls 1992. → decompensated.

OCULAR MOVEMENTS

N.l Goes.

AC/A approx 11/1.

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
				c̄gls	s̄gls
PRISM COVER TEST	c̄gls	s̄gls	OBJ FR FL	+3°	+30?
NEAR	Eso 30°		SUBJ FR FL	+1°	
DISTANCE	Eso 6°/8°		FUSION	0°	
			+	small	
FAR DISTANCE			−	verge	
			S.V.		

OTHER TESTS AND REMARKS:

Convergence ↓ access.
potentially microtropic c Bin Vision.
? Lost for binocular reading review
Suggest occl 2hrs daily — full opp.

Date: 3/5/95 JPC

TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/
Hosp. ..... LEONARD STACEY 9 LAMLEY TER ARBROATH
Surname ... 280488 0060 S
First Name . DD115AD
Address .... ARNOLD HORNSBY ABBEY HEALTH CENTRE EAST ABBEY STREET ARBROATH
G.P. & Addre DD111EN 10286

..... Cons.
C.H.I. No. .....
..... M. State
..... Sex
.....
BLOCK LETTERS PATIENT LABEL

VISUAL ACUITY	RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6	6/18 +1	JT	/	/
s̄gls					

COVER TESTS

2gls N - mcad/mhd LCS ↑ on accomm
D-sm RCS

3gls - mhd LCS NAD

OCULAR MOVEMENTS

FULL

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE	c̄gls	s̄gls
PRISM COVER TEST	c̄gls	s̄gls	OBJ FR / FL	+6°	+30°
NEAR	ESO 40△		SUBJ FR / FL	+10	
DISTANCE	ESO 6△ approx.		FUSION	⊕	
FAR DISTANCE			+	10	
			−	7	
			S.V.	✓	

OTHER TESTS AND REMARKS:

Has decompensated - check ref'n ? ↑ plus
e? ist for Bimodial Recessions. -To Dr.

Date: .....

THB(MR)45

OPHTHALMOLOGY

Ward/Clinic/
Hosp. ..... LEONARD STACEY MEARNS VIEW CHURCH RD LUTHERMUIR AB30 1YS

Surname ...
First Name .
Address ....
.....
.....
G.P. & Addres DR. PD MULCAHY HOWE OF THE MEARNS BLACKIEMUIR AVENUE LAURENCEKIRK 32529

280488 0060

..... Cons.
C.H.I. No.
.....
..... M. State
..... Sex
.....
BLOCK LETTERS
PATIENT LABEL

Date: 16-12-99.

I.C.D.

Complaint:

See Letter for Optician.
Not happy c VA.

In new Foster Home
c/o pain behind eyes.

Past Ophthalmic History

Past General History

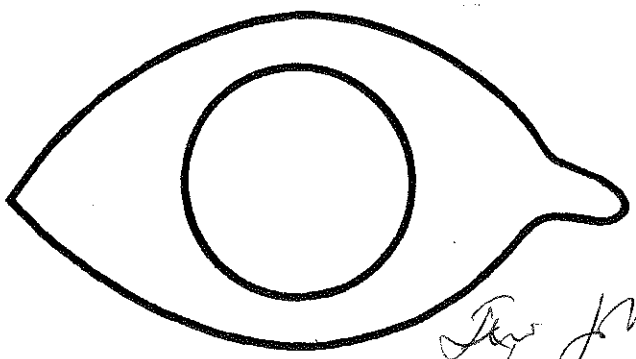
Family Ophthalmic History

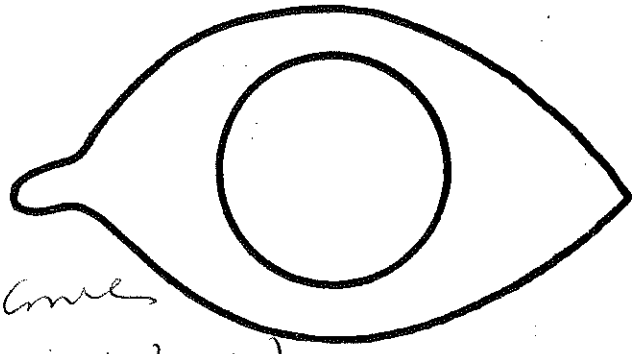
R.V.A.	L.V.A.
With glasses 5/12	With glasses 5/18
Own glasses +4.50	+5.50.
Refraction +4.0 = 6/9	+5.0 = 6/12

THB(MR) 8

Right Eye

Left Eye



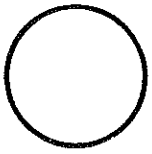


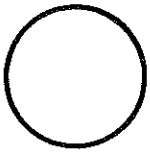
Pupil Reactions

Ocular Movements

Cover Test

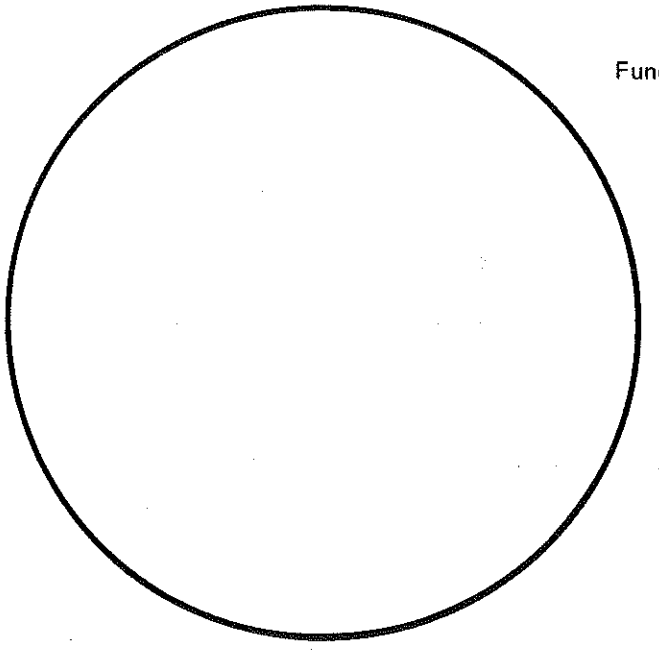
Lenses

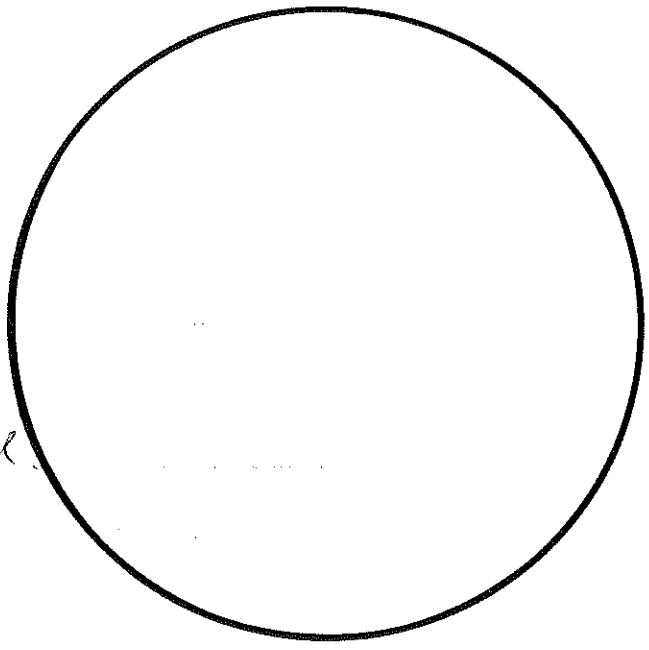




Tensions

Fundi





OPHTHALMOLOGY

Ward/Clinic/
Hosp. .....

Surname .....
First Name .....
Address .....
.....
G.P. & Address (G.P. R

LEONARD 280488
STACEY 0060
MEARNS VIEW
CHURCH RD
LUTHERMUIR AB30 1YS

DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

..... Cons.
C.H.I. No.
.....
..... M. State
..... Sex
.....
USE BLOCK LETTERS OR PATIENT LABEL

Date: 6/3/01.

I.C.D.

Complaint:

See OC report 6/3/01
- referred re squint

Stacey sees squint when ill.
Ken + Jackie saying - intermittent

Past Ophthalmic History

Past General History

Family Ophthalmic History

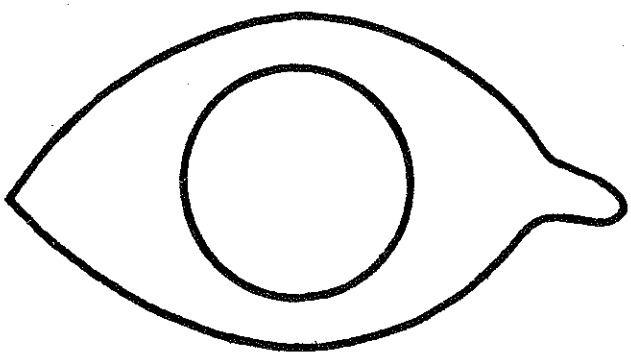
R.V.A.	L.V.A.
With glasses 6/6	With glasses 6/5

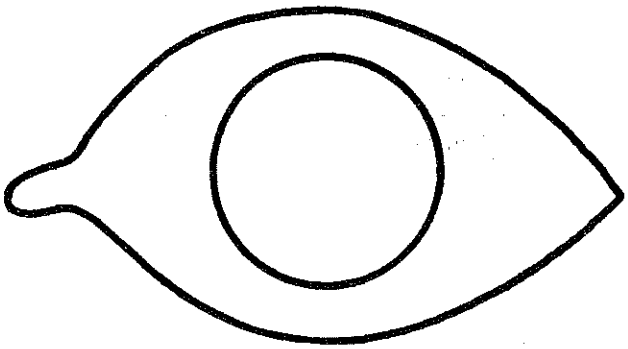
Own glasses

Refraction

Right Eye

Left Eye





Well centred Rs.

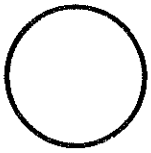
Pupil Reactions

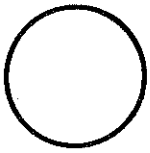
Ocular Movements

Cover Test

(R print spec lens v. smudged)

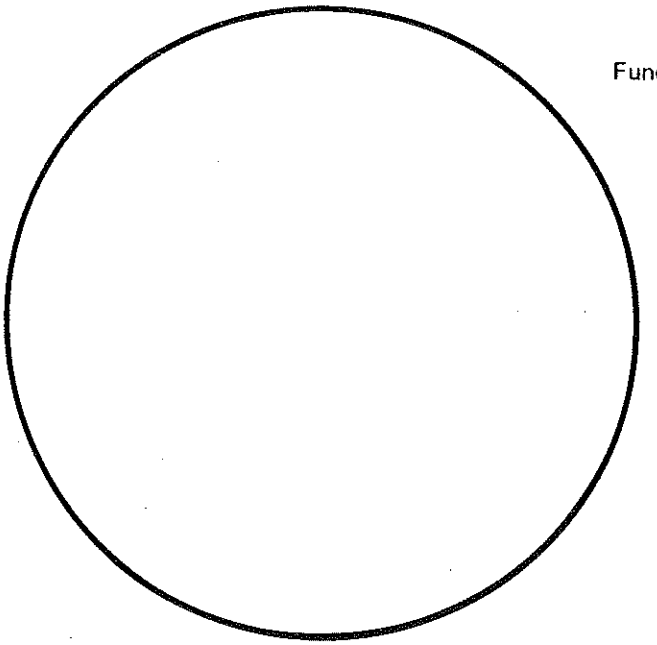
Lenses

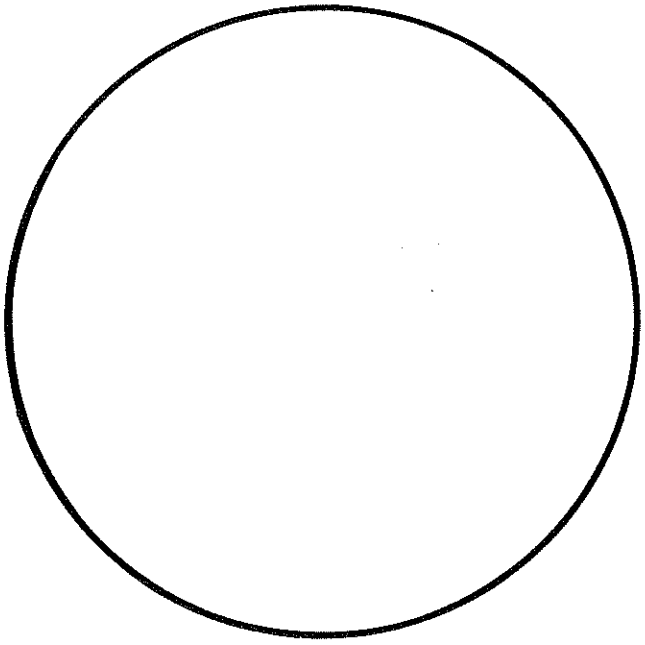




Tensions

Fundi





TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT

Ward/Clinic/
Hosp. ... LEONARD 280488
STACEY 0060
MEARNS VIEW
CHURCH RD
Surname LUTHERMUIR AB30 1YS
First Nam
Address . DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529
G.P. & Address (G.P. Requisite Only)

BLOCK LETTER OR PATIENT LABE

VISUAL ACUITY	RE	LE	BVA	VISUSCOPE	BINOCULAR FUNCTION
c̄gls	6/6⁻²	6/9	TT		Baggls ⊗ N (L) suppr Δ. Titmus Fly +ve
s̄gls					

COVER TESTS cgls N Δm⁺(L)CS } cosm good
Δ 8m(L)CS }
sgls N+Δ Mod⁺(L)CS. s̄dvp

OCULAR MOVEMENTS full

NEAR P.T. OF CONVERGENCE ident cgls 6cms

PRISM COVER TEST

	c̄gls	s̄gls
NEAR	eso 16Δ	
DISTANCE	eso 6Δ	
FAR DISTANCE		

SYNOPTOPHORE

	c̄gls	s̄gls
OBJ FR / FL		
SUBJ FR / FL		
FUSION		
+		
−		
S.V.		

OTHER TESTS AND REMARKS: c/o cosmesis of squint but ↓ trunk after chatting c/o wearing gls + sq s̄gls. Told cant operate on sq s̄gls as risk of consec dvt c̄dvp post op cgls. Try CL's when older.
? Δ s̄ surgery eventually

Date: 6/3/01

TAYSIDE HEALTH BOARD

MOUNT SHEET

Note: Remove strip to reveal gummed area. Attach reports from bottom to top. Please set accurately

JB-D8232

MISCELLANEOUS

9 9

8 8

7 7

6 6

5 5

TAYSIDE HEALTH BOARD ..... Hospital/Infirmary **ORTHOPTIC R**

Name	Age	Unit No.	Date
Stacey Leonard,	5.		23/3/9

	R		L
Visual Acuity Uncorrected: Corrected:	6/6 pt	Binoc.	6/12 pt (near SET)

Cover Test: eso ne moderate) CCS — Eso 30Δ
dek small L/ACS ?recovy — Eso 16Δ
sq's mkd CCS

Evidence of BSV.
Convergence ex ceas decompensated

O.M. Nil Gross

S.M.P. objective	S.M.P. subjective	Fusion	Amplitude	Stereopsis
C +3°	+3°	+3°	small range	
S +30°				

THB(MR)45

Reflex - dc Eso 20Δ - slow rec (a)

THB(MR)45 Finity - no.

THB(MR)2 (Rev. 1/88)

PEEL AWAY PROTECTIVE STRIPS SUCCESSIVELY, STARTING WITH No. 1 – PLACE TOP EDGE OF REPORT ALONG PRINTED LINE IMMEDIATELY ABOVE EACH ADHESIVE LAYER. PRESS HARD FOR GOOD ADHESION

Annat Bank Practice

Links Health Centre
Marine Avenue
Montrose
DD10 8TY
Tel: 01674 673400
Fax: 01674 672175

GK/IAS

31st August 2009

Dr Clerihew
Consultant Pediatrician
Ward 29
Ninewells Hospital
Dundee

Dear Dr Clerihew

Re: STACEY ELLIS 28.04.88 0060
8 MILL PLACE, CRAIGO, MONTROSE, DD10 9LB

Following my colleague Dr Cranswicks letter to you, Stacey actually came back to see me after her recent hospital admission. Stacey was quite insightful about her eating disorder and recognizes that this is impacting on her ability to feed Declan. She finds feeding him extremely stressful and recognizes that meal times are unlikely to be a pleasant experience for Declan. She believes it is becoming less of a problem as he has increasing ability to feed himself. I am in no doubt that Declans failure to thrive is in a sense an extension of mums psychopathology. Stacey has agreed to my referring her to the Clinical Psychologist. I have gone ahead and made a referral and we will see whether Stacey keeps the appointment. Social Services are aware of the situation and closely involved.

With best wishes

Yours sincerely

Dr Graham Kramer
GMC NO 3205066

Partners: Dr Monica Ireland, Dr Margaret Anderson, Dr Graham Kramer,
Dr Richard Marwood, Dr Ruth Cranswick, Dr Suresh Arunachalam
Practice Manager: Anne Falkowski Practice Nurses: Liz Sangster, Esther Smith

links health centre

Annat Bank Practice

Links Health Centre
Marine Avenue
Montrose
DD10 8TY
Tel: 01674 673400
Fax: 01674 672175

RC/KD

27 August 2009

Dr Clerihew
Consultant Paediatrician
Tayside Children's Hospital
Ward 29
Ninewells Hospital, Dundee

Dear Dr Clerihew

Re: DECLAN ELLIS, DATE OF BIRTH (05.06.2008) 5058
STACEY ELLIS, DATE OF BIRTH (28.04.88) 0060
8 MILL PLACE, CRAIGO, BY MONTROSE, DD10 9LB

Thank you for your letter following Declan's admission to hospital in August with failure to thrive.

Apparently during admission Stacey did express some concerns around her own issues with food, and we were therefore asked to follow this up. Stacey has been admitted acutely to the Gynaecology Ward today with right iliac fossa pain and vomiting. Once she has recovered I will discuss things with her and see if she is willing to engage with a Psychologist. I do suspect that she is not ready for this at present, but will nevertheless explore the issue with her.

This letter is simply for information. I am sorry that I cannot attend the network meeting this Friday but Sandra Stephen will keep me informed.

With best wishes.

Yours sincerely

RCranswick

Dr Ruth Cranswick
GMC No.: 3260678

27/08. Discussed all this with you by telephone today. Have just heard Stacey discharged from hospital same day. Will follow her up.
RC

Partners: Dr Monica Ireland, Dr Margaret Anderson, Dr Graham Kramer, Dr Richard Marwood, Dr Ruth Cranswick, Dr Suresh Arunachalam
Practice Manager: Anne Falkowski Practice Nurses: Liz Sangster, Esther Smith

links health centre

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: MART/RCD/280488/0060.

Clinic/Dictated/Received 2.10.97
Typed 7.10.97.

Dr. A. McGeechan,
Specialist Registrar to Dr. J.S. Forsyth,
ARBROATH INFIRMARY.

Dear Dr. McGeechan,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath.

Thank you for your note regarding this girl. I am quite happy to see her with a view to her vaginal discharge, but as Gynaecologists we have no expertise whatsoever in breast lumps. If you are worried about this I am the wrong person to refer her to. However, I will see her at the clinic with a view to her discharge and usually unless the discharge is blood-stained then there is no indication for doing an EUA to look for a foreign body. Usually there are normal commensals giving rise to the discharge and we tend to give them a little bit of oestrogen.

I will send her an appointment. If you want to do something further about the breast lump you might wish to speak to one of the breast people.

Yours sincerely,

File.
Reappoint this clinic
in 6/52
SF.

M.A.R. Thomson,
Consultant Obstetrician/Gynaecologist.
(Dictated but not read.)

Copy: Dr. M.W. Gray.

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/Hosp....

Surname .. LAING 28 04 88

First Name STACY 0060

Address ... 9 LAMLEY TERRACE F

... ARBROATH S

Occupation DD11 5AD

G.P. & Add DR A H HORNSBY
ABBEY H/C ARBROATH

... Con
.....Unit N
...D. of
.....M. Sta
..Se
...MPI N
(last 4 digit
LOCK LETTER
AND IMPRINTE

-Page .....

DATE

01 NOV 1989 Weight: 85.1 Kg.
Height: 75.5 cm

18/12 Concern re development

Not yet walking unsupported
Crawls but does not get knees on knees
Uses spoon
Mummy, Daddy

Feeds well
Hts not abn ; 3rd centile

Sibs 3 years
9 Stacy
mother 38/52 pregnant.
Lives with mother and grandfather.
Father separated April
Social circumstances poor - discussed with HV

9/12 Appears well
Pink.
well nourished
Reaching, mapping, rake
Hts -
Chest -
Abd -
Neuro - power, reflexes, tone -
3 finger grasp.
Walks with support
No words heard

Impression Neuro - normal
mild delay in development
Suggest - Family centre - stimulation
Parents 4/12 1/52

THB.(MR)3A

DATE

8.3.90 DNA.

3.5.90 DNA

6.2.92 Seen in OC – see report GM

1 NOV 1995 Weight :- 21.3 Kg Height 1.13 m

Refer from ENT – cervical lymphadenopathy

Had responded to antibiotics

Gland still present

Front line noted – she had an URTI

Recent audiogram – normal
attends Ophth.

PH Social problems

SH In foster care. Lives Clathie.

O/E Well
Fit
Smooth, mobile cervical glands on (L) side
No axillary gland
No hepatosplenomegaly

Throat – healthy. Tonsils not enlarged

Imp. Reactive cervical glands

NFS further investigation

DSS.

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/

Hosp. LEONARD STACEY 280488 0060
CO IRENE CLAFFEY
49 MILLFIELD RD
Surnai ARBROATH
First I DD11 4HW
Addre
DR. AH HORNSBY
PRACTICE 3
G.P. & ABBEY HEALTH CENTRE
EAST ABBEY STREET 10286

.....Co
C.H.I. I
..... M. St
.....
USE BLOCK LETTE
OR PATIENT LAB

DATE

Page .....

25 JUN 1997 PKP

9.4.97 Weight: 25.7 Kgs. Height: 1.24 m.

9y. New referral ① ⓒ breast lumps
② Vaginal discharge.

With forte mum

① late March
noted in bath.
can still be tender.
down a little but possible
°discharge noted.

face - leucocyte
- protein

② PV discharge - from April
now yellow - previously green/yellow
°blood/brown Swab -ve.
occ itchy occ smelly/fishy.
can be sore for pv. at present.
No change - pants change x11 day
can have 'worry tummy'
°helped Calestan/Tuoothe
No contact nat dad
Supervised access ♀ mum/stepdad.
erratic
°meds/allergies. Inv: bathtock - into PS.
Healthy otherwise. eyeys.

O/E CVS/RS/GIT (N)
No masses palp Soft Cr/lad (N)sid
or breasts.
Perineum (N) pink healthy.
Pr open vagina °discharge.

THB.(MR)3A

DATE

See 2/12
↓ PV discharge ongoing then consult Gynae.

AM Seedat

10 SEP 1997 WT 26·3 Ht. 1·28

Shd PV discharge
fluchart ? -Ian Obeast Wmp.

- Refer gynae.

AM Seedat

3/12/97 WT 27·9Kg Ht 1·299

23 JAN 1998 Wt 28·0kgs Ht. 1·277m.

Concern over 9 5/12.
- Vaginal discharge
- Breast lump.

Recent wt ↑ on diuretic.
Previous wnl.
School attendance OK.

Referred by Dr Thangam Gynaecologist
- oestrogen cream.
- started 4/52 ago

- Discharge reviewed:
F (symptoms) Chef.
M Naiman.

Bought by
Foster Mother.
Mr Claffie
(Friend)

5 9 17

HISTORY/CONTINUATION SHEET

LEONARD
STACEY
C/O IRENE CLAFFEY
49 MILLFIELD RD
ARBROATH
DD11 4HW

280488
0060

DR. AH HORNSBY
PRACTICE 3
ABBEY HEALTH CENTRE
EAST ABBEY STREET

10286

.....UNIT/WARD/DEPT

.....Co

Y

C.H.I. I

..... M. St

.....

USE BLOCK LETTE
OR PATIENT LAB

DATE

Page .....

S/E (L) breast tissue.

Fine needle aspiration.

Lump

(L)

T3cc44 21.2.94

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category: Routine ☐ Soon ☑ Urgent ☐

Hospital Arbroath Date 29/9/95 CHI No. 2804880060

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

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Leonard Maiden Surname

First Names Stacy Single/~~Married~~/~~Widowed~~/Other

Address 7 & 9 Millfield Road Arbroath Date of Birth 28-4-88

Patient's Occupation

Postal Code Contact telephone number

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

Name of Hospital Arbroath

Year of Attendance 1995 Hospital No.

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

9 Century Ter. / 7 Millfield Rd

Can patient attend at short notice? ~~YES~~/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DOCTORS HORNSBY, GRAY & RUDDIMAN
PRACTICE 3
ABBEY HEALTH CENTRE
ARBROATH
10286

Please use rubber stamp

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

Thankyou for seeing this little girl at your clinic fairly quickly. She had grommets put in some time ago & should have been following up at your clinic. However, due to poor social circumstances, appointments were not kept. She is now in long term care so these should be less problems with attendance.

She is having problems with her ears again and was brought along end of Sept. with an acute otitis media. She has had a large rubbery gland @ neck R side present for a week or so. Initially this seemed to settle & the gland returned to a little in size but then returned. It is a 3/4" x 1/4" mobile rubbery, non tender lymphadenopathy enlargement. There is bilateral effusions but no inflammation / thickening. Any advice with regard to management would be greatly appreciated.

Diagnosis/provisional diagnosis: Large gland in R neck ?cause

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

Saw & Andrew 31/10 5.50.

Dd8373616 3/94 RP(53791) 355-2104

4/10/95

Ref: BCD/DT/280488/0060

Enquiries to: Mr B. C. Davis.

Dictated/Received: 10.10.95
Typed: 17.10.95

Dr J S Forsyth,
Consultant Paediatrician,
ARBROATH INFIRMARY.

Dear Dr Forsyth,

Stacey Leonard, c/o Irene Claffey, 49 Hillfield Road, Arbroath

I would be very grateful if you would be willing to see this young lady in order to put her mother's mind at rest in respect of her left posterior triangle lymphadenopathy which I am sure is reactive due to a viral infection. The ENT picture is recorded in the notes.

Thank you for seeing her.

Yours sincerely,

B. C. DAVIS,
CONSULTANT E.N.T. SURGEON.
(Dictated but not read).

Copy to Community Child Health.

Ref: BCD/DT/280488/0060

Enquiries to: Mr B. C. Davis.

Dictated/Received: 10.10.95
Typed: 16.10.95

Dr A Hornsby,
Practice 3,
Abbey Health Centre,
ARBROATH.

Dear Dr Hornsby,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath

This girl appeared at the clinic today.

I understand she had been referred by you but unfortunately the referral letter was nowhere to be found.

Mother tells me that Stacey, a little while ago, had a general viral illness with associated left posterior triangle lymphadenopathy. The viral illness has settled but the lymphadenopathy keeps recurring.

My understanding of my involvement in the consultation was the question as to whether or not there was an ENT cause for the above symptoms.

Palpation of the neck certainly reveals a small mobile left posterior triangle lymph node on the lower neck but nothing else of note. She had bilateral secretory otitis media. Given her multiple failures to attend in this respect in the past, I haven't pursued this.

Her throat was healthy.

I am happy that the situation is one of reactive lymphadenopathy but I think her mother would be happier with a paediatric opinion and I shall ask Dr Stewart Forsyth if he will kindly see her.

Yours sincerely,

B. C. DAVIS,
CONSULTANT E.N.T. SURGEON.
(Dictated but not read).

Copy to Community Child Health

BCD/MSA/280488/0060

Clinic/Dictated/Received 7/9/94
Typed 12/9/94

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH, DD11 5AD.

This young lady was not brought for review consultation today.

I have taken no further action.

Kind regards,

Yours sincerely,

B. CLIVE DAVIS
Consultant E.N.T. Surgeon
(dictated but not read).

c.c. Dr. E. Cockburn, C.M.O., Ravenswood, Forfar.

HT/MSA/280488/0060

Mr. H. Tay.

Dictated 1/3/94
Typed 3/3/94

Dr. E. Cockburn,
Clinical Medical Officer,
Ravenswood,
FORFAR.

Dear Dr. Cockburn,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH, DD11 5AD.

I reviewed this girl who has had grommets in the past.

She has bilateral middle ear effusion today. However, her pure tone audiogram seemed to suggest that her hearing is not significantly impaired.

I will review her again in six months' time.

Yours sincerely,

H. TAY
E.N.T. Registrar
(Dictated but not read).

c.c. Dr. A. H. Hornsby.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Your Ref.

Our Ref. EC/EG

Enquiries to:– Dr E Cockburn

Ravenswood
New Road
Forfar DD8 2AE

Telephone 0307 66281

21st January 1994

Mr C Davis
Consultant ENT Specialist
Arbroath Infirmary
ARBROATH

Dear Mr Davis

re: Brian 20.05.86
Stacey 28.04.88
Tammy Leonard, 9 Lamley Terrace, Arbroath DOB 01.12.89

The above children have defaulted from your clinic on a number of occassions. I referred Brian on 30.12.93 but the other two children have now come to my attention.

I would be grateful if you could see all three children together and also if you could could inform me at Ravenswood of the date, I will endeavor to see that they attend.

I saw Stacey in school on 13.01.94. Her PTA on 20.09.93 was normal. She however, has had a further ear infection and on examination has a left healing perforation and fluid behind the right drum.

Tammy had grommets inserted in November 1992 and failed to attend for follow up in March 1993.

Many thanks.

Yours sincerely

Dr E Cockburn
Clinical Medical Officer

cc: Dr Hornsby

28/1/94.

BCD/MSA/280488/0060

Mr. B. C. Davis.

Dictated 16/3/93
Typed 18/3/93

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH, DD11 5AD.

Stacey has consistently failed to attend for post-operative review in respect of her grommet insertion. No further action has been taken.
Yours sincerely,

B. CLIVE DAVIS
Consultant E.N.T. Surgeon
(dictated but not read).

c.c. Community Child Health.

BCD/MSA/280488/0060

Mr. B. C. Davis.

January 20, 1993

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROATH.

This young lady was not brought for her appointments on December 15th or January 19th. I have taken no further action.

Yours sincerely,

B. CLIVE DAVIS
Consultant E.N.T. Surgeon
(dictated but not read).

c.c. Community Child Health.

CM/RCD/280488/0060.

Dr. C. MacEwen.

Dictated/Received 23.12.92
Typed 29.12.92.

Dr. A.H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

Stacey Leonard, 9 Lamley Terrace, Arbroath DD11 5AD.

Stacey, who is known to be a poor attender, has unfortunately failed to keep a number of appointments at the Eye Clinic. When last seen she was showing evidence of binocular function wearing her glasses, and, therefore, the hope is that she may, in fact, get a functional result. It is fairly important from her point of view that we do, therefore, try to see her again.

I haven't sent her a further appointment at present but would be most grateful if you could encourage her mother to bring her back to the clinic.

Yours sincerely,

C. MacEwen,
Consultant Ophthalmologist.
(Dictated but not read.)

JMH/MSA/280488/0060

Miss J. M. Heaton.

16th June, 1992.

Dr. A. H. Hornsby,
Abbey Health Centre,
ARBROATH.

Dear Dr. Hornsby,

STACEY LEONARD, 9 LAMLEY TERRACE, ARBROAT

This 4-year-old attended the E.N.T. Clinic today with her grandfather who didn't know much about her, but thought that she was all right as far as he new. It is now four months since her grommets were inserted.

On examination, both grommets were in situ and patent today. Unfortunately, she would not co-operate for an audiogram.

I have arranged a review appointment in six months.

Yours sincerely,

J. M. HEATON
E.N.T. Registrar
(dictated but not read).

c.c. Community Child Health.

SH/MSA/280488/0060

Mr. S. Hampel.

31st December, 1991.

Dr. J. A. C. Nolan,
C.M.O.,
Abbey Health Centre,
ARBROATH.

Dear Dr. Nolan,

Stacey LEONARD, 9 Lamley Terrace, Arbroath.

Thank you for referring this young child whom I saw in the E.N.T. Clinic today.

Mother gives an 10-month history of recurrent episodes of ear infections associated with high temperatures and hearing loss.

On examination, she does indeed have bilateral effusion in the middle ear. Her left appears to be resolving as there is evidence of air bubbles. The audiogram shows rather poor hearing thresholds in both ears.

In view of the recurrent ear infections and evidence of secretory otitis media and poor hearing thresholds, I have added her name to the waiting list (soon) for insertion of grommets as a Day Case.

Yours sincerely,

S. HAMPEL
E.N.T. Registrar
(dictated but not read).

c.c. Dr. A. H. Hornsby
Comm. Child Health.

TAYSIDE HEALTH BOARD

ANGUS UNIT

Abbey Health Centre
East Abbey Street
Arbroath DD11 1EN
Telephone 0241 70391

Your Ref.

Our Ref. JN/VSPS

Enquiries to:–
Dr. Nolan

10 December 1991

Mr. Davis
ENT Consultant
The Infirmary
Arbroath

Dear Mr. Davis,

New. 0260 — New. 0261

Stacey LEONARD (28.04.88) **Tammy LEONARD (01.12.89)**
9 Lamley Terrace, Arbroath

I would be grateful for your opinion on these two sisters.

STACEY (3 years 7 months) has language and mild generalized developmental delay. She has a history of recurring ear/upper respiratory tract infections. Her hearing today is down and both drums are inflamed. I have arranged for her to be seen by Dr. Gray, GP, tomorrow.

TAMMY (2 years) development also slow but speech and language particularly so. No history of infections or sore ear apparently but very thick, dull whitish drums. Hearing - not possible to assess.

Social circumstances poor - clinic attendance generally erratic. (Older brother Brian has had gromets in and is due/overdue review).

Speech Therapy not yet in place but being worked towards!

Thank you for your help
Yours sincerely,

Johanna Nolan
C.M.O.

c.c. to G.P. Dr. Hornsby

Appt. has been arranged for 31.12.'91 from 11^00 am.

Brian missed appts. after July '91. Hopefully he will attend to.

D

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

ENT ..... UNIT/WARD/DEPT.

Ward/Clinic/Hosp. LEONARD WING

Surname STACEY

First Name

Address 9 LAMLEY TER ARBROATH

Occupation

G.P. & Address A H HORNSBY

... Cons.

C5 04 80 0060 F S DD1SAD

..... Unit No.

... D. of B.

... M. State

.. Sex

... MPI No. (last 4 digits)

...CK LETTERS

...D IMPRINTER

DATE 31 MAR 1991

Page .....

Rc Slow speech Aged 3.
ENT Infections.

Hx: Appointment for speech therapy 20/1/91.

— Ear Infections Jan 18/12.
— High Tone.
— Deafness
— Hearing? TV Very loud & Sit close to TV.

Nose Throat Hx.

Mouth Hx. Bronchitis?? Allergies.

O/E Ears (Rt) Tm reflected + Th effusion.
(Lt) Tm fluid + air bubbles.

Nose (R) partially blocked

Throat Moderate.

For Audio & S. (Rt) + (Lt)

HB.(MR)3A

DATE

In View of recurrent ear infections
& Sore throats
Listed for Grommets D/C.
Tel: None Reg C Scott

12/2/92 Operation Bilateral Grommets
Surgeon Mr Hamand
CA Dr Bantton

Bilateral Myringotomies (RL) Serous fluid } Bilat Short Grommet Inserted
(L) Serous fluid }

Have today
OPD ARB 16/12 & Audio

24/3/92 DNA

4yr

Came c grandfather
OK as far as he knows.
Wouldn't co-operate for audio
O/E G's in situ + patent
6/12 GMH

24/6/92 DNA

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/Hosp... ... Cons.

Surname ... LEONARD
First Name ... STACEY
Address ... 9 LAMLEY TER
ARBROATH
...
Occupation ..
G.P. & Address: A H HORNSBY

2 8 0 4 8 8 ..... Unit No.
0 0 6 0 ...D. of B.
F .....M. State
S ..Sex
DD11 5AD ...MPI No. (last 4 digits)

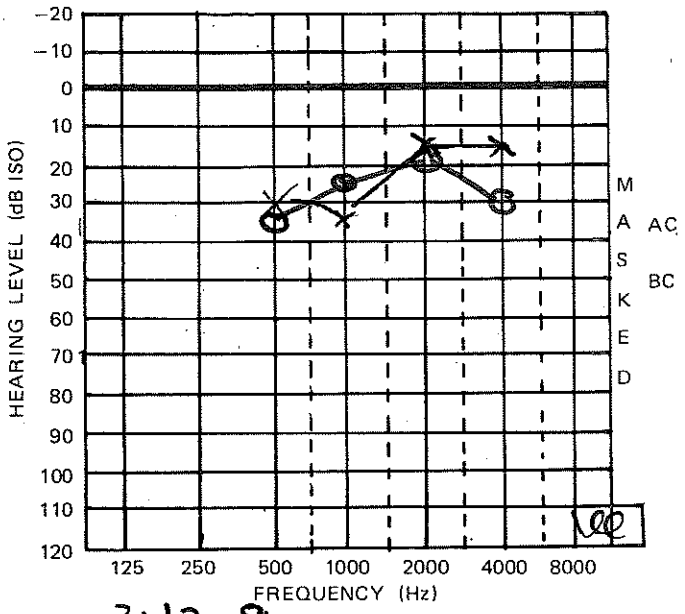
ICK LETTERS
D IMPRINTER

DATE	Page .....
15/12/92	DNA STRA
19/1/93	DNA.
16/3/93	DNA
1 MAR 1994	Poor in school Neonatal Bilateral retarded Tm (MEG) No RAOM
6/9/94	DNA
10.10.95	Sent by GP No letter " Neck lumps C part of Acute onset Untidily Mo recent.

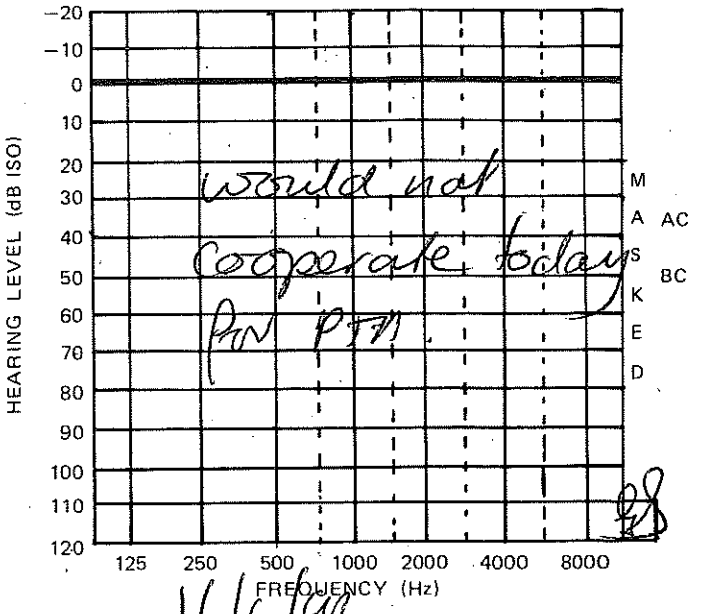
Ref Rhine
Dr. See letter

NAME Stacey Leonard CHI No. .....

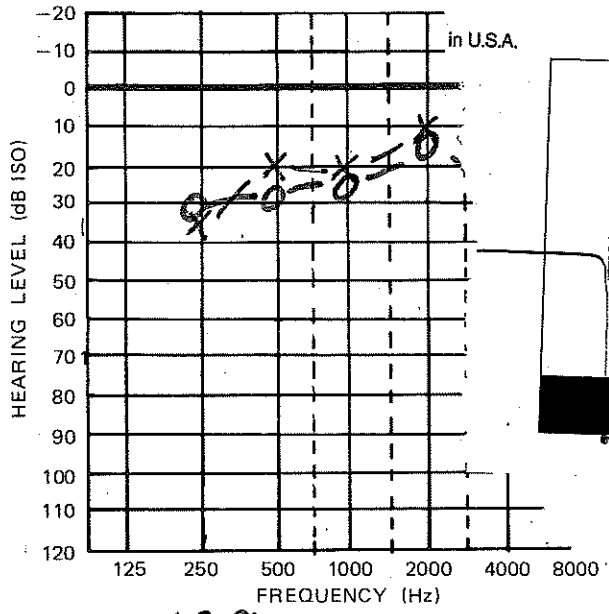
CONSULTANT ..... AUDIOGRAM No. .....



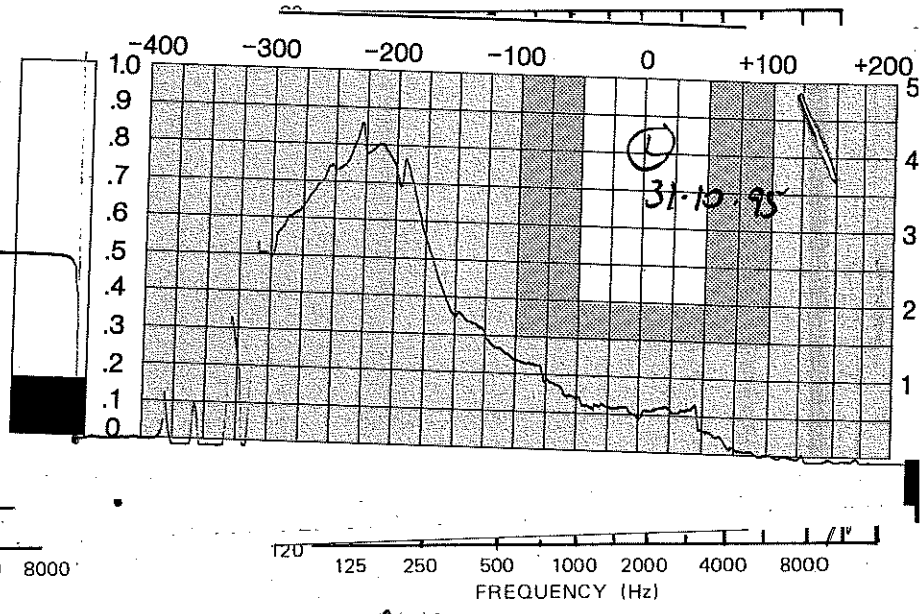
DATE 3/12/94



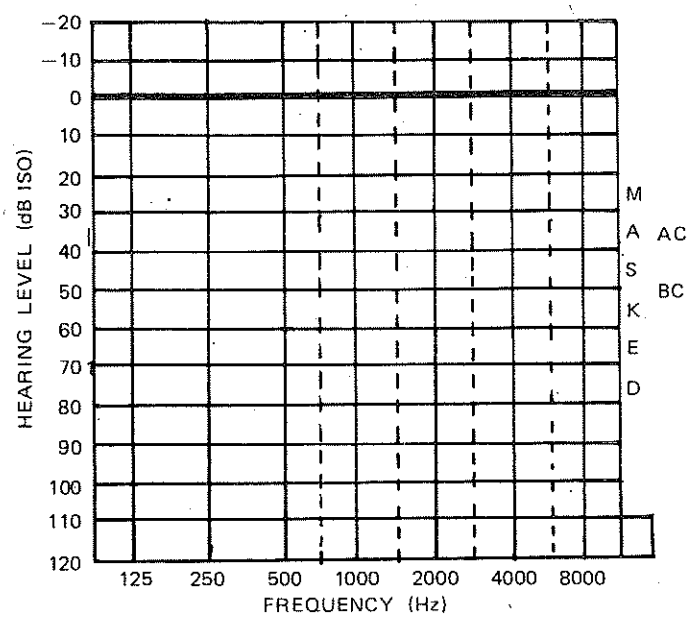
DATE 16/6/94



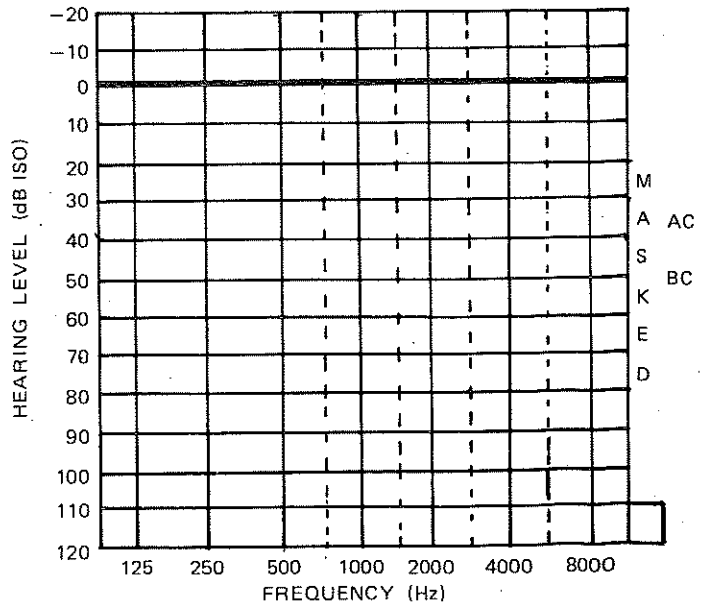
DATE 1.3.94



DATE 31.10.95



DATE .....



DATE .....

Gynaecology Out-patient Department
Primary Care Division
NHS Tayside
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Telephone Number 01382 660111
Fax Number 01674 832136
www.nhs.tayside.scot.nhs.uk

Dr M Ireland
Annat Bank Practice
Links Health Centre
Frank Wood Way
Montrose
DD10 8TY

Date of clinic 15 June 2009
Date dictated 15 June 2009
Date typed 17 June 2009

Your Ref
Our Ref PC/lwg/ 28 04 88 0060

Enquiries to Lynne Grant - Secretary
Extension 67173
Direct Line 01674 832173
Email lynne.grant@nhs.net

Dear Dr Ireland

STACEY ELLIS 8 MILL PLACE CRAIGO MONTROSE DD10 9LB

I saw this 21 year old para 1 + 1 at my Gynae Out-patient Clinic today who is complaining of constant vaginal bleeding since her last delivery a year ago. The bleeding has settled within the last two weeks. Currently she has got Implanon in situ for contraception which was inserted about a year ago. Her last cervical smear in 2008 was negative. She also complained of some dyspareunia but I note that her ultrasound scan on 23 June 2009 on her pelvis and abdomen was normal. She was also keen to preserve her future fertility.

On examination the abdomen was soft and non-tender. There was no mass felt. It was impossible to perform a vaginal speculum examination or pelvic examination on her as she was extremely tearful with the tenderness just on even light touch to her vulva or vagina. Therefore, that information is completely uninformative.

I had a discussion with her and have advised her to leave the Implanon in situ and hopefully her periods will settle down without any further treatment required. There is no indication to undertake any endometrial biopsy on her given her age.

In relation to her dyspareunia, I have offered her a diagnostic laparoscopy. She is aware of the need for a general anaesthetic and possible injury to the bowel, bladder and pelvic blood vessels which may subsequently require laparotomy. She is keen to go through with this so I have put her name down on my waiting list for a day case diagnostic laparoscopy to be done in the near future.

Yours sincerely

Dr Patrick Chien
Consultant Obstetrician and Gynaecologist
(Dictated but not read)

✓**Copy to**
Margaret Coull Dr Chien's Secretary Ninewells Hospital

Hospital use only	Clinic	Day	Time	Hospital No.
		Date 4/8/16	11.00	

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Colposcopy

Tayside SCCRS Direct Referral
NineWells Hospital
Dundee
DD2 2HX

Hospital and **hospital address**

Hospital unit no. T011G

Urgency of referral **Urgent**

REFERRAL FROM

Referrer	SCCRS - Scottish Cervical Call Recall System	Date Referred	29-Jul-2016
UCPN	129000084425I		

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Date of birth	28-Apr-1988
CHI no.	2804880060
Area of Residence	NHS Tayside

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

REGISTERED GP DETAILS

Name	RUTH CRANSWICK
GMC Number	3260678
Practice name	ANNAT BANK PRACTICE
Practice code	1370

Practice address

LINKS HEALTH CENTRE
FRANK WOOD WAY
MONTROSE
DD10 8TY

CLINICAL INFORMATION

Result	High grade dyskaryosis ? invasive	**Exam Date**	19-Jul-2016
ST Type	Smear Taking Clinic	**Auth Date**	27-Jul-2016

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Colposcopy

Tayside SCCRS Direct Referral
NineWells Hospital
Dundee
DD2 2HX

Hospital and **hospital address**

Hospital unit no. T011G

Urgency of referral **Urgent**

REFERRAL FROM

Referrer	SCCRS - Scottish Cervical Call Recall System	Date Referred	29-Jul-2016
UCPN	129000084402Q		

PATIENT DETAILS

Surname	ELLIS
Forename(s)	STACEY
Date of birth	28-Apr-1988
CHI no.	2804880060
Area of Residence	NHS Tayside

Patient's address

17 ANNAT ROAD
MONTROSE
DD10 8EF

Contact number

-

REGISTERED GP DETAILS

Name	RUTH CRANSWICK
GMC Number	3260678
Practice name	ANNAT BANK PRACTICE
Practice code	1370

Practice address

LINKS HEALTH CENTRE
FRANK WOOD WAY
MONTROSE
DD10 8TY

CLINICAL INFORMATION

RESULT DETAILS

Result	High grade dyskaryosis ? invasive	**Exam Date**	19-Jul-2016
HPV Result	-	**Auth Date**	27-Jul-2016
Immunosuppressed	No		

SMEAR TAKER

ST Name Dr Caithlin Neill

Smear Taker Address

Whitehills
Station Road
Forfar
DD8 3DY

Smear Taker Comments

Irregular bleeding with nexplanon- anxious so would only tolerate quick examination. Slightly irreg appearance.

LABORATORY

Laboratory Name NW Cytology Dundee

Laboratory Address

Cytopathology
Ninewells Hospital
Dundee
DD1 9SY

Laboratory Comments

High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment.

~~2015~~ SHR.. 2ee'd 27/7/16.

Cervical Cytopathology Request Form - NW Cytology Dundee

Date Received By Lab	20 Jul 2016
Slide No.	16T1016258
SCCRS No.	1390909726
DOB / CHI	2804880060
Name	ELLIS, STACEY LOUISE
CHI Address	17 ANNAT ROAD, MONTROSE, DD10 8EF
Correspondence	

1390909726

APPT booked Cynae Cano 4/8/16.

Smear Taker ID	Dr Caithlin Neill.
Sender Location	Whitehills Health & C C Centre
Sender Address	Whitehills, Station Road, Forfar, DD8 3DY
Practice Address	LINKS HEALTH CENTRE, FRANK WOOD WAY, MONTROSE, DD10 8TY

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	No
I.U.C.D.	No
Post Natal	No
Currently Immunosuppressed	No

Refer	No Referral
Date Of Exam	19 Jul 2016
Date Sample Taken	19 Jul 2016
Last Menstrual Period	01 Jul 2016

Clinical Comments	Irregular bleeding with nexplanon- anxious so would only tolerate quick examination. Slightly irreg appearance.

Final Cytology Opinion	**High grade dyskaryosis ? invasive**
Infections	
Report Comments	**High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment.**
Recommended Management	**Referred to Colposcopy**
Date of Reporting	**27 Jul 2016**
Confirmed by	**Dr Sheila Nicoll - NW Cytology Dundee**

4/8/16.

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. .

Surnam LEONARD
First Na STACEY
Address C/O IRENE CLAFFEY
49 MILLFIELD RD
ARBROATH
DD11 4HW

G.P. & A DR. ~~AH HORNSBY~~ grey
PRACTICE 3
ABBEY HEALTH CENTRE
EAST ABBEY STREET

250488
0060

10286

.....Cons.
C.H.I. No.
.....
..... M. State
..... Sex
.....
USE BLOCK LETTERS OR PATIENT LABEL

DATE

Page .....

20/11/98

A

Hx a PV. discharge Hab Chlamydia
Jellhorst
c Bleedingabad.

Swabs negative

O/E NAD

Mgt Doxycycline 100mg bd

MRO

THB.(MR)3A

DUNDEE HOSPITALS

GYNAECOLOGY (Out-Patients)

Ward/Clinic/ Hosp. ..... Cons.

C.H.I. No. ..... M. State ..... Sex .....

Surn	ELLIS	2804880060
First	STACEY	F
Add	8 MILL PLACE	
	CRAIGO	
	MONTROSE	DD10 9LB
G.P.	DR RUTH CRANSWICK	
	ANNAT BANK, LINKS HEALTH CENTRE,	

USE BLOCK LETTERS OR PATIENT LABEL

This Sheet to be Completed at each NEW Referral

CONSULTANT:– Dr Patrick Allen Seen by:– Dr Patrick Allen Status:– Consultant

DATE	AGE
15.6.9	21

Menstrual Data

L.M.P.	Menarche yrs.
Normal Cycle	Menopause yrs.
Normal Loss	Oral Contracep. Yes/ Prev./ No

PARITY 1 + 1

Complaint .....

Diagnosis .....

Investigations

Cervical Smear No ☐ Yes ☐

Result:– Class .....

Previous Smear Date & Result

280488 0060
ID: STACEY ELLIS
243 09-06-15 09:12
CLARITY: DB
COLOR: BROWN
GLU NEGATIVE
•KET* TRACE
SG 1.020
BLD NEGATIVE
pH 5.5
•PRO* 0.3 g/L
NIT NEGATIVE
•LEU* Ca 70 Leu/uL

Weight: 45.2
Height:- 156
BMI 18 DMKa-ysw

c/o Constant vaginal bleeding since last delivery 1 year ago. Bleeding never settled down within last 2/52. Currently has Implanon inserted approx 1 year ago. Last Cx smear 2008 - negative. Keen to preserve future fertility. Aware of appearance GP letter organised urgent colp 23/06/15 - ref

Meds Nil of note
No previous surgery

Drugs: Implanon

c/e Well
Abd Soft. Non-tender
No mass felt
Unable to perform vaginal speculum or VE as patient was extremely tender even with light pressure on labia / vagina

MR 91

DATE

O/w patient - advised to leave dupleum - w. nth
and hopefully period will settle down
No indication for endometrial biopsy

Offered diagnostic laparoscopy for dyspareunia Aware of
the need for GA and possible injury to
bowel, bladder and pelvic blood vessels with
subsequent laparotomy

W/L Bayar diagnostic laparoscopy

Rahul Chen
Consultant in Obstetrics &
Gynaecology

SA.

21/6/10 Weight - 116 Kg
Height - 1.50
BMI 19.41

22 yr Para 1+1
1 SVD

No superficial dyspareunia ~~or~~ but tenderness
when the head stays at vaginal introitus
Normally was seen at 9/40 with dyspareunia
in June 2009 had diagnostic laparoscopy in Sept 2009 - adl

O/E Well
Abd Soft Non tender
No mass felt
Per vaginum: NAD No lesion seen
Very sensitive : minor vaginal anatomy

HISTORY/CONTINUATION SHEET

.....UNIT/WARD/DEPT.

Ward/Clinic/
Hosp. .....

Surname ....
First Name ..
Address .....
.....
G.P. & Address

ELLIS 2804880060
STACEY F
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB
DR RUTH CRANSWICK
ANNAT BANK, LINKS HEALTH CENTRE,
EAST ABBEY STREET 10.86

.....Cons.
C.H.I. No.
.....
..... M. State
..... Sex
.....
LOCK LETTERS
PATIENT LABEL

DATE

Page .....

2 yr Hx LFD
Sec

Exp Rx: ? Vaginismus

Plan - help & ensure fixed at Psychosexual Clinic at Abbey Health centre
Patient also mentioned about possibility of sterilisation - no
mention of it in GP's referral letter. Informed patient
that I am not happy to sterilise her given her age
No Plan immediate

Patricia Allen
Consultant in Obstetrics
& Gynaecology

THB.(MR)3A

DUNDEE HOSPITALS

GYNAECOLOGY
(Out-Patients)

Ward/Clinic/
Hosp. ..... Cons.

Surn ELLIS
First STACEY
Addr 17 ANNAT ROAD, MONTROSE
.... Annat Bank Practice, Links Health Cent
G.P.

2804880060
F
DD10 8EF

M M Y Y C.H.I. No.
M. State
Sex

USE BLOCK LETTERS OR PATIENT LABEL

This Sheet to be Completed at each NEW Referral

CONSULTANT:-- Seen by:- Status:--

DATE	AGE
19.7.16	28

Menstrual Data

L.M.P.	Menarche yrs.
Normal Cycle	Menopause yrs.
Normal Loss	Oral Contracep. Yes/ Prev./ No

PARITY 4+0

SVDx4

Complaint .....

Diagnosis .....

Investigations

Cervical Smear No ☐ Yes ☐

Result: Class ☐

Previous Smear Date & Result

Other Investigns. ☐

Decision:- W.L. ☐

ADMIT ☐ Return ☐

Discharged ☐

19.7.16

Gynae.

PC Washing sterilized

MPC - Bleeding with nexplanon - IMB PCB
- heavy bleeding.
- Smoker, low BMI
- Depo - pain at 8/40 & 52
- Does not like idea - never tried mirena
- APH in x1 preg.
- Depression

O/E - Well Anxious - only tolerate quick look

Abd - NAD

Spec - ?ectropion ?raised area, contact bleeding, smear

PV - soft.

Plan - COCP for 1/12
- Review age 30 for ster

C Wall NELC CONS

DMR 91

DATE

02/08/16

P_4 — 8 / 5 / 3 / 1 → Monhase all SVD

IMB → occassionally
PCB

Discharge
- Abdo surgery Lap
- BMI - (N)
- Nexplanon
- NKDA

Medical Hx NIR
Social Hx NIR (Full time looking after children).

PIA 80ft
Suprapubic tenderness +
PIV & Serin gynaecm feet
No vaginal discharge
PM fede
Fornices free

→ cervical appearance
Raised cervical lesion total length 2cm; Width 2.2 cm.
Only punch Bx taken
Very very difficult examination. done c support of Eleanor + Carol. Note severe vaginismus in past. Pt in pain. So took 40' before only a punch Bx. Nurse to Bx slide

PJ. MDT please
- MRI requested today.
- CT abdo, pelvis requested
- ~~contact c results~~
- see in clinic c results
- Will not take phone contact

J. PA (WPATA)

15/08/16
10:30

Reviewed pt

Δ given again
CT/MRI Thursday
Consent ✓

- P_4 4 x SVD
- metal implant
- Ⓡ forearm
- NICDA

Dr. RAGUPATHY

Cervical Cytopathology Request Form (Complete)

Request Id	1390909726
DOB / CHI	2804880060
Name	ELLIS, STACEY LOUISE
CHI Address	17 ANNAT ROAD, MONTROSE, DD10 8EF
Correspondence	

Smear Taker ID	Dr Caithlin Neill
Sender Location	Whitehills Health & C C Centre
Sender Address	Whitehills, Station Road, Forfar, DD8 3DY
Practice Address	LINKS HEALTH CENTRE, FRANK WOOD WAY, MONTROSE, DD10 8TY

Type of Smear	**Cervical**
Appearance of Cervix	**Normal**
Current HRT	**No**
I.U.C.D.	**No**
Post Natal	**No**
Currently Immunosuppressed	**No**

Refer	**No Referral**
Observations	**No Referral**
Date Of Exam	**19 Jul 2016**
Date Sample Taken	**19 Jul 2016**
Last Menstrual Period	**01 Jul 2016**

Clinical Comments	**Irregular bleeding with nexplanon- anxious so would only tolerate quick examination. Slightly irreg appearance.**
Signature Of Requester	**Dr Caithlin Neill**

Cytology Result	**High grade dyskaryosis ? invasive**
Recall Advice	**Referred to Colposcopy**
Infection(s)	
Cytology Report	**High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment.**

ELLIS, STACEY LOUISE
2804880060

PATIENT DETAILS

Stacey Ellis
280488 0060

GYNAECOLOGY/ONCOLOGY
M. D.T. MEETING

DISCUSSION

DATE

3 10/8/16

cin 3 not ~~represented~~ for loop in the or 10/8

24/8/16

ANGUS N·H·S TRUST
DEDICATED·TO·CARE

Arbroath Infirmary
Rosemount Road
Arbroath
Angus DD11 2AT
Tel: 01241 872584

Ref: BCD/DT/280488/0060

Enquiries to: Mr B. C. Davis.

Dictated/Received: 10.10.95
Typed: 17.10.95

Dr J S Forsyth,
Consultant Paediatrician,
ARBROATH INFIRMARY.

Dear Dr Forsyth,

Stacey Leonard, c/o Irene Claffey, 49 Millfield Road, Arbroath

I would be very grateful if you would be willing to see this young lady in order to put her mother's mind at rest in respect of her left posterior triangle lymphadenopathy which I am sure is reactive due to a viral infection. The ENT picture is recorded in the notes.

Thank you for seeing her.

Yours sincerely,

Send appt

SL

B. C. DAVIS,
CONSULTANT E.N.T. SURGEON.
(Dictated but not read).

Copy to Community Child Health.

DAY SURGERY QUESTIONNAIRE FOR PARENTS OF PAEDIATRIC PATIENTS

Patient name: STACEY Louise Leonard
Date of birth: 26-4-89
Age: 7
Weight:
Home telephone number: 01341 579546

Consultant:
Operation:

Please circle the correct answers

1. Will you be able to transport your child home by car? (YES) / NO
2. How many other children do you have? 3
   How old are they? 9 5 4
3. Has your child had any serious illness? YES / (NO)
   What was the problem?
4. Will this be your child's first operation? YES / (NO)
5. Has your child had any problems with anaesthetics? YES / (NO)
   What was the problem?
6. Has anyone in either family had problems with anaesthetics? YES / (NO)
   What was the problem?
7. Has there been a cot death in the family? YES / (NO)
8. Has your child a heart murmur? YES / (NO)
9. Has your child had heart disease? YES / (NO)
10. Has your child had rheumatic fever? YES / (NO)
11. Has your child had bronchitis, asthma or other chest disease? (YES) / NO
12. Has your child had convulsions or fits? YES / (NO)
13. Does your child have anaemia or other blood problems? YES / (NO)
14. Does your child bruise or bleed excessively? YES / (NO)
15. Does your child have allergies or reactions to medicines etc.? YES / (NO)
    What is the problem
16. Is your child on any medicines now? YES / (NO)
    Please list them.
17. Has your child ever had jaundice? (YES) / NO
18. Has your child ever had kidney or urinary problems? YES / (NO)
19. Has your child ever had diabetes or sugar in the urine? YES / (NO)

****Parents please note that after an anaesthetic your child should not ride a bicycle or undertake any other dangerous activities on the same day****

LEONARD 280488
STACEY 0060
9 LAMLEY TER
ARBROATH S
DD115AD

ARNOLD HORNSBY
ABBEY HEALTH CENTRE
EAST ABBEY STREET
ARBROATH
DD111EN 10286

Directorate of Ophthalmology

Ninewells Hospital

Ward 25 Day Case Unit

Child GA care plan

Actual / potential Problem	Nursing Action	Outcome
Patient unprepared for surgery to eye	Prepare patient for surgery as per check list	Child will be prepared correctly for surgery
Potential anxiety and fear of what is happening	Explain all nursing actions and assess if patient understands	Patient / parent will state they understand reasons for preparations
Potential fear of wrong eye being treated	Check with notes, consent, confirm correct eye(s) with parent	Patient/ parent will be reassured that correct eye is to be treated

Pre op care carried out by

Sign.....

Actual / potential Problem	Nursing Action	Outcome
potential cardiovascular or respiratory distress following GA	check pulse till stable	patient will recover with no complications after surgery
maintenance of safety	use cot sides bed set low sharp objects out of reach	patient will be safe in the post operative period
Potential discomfort after surgery	Nurse in quiet area, discourage eye rubbing, bathe eye as needed, give analgesia and assess outcome	Patient will not be in pain and distress after surgery

Discharge medication given to patient by

Sign.....

Sign.....Ronna Collie

Patient discharged by

Sign.....Ronna Collie

LEONARD STACEY
9 LAMLEY TER
ARBROATH

280488
0060
S
DD115AD

ARNOLD HORNSBY
ABBEY HEALTH CENTRE
EAST ABBEY STREET
ARBROATH
DD111EN

10286

WARD STAFF DCU ASSESSMENT FOR OPHTHALMIC DAY SURGERY

WARD 25
CHILD

LISTED FOR Squint Correction	**RELEVANT MEDICAL HISTORY** Bronchitis.
GUARDIAN CONTACT PHONE Isobel Naylor.	**RELEVANT OPHTHALMIC HISTORY** Squint.
KNOWN ALLERGIES NIL. KNOWN.	**ELIMINATION** NIL.
PREVIOUS OPERATIONS/ANAESTHETICS Growths. - G.A. no problems	**TRANSPORT** CAR ☑ TAXI ☐
CONSULTANT (A) B C D E	**COMFORTER** NIL. **SPECIAL DIET?** NORMAL.
ADMITTED BY NURSE **SIGNED** [signature] **DATE** 17.07.95.	**CHECKLIST** **WEIGHED** ☑ 21 kg. **TPR** ☑ **CONSENT SIGNED** ☑

LEONARD 280488
STACEY 0060
9 LAMLEY TER
ARBROATH S
DD115AD

ARNOLD HORNSBY
ABBEY HEALTH CENTRE
EAST ABBEY STREET
ARBROATH
DD111EN 10286

Directorate of Ophthalmology

25 Ninewells

Date.....~~20/06/95~~ 180795

Check ID band with casenotes	☐					
Consent form signed	yes	☑				
Jewellery / make up removed	yes	☑				
Dentures	yes	☐	no	☑	n/a	☐
Hearing aid	yes	☐	no	☑	n/a	☐

LOOSE TOOTH FRONT UPPER.

Last ate or drank: 2200. 170795.

Known allergies: NIL.

Last Drops at: /

Remarks:

Signed:

Theatre Staff

Date.....18/7/95.....

Check patient ID	yes	☑
Consent signed	yes	☑
Casenotes / nursing notes	yes	☑

Correct eye(s) (RIGHT) (LEFT)

Last Drops at: /

Known Allergies: NIL KNOWN

Signed:

T.P.R. CHART

MONTH

180795

Ward/Clinic/ 25
Hosp. M/W — DR. MACEWAN — Cons.

D D M M Y Y
2 8 0 4 8 8 — 0 0 6 0 — C.H.I. No.

Surname Leonard
First Name Stacey — M. State
Address — Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE	28/04/88							DATE
Day of Disease / OR AFTER ADMISSION	Post-Op							Day of Disease
TIME	2 6 10 14 18 22							TIME
TEMPERATURE F° / C°								B.P.
107.6 / 42								300
105.8 / 41	10:30							290
104 / 40	12:30							280
102.2 / 39	13:30							270
100.4 / 38								260
98.6 / N T 37								250
96.8 / 36								240
95 / 35								230
220								220
210								210
200								200
190								190
180								180
170								170
160								160
150								150
140								140
130								130
120								120
PULSE 110								110
100								100
90								90
80								80
70								70
60								60
50								50
40								40
30								30
RESPIRATION 20								20
10								10

Discontinued

B(MR)121

Aberdeen
Hospital/Clinic

IMMEDIATE OUT-PATIENT COMMUNICATION

DERMATOLOGY
Clinic

Date 19.9.2006

Ward/Clinic/Hosp. ELLIS 280488
STACEY 0060
MEARNS VIEW
Surname CHURCH RD
First Nai LUTHERMUIR AB30 1YS
Address
DR. PD MULCAHY
G.P. & A HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

Cons
CHI No.
M State
Sex
USE BLOCK LETTERS OR PATIENT LABEL

Fold
Back

Dear Doctor,

The above patient attended my clinic today, please accept this as the only / interim* communication in respect of this visit.

Provisional/Diagnosis is Acne Vulgaris face

Comment/Recommendations Differin cream → once a day

Lymecycline ONE a day for at least 3/12

→ please consider if suitable for Dianette (Depo inj due on 25 Sept)

Next appointment (if any) 4 weeks/months

MEDICINE TREATMENT RECOMMENDED NAME—State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24
DIFFERIN - cream	TDS		✓
LYMECYCLINE	408 mg		✓

Fold
Back

Prescription given / Medicines supplied / Medicines not supplied *

Signed by [signature] for [signature] Consultant

Do not write below this line

*Delete as appropriate

Dr. .....

.....

.....

.....

THB(MR)159 (2-part set General — 3 part set Psychiatry Dundee)

Cervical Cytopathology Request Form - NW Cytology Dundee

Date Received By Lab	20 Jul 2016
Slide No.	16T1016258
SCCRS No.	1390909726
DOB / CHI	2804880060
Name	ELLIS, STACEY LOUISE
CHI Address	17 ANNAT ROAD, MONTROSE, DD10 8EF
Correspondence	

1390909726

Smear Taker ID	Dr Caithlin Neill
Sender Location	Whitehills Health & C C Centre
Sender Address	Whitehills, Station Road, Forfar, DD8 3DY
Practice Address	LINKS HEALTH CENTRE, FRANK WOOD WAY, MONTROSE, DD10 8TY

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	No
I.U.C.D.	No
Post Natal	No
Currently Immunosuppressed	No

Refer	No Referral
Date Of Exam	19 Jul 2016
Date Sample Taken	19 Jul 2016
Last Menstrual Period	01 Jul 2016

Clinical Comments	Irregular bleeding with nexplanon- anxious so would only tolerate quick examination. Slightly irreg appearance.

Final Cytology Opinion	**High grade dyskaryosis ? invasive**
Infections	
Report Comments	**High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment.**
Recommended Management	**Referred to Colposcopy**
Date of Reporting	**27 Jul 2016**
Confirmed by	**Dr Sheila Nicoll - NW Cytology Dundee**

Cervical Cytopathology Request Form (Complete)

Request Id	1390909726
DOB / CHI	2804880060
Name	ELLIS, STACEY LOUISE
CHI Address	17 ANNAT ROAD, MONTROSE, DD10 8EF
Correspondence	

Smear Taker ID	Dr Caithlin Neill
Sender Location	Whitehills Health & C C Centre
Sender Address	Whitehills, Station Road, Forfar, DD8 3DY
Practice Address	LINKS HEALTH CENTRE, FRANK WOOD WAY, MONTROSE, DD10 8TY

Type of Smear	**Cervical**
Appearance of Cervix	**Normal**
Current HRT	**No**
I.U.C.D.	**No**
Post Natal	**No**
Currently Immunosuppressed	**No**

Refer	**No Referral**
Observations	**No Referral**
Date Of Exam	**19 Jul 2016**
Date Sample Taken	**19 Jul 2016**
Last Menstrual Period	**01 Jul 2016**

Clinical Comments	**Irregular bleeding with nexplanon- anxious so would only tolerate quick examination. Slightly irreg appearance.**
Signature Of Requester	**Dr Caithlin Neill**
Cytology Result	**High grade dyskaryosis ? invasive**
Recall Advice	**Referred to Colposcopy**
Infection(s)	
Cytology Report	**High grade (severe) dyskaryosis with marked inflammatory response in a defaulter with irregular appearance of cervix. Requires urgent assessment.**

ELLIS, STACEY LOUISE
2804880060

TAYSIDE HEALTH BOARD

DUNDEE / PERTH AND KINROSS

Orthoptic Clinic

Foster mother Irene Claffey 49 Millfield Road

NAME

ADDRESS

SURGEON

DIAGNOSIS

LEONARD 280488
STACEY 0060
MEARNS VIEW
CHURCH RD
LUTHERMUIR AB30 1YS
DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

B B
6 0
F
S
15AD

DATE OF BIRTH

OCCUPATION

HOSPITAL No. DATE 26.2.92.

HISTORY

AGE OF ONSET — GLASSES FIRST WORN

MODE OF ONSET — OCCLUSION

ATTRIBUTED CAUSE — OPERATION

HEREDITY F. (L) squint ? op.
GH good nil medication.

REMARKS
M see (L)CS constant since 2yrs (wt @ first) — worse since onset. M not worried about Wt.

GLASSES	DISTANCE R.E.	DISTANCE L.E.	READING R.E.	READING L.E.	NOTES
Feb 92	+3·50	+3·50			1.3.96 +5.00 +5.50
	+1·00	+1·00			
23/9/92	+5·00	+5·00			
	+1.00	+0·50			
23/3/94	+5·50 9=	+1.00 9=			
	+0·75	+0·50			

THR (MR) 42

Date	Visual Acuity c̄ gl. R	c̄ gl. L	s̄ gl. R	s̄ gl. L	Binocular c̄ gl.	Binocular s̄ gl.	Worth Four Dot Test c̄ gl.	Worth Four Dot Test s̄ gl.	Maddox Rod Test With Glasses F.R.	With Glasses F.L.	Without Glasses R.R.	Without Glasses F.L.	Maddox Wing c̄ gl.	Maddox Wing s̄ gl.	REMARKS
26.2.92			3/3	3/5	SGT										
5/7/92	6/9	6/12		KP			Usual		(R) central						
									(L) ? central /parafoveal						
23/9/an.	6/9	6/9 R.pv		CK · Pics											
2/2/93	6/9 +1	6/9 ##		LCP											
23/3/94	6/6 pr	6/12 pr		Lmear SGT											
12/4/95	6/6	6/18		CTS											
3/5/95	6/6	6/9 (-1)		E TT											
17/7/95	6/6	6/12		TT											
23/8/95	6/6 pt	6/9 pt		TT											
22/11/95	6/6	6/9		TT											
			6/9	6/12											
7.896	6/6	6/9		TT											
2/2/97	6/6	6/9		TT											
14/12/99	6/12	6/18		TT											
	6/9	6/12		C+0.50 DS	less										

SYNOPTOPHORE

Date	With Glasses						Without Glasses					PRISM COVER TEST	COVER TEST	OCULAR MOVEMENTS	CONVERGENCE	REMARKS
	Deviation		Binocular Vision				Deviation		Binocular Vision							
	Objective	Subjective	Fusion	+	−−	SV	Objective	Subjective	Fusion	+	−					
26.2.92												P+RT eso 35Δ approx	N+D Sm Ⓛ CS holds Ⓛ fixt momentarily	Sm°/ALIO	6 6cms Edent	
											N					
															For re-test today. If child will occlude today	
5/7/92											Fully +ve	L muscle eqls eqls Sqls	sl weakness CCR N.l Gross		sl (3m) DR	
23/9/92	Wears glasses NOW & the time						Rel Ly - dc Eso 20° - Slow vg Ⓡ Fully - no.					eql sl/Mod later car Esso rec/sl near Ⓡ Es. 3/11 Mod + manifest Ⓡ Ⓒ.	Sacc Fem. ?sl elev Ⓡ add Field			
2/2/93		Care - dist eqls today which are weaker					fully +ve Fully -ve	Wr Eso 20° eqls				eqls. mod esoc partial rec to Ⓛ monotropia eqls. mon. Ⓛ Es.	Nil Gross	Def limit signs of BV today (CT & reflex test). Rep & add may. For 1/2 Wr Ⓡ acc° also	Gen. Wt ? spontaneously, NO recit.	
23/3/94	Re-referred +3 ✓		+3° small range				+30°	Wr Eso 30° dist Eso 16°				eqls MR moderate (1/4Δ) dev° less on distance ? recovers on distance Sqls marked Ⓛ Es.	Nil Gross	c new eqls. 6/52 Wr Accommodated Rel. 1ST	very rapid OP	

Date	Visual Acuity						Worth Four Dot Test		Maddox Rod Test				Maddox Wing		REMARKS
	c̄ gl.		s̄ gl.		Binocular				With Glasses		Without Glasses				
	R	L	R	L	c̄ gl.	s̄ gl.	c̄ gl.	s̄ gl.	F.R.	F.L.	R.R.	F.L.	c̄ gl.	s̄ gl.	
13/01	6/6 -2	6/9	TT												

Orthoptic Clinic

NAME LEONARD STACEY 280488 0060

ADDRESS 9 LAMLEY TER ARBROATH S DD115AD

SURGEON ARNOLD HORNSBY ABBEY HEALTH CENTRE EAST ABBEY STREET ARBROATH DD111EN 10286

DIAGNOSIS

DATE OF BIRTH

OCCUPATION

HOSPITAL No. DATE

HISTORY

AGE OF ONSET

MODE OF ONSET

ATTRIBUTED CAUSE

HEREDITY

GLASSES FIRST WORN

OCCLUSION

OPERATION

REMARKS

GLASSES	DISTANCE		READING		NOTES
	R.E.	L.E.	R.E.	L.E.	

THR (MR) 42

SYNOPTOPHORE

Date	With Glasses						Without Glasses					PRISM COVER TEST	COVER TEST	OCULAR MOVEMENTS	CONVERGENCE	REMARKS
	Deviation		Binocular Vision				Deviation		Binocular Vision							
	Objective	Subjective	Fusion	+	−−	SV	Objective	Subjective	Fusion	+	−					
21/8/94		Cls broken											mixed LCS Can alternate Sgls	Mvt Gross		
		aphasia	and												Repeat Rx ↔ Num ↕ Flames	sent out. will arrange OC+DR appt (2/52). at ARbrook + send appt
2/4/95	+6°	+1°	0	10	7	✓	+30°				zgbN	ESO 40° ESO 6°	zgb - mod+ non Conv Paracc can hold ⊙ Auth:	↔ ↕	↑ to 6cm zdev	
													Sgls Mhd ⊙CS N+O		Has decompensated - ? last. refract as well to see if any more plus. - Bifocals - To Dr	
													Sgls - D- Mc'naughton			
15/9/95	+3°	+1°	0°				+30°				Sgls	ESO 30° Alt ESO 6°/8°	sgls mx moderate LCS can alternate Alt small LCS			
													Sgls (Converses			
17.7.95	+4.25	⊘	⊘	14	4°								CDS N V. briefly straight to right / mod Mc head gaze	full	to 6cm zdev	
													D 8°-30			

Ac/A = 12:1

Ac/A ratio
$\frac{40^\Delta - 8^\Delta}{3}$ = approx $\frac{11}{1}$.

PCT sgls: −3.00DS
Alt −6ΔS 40/45°

PRE-CP

Date	Visual Acuity						Worth Four Dot Test		Maddox Rod Test				Maddox Wing		REMARKS
	$\bar{c}$ gl.		$\bar{s}$ gl.		Binocular				With Glasses		Without Glasses				
	R	L	R	L	$\bar{c}$ gl.	$\bar{s}$ gl.	$\bar{c}$ gl.	$\bar{s}$ gl.	F.R.	F.L.	R.R.	F.L.	$\bar{c}$ gl.	$\bar{s}$ gl.	

Orthoptic Clinic

NAME Stacy Leonard DATE OF BIRTH 280488

ADDRESS OCCUPATION

SURGEON HOSPITAL No. DATE

DIAGNOSIS

HISTORY

AGE OF ONSET GLASSES FIRST WORN

MODE OF ONSET OCCLUSION

ATTRIBUTED CAUSE OPERATION

HEREDITY

REMARKS

GLASSES	DISTANCE		READING		NOTES
	R.E.	L.E.	R.E.	L.E.	

SYNOPTOPHORE

Date	With Glasses: Deviation Objective	With Glasses: Deviation Subjective	With Glasses: Binocular Vision Fusion	With Glasses: Binocular Vision +	With Glasses: Binocular Vision —	With Glasses: Binocular Vision SV	Without Glasses: Deviation Objective	Without Glasses: Deviation Subjective	Without Glasses: Binocular Vision Fusion	Without Glasses: Binocular Vision +	Without Glasses: Binocular Vision —	PRISM COVER TEST	COVER TEST	OCULAR MOVEMENTS	CONVERGENCE	REMARKS
8/7/95		Bimedial	recess.													
23/8/95										PCT cgls			cgls			
										NVR ⅋ 10°/12Δ			small LCS	SL limit	Coordinating	
										duct ⅋ 22/4Δ			greater fem	LMR	good cgls	
													cgls need LCS			
															? VA stable (3/60)	
2/11/95	0°	-2°	-2°	5°	3°	✓	+22°									
					bucket											
									eqls	⅋	10°		eqls small LCS	SL limit		
										⅋	2°		less duction	LMR.	good	
				gross	B'm Vision								(le need cgls			
												-ve			(le stable	
															B'm Vision weak	
															? long duration exercises	
															+ photos	
2/5/96													6/s border.		(6/9 m) or +10 DR	NF
													head LCS. sqls		+10 DR for reproduction	NF
7.8.96									Bcgnd NHO X							
									Fusion -ve							
									with fly only +ve							
	0°	-2°	-2°				+22°									
2/97			few degrees	cross	SV		Fly -up			cgls NVR ⅋ 14Δ			small constant	??	partial rec. for near cgls.	
							Fly +ve			duct ⅋ 2Δ			LCS el. greater fem			
							PRT +ve		sqls	NVR > ⅋ 45/45Δ			greater sqls	SL limit LMR.		NF
							plan rec (LE)			duct 6 50/40					(0)	

Date	Visual Acuity						Worth Four Dot Test		Maddox Rod Test				Maddox Wing		REMARKS
	c̄ gl.		s̄ gl.		Binocular				With Glasses		Without Glasses				
	R	L	R	L	c̄ gl.	s̄ gl.	c̄ gl.	s̄ gl.	F.R.	F.L.	R.R.	F.L.	c̄ gl.	s̄ gl.	

Orthoptic Clinic

NAME Stacey Leonard DATE OF BIRTH

ADDRESS OCCUPATION

SURGEON HOSPITAL No. DATE

DIAGNOSIS

HISTORY

AGE OF ONSET GLASSES FIRST WORN

MODE OF ONSET OCCLUSION

ATTRIBUTED CAUSE OPERATION

HEREDITY

REMARKS

GLASSES	DISTANCE		READING		NOTES
	R.E.	L.E.	R.E.	L.E.	

THB (MR) 42

SYNOPTOPHORE

Date	With Glasses						Without Glasses						PRISM COVER TEST	COVER TEST	OCULAR MOVEMENTS	CONVERGENCE	REMARKS
	Deviation		Binocular Vision				Deviation		Binocular Vision								
	Objective	Subjective	Fusion	+	—	SV	Objective	Subjective	Fusion	+	—						
6/3/01	Re-referred + seen by JAC 14/12/99																
	0.0 unhappy c + VA. (A) c change of gls																
	Now re-refered c/o sq. cosmetics																
													cgls	cgls			
	Bggs X N												N eso 16Δ	N: 5mt (L) XS	full	↓dent ccgls	
	(L) sup" (A)?												Δ eso 6	Δ v 5mt (L) XS.		6cm.	
	Thumbsfly tive.													Cosm v good.			
	↓ntn(L) control.													5gh			
														N +5 Mod + (L) XS.			Fully accom (L) XS + (L) micro tropia showing gross ABSV. I explained surgery not a good idea ↓ fusion & ↑d risk of anaesthetic ↓ I think she is more concerned about cosmesis of wearing gls so can try CLs when older Google (A)?

—cont

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:17

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
19 Dec 2023 01:42	Blood Sciences	NW LABOUR SUITE	DR Katrine Elizabeth ORR (Obs & Gynae) (Obstetrics & Gynaecology)	F

Sample H231533387 (EDTA) Collected 18 Dec 2023 22:52 Received 19 Dec 2023 01:27

CLINICAL DETAILS :
? labour

Sample H231533387 (EDTA) Collected 18 Dec 2023 22:52 Received 19 Dec 2023 01:27

FBC

Hb	129	g/L	120 - 160
WBC	8.1	x10^9/L	4.0 - 11.0
PLT	205	x10^9/L	150 - 400
RBC	4.56	x10^12/L	3.8 - 4.8
HCT	0.405		0.37 - 0.47
MCV	88.8	fl	85 - 105
MCH	28.4	pg	27 - 32
MCHC	320	g/L	320 - 360
NE#	5.5	x10^9/L	2.0 - 7.5
LY#	2.1	x10^9/L	1.5 - 4.0
MO#	0.4	x10^9/L	0.2 - 0.8
EO#	0.12	x10^9/L	0.0 - 0.4
BA#	0.0	x10^9/L	0.0 - 0.1

End of report

NHS Tayside Radiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:18

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
14 Dec 2023 14:53	Radiology	NW OP OBS & GYNAE CLINIC	Unknown Unknown (Dental Medicine Specialties)	F

Radiology Examination 8993636: 14 Dec 2023 14:22

US GROWTH

US GROWTH

Clinical History :

rgr

Fiona Agnew

Midwife Sonographer 93I0292SReport available on Badgernet

FIONA AGNEW (Obs & Gyn) / AGNEWF

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:18

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
08 Dec 2023 22:41	Blood Sciences	LINKS HC ANTE-NATAL CLINIC	Greg CALDWELL (Obstetrics & Gynaecology) (Obstetrics & Gynaecology)	F

Sample C231511533 (Fluoride Oxalate) Collected 08 Dec 2023 12:16 Received 08 Dec 2023 16:50

CLINICAL DETAILS :
35 weeks pregnant, glycosuria. Declines GTT. Previous low Hb.

Sample C231511533 (Fluoride Oxalate) Collected 08 Dec 2023 12:16 Received 08 Dec 2023 16:50

GLUCOSE			
GLUCOSE (preserved tube)	4.9	mmol/L	3.3 - 5.8
HbA1c (IFCC)			
HbA1c IFCC	26	mmol/mol	>Below 48

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:18

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
08 Dec 2023 17:14	Blood Sciences	LINKS HC ANTE-NATAL CLINIC	Greg CALDWELL (Obstetrics & Gynaecology) (Obstetrics & Gynaecology)	F

Sample H231511533 (EDTA) Collected 08 Dec 2023 12:16 Received 08 Dec 2023 16:50

CLINICAL DETAILS :
35 weeks pregnant, glycosuria. Declines GTT. Previous low Hb.

Sample H231511533 (EDTA) Collected 08 Dec 2023 12:16 Received 08 Dec 2023 16:50

FBC

Hb		126	g/L	120 - 160
WBC		8.9	x10^9/L	4.0 - 11.0
PLT		243	x10^9/L	150 - 400
RBC		4.40	x10^12/L	3.8 - 4.8
HCT		0.394		0.37 - 0.47
MCV		89.5	fl	85 - 105
MCH		28.5	pg	27 - 32
MCHC	*	**319**	g/L	320 - 360
NE#		7.1	x10^9/L	2.0 - 7.5
LY#	*	**1.4**	x10^9/L	1.5 - 4.0
MO#		0.3	x10^9/L	0.2 - 0.8
EO#		0.09	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

NHS Tayside Radiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:19

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
15 Nov 2023 10:36	Radiology	NW OP OBS & GYNAE CLINIC	Unknown Unknown (Dental Medicine Specialties)	F

Radiology Examination 8968406: 15 Nov 2023 09:58

US GROWTH

US GROWTH

Clinical History :

GROWTH SCAN

US GROWTH :

Report available on Badgernet

Eilidh Donald

Midwife Sonographer 14I1334S

EILIDH DONALD / DONALDE

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:19

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
03 Nov 2023 17:31	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H231430179 (EDTA) Collected 03 Nov 2023 12:28 Received 03 Nov 2023 17:06

CLINICAL DETAILS :
30 weeks On iron, symptomatic of anaemia - mw ali

Sample H231430179 (EDTA) Collected 03 Nov 2023 12:28 Received 03 Nov 2023 17:06

FBC

Hb	*	**99**	g/L	120 - 160
WBC		10.1	x10^9/L	4.0 - 11.0
PLT		337	x10^9/L	150 - 400
RBC	*	**3.69**	x10^12/L	3.8 - 4.8
HCT	*	**0.307**		0.37 - 0.47
MCV	*	**83.1**	fl	85 - 105
MCH	*	**26.9**	pg	27 - 32
MCHC		323	g/L	320 - 360
NE#		7.3	x10^9/L	2.0 - 7.5
LY#		2.1	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.21	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:19

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
18 Oct 2023 18:26	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310057215336 (BLOOD) Collected 18 Oct 2023 10:00 Received 18 Oct 2023 17:01

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310057215336 (BLOOD) Collected 18 Oct 2023 10:00 Received 18 Oct 2023 17:01

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:19

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
18 Oct 2023 17:32	Blood Sciences	MONTROSE MINOR INJURY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H231392770 (EDTA) Collected 18 Oct 2023 10:47 Received 18 Oct 2023 16:49

CLINICAL DETAILS :
28 weeks

Sample H231392770 (EDTA) Collected 18 Oct 2023 10:47 Received 18 Oct 2023 16:49

FBC

Hb	*	**101**	g/L	120 - 160
WBC	*	**11.5**	x10^9/L	4.0 - 11.0
PLT		329	x10^9/L	150 - 400
RBC	*	**3.74**	x10^12/L	3.8 - 4.8
HCT	*	**0.314**		0.37 - 0.47
MCV	*	**83.8**	fl	85 - 105
MCH		27.1	pg	27 - 32
MCHC		323	g/L	320 - 360
NE#	*	**9.1**	x10^9/L	2.0 - 7.5
LY#		1.8	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.13	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

NHS Tayside Radiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:20

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
22 Aug 2023 10:34	Radiology	NW OP OBS & GYNAE CLINIC	Unknown Unknown (Dental Medicine Specialties)	F

Radiology Examination 8843923: 22 Aug 2023 09:58

US Anomaly

US Anomaly

Clinical History :

20 WEEKS

Fiona Agnew

Midwife Sonographer 93I0292SReport available on Badgernet

FIONA AGNEW (Obs & Gyn) / AGNEWF

End of report

NHS Tayside Radiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:20

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
04 Jul 2023 12:38	Radiology	ARBROATH INF OP ANTE NATAL	Unknown Unknown (Dental Medicine Specialties)	F

Radiology Examination 8796770: 04 Jul 2023 08:52

US Booking

US Booking

Report available on Badgernet

Fiona McInnes

Midwife Sonographer 81H0243S

FIONA MCINNES (Obs and Gyn) / MCINNESF

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:20

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
08 Jun 2023 16:17	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample C231082361 (Blood) Collected 02 Jun 2023 09:58 Received 02 Jun 2023 16:10

CLINICAL DETAILS :
booking

LAB COMMENTS :
LAMOTRIGINE performed by Birmingham City Hospital

Sample C231082361 (Blood) Collected 02 Jun 2023 09:58 Received 02 Jun 2023 16:10

FERRITIN

FERRITIN	* **7**	ug/L	13 - 150	

LAMOTRIGINE

Therapeutic range (epilepsy) 1-4
Maximum drug efficacy (Bipolar disorder) 3-14
(trough specimen taken pre dose or minimum 6 hrs post dose)

LAMOTRIGINE	1.3	mg/L	1.0 - 4.0	

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:20

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
05 Jun 2023 13:49	Microbiology	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 23V009823 (Venous blood) Collected 02 Jun 2023 09:58 Received 03 Jun 2023 09:02

CLINICAL DETAILS :
booking

Sample 23V009823 (Venous blood) Collected 02 Jun 2023 09:58 Received 03 Jun 2023 09:02

Hepatitis B (HBsAg) screen:

Hepatitis B (HBsAg) screen	Negative

Syphilis total antibody:

Syphilis total antibody	Negative

HIV1&2 Antigen/Antibody:

HIV1&2 Antigen/Antibody	Negative

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:21

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
05 Jun 2023 11:37	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H231082361 (EDTA) Collected 02 Jun 2023 09:58 Received 02 Jun 2023 16:10

CLINICAL DETAILS :
booking

LAB COMMENTS :
No evidence of thalassaemia.
Not tested for haemoglobin variants as family origin questionnaire indicates both biological parents are of low risk family origins.
Testing of baby's biological father not required.

Sample H231082361 (EDTA) Collected 02 Jun 2023 09:58 Received 02 Jun 2023 16:10

FBC

Hb		121	g/L	120 - 160
WBC		7.0	x10^9/L	4.0 - 11.0
PLT		271	x10^9/L	150 - 400
RBC		4.09	x10^12/L	3.8 - 4.8
HCT	*	**0.349**		0.37 - 0.47
MCV		85.3	fl	85 - 105
MCH		29.6	pg	27 - 32
MCHC		347	g/L	320 - 360
NE#		5.3	x10^9/L	2.0 - 7.5
LY#	*	**1.4**	x10^9/L	1.5 - 4.0
MO#		0.3	x10^9/L	0.2 - 0.8
EO#		0.07	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

ANC BOOKING BLOODS

ANC BOOKING BLOODS	NOT REQUIRED.

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:21

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
03 Jun 2023 09:28	Microbiology	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 23B229921 (Midstream Urine) Collected 02 Jun 2023 09:58 Received 02 Jun 2023 15:47

CLINICAL DETAILS :
Symptoms of UTI?: No
Test reason: Patient pregnant
Antibiotic Therapy: nil
Antibiotic allergies: nil
Known CKD?: No
booking

Sample 23B229921 (Midstream Urine) Collected 02 Jun 2023 09:58 Received 02 Jun 2023 15:47

Urine Culture:

Urine Culture:

No Significant Bacteriuria

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:21

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
02 Jun 2023 17:26	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310055761333 (BLOOD) Collected 02 Jun 2023 10:00 Received 02 Jun 2023 16:11

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
Please send a sample at 28 to 30 weeks , gestation.
```

Sample 10310055761333 (BLOOD) Collected 02 Jun 2023 10:00 Received 02 Jun 2023 16:11

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:21

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
02 Jun 2023 16:47	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H231082474 (Blood) Collected 02 Jun 2023 10:14 Received 02 Jun 2023 16:02

CLINICAL DETAILS :
booking

Sample H231082474 (Blood) Collected 02 Jun 2023 10:14 Received 02 Jun 2023 16:02

B12/FOLATE

B12		292	ng/l	200 - 940
Results may be unreliable if sample older than 48h				
Serum Folate	*	**2.6**	ug/l	3.1 - 17.5

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:22

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
25 Sep 2021 02:17	Microbiology	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21V406486 (Nasal+Throat swab) Collected 25 Sep 2021 00:11 Received 25 Sep 2021 01:54

CLINICAL DETAILS :
Rapid required: Y
Rapid reason: Acute admission: 4-6 hr
test is an IPC risk
IPC risk details: delivered, to be
transferred to ward
Authorised: Dr Lynch
Criteria: Admission screen
Symptoms: Asymptomatic
delivered

Sample 21V406486 (Nasal+Throat swab) Collected 25 Sep 2021 00:11 Received 25 Sep 2021 01:54

RAPID SARS-COV-2 RNA

RAPID SARS-COV-2 RNA	Please refer to Point of Care Respiratory result.

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:22

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
25 Sep 2021 02:17	POC	NW Hot Lab - NOT GIVEN (Not Specified)		F

Sample POC609976U (Nose and Throat Swab) Collected 25 Sep 2021 01:56 Received 25 Sep 2021 01:56

CLINICAL DETAILS :

LAB COMMENTS :
** THIS IS A POINT OF CARE REPORT **

Sample POC609976U (Nose and Throat Swab) Collected 25 Sep 2021 01:56 Received 25 Sep 2021 01:56

Point of Care Respiratory	
Point of care Influenza A	Not Detected
Point of care Influenza B	Not Detected
SARS-CoV-2 (COVID-19) RNA	
SARS-CoV-2 (COVID-19) RNA	Not Detected

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:22

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
25 Sep 2021 02:11	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310049464930 (BLOOD) Collected 24 Sep 2021 22:15 Received 25 Sep 2021 00:53

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310049464930 (BLOOD) Collected 24 Sep 2021 22:15 Received 25 Sep 2021 00:53

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:23

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
25 Sep 2021 01:39	Blood Sciences	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H218765369 (EDTA) Collected 24 Sep 2021 23:51 Received 25 Sep 2021 01:15

CLINICAL DETAILS :
post delivery, antenatal anaemia

Sample H218765369 (EDTA) Collected 24 Sep 2021 23:51 Received 25 Sep 2021 01:15

FBC

Hb	*	**115**	g/L	120 - 160
WBC	*	**12.0**	x10^9/L	4.0 - 11.0
PLT		260	x10^9/L	150 - 400
RBC		4.37	x10^12/L	3.8 - 4.8
HCT	*	**0.363**		0.37 - 0.47
MCV	*	**83.0**	fl	85 - 105
MCH	*	**26.4**	pg	27 - 32
MCHC	*	**318**	g/L	320 - 360
NE#	*	**8.7**	x10^9/L	2.0 - 7.5
LY#		2.5	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.13	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:23

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
14 Sep 2021 14:26	Microbiology	NW OP ANTENATAL CLINIC	Dr Binita PANDE (Obstets & Gynae) (Obstetrics & Gynaecology)	F

Sample 21V405255 (Nasal+Throat swab) Collected 13 Sep 2021 17:01 Received 13 Sep 2021 19:12

```
CLINICAL DETAILS :
Rapid required: Y
Rapid reason: Acute admission: 4-6 hr
test is an IPC risk
IPC risk details: 1.
Authorised: pl
Criteria: Admission screen
Symptoms: Asymptomatic
37+5wks For admission 2cm dilated
```

Sample 21V405255 (Nasal+Throat swab) Collected 13 Sep 2021 17:01 Received 13 Sep 2021 19:12

RAPID SARS-COV-2 RNA

RAPID SARS-COV-2 RNA	Please refer to Point of Care Respiratory result.

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:23

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
13 Sep 2021 19:37	POC	NW Hot Lab - NOT GIVEN (Not Specified)		F

Sample POC607723U (Nose and Throat Swab) Collected 13 Sep 2021 19:16 Received 13 Sep 2021 19:16

CLINICAL DETAILS :

LAB COMMENTS :
** THIS IS A POINT OF CARE REPORT **

Sample POC607723U (Nose and Throat Swab) Collected 13 Sep 2021 19:16 Received 13 Sep 2021 19:16

Point of Care Respiratory	
Point of care Influenza A	Not Detected
Point of care Influenza B	Not Detected
SARS-CoV-2 (COVID-19) RNA	
SARS-CoV-2 (COVID-19) RNA	Not Detected

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:23

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
01 Sep 2021 18:10	Blood Sciences	WHITEHILLS MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H218714550 (EDTA) Collected 01 Sep 2021 14:26 Received 01 Sep 2021 17:24

CLINICAL DETAILS :
36 wks pregnant - On iron

Sample H218714550 (EDTA) Collected 01 Sep 2021 14:26 Received 01 Sep 2021 17:24

FBC

Hb	*	**92**	g/L	120 - 160
WBC		10.7	x10^9/L	4.0 - 11.0
PLT		296	x10^9/L	150 - 400
RBC	*	**3.71**	x10^12/L	3.8 - 4.8
HCT	*	**0.298**		0.37 - 0.47
MCV	*	**80.3**	fl	85 - 105
MCH	*	**24.8**	pg	27 - 32
MCHC	*	**310**	g/L	320 - 360
NE#	*	**7.7**	x10^9/L	2.0 - 7.5
LY#		2.2	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.13	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:24

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
23 Aug 2021 08:18	Microbiology	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B509061 (VAGINAL SWAB) Collected 19 Aug 2021 18:03 Received 20 Aug 2021 08:59

CLINICAL DETAILS :
Site: LVS
Test reason:: ?PTL 34+1
?PTL 34+1

LAB COMMENTS :
Thrush is a clinical diagnosis.
Please assess for signs/symptoms of candidiasis.
Swabs are of limited utility - empirical
treatment recommended if symptomatic.

Sample 21B509061 (VAGINAL SWAB) Collected 19 Aug 2021 18:03 Received 20 Aug 2021 08:59

Microscopy

-

NO Trichomonas seen

No Clue cells seen

Culture:

Organism * **Candida**

Organism Growth * **Growth**

No growth of pathogenic bacteria

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:24

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
21 Aug 2021 08:57	Microbiology	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B241611 (Midstream Urine) Collected 19 Aug 2021 18:24 Received 20 Aug 2021 09:05

CLINICAL DETAILS :
Symptoms of UTI?: No
Test reason: Patient pregnant
Antibiotic Therapy: nil
Antibiotic allergies: nil
Known CKD?: No
?PTL 34+1

Sample 21B241611 (Midstream Urine) Collected 19 Aug 2021 18:24 Received 20 Aug 2021 09:05

Urine Culture:

Urine Culture:

No Significant Bacteriuria

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:24

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
19 Aug 2021 20:21	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310049092120 (BLOOD) Collected 19 Aug 2021 17:50 Received 19 Aug 2021 18:19

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310049092120 (BLOOD) Collected 19 Aug 2021 17:50 Received 19 Aug 2021 18:19

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:24

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
19 Aug 2021 19:59	Microbiology	NW LABOUR SUITE	DR Katrine Elizabeth ORR (Obs & Gynae) (Obstetrics & Gynaecology)	F

Sample 21V409727 (Nasal+Throat swab) Collected 19 Aug 2021 17:04 Received 19 Aug 2021 19:31

```
CLINICAL DETAILS :
Rapid required: Y
Rapid reason: Acute admission: 4-6 hr
test is an IPC risk
IPC risk details: in labour NICU
admission likely
Authorised: Dr Ramalingham
Criteria: Admission screen
Symptoms: Asymptomatic
in labour
```

Sample 21V409727 (Nasal+Throat swab) Collected 19 Aug 2021 17:04 Received 19 Aug 2021 19:31

RAPID SARS-COV-2 RNA

RAPID SARS-COV-2 RNA	Please refer to Point of Care Respiratory result.

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:25

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
19 Aug 2021 19:56	POC	NW Hot Lab - NOT GIVEN (Not Specified)		F

Sample POC602681U (Nose and Throat Swab) Collected 19 Aug 2021 19:32 Received 19 Aug 2021 19:32

CLINICAL DETAILS :

LAB COMMENTS :
** THIS IS A POINT OF CARE REPORT **

Sample POC602681U (Nose and Throat Swab) Collected 19 Aug 2021 19:32 Received 19 Aug 2021 19:32

Point of Care Respiratory	
Point of care Influenza A	Not Detected
Point of care Influenza B	Not Detected
SARS-CoV-2 (COVID-19) RNA	
SARS-CoV-2 (COVID-19) RNA	Not Detected

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:25

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
19 Aug 2021 19:55	Blood Sciences	NW LABOUR SUITE	DR Katrine Elizabeth ORR (Obs & Gynae) (Obstetrics & Gynaecology)	F

Sample C218687533 (Blood) Collected 19 Aug 2021 17:04 Received 19 Aug 2021 18:53

CLINICAL DETAILS :
Anticoagulation: No
PTL

Sample C218687533 (Blood) Collected 19 Aug 2021 17:04 Received 19 Aug 2021 18:53

C-REACTIVE PROTEIN				
C-REACTIVE PROTEIN		LT4	mg/L	0 - 10
Urea & Electrolytes				
SODIUM		135	mmol/L	133 - 146
POTASSIUM		3.8	mmol/L	3.5 - 5.3
UREA		2.7	mmol/L	2.5 - 7.8
CREATININE		56	umol/L	44 - 80
AKI				
AKI		NOT AVAILABLE .		
Liver Function Tests (LFT)				
ALT		LT9	U/L	5 - 55
BILIRUBINS		18	umol/L	0 - 21
ALKALINE PHOSPHATASE	*	**142**	U/L	30 - 130
ALBUMIN	*	**29**	g/L	35 - 50

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:25

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
19 Aug 2021 19:37	Blood Sciences	NW LABOUR SUITE	DR Katrine Elizabeth ORR (Obs & Gynae) (Obstetrics & Gynaecology)	F

Sample H218687533 (EDTA) Collected 19 Aug 2021 17:04 Received 19 Aug 2021 18:53

CLINICAL DETAILS :
Anticoagulation: No
PTL

LAB COMMENTS :
Note change in reference range for APTT 21.6-30.3 sec.
Effective date 21/09/2020.
This change should not affect the APTT Ratio.

Sample H218687533 (EDTA) Collected 19 Aug 2021 17:04 Received 19 Aug 2021 18:53

FBC				
Hb	*	**99**	g/L	120 - 160
WBC		11.0	x10^9/L	4.0 - 11.0
PLT		263	x10^9/L	150 - 400
RBC	*	**3.72**	x10^12/L	3.8 - 4.8
HCT	*	**0.300**		0.37 - 0.47
MCV	*	**80.7**	fl	85 - 105
MCH	*	**26.5**	pg	27 - 32
MCHC		328	g/L	320 - 360
NE#	*	**8.3**	x10^9/L	2.0 - 7.5
LY#		2.0	x10^9/L	1.5 - 4.0
MO#		0.6	x10^9/L	0.2 - 0.8
EO#		0.10	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1
Coagulation Screen				
Prothrombin Time		10.7	secs.	9.5 - 14.0
PT Ratio:		0.9		
APTT		22.2	secs.	21.6 - 30.3
APTT Ratio		0.9		

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:25

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
05 Aug 2021 13:28	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H218655077 (EDTA) Collected 05 Aug 2021 08:28 Received 05 Aug 2021 13:07

CLINICAL DETAILS :
lorna on iron

Sample H218655077 (EDTA) Collected 05 Aug 2021 08:28 Received 05 Aug 2021 13:07

FBC

Hb	*	**102**	g/L	120 - 160
WBC		9.7	x10^9/L	4.0 - 11.0
PLT		223	x10^9/L	150 - 400
RBC	*	**3.76**	x10^12/L	3.8 - 4.8
HCT	*	**0.333**		0.37 - 0.47
MCV		88.6	fl	85 - 105
MCH		27.0	pg	27 - 32
MCHC	*	**305**	g/L	320 - 360
NE#		6.8	x10^9/L	2.0 - 7.5
LY#		2.2	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.16	x10^9/L	0.0 - 0.4
BA#		0.1	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:26

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
08 Jul 2021 17:12	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H218599391 (Blood) Collected 08 Jul 2021 09:14 Received 08 Jul 2021 15:55

CLINICAL DETAILS :
pregnant, anaemic

LAB COMMENTS :
Low serum Folate - review full blood count results and clinical context. Consider cause (NB serum Folate level decreases within a few days of dietary Folate restriction and may therefore not reflect true Folate deficiency).

Sample H218599391 (Blood) Collected 08 Jul 2021 09:14 Received 08 Jul 2021 15:55

B12/FOLATE				
B12		316	ng/l	200 - 940
Results may be unreliable if greater than 24hrs				
Serum Folate	*	**1.5**	ug/l	3.1 - 17.5
FBC				
Hb	*	**98**	g/L	120 - 160
WBC		10.0	x10^9/L	4.0 - 11.0
PLT		297	x10^9/L	150 - 400
RBC	*	**3.67**	x10^12/L	3.8 - 4.8
HCT	*	**0.312**		0.37 - 0.47
MCV	*	**84.9**	fl	85 - 105
MCH	*	**26.7**	pg	27 - 32
MCHC	*	**315**	g/L	320 - 360
NE#		6.9	x10^9/L	2.0 - 7.5
LY#		2.3	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.23	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:26

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
08 Jul 2021 16:57	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample C218599391 (Blood) Collected 08 Jul 2021 09:14 Received 08 Jul 2021 15:55

CLINICAL DETAILS :
pregnant, anaemic

Sample C218599391 (Blood) Collected 08 Jul 2021 09:14 Received 08 Jul 2021 15:55

FERRITIN

FERRITIN	*	**6**	ug/L	13 - 150

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:26

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
05 Jul 2021 14:59	Blood Sciences	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H218591662 (EDTA) Collected 05 Jul 2021 11:04 Received 05 Jul 2021 14:21

CLINICAL DETAILS :
28 weeks pregnant, routine. MW-Lorna

Sample H218591662 (EDTA) Collected 05 Jul 2021 11:04 Received 05 Jul 2021 14:21

FBC

Hb	*	**101**	g/L	120 - 160
WBC		8.8	x10^9/L	4.0 - 11.0
PLT		251	x10^9/L	150 - 400
RBC	*	**3.70**	x10^12/L	3.8 - 4.8
HCT	*	**0.317**		0.37 - 0.47
MCV		85.6	fl	85 - 105
MCH		27.3	pg	27 - 32
MCHC	*	**319**	g/L	320 - 360
NE#		6.0	x10^9/L	2.0 - 7.5
LY#		1.9	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.34	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:26

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
05 Jul 2021 14:21	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310048628713 (BLOOD) Collected 05 Jul 2021 11:00 Received 05 Jul 2021 13:12

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310048628713 (BLOOD) Collected 05 Jul 2021 11:00 Received 05 Jul 2021 13:12

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:26

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
23 Jun 2021 10:04	Microbiology	MONTROSE MINOR INJURY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B229356 (Midstream Urine) Collected 15 Jun 2021 08:54 Received 15 Jun 2021 12:46

```
CLINICAL DETAILS :
Symptoms of UTI?: No
Test reason: Patient pregnant
Antibiotic Therapy: NK
Antibiotic allergies: nk
Known CKD?: No
24+6 WEEKS MIXED GROWTH IN PREVIOUS
SAMPLE MW LORNA

LAB COMMENTS :
THIS SAMPLE WAS GROSSLY CONTAMINATED WITH  SKIN FLORA.
PLEASE ADVISE APPROPRIATE TECHNIQUE WITH CLEANING OF
AREA PRIOR TO TAKING MSSU
```

Sample 21B229356 (Midstream Urine) Collected 15 Jun 2021 08:54 Received 15 Jun 2021 12:46

Urine Culture:

AMENDED REPORT -- PLEASE DISCARD PREVIOUS

Organism	*	**Staphylococcus aureus**
Organism Growth	*	**10^4 orgs/ml**
Nitrofurantoin		S
Trimethoprim		S
Flucloxacillin		S
Cefalexin		S
Organism	*	**Escherichia coli**
Organism Growth	*	**10^3 orgs/ml**
Nitrofurantoin		S
Trimethoprim		S
Gentamicin		S
Aztreonam		S
Amoxicillin		S
Cefalexin		S

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:27

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
10 Jun 2021 13:15	Microbiology	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B228438 (Midstream Urine) Collected 09 Jun 2021 12:30 Received 09 Jun 2021 17:01

CLINICAL DETAILS :
Symptoms of UTI?: Yes
Symptoms: urinalysis prot
Antibiotic Therapy: nil
Antibiotic allergies: nil
Known CKD?: No
Lorna ?UTI

Sample 21B228438 (Midstream Urine) Collected 09 Jun 2021 12:30 Received 09 Jun 2021 17:01

Urine Culture:

Urine Culture:

Mixed Growth. Please repeat, if indicated.

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:27

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
17 Apr 2021 12:14	Microbiology	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B504114 (VAGINAL SWAB) Collected 15 Apr 2021 10:49 Received 15 Apr 2021 13:50

CLINICAL DETAILS :
Site: LVS
Test reason:: symptoms of infection
lorna

Sample 21B504114 (VAGINAL SWAB) Collected 15 Apr 2021 10:49 Received 15 Apr 2021 13:50

Microscopy

-

NO Trichomonas seen

No Clue cells seen

Culture:

Culture:

No growth of pathogenic bacteria

No Candida Isolated

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:27

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
16 Apr 2021 09:12	Microbiology	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B218353 (Midstream Urine) Collected 15 Apr 2021 10:49 Received 15 Apr 2021 13:54

CLINICAL DETAILS :
Symptoms of UTI?: Yes
Antibiotic Therapy: nil
Antibiotic allergies: nil
Known CKD?: No
lorna

Sample 21B218353 (Midstream Urine) Collected 15 Apr 2021 10:49 Received 15 Apr 2021 13:54

Urine Culture:

Urine Culture:

No Significant Bacteriuria

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:27

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
17 Feb 2021 14:12	Microbiology	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21V002035 (Venous blood) Collected 16 Feb 2021 11:01 Received 16 Feb 2021 16:53

CLINICAL DETAILS :
lorna booking

Sample 21V002035 (Venous blood) Collected 16 Feb 2021 11:01 Received 16 Feb 2021 16:53

Hepatitis B (HBsAg) screen:

Hepatitis B (HBsAg) screen	Negative

Syphilis total antibody:

Syphilis total antibody	Negative

HIV1&2 Antigen/Antibody:

HIV1&2 Antigen/Antibody	Negative

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:28

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
17 Feb 2021 10:04	Microbiology	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 21B207472 (Midstream Urine) Collected 16 Feb 2021 11:01 Received 16 Feb 2021 15:31

CLINICAL DETAILS :
Symptoms of UTI?: No
Test reason: Patient pregnant
Antibiotic Therapy: nil
Antibiotic allergies: nil
Known CKD?: No
lorna booking

Sample 21B207472 (Midstream Urine) Collected 16 Feb 2021 11:01 Received 16 Feb 2021 15:31

Urine Culture:

Urine Culture:

No Significant Bacteriuria

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:28

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
17 Feb 2021 08:49	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H218296495 (EDTA) Collected 16 Feb 2021 11:01 Received 16 Feb 2021 15:56

CLINICAL DETAILS :
lorna booking

LAB COMMENTS :
Based on FBC and Family Origin Questionnaire, no need for Haemoglobinopathy or partner screening.

Sample H218296495 (EDTA) Collected 16 Feb 2021 11:01 Received 16 Feb 2021 15:56

FBC			
Hb	125	g/L	120 - 160
WBC	8.2	x10^9/L	4.0 - 11.0
PLT	286	x10^9/L	150 - 400
RBC	4.29	x10^12/L	3.8 - 4.8
HCT	0.382		0.37 - 0.47
MCV	89.1	fl	85 - 105
MCH	29.1	pg	27 - 32
MCHC	327	g/L	320 - 360
NE#	5.2	x10^9/L	2.0 - 7.5
LY#	2.2	x10^9/L	1.5 - 4.0
MO#	0.6	x10^9/L	0.2 - 0.8
EO#	0.23	x10^9/L	0.0 - 0.4
BA#	0.0	x10^9/L	0.0 - 0.1
ANC BOOKING BLOODS			
ANC BOOKING BLOODS	NOT REQUIRED.		

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:28

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
16 Feb 2021 17:11	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310047241514 (BLOOD) Collected 16 Feb 2021 10:00 Received 16 Feb 2021 16:12

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
Please send a sample at 28 to 30 weeks , gestation.
```

Sample 10310047241514 (BLOOD) Collected 16 Feb 2021 10:00 Received 16 Feb 2021 16:12

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:29

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
01 Jun 2020 09:31	Microbiology	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 20B223971 (Midstream Urine) Collected 29 May 2020 11:43 Received 29 May 2020 18:01

```
CLINICAL DETAILS :
Symptoms of UTI?: Yes
Antibiotic Therapy: na
Antibiotic allergies: na
Known CKD?: No
repeat fbc and crp as per medical
request
```

Sample 20B223971 (Midstream Urine) Collected 29 May 2020 11:43 Received 29 May 2020 18:01

Urine Culture:

Organism	*	**Escherichia coli**
Organism Growth	*	**10^3 orgs/ml**
Aztreonam		S
Amoxicillin		S
Trimethoprim		S
Nitrofurantoin		S
Gentamicin		S

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:29

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
29 May 2020 17:16	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H207835157 (EDTA) Collected 29 May 2020 11:44 Received 29 May 2020 15:38

CLINICAL DETAILS :
repeat fbc and crp as per medical request

Sample H207835157 (EDTA) Collected 29 May 2020 11:44 Received 29 May 2020 15:38

FBC

Hb		136	g/L	120 - 160
WBC	*	**11.7**	x10^9/L	4.0 - 11.0
PLT		381	x10^9/L	150 - 400
RBC	*	**5.13**	x10^12/L	3.8 - 4.8
HCT		0.432		0.37 - 0.47
MCV	*	**84.3**	fl	85 - 105
MCH	*	**26.5**	pg	27 - 32
MCHC	*	**315**	g/L	320 - 360
NE#	*	**8.0**	x10^9/L	2.0 - 7.5
LY#		2.9	x10^9/L	1.5 - 4.0
MO#		0.6	x10^9/L	0.2 - 0.8
EO#		0.23	x10^9/L	0.0 - 0.4
BA#		0.1	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:29

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
29 May 2020 16:14	Blood Sciences	ARBROATH INF MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample C207835157 (Blood) Collected 29 May 2020 11:44 Received 29 May 2020 15:38

CLINICAL DETAILS :
repeat fbc and crp as per medical request

Sample C207835157 (Blood) Collected 29 May 2020 11:44 Received 29 May 2020 15:38

C-REACTIVE PROTEIN

C-REACTIVE PROTEIN	LT4	mg/L	0 - 10

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:29

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
27 May 2020 11:46	Microbiology	NW OP ANTENATAL CLINIC	Dr Binita PANDE (Obstets & Gynae) (Obstetrics & Gynaecology)	F

Sample 20B505953 (HIGH VAGINAL SWAB) Collected 24 May 2020 11:57 Received 25 May 2020 11:56

CLINICAL DETAILS :
Antibiotic Therapy: nk
Antibiotic allergies: nk
8 PN - offensive lochia

Sample 20B505953 (HIGH VAGINAL SWAB) Collected 24 May 2020 11:57 Received 25 May 2020 11:56

Microscopy

-

NO Trichomonas seen

No Clue cells seen

Culture:

Culture:

No growth of pathogenic bacteria

No Candida Isolated

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:30

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
24 May 2020 13:04	Blood Sciences	NW OP ANTENATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample C207826973 (Blood) Collected 24 May 2020 11:56 Received 24 May 2020 12:25

CLINICAL DETAILS :
8 PN - offensive lochia

Sample C207826973 (Blood) Collected 24 May 2020 11:56 Received 24 May 2020 12:25

C-REACTIVE PROTEIN			
C-REACTIVE PROTEIN	LT4	mg/L	0 - 10
Urea & Electrolytes			
SODIUM	137	mmol/L	133 - 146
POTASSIUM	5.1	mmol/L	3.5 - 5.3
UREA	5.0	mmol/L	2.5 - 7.8
CREATININE	54	umol/L	44 - 80
AKI			
AKI	Not detected: May not exclude AKI in all cases .		
Liver Function Tests (LFT)			
ALT	15	U/L	5 - 55
BILIRUBINS	6	umol/L	0 - 21
ALKALINE PHOSPHATASE	123	U/L	30 - 130
ALBUMIN	35	g/L	35 - 50

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:30

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
24 May 2020 12:56	Blood Sciences	NW OP ANTENATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H207826973 (EDTA) Collected 24 May 2020 11:56 Received 24 May 2020 12:25

CLINICAL DETAILS :
8 PN - offensive lochia

Sample H207826973 (EDTA) Collected 24 May 2020 11:56 Received 24 May 2020 12:25

FBC

Hb		132	g/L	120 - 160
WBC	*	**13.0**	x10^9/L	4.0 - 11.0
PLT	*	**456**	x10^9/L	150 - 400
RBC	*	**5.09**	x10^12/L	3.8 - 4.8
HCT		0.420		0.37 - 0.47
MCV	*	**82.6**	fl	85 - 105
MCH	*	**26.0**	pg	27 - 32
MCHC	*	**314**	g/L	320 - 360
NE#	*	**8.5**	x10^9/L	2.0 - 7.5
LY#		3.5	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.24	x10^9/L	0.0 - 0.4
BA#		0.1	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:30

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
16 May 2020 16:15	Blood Sciences	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample C207817176 (Blood) Collected 16 May 2020 10:17 Received 16 May 2020 15:45

CLINICAL DETAILS :
IOL on oxytocin

Sample C207817176 (Blood) Collected 16 May 2020 10:17 Received 16 May 2020 15:45

Urea & Electrolytes

SODIUM	141	mmol/L	133 - 146
POTASSIUM	3.9	mmol/L	3.5 - 5.3
UREA	* **2.4**	mmol/L	2.5 - 7.8
CREATININE	47	umol/L	44 - 80

AKI

AKI	Not detected: May not exclude AKI in all cases .

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:30

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
16 May 2020 04:55	Blood Sciences	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample C207817077 (Blood) Collected 16 May 2020 02:25 Received 16 May 2020 04:21

CLINICAL DETAILS :
IOL - SGA

Sample C207817077 (Blood) Collected 16 May 2020 02:25 Received 16 May 2020 04:21

Urea & Electrolytes

SODIUM	135	mmol/L	133 - 146
POTASSIUM	4.5	mmol/L	3.5 - 5.3
UREA	3.3	mmol/L	2.5 - 7.8
CREATININE	45	umol/L	44 - 80

AKI

AKI	Not detected: May not exclude AKI in all cases .

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:31

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
16 May 2020 04:36	Blood Sciences	NW LABOUR SUITE	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H207817077 (EDTA) Collected 16 May 2020 02:25 Received 16 May 2020 04:21

CLINICAL DETAILS :
IOL - SGA

Sample H207817077 (EDTA) Collected 16 May 2020 02:25 Received 16 May 2020 04:21

FBC

Hb	*	**109**	g/L	120 - 160
WBC	*	**13.3**	x10^9/L	4.0 - 11.0
PLT		333	x10^9/L	150 - 400
RBC		4.11	x10^12/L	3.8 - 4.8
HCT	*	**0.336**		0.37 - 0.47
MCV	*	**81.7**	fl	85 - 105
MCH	*	**26.4**	pg	27 - 32
MCHC		323	g/L	320 - 360
NE#	*	**9.1**	x10^9/L	2.0 - 7.5
LY#		3.1	x10^9/L	1.5 - 4.0
MO#		0.8	x10^9/L	0.2 - 0.8
EO#		0.22	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:31

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
12 Mar 2020 10:11	Blood Transfusion	New Location	New Clinician (Not Specified)	F

Sample 10310044242434 (BLOOD) Collected 11 Mar 2020 11:30 Received 12 Mar 2020 09:02

```
Blood Group: O POSITIVE
ABO : O
Rh D : Positive
Antibody Status : NAD (No Antibodies Detected)
```

Sample 10310044242434 (BLOOD) Collected 11 Mar 2020 11:30 Received 12 Mar 2020 09:02

Automated Antibody Screen

Automated Antibody Screen	Negative

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:31

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
11 Mar 2020 17:24	Blood Sciences	MONTROSE MATERNITY UNIT	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H207744771 (EDTA) Collected 11 Mar 2020 11:50 Received 11 Mar 2020 16:48

CLINICAL DETAILS :
28wks routine - Natalie

Sample H207744771 (EDTA) Collected 11 Mar 2020 11:50 Received 11 Mar 2020 16:48

FBC

Hb	*	**110**	g/L	120 - 160
WBC	*	**12.5**	x10^9/L	4.0 - 11.0
PLT		290	x10^9/L	150 - 400
RBC		3.85	x10^12/L	3.8 - 4.8
HCT	*	**0.347**		0.37 - 0.47
MCV		90.1	fl	85 - 105
MCH		28.6	pg	27 - 32
MCHC	*	**317**	g/L	320 - 360
NE#	*	**9.4**	x10^9/L	2.0 - 7.5
LY#		2.2	x10^9/L	1.5 - 4.0
MO#		0.7	x10^9/L	0.2 - 0.8
EO#		0.21	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:31

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
13 Nov 2019 14:52	Microbiology	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 19V023758 (Venous blood) Collected 12 Nov 2019 12:36 Received 13 Nov 2019 08:47

CLINICAL DETAILS :
Routine antenatal booking screen M/W
Lorna

Sample 19V023758 (Venous blood) Collected 12 Nov 2019 12:36 Received 13 Nov 2019 08:47

Hepatitis B (HBsAg) screen:

Hepatitis B (HBsAg) screen	Negative

Syphilis total antibody:

Syphilis total antibody	Negative

HIV1&2 Antigen/Antibody:

HIV1&2 Antigen/Antibody	Negative

End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:32

Patient name:	STACEY LEONARD	**CHI Number:**	2804880060	**Sex:**	Female
Date of birth:	28 Apr 1988	:			
Address:	2 Wards Road, Brechin DD9 7AS				

Reported	Specialty	Location	Clinician	Status
13 Nov 2019 14:40	Microbiology	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample 19B263006 (Midstream Urine) Collected 12 Nov 2019 12:36 Received 12 Nov 2019 17:03

CLINICAL DETAILS :
Symptoms of UTI?: Yes
Antibiotic Therapy: NK
Antibiotic allergies: NK
Known CKD?: No
Routine antenatal booking screen M/W
Lorna

Sample 19B263006 (Midstream Urine) Collected 12 Nov 2019 12:36 Received 12 Nov 2019 17:03

Urine Culture:

Urine Culture:

No Significant Bacteriuria

End of report

Confidential Report

Printed by cgarnes(Claire Garnes (non referrer)) at 27 Apr 2026 15:32

Patient name: STACEY LEONARD **CHI Number:** 2804880060 **Sex:** Female
Date of birth: 28 Apr 1988 :
Address: 2 Wards Road, Brechin DD9 7AS

Reported	Specialty	Location	Clinician	Status
13 Nov 2019 09:41	Blood Sciences	LINKS HC ANTE-NATAL CLINIC	Dr Pauline LYNCH(Obs&Gynae) (Midwife Episode)	F

Sample H197482338 (EDTA) Collected 12 Nov 2019 12:36 Received 12 Nov 2019 17:20

CLINICAL DETAILS :
Routine antenatal booking screen M/W Lorna

LAB COMMENTS :
Based on FBC and Family Origin Questionnaire, no need for Haemoglobinopathy or partner screening.

Sample H197482338 (EDTA) Collected 12 Nov 2019 12:36 Received 12 Nov 2019 17:20

FBC

Hb		136	g/L	120 - 160
WBC	*	**11.6**	x10^9/L	4.0 - 11.0
PLT		275	x10^9/L	150 - 400
RBC		4.30	x10^12/L	3.8 - 4.8
HCT		0.404		0.37 - 0.47
MCV		94.0	fl	85 - 105
MCH		31.7	pg	27 - 32
MCHC		338	g/L	320 - 360
NE#	*	**8.2**	x10^9/L	2.0 - 7.5
LY#		2.6	x10^9/L	1.5 - 4.0
MO#		0.5	x10^9/L	0.2 - 0.8
EO#		0.14	x10^9/L	0.0 - 0.4
BA#		0.1	x10^9/L	0.0 - 0.1

ANC BOOKING BLOODS

ANC BOOKING BLOODS	NOT REQUIRED.

End of report