

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 October 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.



Hospital / Ward: STX SURG WARD	Patient Name: Stacey Leonard
Consultant: G ELLIOT	CHI number:
On admission:	Date of Birth:
Weight: 48 Height: 156	2804880060
	(Attach printout)

[illegible]

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			
COC-CODAMOL 30/500mg		Time			
Dose & Freq.	Route	Dose			
2 TABS/4-HOURLY	ORAL	Initials			
Signature	Start Date	Date			
KLW	8/10/2020	Time			
Indication / Notes: PAIN		Dose			
MAX 8 TABS in 24 HOURS		Initials			

Medicine / Form		Date			
IBUPROFEN.		Time			
Dose & Freq.	Route	Dose			
4mg 6°	capl.	Initials			
Signature	Start Date	Date			
		Time			
Indication / Notes		Dose			
PAIN. TRA		Initials			

AS REQUIRED THERAPY				
Medicine / Form		Date		
Ibuprofen		Time		
Dose & Freq	Route	Dose		
19/6h	10/PO	Initials		
Signature	Start Date	Date		
[Signature]	08/10/20	Time		
Indication / Notes		Dose		
Pain		Initials		

Medicine / Form, <i>Cocaine</i>		Date				
		Time				
Dose & Freq <i>30mg / 6h</i>	Route <i>po</i>	Dose				
		Initials				
Signature <i>[Signature]</i>	Start Date <i>08/10/20</i>	Date				
		Time				
Indication / Notes <i>addn</i>		Dose				
		Initials				

Patient Name:

CHI No:

Ward:

REGULAR THERAPY

Date

Time

Medicine / Form

TED STOCKINGS

Dose & Freq.

1 PAIR

Route

TOPICAL

Signature

Klaw

Start Date

8/10/2020

Further information

6

8

12

14

18

22

Medicine / Form

FLUOXETINE

Dose & Freq.

20mg

Route

ORAL

Signature

Klaw

Start Date

8/10/2020

Further information

6

8

12

14

18

22

Medicine / Form

QUETIAPINE

Dose & Freq.

100mg

Route

ORAL

Signature

Klaw

Start Date

8/10/2020

Further information

6

8

12

14

18

22

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

18

22

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

18

22

REGULAR THERAPY

Date

Time

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

18

22

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

18

22

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

18

22

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

18

22

Medicine / Form

Dose & Freq.

Route

Signature

Start Date

Further information

6

8

12

14

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



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

Date 8/10/20

onard
acey.
2 Wards Road
Brechin
DD9 7AS

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 8⁰⁰ 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 ☒
Reading material ☐ taped
Other personal items (please specify) Right wrist dermal implant

FOR CLINICAL USE ONLY – MULTIDISCIPLINARY WARD TEAM

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

Pregnancy test (all females 12-55) (inform anaesthetist of positive result and refer to SOP for exemptions to pregnancy testing)	☐ +ve ☒ -ve				
Menstruating Women	Exempt ☐				AB
Patient has confirmed loose teeth/dentures	Patient refused ☐				
Patient has skin problems, broken areas/unhealed wounds (please specify)	Tampon in-situ ☐ Sanitary towel ☐				AB
Last fragmin injection	Yes ☐ No ☒				AB
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)	Yes ☐ No ☐ N/A ☐				AB
TEDS applied?	Yes ☒ No ☐ N/A ☐				AB
Confirmed time of last food 2000	Diabetic Patient's Most Recent BM	N/A			AB
Confirmed time of last drink 2000	Yes ☒ - time				AB
Patient has confirmed emptied bladder	Yes ☐ No ☐ 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 (NENDY 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)

2804880060

Patient's Surname 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 _____	

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

Last Name:	VEDNARU				
First Name:	STACEY				
Date of Birth:	280488				
NHS/CHI#:	2804880060				
Planned Procedure:	full clearance				
ASA Score	1	2	3	4	5
	☒	☐	☐	☐	☐
THEATRE:	DATE: 08/02/20				

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

Patient confirmed identity & procedure, matched with consent form ☒ Yes

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 36.8°C

Anaesthetist: *[Signature]*

Anaesthetist Signature: *[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? *UNTEX* ☐ Y ☐ N ☒

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 TPAP. Document any deviation from policy in medical notes Y ☐ N/A ☐

Document KTS time

Name: *[Signature]*

To be signed by member of staff who read out checklist: *[Signature]*

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

Confirm actual procedure undertaken (implant code in notes) *AS USUE* ☐

Confirm instruments, swabs and sharps counted/correct Y ☒ N/A ☐

Confirm throat pack removed ☒

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. SUTHER*

To be signed by member of staff who read out checklist: *[Signature]*

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 povidone-iodine solution) Y ☐ N ☐

WHO Surgical Safety Checklist – Interim Pause

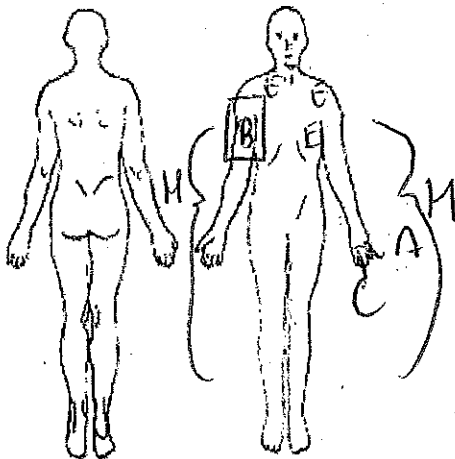
INTERIM SURGICAL PAUSE	
Patient position still correct	Yes ☐ No ☐
Diathermy correct settings	Yes ☐ No ☐
Document current blood loss	
Swabs/Instrument Count	Yes ☐ No ☐ N/A ☐
Any surgical/anaesthetic concerns	Yes ☐ No ☐

PERIOPERATIVE THEATRE SECTION

Operation / Procedure performed:

Sutures
Full dental clearance + full F/R
denture

BODY CHART



EYE CARE

closed
on tape
padded

- A - SpO2
- 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

ADDITIONAL Anaesthetic information

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

Chirocaine 0.25% 0.5% 0.125%
Plain or with Adrenaline (Delete)
Lidocaine 0.5% 1% 2%
Plain or with Adrenaline (Delete)

Patient Position: (circle)

Supine

Trendelenburg

Prone

Reverse Trendelenburg

Lloyd Davies

Right Lateral

Other

Left Lateral

Position of Arms: (circle)

Left

at side
on board
across chest
Carter Bain

other:

ANGLED BOARD + GELS

Right

at side
on board
across chest
Carter Bain

other:

Pressure Care Aids:

CONFORMING
MATTRESS,
PADDLED HEAD RING

Manual Handling Aids

ON DAYCARE TROLLEY

Skin Prep:

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

Catheter

YES / NO

Size

Balloon (mls)

IPC / Flowtron Instructions

BILATERAL TEDS

* Contact lenses
inserted *

Skin Closure:		Plaster of Paris:
1st Site:	2nd Site:	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 H P a a c i	Circulating Nurse/Assistant M Long	Anaesthetic Nurse/Assistant
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STERILE SERVICES

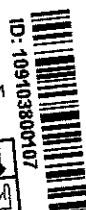
SURGICAL
KIT PDS

UIC 8004A1044
51



EXAMINATION
/ DRESSING
KIT

UIC 8004A0991
34



LUXATOR
3ST

UIC 8004A1000
51



FORCEP
UPPER ROOT
NARROW
No.76N

UIC 8004A1006
91



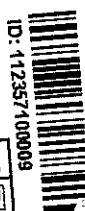
FORCEP
LOWER
MOLAR
HAWKS BILL
No.22

UIC 8004A1005
97



MOUTH PROP
McKESSON
LARGE

UIC SIN01080



FORCEP
UPPER
ROOT No.1

UIC 8004A1010
68



GOUGE
COUPLAN
D No.1

UIC 8004A1007
65



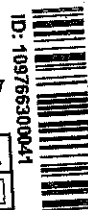
FORCEP
UPPER
MOLAR LEFT
No.18

UIC 8004A1010
06



FORCEP
LOWER
ROOT
No.74

UIC 8004A0997
74



02000591,601:CI
98
UIC 8004A1000
SET
SUTURE



FORCEP
LOWER
ROOT
No.143

UIC 8004A1016
46



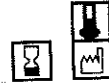
FORCEP
UPPER
MOLAR RIGHT
No.17

UIC 8004A1005
78



FORCEP
LOWER
MOLAR
COWHORN
No.86

UIC 8004A1004
63



ELEVATOR
CRYER LEFT
& RIGHT

UIC 8004A1007
62



LUXATOR
5ST

UIC 8004A1019
73



STERILE SERVICES

IMPLANT LABELS

IMPLANT LABELS

Time	O/A	RECOVERY						PULSE & BP CHART					
240		1135	1145	1155	1205	1215							
230													
220													
210													
200													
190													
180													
170													
160													
150													
140													
130													
120	↑	↑											
110	✓	✓	116			112							
100			103										
90					96								
80		✓											
70			71			72							
60													
50				59	58								
40													
30													
Temperature	35.9												
Respiratory Rate	15	14	20	17	18	16							
O2	97	97	96	100	100	99							
Supplemental Oxygen Yes/No	Yes	Yes	No	Yes	Yes	Yes							
Neuro Response; Alert, Verbal, Pain, responsive	A	A	A	A	A	A							
WS SCORE													
Mod Glucose													
SpO2 Score	2	2	2	2	1	1							
Pain Score	0	0	0	0	0	0							
Relaxation score	0	0	0	1	1	1							
Limb Observation (If applicable)													
Colour													
Sensation/ movement													

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, severe 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 = 15 min response (if able)
 3-4= Monitor every 15 minutes, 100% to manage
 5-7 = Level 2 dependent rapidly escalating to medical team
 7 or above = Emergency escalation to senior team
 continuous monitoring of vital signs

AVPU
 Any change in response to stimuli
 Neuro observations and vital signs must be reviewed 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

BIOLOGICAL PARAMETER	(NEWS) NHS EARLY WARNING SCORE						
	3	2	1	0	1	2	3
Respiration rate			9-11	12-20		21-24	≥25
Oxygen Saturation		92-93	94-95	≥96			
Supplemental Oxygen		Yes	No	No			
Temperature			35.1-36.0	36.1-38.0	38.1-39	≥39.1	
Systolic BP		91-100	101-110	111-219			≥220
Heart rate			41-50	51-90	91-110	111-130	≥131
Level of Consciousness				A			≤V20

Date	8/10/20	WARD	PULSE & BP CHART					
Time	01A 143	1250	1300	1345	1500	1535		

240								
230								
220								
210								
200								
190								
180								
170								
160								
150								
140								
130								
120	123							
110								
100								
90								
80								
70	700							
60								
50								
40								
30								

Temperature	36.9	36.8	36.9	36.8	36.8	36.8
Respiratory Rate	14	13	12	13	14	16
SpO2	96	98	94	94	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	1	0	0	0	0	0
Nausea Score	1	0	0	0	0	0
Sedation score	1	1-2	1-2	1	0	0

Limb Observation (If applicable)						
Colour						
Sensation						
Movement						
DRESSING/WOUND SITE						

PHYSIOLOGICAL PARAMETER	(NEWS) NHS EARLY WARNING SCORE						
	3	2	1	0	1	2	3
Respiration rate	30		9-11	12-20		21-24	25
Oxygen Saturation	91	92-93	94-95	≥96			
Supplemental Oxygen		Yes		No			
Temperature	36.0		35.1-36.0	36.1-38.0	38.1-39	≥39.1	
Systolic BP	90	91-100	101-110	111-219			
Heart rate	50		41-50	51-90	91-110	111-130	≥131
Level of Consciousness				A			V.P.

PAIN Assessment
 0= No pain at rest or on movement
 1= No pain at rest, slight on movement
 2= Intermittent pain at rest, moderate movement
 3= Continuous pain at rest, severe 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)
 3= Severe (somnolent, difficult to rouse)

FORWARD ONLY NEWS Escalation
 0-1 - Fit for discharge (if able)
 2-4 - Monitor every 15 minutes - RRT to manage
 5-7 - Likely to deteriorate rapidly and escalation to medical team
 7 or above - Emergency escalation to senior team
 continuous monitoring of vital signs

AVPU
 Any change in response commences
 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

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

(Do Not include in fluid balance)

8

[illegible][illegible]

mis

Leonard
Stacey



2 Wards Road

Brechin

DD9 7AS

PERIOPERATIVE FLUID BALANCE CHART

Date 8.10.20 Theatre 1 Hospital SKH Weight

[illegible]

Arterial/CVP Fluid

Recovery Care Summary & Ward Handover

Date: 8/10/20

Time into Recovery: 11:35

Patient Name: STACEY LEONARD

Anaesthetist: DR BARBOSA Surgeon: ELLIOT

Patient ID Label

CHI:

Operation: Fillings, extractions, scale + polish

2804880060

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

Theatre to Recovery Handover

Airway ETT ☒ LMA/Gel ☐ Oral Airway ☐ Nasal Airway ☐ Chin Support ☐ Self Maintaining ☒

Time Airway Removed - SpO₂ - 97% in ll

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

O₂ Therapy 5 L/min for TO maintain SpO₂ above 96% Mask ☒ Nasal Cannulae ☐ Non Re-breather Mask ☐

Monitoring Oximeter ☒ ECG ☒ NIBP ☒ Arterial BP ☐ CVP ☐ CO₂ ☐ Temperature 35.9 °C Bear hugger 1 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 ☒

Pain Score 0 ☐ 1 ☐ 2 ☒ 3 ☐ Analgesia Given ☐ Comments: Fentanyl increments begun + 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	SpO2	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 TPAP 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

tolerates a little water
IVI, paracetamol 1g given, as prescribed however when changing
Patient I realised her weight was probably less than 50 kg. It was
48kg spoke to Dr. Bismark not concerned at present.

SBAR Handover to Ward Nurse

1. Situation State patient details, conscious level / airway / pain / nausea.	2. Background 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 Provide details of intravenous infusions, invasive monitoring, drains, dressings, current NEWS, pain and nausea scores, CSM status, etc. State drugs given intraoperatively and in recovery with times of administration.	4. Recommendations 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

J. Williams

Ward Practitioner Name and Signature

.....

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

rt Name:

J Dyke

Special Consent for Investigations, Treatment or Operation Form

COVID-19

Ward: Surgical Ward ForacodnoConsultant: G ElliottSpecialty: 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)

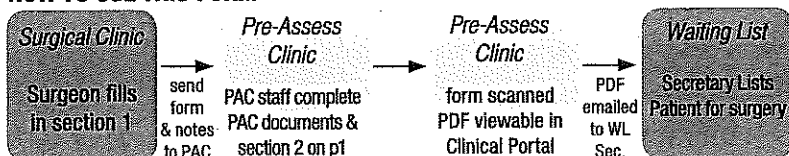
I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organisation (WHO). I further understand that COVID-19 is extremely infectious and is believed to spread by person-to-person contact. As a result, the Scottish Government currently recommends 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



Use this form for non LA procedures

Pre-Assessment Clinic PLEASE PRINT ALL TEXT

23/9
1-15
phone

SECTION 1 - SURGEON TO COMPLETE (Please complete all fields)		Completed by (PRINT)	Date:
Consultant: <u>Dr. Gillian Elliott</u>	Speciality: <u>Dental</u>	Name: <u>Stacey Leonard</u>	
Procedure: (write in full) <u>Fillings, Extractions</u> <u>x Scale x Polish</u>		CHI: <u>2 Woods Road</u>	
		Address: <u>Brechin</u>	
		<u>Angus</u>	
		<u>DD9 7AS</u>	
		<u>2804 880060</u>	
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)	<u>8/10/20 . 14/10.</u>
Surgical Planning Information		OPCS4 Code(s):	
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: <u>01356622497</u>	Email: <u>07368227877</u>	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) <u>M. Harris</u>	Date Scanned <u>23/9/2020</u>		
Risk Factors	PAC Advice		
Cardiac	1 Senior anaesthetist ☐ HDU Bed ☐ ICU Bed ☐		
Respiratory	2 <u>1st on list Latex Allergy</u>		
Diabetes insulin ☐ drugs ☐ diet ☐	3		
BMI >40 ☐ <18.5 ☒	4 <u>Telephone Assessment</u>		
Allergies ☒ (see p.2) <u>LATEX</u>	5		
Warfarin ☐	6		
Renal egfr <30 ☐ egfr 30-60 ☐	7		
CKD ☐ >75yrs ☐ Diabetes ☐ PVD ☐ Cardiac ☐	8		
Liver Disease ☐ Score > 2/6, refer AKI Guidelines	Admission arrangements		
VTE risk high ☐ med ☐ low ☐	Transport Required Yes ☐		
Complex needs ☐	Short Notice Availability Yes ☐		
Neuromuscular ☐	Dates unavailable		
Other ☐	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 ELS		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		FEV1 FVC FEV1 / FVC PEFR
Clotting/INR		PTR APTTR	LFT's		ALT BIL
Urinalysis		Positive ☒ Specimen sent ☐			ALP ALBUMIN
MRSA Screen as per protocol			Other		

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

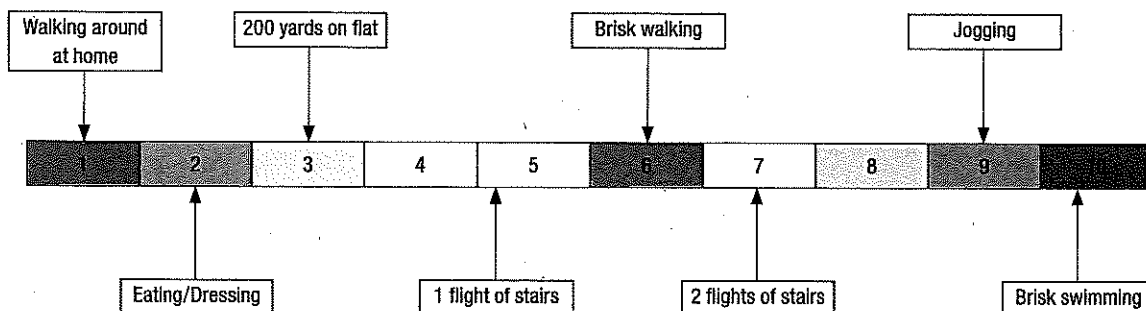
CARDIOVASCULAR ASSESSMENT

	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 <u>20</u>	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		

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 (<i>bring machine to hospital for surgery</i>)	☐	☒
17. Other Respiratory Disease?	Details:	☐	☒

ENDOCRINE ASSESSMENT

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)

Yes No

☐
☒
☐
☐
☐
☐
☐

NEUROLOGICAL ASSESSMENT

19. Stroke/TIA?

> 12 months ago

Date:

3-12 months ago

Date:

< 3 months ago

Date:

Details, including residual disability:

Yes No

☐
☒
☐
☐
☐
☐
☐

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:

☐
☒

OTHER

	Yes	No
23. Renal Failure?	☐	☒
Chronic Kidney Disease stage ≥ 4 /eGFR <30	☒	
Dialysis	☒	
24. Hepatic disease requiring treatment - <i>details</i>	☒	☒
25. Clotting disorders?	☐	☒
Easy bruising, prolonged bleeding?	☐	☒
Previous DVT/PE	☐	
Thrombophilia	☐	
Von Willebrand'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? <i>details</i>	☐	☒
28. Previous Surgery?	☒	☒
Dates: <i>Myringotomies</i>		
Details: <i>& Grommets</i>		
<i>Diagnostic</i>		
<i>Cystoscopy</i>		
<i>2016. Removed Cyst on Thigh</i>		
<i>2017. Gynaecological Surgery</i>		
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 <i>18/9/20</i>		

ANAESTHETIC

31. Any personal or family history of any anaesthetic difficulty or abnormal reaction (excluding post operative nausea & vomiting)?

Yes ☐ No ☒

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) 156

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. Harris

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

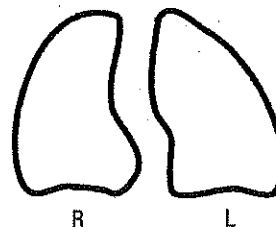
RESPIRATORY

Breath sounds

Normal



Abnormal



Indicate site of abnormal clinical signs

[illegible]

Date:

RELEVANT SURGICAL HISTORY AND EXAMINATION

Admitting Team

SURGICAL HISTORY AND EXAMINATION

Admitting Team

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 ceronex - contraceptive pill, buys by self at ~~local~~ ^{KL} pharmacy online

Signature: *KLW*

Print Name: *KERRY LOW*

Date: *8/10/2020*

No recent illness.

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

2804880060

J Dyker



Date: 8/10/20.

SURGICAL RECORD

THEATRE: 1 Stracathna	OPERATION/PROCEDURE PERFORMED:
SURGEON: G. Elliott	full dental clearance
ANAESTHETIST: Dr Borowski	+ fit F/F immediate replacement.
ASSISTANT: C. Ross.	

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.

Coc - comfort upper denture.

8/10/20

Print Name: G. Elliott

Signature: [Signature]

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

TAYSIDE HOSPITALS ANAESTHETIC RECORD

2804880060

Hospital: Strathgore Ward: Surgical unit Leonard Stacey
 Operation Proposed: Fillings, extractions, scale & polish 2 Wards Road
 Consultant: ELIOT Brechin DD9 7AS
 Date of Surgery: 8/10/20 Theatre: T44.1

J Dyker

PRE-OP ASSESSMENT

By: _____ Site: _____ Date: _____

Elective ☒ Scheduled ☐ Urgent ☐ Emergency ☐Weight/BMI 48kg / 17.5 / 156cm Pulse _____ Blood Pressure _____ SpO₂ _____ on _____

CVS/RS:

Other:

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:

Fasting: SOLID _____

Consent Signed & Checked ☐

AKI Score:

LIQUID _____

Incapacity Form ☐

Drugs:

Allergies:

Co-codonal.
 Fluoxetine
 Quetiapine

OTC POP - cefazolin.

labex - 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

F
I
L
E

I
N

N
O
T
E
S

ANAESTHETIC TECHNIQUE:

INJECTION SITE: 206 DLT.

DRUGS & DOSES:

MIDAZOLAM 2.5mg.

FENTANYL 25mcg + 25mcg + 25mcg

PROPOFOL 100mg + 30mg.

ROCURONIUM 30mg.

DEXAMETHASONE 6.6mg.

ONANESTHESIA 4mg.

Glycopyrronium/neostigmine 0.5/c-5mg.

AIRWAY AND BREATHING SYSTEM:

Facemask ☐

SV ☐

Circuit 0

Airway - Oral/Nasal ☐

IPPV ☒

Machine Prone

LMA/OETT/NETT/Trache

Ventilation Mode: VCV/PCV 7

Type Cuffed NBT

V_T _____ PEEP _____

Size 6

Freq 12 P_{AWSP} 15

Laryngoscope MAC

Throat Pack ☐ HME ☒

Laryngoscopy Grade I

Ease of Mask Ventilation: Easy w/ guidel.

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:

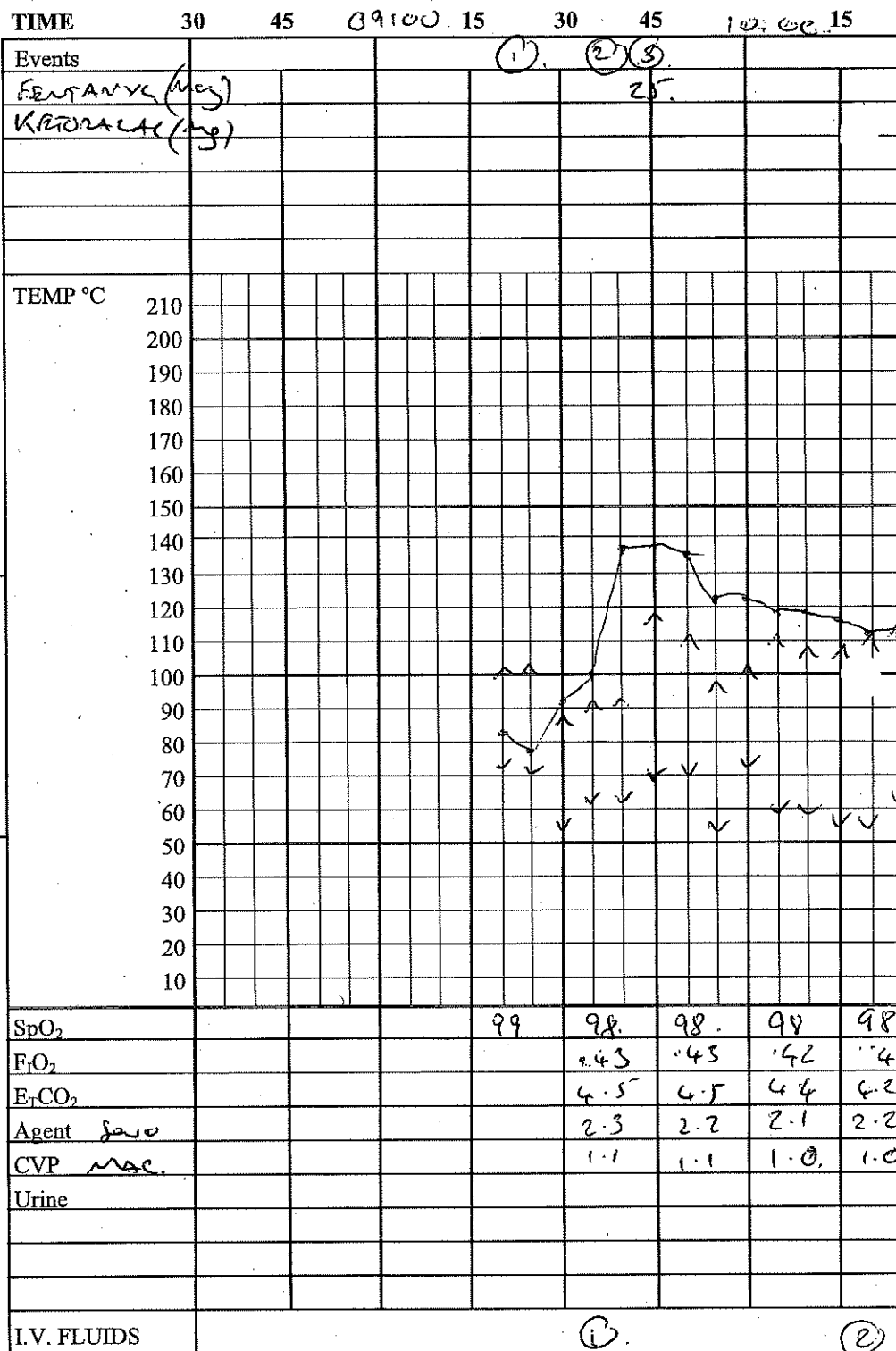
Supine, PEP, eyes taped.

Fluid Warmer: ☒

Warming Blanket: ☒

I.V. FLUIDS:

1. 500ml HARTMANN'S
2. 500ml HARTMANN'S



EQUIPMENT CHECK: Circuit, Machine & Monitor

Anaesthetic Room ☒

Theatre ☐

REGIONAL:

STOP BEFORE YOU BLOCK ☐

BLOCK / APPROACH:

SITE / SIDE:

NEEDLE / CATH:

TECHNIQUE:

DRUGS:

MONITORING:

ECG

☒

NIBP

☐

SpO₂

☐

ETCO₂

☐

F_iO₂

☐

ET Agent

☐

VENT ALARM

☐

P_{AW}

☐

MIN VOL

☐

PNS

☐

TEMP

☒

URINE

☐

CO Monitor

.....

Depth of Anaes

.....

ABP

.....

CVP

.....

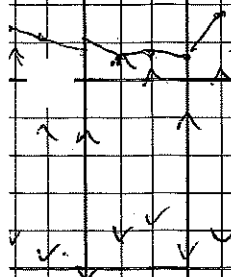
Other:

.....

45 15 30 45 12:00 15 30 45 15 30 45

15

210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10



18 98 98
42 43 43
2.2 4.4 4.4
2.4 2.4 2.4
1.1 1.1 1.1

SpO₂
Pain
Sedation
Nausea

Operation Performed: Dental extractions (full) & dentures Operating Surgeon:

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

Relevant Medical History:

Allergies: LATEX None ☐

Anaesthetic / Surgical Difficulties:

None ☒

Fluids Given: 500ml Hartmann's

Total Urine Output: Estimated Blood Loss:

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

POSTOPERATIVE INSTRUCTIONS:

Oxygen l/min for hours OR Aim for SpO₂ ≥ 96% Ward SpO₂ 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:

Recovery 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 Mobilisation

Surgical Instructions:

RECOVERY ROOM ANALGESIA & OTHER DRUGS:

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

DRUGS GIVEN BY RECOVERY STAFF:

- 11:37 10mcg IV Fentanyl given [Signature]
- 11:39 1g IV paracetamol given [Signature]
- 11:42 10mcg IV Fentanyl given [Signature]
- 11:48 10mcg IV Fentanyl & 4mg [Signature]
- 11:53 10mcg IV Fentanyl given [Signature]
-
-
-
-
-
-
-

RECOVERY TO WARD HANDOVER:

DISCHARGE TO:

- DSU ☐
 WARD ☐
 HDU ☐
 ITU ☐

S

B

A

R

Patient's Surname LEONARD Hospital/Ward Ninewells
Other Names STACEY Speciality Dental
CHI Number 280488 0060 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, caries +
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: Chn Dm G. Galt SDO Date 31st July 2020
Name Printed: CATRINA DUNN Grade DO
Contact Details Springfield dental dept, Abertown

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: S Leonard

Date: x 31 July 2020

Print Name: STACEY LEONARD

Witness Signature

Date: 8 OCT 2020
S Leonard

(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

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 consent carried out Planned procedure	
		Proposed date 8.10.20	
	P.M.H	Diag. Cystoscopy. Removed cyst from thigh. Gynae Surgery	
		Observations to be completed on admission	
		Patient information leaflet, Covid 19 leaflet	
		posted	MH
8/10/20 1300		Admitted for planned procedure	
		Has contact lenses in? if these need to come out.	
		Patient also extremely nervous. reassurance given.	AB
		Has overnight supervision & transport home	AB
8/10/20 1250	n)	Drowsy, easily rousable to speech.	
		O ₂ sat/min till fully awake as SPO ₂	
		96-95% on room air	
	Acn)	OPD this Mon @ Springfield Arboretum	
		1330 - 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 H ₂ O when more awake	
	ps)	Buzzer at hand, rails in place	AB

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 ☒ Pacemaker ☐ Cochlea implant ☐ Other ☐ State ☐

Anticoagulant therapy Y ☒

Possibility of pregnancy? ☒ 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 ☒ If no can you explain what you need

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

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

Are you able to move about without assistance? ☒ 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 ☒ If yes, where on your body is the sore?

Have you fallen or feel you might fall at any time? Y ☒ 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..... TimeNose & Perineum (preferred option) Nose & Throat Invasive Device Site

Date..... TimeNose & Perineum preferred option) Nose & Throat Invasive Device Site

Date..... TimeNose & Perineum preferred option) Nose & Throat Invasive Device Site

Date..... TimeNose & Perineum preferred option) Nose & Throat Invasive Device Site

Date..... TimeNose & 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
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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	Acn	Dentist provided mobile no if any concerns - 07894145690	
13 ¹⁵			
	O	NEWS now 3 = 104/62, will check 1/2 hourly mean time	AC
08.10.20	(M)	Mobilised under supervision for first time, no issues mobilising	
15.40	(P)	No complaints of pain	
	(W)	No active bleeding noted, ongoing monitoring	AC
08.10.20	(O)	NEWS hypotensive at 106/66, asymptomatic, oral fluids encouraged.	
16.10	(P)	Declined any analgesia to be on board for ongoing home, no complaints of pain	
	(W)	Single 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, power to be diet mobilising	AC

[illegible]

1. GENERIC PATIENT DETAILS	
Hospital <u>SHX</u> Ward <u>Sur</u> Consultant <u>Elliot</u> Date of Admission <u>8/10/20</u> Time _____ Expected date & time of discharge <u>8/10/20</u>	
Patient details (affix label) Surname <u>LEONARD</u> Forename <u>STACEY</u> DOB and CHI <u>2804880060</u> Address _____ _____ Postcode _____ Sex <u>F</u>	GP details (affix label) GP Name <u>Brechin Health Centre,</u> Address _____ _____ Postcode _____ Telephone Number _____ _____ Home Telephone Number <u>01356 622497</u> Mobile Telephone Number _____
Address if different from above _____ _____ _____	Home Telephone Number <u>01356 622497</u> Mobile Telephone Number _____
Preferred Name <u>STACEY</u> Title _____ Age <u>32</u> Marital Status <u>Partner</u> Ethnic Origin <u>Scottish</u> First Language <u>English</u> Other: _____ Interpreter Required <u>Y</u> <u>(N)</u> Date interpretation and translation services contacted _____ Initials _____ Do you/the patient use other methods of communication? <u>Y</u> <u>N</u> Sign Language ☐ Braille ☐ Makaton ☐ Talking Mat ☐ Other: _____ Religion <u>/</u> Does the patient have any spiritual care needs? Specify _____	
Emergency / First Contact/s 1st. Contact <u>STEVEN GRANT</u> Relationship <u>Partner</u> Address <u>S/A</u> _____ Telephone Number <u>01356 622497</u>	2nd Contact _____ Relationship _____ Address _____ _____ Telephone Number _____
Is the First contact aware of the admission: <u>(Y)</u> <u>N</u> Is the First contact aware of the discharge date and time and able to collect / escort home? <u>(Y)</u> <u>N</u> <u>N/A</u> Is the patient or carer aware of your discharge date and time <u>(Y)</u> <u>N</u> Patient Carer (circle) Does the patient require a person to be available to offer help but not physically present in the home <u>(Y)</u> <u>N</u> or Does the patient require a person to be at the home for or up to a period of 24 hours <u>(Y)</u> <u>N</u> "Coming into and Leaving Hospital" and 'Your trip to Theatre' leaflets given <u>(Y)</u> <u>N</u> Ask the patient, have they received and understand all the procedure instructions <u>(Y)</u> <u>N</u>	

[illegible]

Criteria for Nurse Led Discharge

```
graph TD; C1[1. Pain Score 0] --> C2[2. There are no signs of nausea & vomiting N&V]; C1 --> C3[3. The patient does not have any complications post op/post procedure]; C1 --> C4[4. SEWS score within acceptable limits]; C1 --> C5[5. The patient has passed urine if appropriate]; C1 --> C6[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]; C1 --> C7[7. There is an escort home and carer support is available to offer help for 24 hours and not required to be present]; C1 --> C8[8. Patient is ready to be discharged]; C2 --> A[Give simple Analgesia & Review in 1 Hour]; C3 --> A; C4 --> A; C5 --> A; C6 --> A; C7 --> A; C8 --> A; A --> B[Patient has N&V, Give prescribed Anti Emetic & Review in 1 hr]; C2 --> B; C3 --> B; C4 --> B; C5 --> B; C6 --> B; C7 --> B; C8 --> B; B --> C[Patient has post op/procedure complications - Take appropriate actions and Review in 1 hr]; C3 --> C; C4 --> C; C5 --> C; C6 --> C; C7 --> C; C8 --> C; C --> D[Escalate as per SEWS and review as appropriate]; C4 --> D; C5 --> D; C6 --> D; C7 --> D; C8 --> D; D --> E[Assess patient for risk of retention and preform bladder scan]; C5 --> E; C6 --> E; C7 --> E; C8 --> E; E --> F[Carer support is required to be present with patient at home for 24 hrs and there is none available]; C7 --> F; C8 --> F; F --> G[ADMIT OVERNIGHT]; C1 --> G; C2 --> G; C3 --> G; C4 --> G; C5 --> G; C6 --> G; C7 --> G; C8 --> G; G --> H[Discharge patient]; C8 --> H; I[Discharge Checklist completed?] --> H; C8 --> I; H --> J[Discharge patient];
```

The flowchart outlines the criteria for Nurse Led Discharge. It begins with seven numbered criteria. Criteria 1-3 lead to 'Give simple Analgesia & Review in 1 Hour'. Criteria 2-3 also lead to 'Patient has N&V, Give prescribed Anti Emetic & Review in 1 hr'. Criteria 3-5 lead to 'Patient has post op/procedure complications - Take appropriate actions and Review in 1 hr'. Criteria 4-5 lead to 'Escalate as per SEWS and review as appropriate'. Criteria 5-6 lead to 'Assess patient for risk of retention and preform bladder scan'. Criteria 7-8 lead to 'Carer support is required to be present with patient at home for 24 hrs and there is none available'. All these intermediate steps lead to a vertical box labeled 'ADMIT OVERNIGHT'. Finally, 'Patient is ready to be discharged' and 'Discharge Checklist completed?' lead to 'Discharge patient'.

Criteria for Nurse Led Discharge

1. Pain Score 0
2. There are no signs of nausea & vomiting (N&V)
3. The patient does not have any complications post op/post procedure
4. SEWS score within acceptable limits
5. The patient has passed urine (if appropriate)
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
8. Patient is ready to be discharged

Intermediate Steps:

- Give simple Analgesia & Review in 1 Hour
- Patient has N&V, Give prescribed Anti Emetic & Review in 1 hr
- Patient has post op/procedure complications - Take appropriate actions and Review in 1 hr
- Escalate as per SEWS and review as appropriate
- Assess patient for risk of retention and preform bladder scan
- Carer support is required to be present with patient at home for 24 hrs and there is none available

ADMIT OVERNIGHT

Discharge patient

Discharge Checklist completed?

[illegible]

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	Patient 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 <i>Has own analgesia</i>	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
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?	<i>gauze swabs</i>	☒ 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.	<i>Monday 12/10/20 at Springfield</i>	☒ Y ☐ N N/A
Please state	<i>See SON Arbroath 13:30</i>	
Patient is ready for Discharge. Nurse Signature <i>[Signature]</i> Date <i>08.10.20</i>		
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

Department of Surgery
Stracathro Regional Treatment Centre
Stracathro Hospital
NHS Tayside
Stracathro Hospital
Breachin 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

Department of Surgery
Stracathro Regional Treatment Centre
Stracathro Hospital
NHS Tayside
Stracathro Hospital
Brechtin 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

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		

AH

24/8

2.45pm



REFERRAL LETTER

MEDICAL IN CONFIDENCE

Hospital use only	Clinic	Day Date	Time	Hospital No.
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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

Armed Forces Personnel,
Immediate Families & Veterans

Impairment(s)

Date referral was submitted 19-Apr-2016

☐ On active service

☐ Learning

Urgency of referral

Routine

☐ Condition related to service

☐ Visual

☐ Immediate family member

☐ 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 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

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

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

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

Hospital use only	Clinic <i>Gunn - TST 4396</i>	Day Date	Time	Hospital No. <i>SCC</i>
-------------------	----------------------------------	-------------	------	-------------------------

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/m² 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



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

A handwritten signature in black ink, appearing to be 'D Reed'.

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

A handwritten signature in black ink, appearing to be 'P. A.'.

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/wg/ 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

Headquarters
King's Cross, Cleington Road, Dundee, DD3 8EA

Chairperson, Mr Sandy Watson
Chief Executive, Professor Tony Wells

Direct Referral to Eye Department- General

NHS
Tayside

Patient Surname ELLIS		Patient Forename STACEY		OPTICIAN DETAILS 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 months. The LE is amblyopic and seems to "wander around" when checking OMB.	General Health OK
Medications CO-didramol	

Ocular examination - External / Internal	
Right Lids+lashes healthy Cornea clear Vitreous clear Optic disc NRR healthy with vessels entering clearly Macula - good reflex periphery - all quadrants healthy	Left 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 R		L		Pupils		Fields Attached Y/N	
Time		Applanation Y/N		very sluggish			
n	Sph	Cyl	Axis	Prism	VA	PH VA	NVA
R 6/60	+6.50	-0.50	180		6/6		N5
L CF	+7.50	-0.50	180		6/7.5		N8

Specific Additional Information: Fundus Photo attached? Y/N
 Ophthalmological review should be sought due to the possibility of Left toxic optic neuropathy

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,	RECEIVED 21 JUN 2010
Optometrist Name: IAN MORRIS	Optometrist Signature: <i>Ian Morris</i>	

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

Dr D Reed
Associate Specialist
Psychosexual Clinic
Abbey Health Clinic
Arbroath

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

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

Headquarters
King's Cross, Clepington Road, Dundee, DD3 8EA

Chairperson, Mr Sandy Watson
Chief Executive, Professor Tony Wells

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



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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General ReferralLinks Health Centre
Marine Avenue
Montrose
Angus
DD10 8TRConsultant / receiving practitioner
and/or specialty clinic

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

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

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)

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/m² 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)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
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 - 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 Chlen: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



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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
TAY General ReferralConsultant / receiving practitioner
and/or specialty clinicLinks 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

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

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)

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)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
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

Headquarters
King's Cross, Clepington Road, Dundee, DD3 8EA

Chairperson, Mr Sandy Watson, OBE, DL
Chief Executive, Professor Tony Wells

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/twg/ 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

Headquarters
King's Cross, Cleington Road, Dundee, DD3 8EA

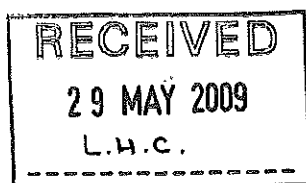
Chairperson, Mr Sandy Watson
Chief Executive, Professor Tony Wells

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		



Tb/ W/LV

REFERRAL LETTER

MEDICAL IN CONFIDENCE



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

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

Gynaecology F2
TAY General ReferralConsultant / receiving practitioner
and/or specialty clinicLinks 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

Alcohol consumption

Number per day ? (not known)

Units per day ? (not known)

Allergies

H/O: non-drug 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
Brechtin
Angus
DD9 7QA
Tele: 01356 647291
Fax: 01356 665101

Dr P D Mulcahy
Howe of the Mearns
Blackiemuir Avenue
Laurencekirk

Date typed:	6 th of March 2008
Dictated:	29 th 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	13 th August, 2007 Clinic: 1 st 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.

Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

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

Dr P D Mulcahy
Howe of the Mearns
Blackiemuir Avenue
Laurencekirk

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

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.**

Headquarters
Ninewells Hospital Medical School, Dundee, DD1 9SY

Chairperson, Professor Murray Petrie
Chief Executive, Mr Gerry Marr

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

HTL

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

K Box

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	15 th December, 2006 Clinic: 29 th 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.**

Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

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	1 st August, 2006 Clinic: 19 th 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.

Headquarters
King's Cross, Cleington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

© C
KJH

Hospital Use only	Clinic	Day Date	Time	Hospital No.
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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

Phone number -01561 377258 Fax number -01561 378270

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

10/4

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 convergent 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

None

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

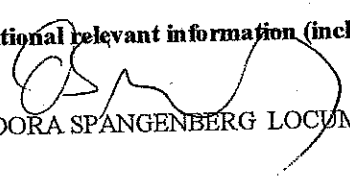
Clinical Warnings eg allergies, blood borne viruses

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	2 nd February, 2005 Clinic: 26 th 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.**

Headquarters
King's Cross, Clepington Road, Dundee. DD3 8EA

Chairperson, Mr. Peter Bates
Chief Executive, Professor Tony Wells

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

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 pustular 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 Mincocycline, 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

Alcohol Consumption

No. Day

Units/week –

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



Signature of referring doctor

01 December 2004

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, MEARN'S 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	Day Date	Time	Hospital No.
	14/12/07-SCX			

Ambulance transport required ?

Yes ☐ No ☒

Sitting ☐ Stretcher ☐

GP REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Consultant JA COLEIRO
Speciality Clinic Ophthalmology
Hospital Stracathra Hospital
E-Mail No. Breechin
Urgency of Referral Routine

Hospital Address Infirmity Street
Breechin
Postcode DD9 7AW

PATIENT DETAILS

Surname LEONARD
Forename(s) Stacey
Previous Surname
Title Ms
Date of Birth 28/04/1988 Sex Female
CHI No.
Phone No. 01561 840628

Patient's Address Mearns View
Church Road
LUTHERMUIR
Postcode AB30 1YS

REGISTERED GP DETAILS

Name Dr P Mulcahy
Practice Code 32529
GP Identifier N65277
Phone No. 01561 377258
Fax No. 01561 378270
E-Mail No. pat.mulcahy@laurencekirk.grampian.scot.nhs.uk

Practice Address Laurencekirk Medical Centre
Blackiemuir Avenue
LAURENCEKIRK
Postcode AB30 1DX

REFERRING DETAILS

Name of agency referring
Name of referring practitioner Dr P Mulcahy
Phone No.
Fax No.

Address of agency as above referring
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

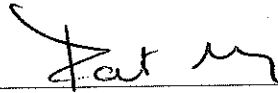
Smoking Status

Alcohol Consumption

Units per week

No. per day

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



Signature of referring doctor

12 December 2000

Date

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

FILE	NA	PM	KB	MS	PN	MISC.
RESULT NORM.						
VISIT						
INFORM PAT						
MAKE APPY						
07 DEC 2000						
NOTES						
DISEASE REGISTER						
PX						
SUMMARY						
BN						
OTHER						

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

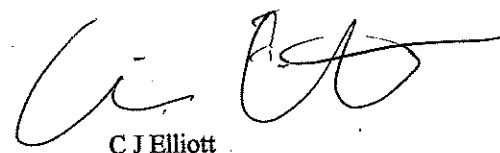
PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST – Date: 2.12.00

	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

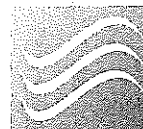
TO BE COMPLETED BY GENERAL MEDICAL PRACTITIONER (if not accompanied by a formal letter)

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

24. 21/12
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 diopetre 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.

W. Mearns

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 diopetre 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

To Dr Laurencekirk Health Centre

Patient's details

Surname LEONARD

Other Name

Address Mearns View

Church Road

Luthermuir

Postcode

Tel.No.

Prescription details from current sight test-Date

1.10.99

Previous corrected

V.A.

Date of birth

28.4.88 /0060.

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

Points requiring attention

IOP on Pulsair

R mmHg

L mmHg

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.

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 Colenso

Relevant clinical history

Presently in care.
I have no record of prev.
visual acuity last s/b Dr
Gang registrar on 2.23.394.
Unit No 250488 0060.
Should probably be reviewed.

Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

DR. PAT MULCAHY
LAURECEKIRK MEDICAL GROUP
BLACKIEMUIR AVENUE
LAURECEKIRK AB30 1DX
TEL: 01561 377258
FAX: 01561 378270

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.

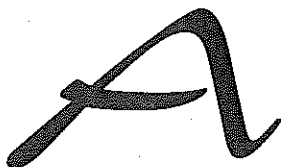
I think this is all very early development one that does not seem to worry Stacey or indeed Mrs. Claffey.

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

Ref: JSF/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

Clinic/Dictated/Received: 03/12/97

Typed: 05/12/97

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

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,

Greg
JSF

J. S. Forsyth,
Consultant Paediatrician.

Arbroath
JSP

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

Clinic Dictated/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 discharge 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.

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,

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)

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

MMG/JH

13th November, 1997

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

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 lymphadenopathy 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 persistent.

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

Yours sincerely,

M. Grable.

AP Dr. Margaret W. Gray

New appt 2-3 weeks
SF-

3/12.

13/11/97

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.

Ref: AM/LMN/2804880060

Enquiries to: Dr. J. S. Forsyth

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

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

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.

sub pb apb pl

cont'd.....



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

Many thanks for your help.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'AM McGeechan'. The signature is written in a cursive, flowing style.

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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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.....

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 Paediatric 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

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112
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REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☒ Soon ☐ Urgent ☐

Hospital Abbroath Date 20/5/95 CHI No. 2804880060

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

Patient's Surname Lennard Maiden Surname

First Names Stacy Single/Married/Widowed/Other

Address 9, The Clifftop, 69 Whitfield Road, Abbroath Date of Birth 28.04.82

Postal Code Contact telephone number

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

Name of Hospital Hospital No.

Year of attendance 1995

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. MORNSBY, GRAY & VAN DEN BRAKEN PRACTICE 3 ABBEY HEALTH CENTRE ABBROATH 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 Stacy again. About 8-6 weeks ago her father noticed some swelling of the @ lymph area - that it was tender. At that time there were no lumps but now there is a definite slightly tender oval swelling under the nipple. No discharge, colour clear. Lump is $3\frac{1}{4} \times 1\frac{1}{2}$ inches.

No secondary sexual development. Also, about the same time she developed a yellowish green vaginal discharge which occasionally causes some discomfort - itch. Smell green antony.

There has been a history of physical abuse/neglect & a suspension of sexual abuse in the past. Stacy has been with both parents for several years now but still has contact with her mother.

Urine - histone - mao 18500 mg

Diagnosis / provisional diagnosis: 1. Lump @ breast 2. vaginal discharges.

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 Smayth

Rec
29/5

2.15

*Please file in
note.*

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 hepatosplenomegaly 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.

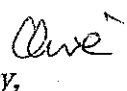
Ref: JSF/DT/280488/0060

Enquiries to: Dr J. S. Forsyth.

Dictated/Received: 1.11.95
Typed: 3.11.95

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

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


Dear Dr Hornsby,

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

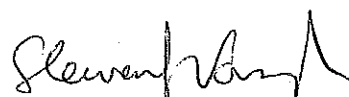
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Yours sincerely,



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.

JSP/KSA/280428/0060

Dr. J. S. Forsyth.

1st November, 1989.

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

Dear Dr. Hornsby,

Stacy LAING, 9 Lamley Terrace, Arbroath.

Stacy was seen at the Paediatric Clinic on 1st November, 1989, having been referred at the age of 18 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 Asbury Date 20/10/84Please arrange for this patient to attend the Asbury clinic of Dr/MrPatient's Surname Linn Maiden SurnameFirst Names Stacy Single/Married/Widowed/OtherAddress 9 Lundy Tce ✓ Date of Birth 25.4.88 / 0060Postal Code 3AD Patient's Occupation

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 PRACTITIONERDR. A. B. BROATH
488EY RD
42BROATH

Please use rubber stamp

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

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

Dear Dr, I shall be grateful for your opinion of this child who came from a social department background. She is now 18 months - coming out with independently. She sleeps most of the time ok I can find her radically wrong but which appears a 2nd opinion

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

FOR PHARMACY
USE:

Checked by

Clinical Pharmacist

Patient Counsellor

(Initials)

**DISCHARGE NOTIFICATION AND
PRESCRIPTION FORM**

Ward/Clinic/

Hosp.

Hosp./Inf.

Surname

First Name

Address

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

Cons

C.H.I. No

M. Stat

Se

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:

*Delete as appropriate

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO:		
					HOSPITAL	SPECIALITY	CONSULTANT
	01/01/95	EYES	MACLEOD	HOME			

DIAGNOSIS AND OPERATIONS	PRINCIPAL DIAGNOSIS:	PRINCIPAL OPERATION / PROCEDURES:
	Squint	
	OTHER CONDITIONS:	OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE			DOSE	STOP DATE	Times of Administration (Mark ✓)												DISPENSED BY PHARMACY	
NAME — State Date when Medicines should be stopped					8	10	12	14	16	18	20	22	24					Number
G. Macleod N			100														100	

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. MACLEOD	Consultant
	2.	Sen. Registrar/Registrar
	3.	Ward/Unit Secretary Telephone Ext.

TO PHARMACY	MEDICINES REQUIRED ON WARD AT 12.00 (TIME) 12.00
-------------	--

Signature	Status	Dispensed By	Checked By
DR. MACLEOD	Consultant		

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

1st Fold

Approx. 5
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ispensed.
Where the
period is
different,
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umber of
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provided.

Discharge
prescriptions should
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armacy at least 24
hours before
discharge.

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

LATAA 7/6

Patient's Surname ELLIS STACEY 2804880060 F Hospital/Ward STACATIRO
Other Names 17 ANNAT ROAD DD10 8EF Speciality SLEEP DO - MINOR OPS
CHI Number Annat Bank Practice, Links Health Cent Consultant MR HAMZA
Patient Label can

Name of proposed procedure or course of treatment

Excision of 5mm sub cutt from

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:

Grade

Contact Details

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: *24 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
STACEY

2804880060

F

17 ANNAT ROAD
MONTROSE

DD10 8EF

Annat Bank Practice, Links Health Cent

Surgeon

MR HANZA

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

ADON

To Be Completed by Surgeon

Local Anaesthesia

25mg L-B-Vaccaine

Operation/Procedure Performed

Excision of small sub
cyst from Rt axilla

310 vicryl rapid

subcuticular

ster. suture

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 vinyl Rapide
Specimens	No specimen sent
Wound Dressing	Sten 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	MPH	Date
Circulating Nurse	A D NCM CSO	Date 4/10/16

Sterilisation Tracking Labels

MINOR SURGERY
ID: B000666
2016/09/22 ANCO129
Stracathro Hospital

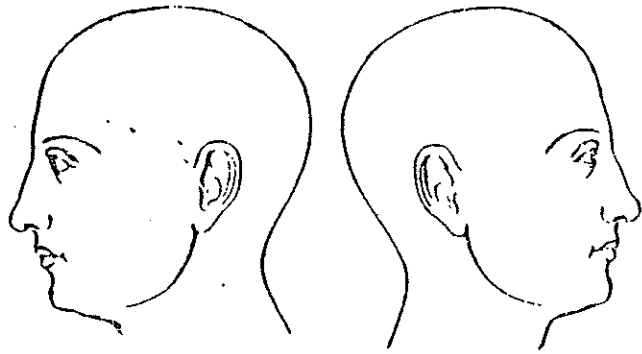


NINEWELLS HOSPITAL
DEPARTMENT OF DERMATOLOGY
19-7-06

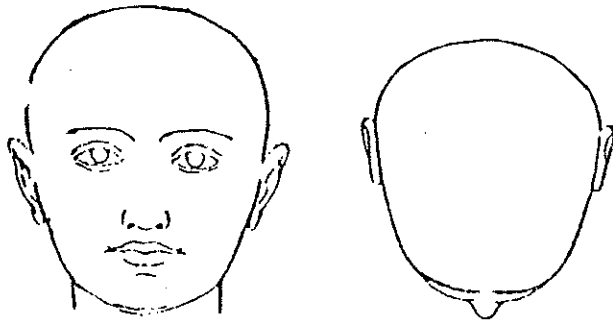
Ward/Clinic/
Hosp **ELLIS STACEY MEARNS VIEW CHURCH RD LUTHERMUIR** 280488 0060
Surm **AB30 1YS**
First **DR. PD MULCAHY**
Addr **HOWE OF THE MEARNS BLACKIEMUIR AVENUE LAURENCEKIRK 32529**
G.P. & Address (G.P. Requests only)

Cons
M M Y Y
C.H.I. No
M. State
Sex
USE BLOCK LETTERS
OR PATIENT LABEL

Date: 24/1/65 — DMA



PRIMARY DIAGNOSIS
<i>Acne vulgaris face</i>
OTHER DIAGNOSES



18♀ Acne - face and neck

APC - For the past 5 years.

Erythromycin / *for*
minocycline / 3-4/12.

popules comedones
behind ear one cystic lesion
purple plaques at base
2-3 spots
Scarring

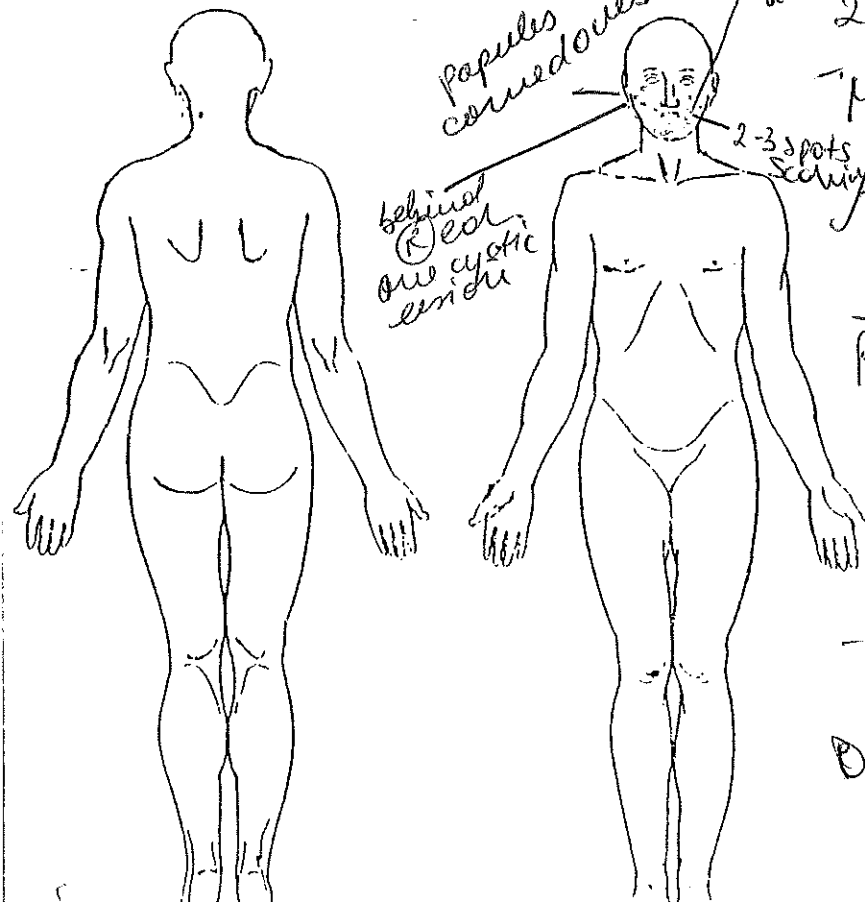
2/52 ago → a flare up.

Mother + brother → acne
on hoacutane
→ slight improvement.

PHH - ? Psoriasis scalp
age 10 → treated
- Acne
- depression.
SH - Alpo injection

NKDA.

D/E - papules
- comedones (- cheeks
② cheek - scarring
- purple plaques



Plan - Roaccutane → discuss the SE,
→ blood tests.

Depoing for
worse skin
infection

- Dermol 500 to wash
- topical treatment
- further abx ? Lincycline
- Dianette

Not unlikely
to be a candidate

Rhodes
St 10
24/11

Stw Dr. Green:
Plan

- tetracycline - Lincycline Od
- Dianette - if suitable.
- Differin
- 4/12 follow up
- Dermol 500

Rhodes
St 10
24/11.

Clinically - but affected
Lincycline helped
to an extent but
still active lesion

29.11.06

No
contraception Differin too drying
has
partner

Cipr
5/6/
day

Scarring acne
cheeks
Coned onal
lesion
cheeks
forehead

T → D, exoxyl
noct
Dianette

3.12

HISTORY/CONTINUATION SHEET

Ward/Clinic/

Ho ~~LEONARD~~
STACEY
MEARNS VIEW
CHURCH RD
LUTHERMUIR280488
0060EUN
AB30 1YS

Sui

Fir

Adi

G.F

DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529
LAURENCEKIRK 32529

Cons.

M M Y Y

C.H.I. No.

M. State

Sex

USE BLOCK LETTERS
OR PATIENT LABEL

UNIT/WARD/DEPT.

DATE

Page

7/3/07

Doing better.
Declined Diane He.
On Tebavalat T and
and B. xoxyl.

- CT.

Sh in 2-3 -

Denot to work

41.~

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 C 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 & if not ? for vaccination

~

RW.Emtall

7/11/02 CNL → 30.01.08

29/08/08

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 1/2

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 apparently 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.

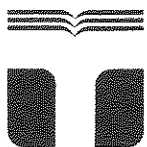
This child was seen and new glasses ordered in the Eye Clinic today.

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.



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

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 + or
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.

26/12
12:00



TAYSIDE HEALTH BOARD

ANGUS UNIT

Your Ref.

Our Ref. JN/VSPS

Enquiries to:-

Dr. Nolan

10 December 1991

Dr. Haining
Eye Clinic
The Infirmary
Arbroath

Abbey Health Centre
East Abbey Street
Arbroath DD11 1EN
Telephone 0241 70391

Dear Doctor,

0060
Stacey LEONARD (28.04.88) 9 Lamley Terrace, Arbroath *DDU SAY*

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,

J. Nolan
Johanna Nolan
C.M.O.

702

c.c. G.P. Dr. Hornsby

TAYSIDE HEALTH BOARD
HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

Cons.

Surname ..

First Name ..

Address ...

Occupation

G.P. & Add

LEONARD

STACEY

9 LAMLEY TER

ARBROATH

28 04 88

0060

F

S

DD115AD

Unit No.

D. of B.

M. State

Sex

MPI No.
(last 4 digits)

LOCK LETTERS
AND IMPRINTER

UNIT/WARD/DEPT.

DATE

Page

3/5

3/5

Cont. L.C.S.

A pattern

Takes position of LE,
holds for

EDM Fall.

of Prognosis

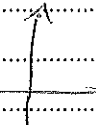
+5.0

+6.0



+5.0

+6.0



Prognosis

(L) CS

Plasma

HA

15/4/92 DNA

24/6/92 DNA

15/10/92

OC over SA plasma

plasma

DATE

23 SEP 1992

See cc repair please

56.00/100 RT-1

7+6.5

7+7.5

7+6.5

7+7.5

order + 5.0 / 11.0 x 90

15.0 / 10.5 x 90

Don -

hub -

Clear window

(6.15)

4/11/92 cc Dmt reappent

Thurs pm cc please GR

4/11/92 cc Dmt. Try again please - another app given for 4/52

22/12/92 DMT - Show to Dr McEwen - ? better → GR

3 - FEB 1993

Plan not came in did R

see 6/52 cc in new gls

GR

16/3/94 DMT

Agree

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

Surname .

First Name

Address .

Occupatio

G.P. & Ad

LEONARD
STACEY
9 LAMLEY TER
ARBROATH280488
0060S
DD115ADARNOLD HORNSBY
ABBAY HEALTH CENTRE
EAST ABBAY STREET
ARBROATH
DD111EN 10286

... Cons.

... Unit No.

... D. of B.

... M. State

... Sex

MPI No.
(last 4 digits)

... LOCK LETTERS

... HAND IMPRINTER

UNIT/WARD/DEPT.

DATE

Page

23 MAR 1994

see or ref - t
dev^m decompensated cgl's
- converge & excess

try to increase +. may require op.

23/3/94 1% cyles RRE

$$\begin{array}{c} +7.00 \\ | \\ \text{---} +7.75 \\ | \\ 90 \end{array}$$

$$\begin{array}{c} +7.50 \\ | \\ \text{---} +8.00 \\ | \\ 90 \end{array}$$

Order less 1.50

O.C. (2/12)

25/5/94 or + DR DWA.

reapp - t or only. Wed AM HF

5/7/94 DWA

31/8/94 seen or q's border oph

would not repeat

∴ repeat Rx sent from 1/9/94.
Newells. HF

09 NOV 1994 DWA reapp - t

or only

DATE

28 DEC 1994 DNA

15 MAR 1995 PP

12 APR 1995

See - a - see report.

S. G. do 1st BES 12:05 pm C. Dadd
" " " 12:15 pm C. Dadd

7 + 7.0

~~7 + 7.0~~
7 + 8.0

When + 5.5 / 100 x 90

+ 6.25

Order + 5.5

6.0 / 105 x 120

W. S. -
W. S. -

See (1/12) re ? any for the

HISTORY/CONTINUATION SHEET

Ward/Clinic/

Hosp.

LEONARD

280488

STACEY

0060

9 LAMLEY TER

Surname

ARBROATH

S

First N

DD115AD

Address

ARNOLD HORNSBY

ABBEY HEALTH CENTRE

EAST ABBEY STREET

G.P. &

ARBROATH

DD11 1EN

10286

Cons.

C.H.I. No.

M. State

Sex

USE BLOCK LETTERS
OR PATIENT LABEL

UNIT/WARD/DEPT.

DATE

Page

cl/o Mrs A McConnachie
Glenelva
Kinross.

slw Fly Ross
Social Worker
Academy Lane
Arbroath.

03 MAY 1995

or? list for binocular vector reassess.
decompensated. @ microtype
has convergence excess.
ATC ↓ suggest oral 2hr daily. 1/1

Needs binoc reassess.

GR OLC



5/6/95 M/L - Assessment for Aquant Correction
6/6/95. Cancelled - children in foster
care. - admission to be discussed
with social work dept.

190695.

MPE. Room placed in order for L comb to be out
out. Job on 190695.

sen
Pdr

17.7.95

Seen in cc - See report NB.

Large CS & glass

n >> distal

Inter v. distal now

for full

→ Broad recess SA

18/7/95

Broad recess SA

An SA

R. P. J.

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

Cons.

Surname Leonard
First Name Stacey
Address

D D M M Y Y
28 04 88 00 60

C.H.I. No.

M. State

Sex

UNIT/WARD/DEPT.

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

USE BLOCK LETTERS
OR PATIENT LABEL

DATE

Page

180795

Seen by Dr Pollock - fit
for discharge, social worker
contacted re: collection. R. Pollock
Colpal was requested by letter at 16.10.88 and
same was given / P. Chubbson.

25 JUL 1995

Comfortable

2 gl - R. conv. for near
Almost straight for distance
Cont gl - R. conv. conv. N. & D.

Good ROM - no restriction

↓ G. Prod. 1 N. 6d

R 1/2

23 Aug 95

oc - see report

(le reduced & seems settling well)

13/12 oc 9/11

22/11/95

oc report same as last visit
(le small & stable cqls)

Quinn repeat Rx today

qals poor fit & hurting face

(R) +5.00

(L) +6.00

+0.50

Dr. Baer

+1.20

Px

(6/11) oc + Dr.

1.5.96

see or report from Nov 95

of border today

please
rephrase JIC

6/1/96

12

inserted

11:30 AM Edmundo

$$\begin{array}{r} 10.5 \\ + 10 \\ \hline \end{array}$$

$$\begin{array}{r} 4.0 \\ + 7.0 \\ \hline \end{array}$$

Ose

150 + 0.590

+ 5.5 + 0.5 90

Garcia may

ce

7.896

seen in car today only 9/12/95.

5.2.97

see or report

$$\begin{array}{r} 3 \\ 1 \end{array} \textcircled{D}$$

OPHTHALMOLOGY

Ward/Clinic/

Hosp.

ELLIS
STACEY

2804880060
F

M Y Y

--	--	--	--	--	--

Cons.

C.H.I. No.

Surname . 8 MILL PLACE

First Name CRAIGO

DD10 9LB

Address . MONTROSE
DR RUTH CRANSWICK

G.P. & Adc . ANNAT BANK, LINKS HEALTH CENTRE,

M. State

Sex

USE BLOCK LETTERS
OR PATIENT LABEL

Date: 5.8.10

I.C.D.

Complaints

	R	L
VA		
TROPICAMIDE 0.5%		
PHENYLEPHRINE 2.5%		
CYCLOPENTOLATE 1%		
OXYBUPROCAINE HYDROCHLORIDE (BENOXINATE) 0.4%		
SIGNATURE		

↓ VA LR - submitted
1/2 - 1 day

Not wearing CL = LR
was uncomfortable

Past Ophthalmic History

Past General History

Family Ophthalmic History

R.V.A. (R) CONTACT LENS. 6/12.

L.V.A. 6/18.

With glasses

With glasses cph 6/12.

N 5.

N 12.

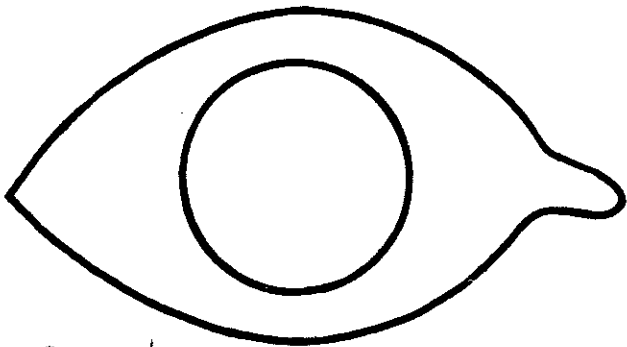
Own glasses (L) eye dilated at 10⁰⁰ 8x.

Refraction

8/10/10
10⁰⁰.

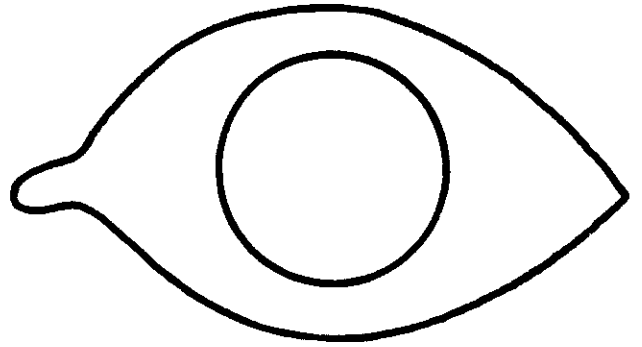
Right Eye

Left Eye



CL 20h

Q 100



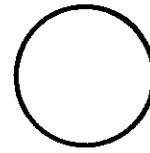
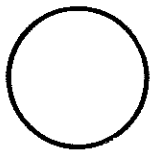
Q 100

Pupil Reactions

Ocular Movements

Cover Test

Lenses



Tensions

Fundi

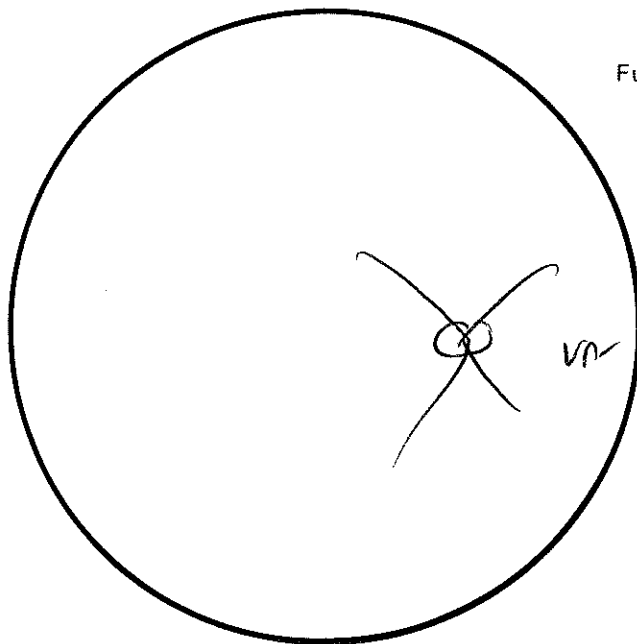
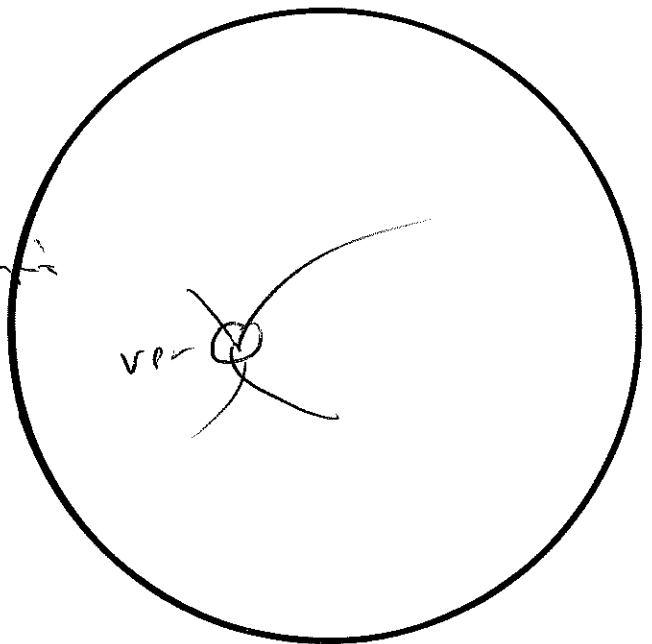


Bild
hyaliner
dms



P
J

OPERATION NOTES

UNIT/WARD/DEPT

Hosp.

Cons.

D D M M Y Y

C.H.I. No.

Surname

First Name

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

AM

PM

TIME FINISHED..... AM

AM

PM

SURGEON'S NOTES

A Rye / machine
JA A Tiger

Bulk MRS at 5mm for 1 hour
Recessed a further 5.0mm

Entered 6:00 inf to
muscle & air

S. Unwampert

CONSENT FOR OPERATION INVESTIGATION

I, SUSAN Leonard

of, 71 Denval GARDENS KENILWORTH

hereby consent to * (undergo * (child
(the submission of my (ward STACEY LEONARD DOB 280488

to undergo (the operation/investigation of) SILAZAR MEDICAL TREATMENT SESSIONS

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 during the course of the above mentioned operation and to the administration of general, local or other anaesthetics for any of these purposes. No assurance has been given to me that the operation will be performed by any particular practitioner. * *

Date 20-6-95 Signed S. Leonard
* (Patient/Parent/Guardian)

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

Date 27/7/95 Signed [Signature]
* 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
Ward 25 Theatre
Surgeons
Date 18.07.95

Ward/Clinic/Hosp.
Surname
First Name
Address
G.P. & Add

LEONARD STACEY
9 LAMLEY TER
ARBROATH
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

DAY SURGERY
Combined Record / Consent Form

SURGICAL CONDITION:

Operation proposed:
Symptoms unchanged:

Consent Signed? Yes / No

OPERATION NOTE:

Post-operative Instructions:

Follow-up arrangements:

Patient's Tel. No.
Diagnosis
Operation
Weight
Recent Cold

Time Admitted
hrs.
Date
Address
xt of Kin
Tel. No.

kg
Dentures
Spectacles
Yes / No
Contact Lenses
Yes / No
Hearing Aid
Yes / No
Valuables in Safe
Yes / No

OC
Pulse
BP
Urinalysis
Last Oral Intake
Time

Signature

NURSING REPORT

Homegoing Arrangements

18.07.95
17/7/95
17/7/95

Proposed for op. Please see: Mr. Ross 01241 878585 for collection. G.A. Dr. T.A. are overleaf for details. Biomedical Services necessary performed by Dr. Sharpe, assisted by Dr. Macthew. Chromoprobe etc. drugs installed. Recovery - Patient obstructed slightly in recovery room. Dr. Morris gave green with good effect. Suction ok. Sutures closed with. Patient now awake. Stable. Verbal still in situ. Anaesthetic made in completion, and also slightly wheezy. Weight: 21 kg. RTN at 12.05 hrs. good sleep. Linen in situ. Vaginal removed. 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

Endo scan please bottle with on arrival
Endo scan 20mg
over
if ready for pain

16.10.95
0830.
16.10.95
16.10.95

Signature

Signature

Please check when medicines are prescribed separately

Fluid Prescription Sheet

Other (Specify)

Date
Yrs.
AGE
Mths.
Days
Weight

Nursing Report / Consent / Operation / Medicine Prescription
DAY CASES

HOSPITAL	Ward / Dept.		NAME OF PATIENT		Date of Birth		Unit No. / CHI No.		Consultant		KNOWN DRUG SENSITIVITY OR ADVERSE REACTIONS	
	25		Stacey Leonard		280488		00000		A			

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

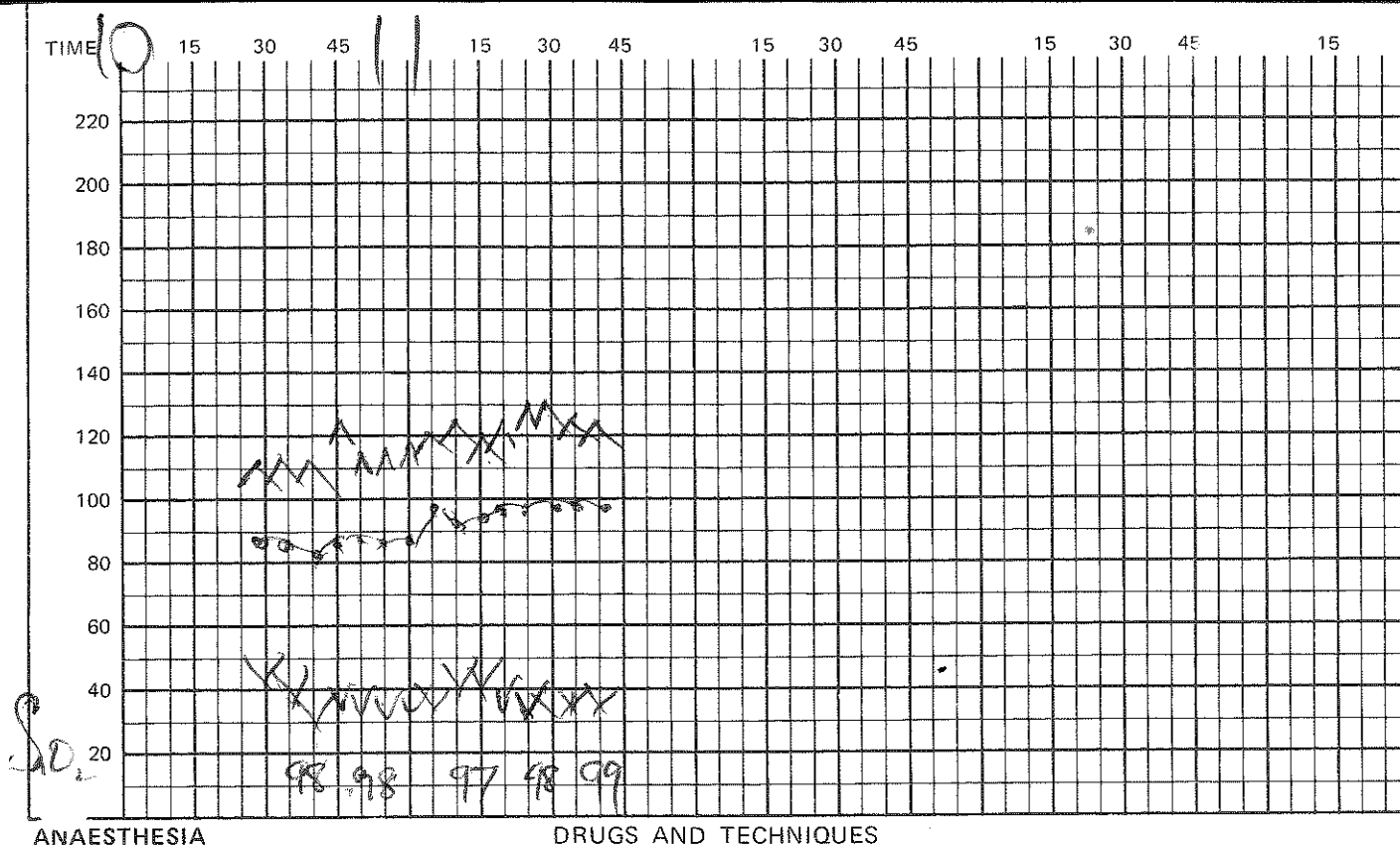
Pulse Rate 70-82 Rhythm B.P. /

Heart Sounds I II I + nil Teeth

Breath Sounds clear normal

Other all clear + nil

Signed Stacey Leonard Date 18 07 11 Status



20 Citicofin 200ml Fent 25ug Propof 60mg
#2 1/2 Fina N2O/O2 / Isoflurane Bar
Ma SaO2 FIO2 'Snorphy' ECG BP ReRef's
No complications

POST-OPERATIVE INSTRUCTIONS
Maintain airway. Observe colour, airway, respiration and pulse continuously until fully awake.

Home accompanied in O/P protocol

Signed: [Signature] Anaesthetist

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/ 280488
Hosp. STACEY 0060
CO IRENE CLAFFEY
49 MILLFIELD RD
S
ARBROATH DD11 4HW
Surname
First Name DR. AH HORNSBY
Address PRACTICE 3
ABBAY HEALTH CENTRE
EAST ABBAY STREET
G.P. & A DD11 1EN 10286

Cons.
C.H.I. No.
M. State
Sex
USE BLOCK LETTERS
OR PATIENT LABEL

VISUAL ACUITY				VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
cgl's	6/6	6/9	TT cgl's		fully -ve fly +ve. PRT +ve i slow recovery LF.
sgl's					

COVER TESTS

cgl's small LCS increases for near c-partial recovery (LE)
sgl's moderate LCS.

OCULAR MOVEMENTS

sl limitation LRR.

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
				cgl's	sgl's
PRISM COVER TEST			OBJ	FR FL	
NEAR	cgl's	sgl's	SUBJ	FR FL	
	650 14°	650 > 45°		-2°	
DISTANCE	cgl's	sgl's	FUSION		
	650 2°	650 40°		-2°	
FAR DISTANCE	cgl's	sgl's	+		
			-	few degrees	
			S.V.		

OTHER TESTS AND REMARKS:

Fully accommodative. c-partial recovery cgl's.
good stable VA. Poor/weake Binocular Vision
Conduction stable now 8
? describe

Date: 6/2/97

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/ Hosp. Cons.
 D D M M Y Y
 28 04 88 00 60
 Surname
 First Name *S. Stacey* M. State
 Address *Leonard* Sex
 G.P. & Address (G.P. Requests only)
 USE BLOCK LETTERS OR PATIENT LABEL

VISUAL ACUITY				VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
$\bar{c}$ gls	6/6	6/9	22/11/95		<i>fully -ve</i> <i>Gross Bin Vision present.</i>
$\bar{s}$ gls	6/9	6/12	1/5/96		

COVER TESTS

cqls small CCS.
sgls. wood CCS.

OCULAR MOVEMENTS

slight limitation LVR.

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
				$\bar{c}$ gls	$\bar{s}$ gls
PRISM COVER TEST			OBJ	FR FL	
NEAR	$\bar{c}$ gls	$\bar{s}$ gls	SUBJ	FR FL	
DISTANCE			FUSION		
			+		
FAR DISTANCE			-		
			S.V.		

OTHER TESTS AND REMARKS:

Controls cqls to small < 6 c
Gross Bin Vision.

*6/5 border please
 repeat.*

Date: *22/11/95* *gr*

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/

Hosp.

Cons.

D D M M Y Y

--	--	--	--	--	--	--	--	--	--

C.H.I. No.

Surname

First Name

M. State

Address

Sex

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

USE BLOCK LETTERS
OR PATIENT LABEL

	VISUAL ACUITY			VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
cgl's	6/6pt	6/9pt	TT		
s'gls					

COVER TESTS

cgl's small ucs greater for me.

OCULAR MOVEMENTS

sl intator LTR

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
				cgl's	s'gls
PRISM COVER TEST			OBJ	FR	
				FL	
NEAR	cgl's	s'gls	SUBJ	FR	
				FL	
DISTANCE			FUSION		
			+		
FAR DISTANCE			-		
			S.V.		

OTHER TESTS AND REMARKS:

< le removed + for me: post op.
Consistently good u VA stable 5 sec.

due (3m) or

Date: 23/8/95 JF

POST OP.

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/ Hosp. Cons.
 Surname HEARNARD 2804880060 C.H.I. No.
 First Name Tracey M. State
 Address Sex
 G.P. & Address (G.P. Requests only)
 USE BLOCK LETTERS OR PATIENT LABEL

	VISUAL ACUITY			VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
$\bar{c}$ gls	6/6r	6/12	N.		
$\bar{s}$ gls					

COVER TESTS $\bar{c}$ gls N.V. briefly 'straight' to light / Med mer haw on aen"
 D si mer haw
 $\bar{s}$ gls $\times \uparrow$.

OCULAR MOVEMENTS R/I

NEAR P.T. OF CONVERGENCE to lower dev			SYNOPTOPHORE		
				$\bar{c}$ gls	$\bar{s}$ gls
PRISM COVER TEST			OBJ	FR	
				FL	
NEAR	35°/40°BO		SUBJ	FR	ϕ
				FL	
DISTANCE	8°BO	REF-3-DS	FUSION		ϕ
			+	+14°	
FAR DISTANCE		45°BO	-	+4°	
			S.V.		

OTHER TESTS AND REMARKS: Ac / A = 12°1

Date: 17.7.95

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/

Hosp.

Cons.

D D M M Y Y
28 04 88

C.H.I. No.

Surname

First Name

M. State

Address

Sex

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

USE BLOCK LETTERS
OR PATIENT LABEL

VISUAL ACUITY				VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
cgl's	6/6	6/18E	TT		
s'gls					

COVER TESTS

cgl's W2 moderate LCS
dist small LCS.
s'gls < le increases.

previously
microtropia
cgl's 1992.
→ decompensated.

OCULAR MOVEMENTS

N.I. cross.

AC/A approx
11/1

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
PRISM COVER TEST				cgl's	s'gls
	cgl's	s'gls	OBJ	FR FL	
NEAR	650 30°		SUBJ	FR FL	+10
DISTANCE	650 62/80		FUSION		0°
FAR DISTANCE			+		small
			-		verge
			S.V.		

OTHER TESTS AND REMARKS:

Convergence excess.
potentially microtropia c-Bm vision,
? but for binocular vision
suggest oral 2hs therapy
— till op.

Date: 3/5/95 JPC

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/ Hosp. LEONARD STACEY 280488 0060 Cons.
Surname ... 9 LAMLEY TER ARBROATH S DD115AD C.H.I. No.
First Name ... ARNOLD HORNSBY M. State
Address ... ABBEY HEALTH CENTRE Sex
..... EAST ABBEY STREET
G.P. & Addre ARBROATH DD111EN 10286 BLOCK LETTERS
PATIENT LABEL

VISUAL ACUITY				VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
cglis	6/6	6/18 ^{1'}	58	/	/
sgls					

COVER TESTS

2gls N - mcd/mhd @CS A on accomm
D-sm RCS
3gls - mhd @CS NHD

OCULAR MOVEMENTS

Full

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
to 6cm z down				cglis	sgls
PRISM COVER TEST			OBJ	FR FL	
cglis	sgls				
NEAR	6040 ^Δ		SUBJ	FR FL	+10
DISTANCE	606 ^Δ approx		FUSION		
FAR DISTANCE			+	10	
			-	7	
			S.V.	✓	

OTHER TESTS AND REMARKS:

Has decompensated - check ref'n ? A plus
e? 1st for Binocular Recession's - to Dr.

Date:

OPHTHALMOLOGY

Ward/Clinic/

Hosp.

LEONARD
STACEY
MEARNS VIEW
CHURCH RD
LUTHERMUIR
AB30 1YS

Surname ...

First Name .

Address

.....

G.P. & Address

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 phoria
not happy to VA.

In new Foster House
40 pain behind eyes.

Past Ophthalmic History

Past General History

Family Ophthalmic History

R.V.A.

L.V.A.

With glasses

5/12

With glasses

7/18

Own glasses

+4.50

+5.50.

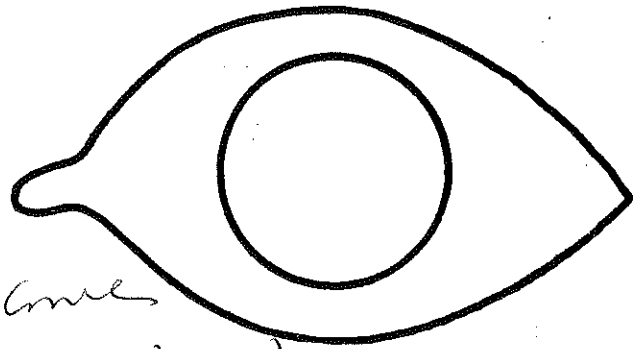
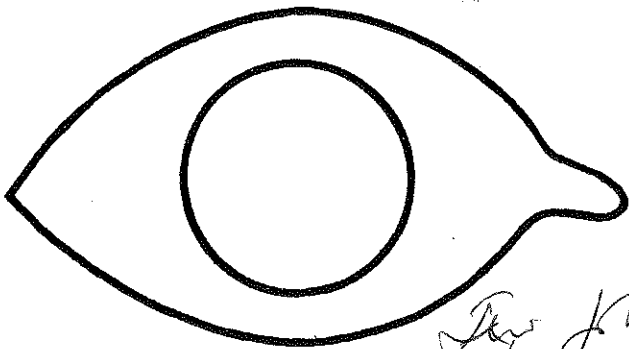
Refraction

+4.0 = 9/9

+5.0 = 9/12

Right Eye

Left Eye



*Two f. fundus cones
found (Lenses x 2 p.m.)*

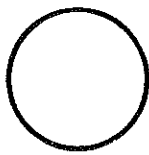
Pupil Reactions

Ocular Movements

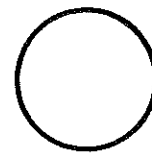
Cover Test

Lenses

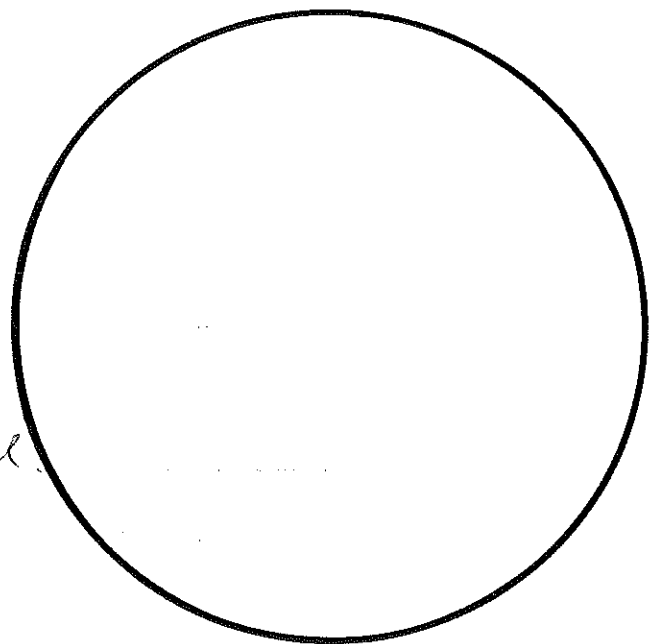
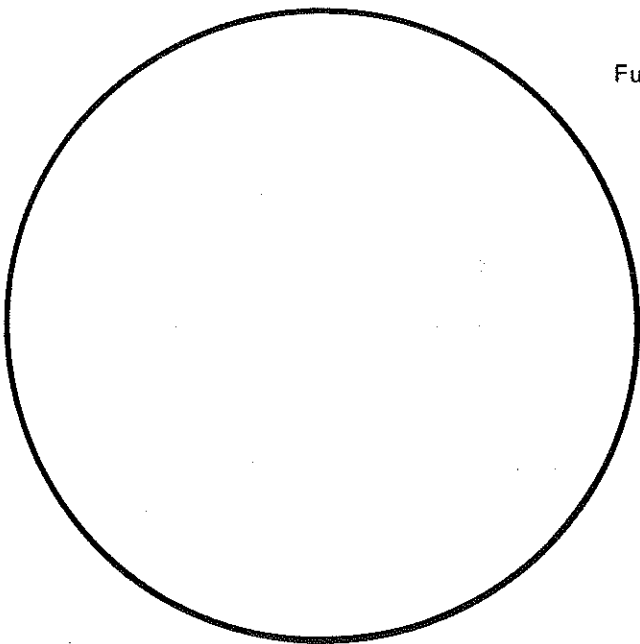
Tensions



area



Fundi



Wad.

52

OPHTHALMOLOGY

Ward/Clinic/

Hosp.

Surname

First Name

Address

G.P. & Address (G.P. R

LEONARD
STACEY
MEARNS VIEW
CHURCH RD
LUTHERMUIR280488
0060

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 to eye
- referred re squint
Stacey was squint over 1 yr.
Heard a further squint - not advised

Past Ophthalmic History

Past General History

Family Ophthalmic History

R.V.A.

L.V.A.

With glasses

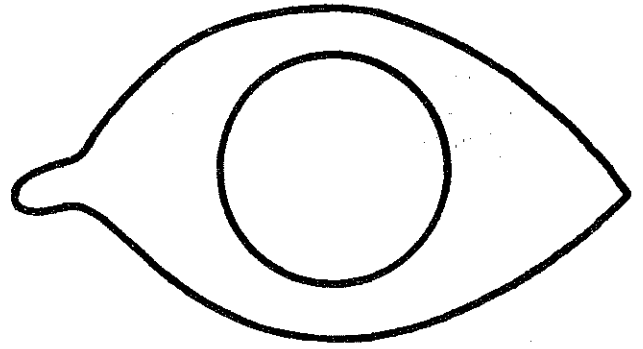
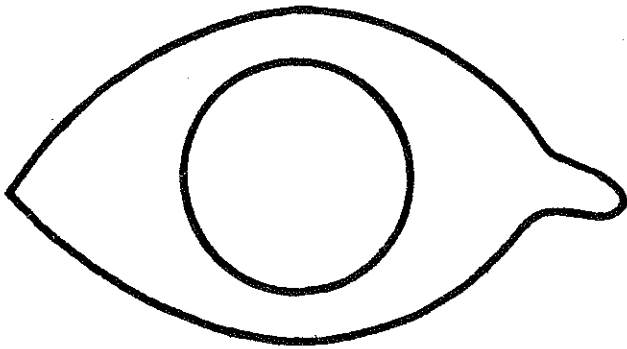
With glasses

Own glasses

Refraction

Right Eye

Left Eye



well centered eyes.

Pupil Reactions

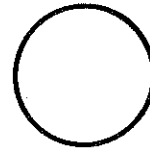
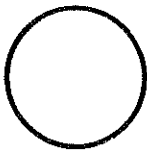
Ocular Movements

Cover Test

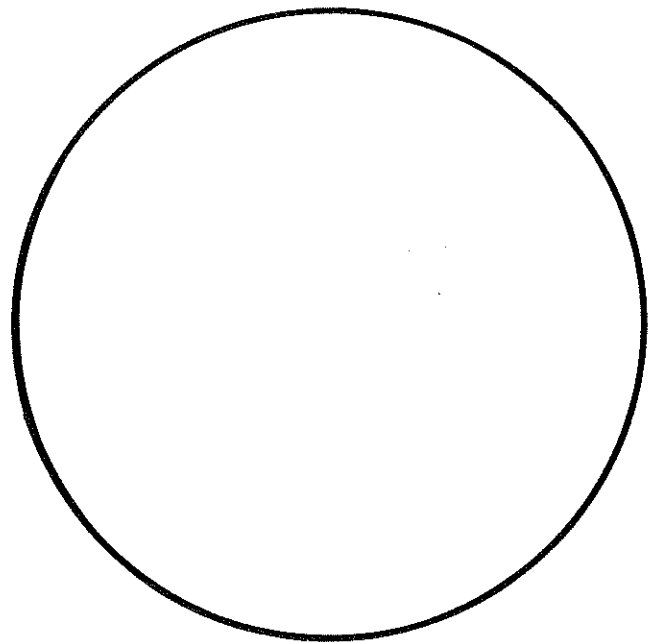
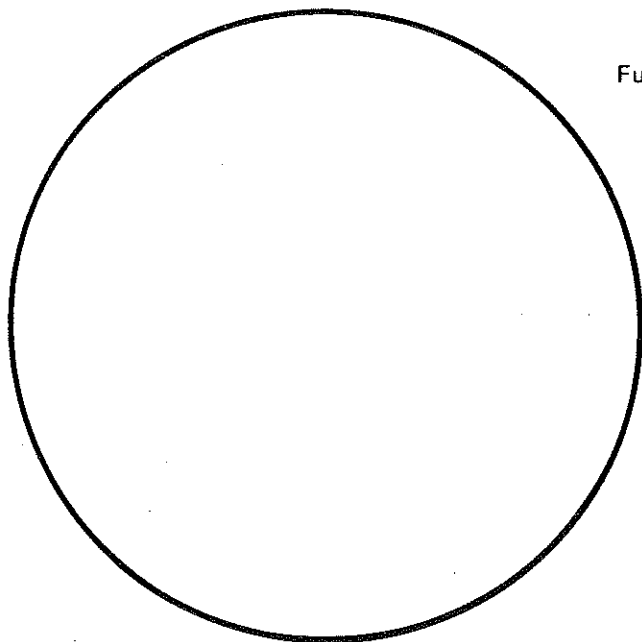
Lenses

Tensions

2 f. at distance
(at print spec lenses v. smudged)



Fundi



102

**TAYSIDE
OPHTHALMOLOGY
ORTHOPTIC REPORT**

Ward/Clinic/

Hosp. ...

**LEONARD
STACEY
MEARNS VIEW
CHURCH RD
LUTHERMUIR**

**280488
0060**

AB30 1YS

Surname

First Name

Address

**DR. PD MULCAHY
HOWE OF THE MEARNS
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529**

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

BLOCK LETTER
OR PATIENT LABEL

	VISUAL ACUITY			VISUSCOPE	BINOCULAR FUNCTION
	RE	LE	BVA		
cgl's	6/6 ²	6/9	TT		Bagg's X N (L) sup ⁿ D Titmus Fly +ve
sgl's					

COVER TESTS

rgh N sm⁺(L)CS } cosm good
 Δ sm(L)CS }
 sgh N + Δ mod⁺(L)CS 5 dip

OCULAR MOVEMENTS

full

NEAR P.T. OF CONVERGENCE			SYNOPTOPHORE		
edent cgl's 6cms				cgl's	sgl's
PRISM COVER TEST			OBJ	FR	
				FL	
NEAR	cgl's	sgl's	SUBJ	FR	
				FL	
DISTANCE	cgl's	sgl's	FUSION		
			+		
FAR DISTANCE	cgl's	sgl's	-		
			S.V.		

OTHER TESTS AND REMARKS:

40 cosmesis of squint but I think
 after chattering 40 wearing gls + sq 5 gls. Told cant
 operate on sq 5 gls as risk of con sec dw edip
 post op cgl's. Try ch's when older.
 ? 5 surgery
 6/3/01

Date:

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

Visual Acuity

R

Uncorrected:

Corrected:

6/6 pt

Binoc.

L

6/12 pt

linear
set

Cover Test:

eqs use moderate CCS — 23030°
dist small L/ALS ? recovery — 23016°
sq's mtd CCS

O.M.

Nrl Cross

Evidence of BSV.
Convergence excess
decompensated

S.M.P.
objective

C+3°

THB(MR)45

S.M.P.
subjective

+3°

Fusion

+30

Amplitude

small range

Stereopsis

Reflex - dc 15020° - slow rec @

THB(MR)45

Finley - no.

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 Declan's 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 Gangeter, 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.

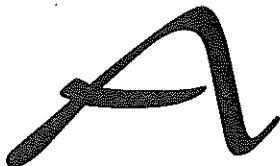
Yours sincerely

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
MONTROSE



ANGUS N.H.S. TRUST
DEDICATED TO CARE

Ref: MART/RCD/280488/0060.

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

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.

file
Reappoint this clinic
in 6/52
SF.

TAYSIDE HEALTH BOARD
HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

Surname LAING
First Name STACY
Address 9 LAMLEY TERRACE
ARBROATH
DD11 5AD
Occupation
G.P. & Add DR A H HORNSBY
ABBAY H/C ARBROATH

28 04 88
0060
F
S

Unit N
D. of
M. Sta
Se
MPI N
(last 4 digit)
LOCK LETTER
AND IMPRINT

UNIT/WARD/DEPT.

DATE

Page

01 NOV 1989

Weight: 85.1 Kg
Height: 75.5 cm

(18/12) Concern re development

not yet walking independently
Crawls but does not sit bear on knees
Use spoon
mummy, Daddy

feed well
Ht & wt abn 3 months

Sister 3 years
Sister Stacy

mother 38/52 pregnant
lives with male & grandfather
father separated April
Social circumstances poor - discussed with H.V.

GE Appears well
Pink
well nourished
feeding happily
Ht ✓
Chest ✓
Abd ✓

neuro - power, reflexes - late -
3 finger grasp
walks with support
no words heard

2yr neuro - normal
mild delay in develop
Suggest - Family centre - stimulate
Dorcas 4/12 16

DATE

8.3.90 DMS.

3.5.90 DMS

6.2.92 Seen in OC - see report EM

1 NOV 1995 Weight - 21.3 kg Height 1.13 m

Refer from ENT - cervical
lymphadenopathy

Had responded to antibiotics

gland still present -

Ant line noted - she had an USTI

Recent audiogram - normal
all ears gphh

PH Social problems

SH In toilet care there Clathre

g.c. Well
fine

Smooth, mobile cervical glands as

(C) note

No axillary glands

No hepatosplenomegaly

Throat - healthy. Tonsils not enlarged

Imp. reactive cervical glands

no further investigation

DSS

HISTORY/CONTINUATION SHEET

Ward/Clinic
Hosp. LEONARD 280488
STACEY 0060
CO IRENE CLAFFEY
49 MILLFIELD RD
Surnal ABEROATH
First DO11 4HW
Address DR. AN HORNSBY
PRACTICE 3
G.P. ABBEY HEALTH CENTRE
EAST ABBEY STREET 10286

Co
C.H.I. I
M. St
S
USE BLOCK LETTERS
OR PATIENT LAB

UNIT/WARD/DEPT.

DATE

Page

25 JUN 1997 pp

9.4.97 Malignant 25.7.98 Height: 1.24 m.

(9y)

New referral

- ① breast lump
- ② vaginal discharge

With forte num

trace - leucocyte
- protein

- ① late March
noted in bath
can still be tender
down a little bit possible
discharge noted

- ② PV discharge - from April
now yellow - previously green/yellow
blood/brown Sub - ve
occ itching occ smelly/fishy
can be sore for PV at present
No change - parts change 2x/day
can have 'worry bunny'
helped Caestai/Turoctere
No contact not dad
Supervised access of mum/stepdad
eratic

meds/allergies
Healthy otherwise
inverbrothock - into PS.
egyp

- OK CVS/RS/GIT (N)
No masses palp Soft Cr/clad (sid)
or breasts
Perineum (N) pink healthy
proper vagina discharge

See 2/12

y AV discharge ongoing then consider
Gynae.

AM Speech

100 SEP 1997

WT 26.3

Ht 1.28

Still AV discharge
frequent - 1 in @ breast lump.

- Refer gynae.

AM Speech

3/12/97

WT 27.9 Kg

Ht 1.299

23 JAN 1999

WT 28.0 kg

Ht 1.277m

Concern over

9 5/12.

- Vaginal discharge
- Breast lump.

Refer with + can inform.

Prognosis was.

School attendance OK.

Review by Dr Thompson Gynae colleague

- oestrogen cream
- started 4/5 Wks ago

- Discharge resumed

F (surgery) Chap.

M. Wainman.

Brought by

Foster Mother.

Mr Claffie

(Foster)

0 0 0

HISTORY/CONTINUATION SHEET

LEONARD
STACEY
CO IRENE CLAFFEY
49 MILLFIELD RD
ARBROATH
DD11 4HW

280488
0060

.....Co
Y
.....C.H.I.I

.....M. St

UNIT/WARD/DEPT

DR. AH HORNSBY
PRACTICE 3
ABBEY HEALTH CENTRE
EAST ABBEY STREET

10286

USE BLOCK LETTERS
OR PATIENT LABEL

DATE

Page

8/8 (2) breast tissue.

Free pubic hair.

Leaves

(2)

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 <i>Abbrath</i>		Date <i>29/9/95</i>	CHI No. <i>2804880000</i>		
Please arrange for this patient to attend the <i>ENT</i> clinic of Dr/Mr <i>Davis</i>					
Patient's Surname <i>LEONARD</i>		Maiden Surname			
First Names <i>Stacy</i>		Single/Married/Widowed/Other			
Address <i>14 to 9 Millfield Road Abbrath</i>		Date of Birth <i>28-4-88</i>			
Postal Code		Patient's Occupation			
Contact telephone number					
Has the patient attended hospital before? YES/NO If "YES" please state:					
Name of Hospital <i>Abbrath</i>		Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER			
Year of Attendance <i>1995</i>		Hospital No.			
If the patient's name and/or address has/have changed since then please give details:					
<i>9 Leasing Ter. / 7 Millfield Rd</i>					
Can patient attend at short notice? YES/NO					
If YES, minimum notice required days					
		<i>DOCTORS HORNEBY, GRAY & RUSHTON</i> <i>PRACTICE 3</i> <i>ABBEY HEALTH CENTRE</i> <i>ABBEYDATH</i> <i>10286</i> 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 has gymnastics part on some time ago & should have been followed up at your clinic. However, due to poor social circumstances, gymnastics was not kept. She is now in long term care so there should be no problems with attendance.

She is having problems with her ears again and was brought along at the beginning of Sept. with an acute otitis media. The doctor there has also noticed a large rubbery gland @ each side and 10.10.88. The ear fluid present for a week or so. seemed to settle & the gland reduced a little in size but then returned. It is ~ 3 1/4" x 1 1/4" white rubbery. There is no lymphadenopathy elsewhere. There are bilateral effusions apparent behind both eardrums but no inflammation. The child is well on herself. I would be grateful for your opinion.

Diagnosis/provisional diagnosis: *Large gland in @ side of each*

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 *Ellen*

Laurie Andros
31/10
5.50.

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

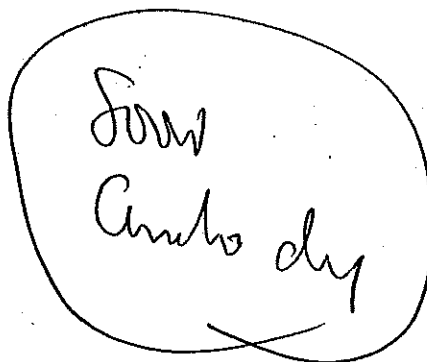
New Road

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 occasions. 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 18-month history of recurrent episodes of ear infections associated with high temperatures and hearing loss.

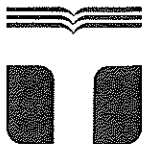
On examination, she does indeed have bilateral effusion in the middle ear. Her left appears to be resolving as there is evidence of air bubbles. The audiogram shows rather poor hearing thresholds in both ears.

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

Your Ref.

Our Ref. JN/VSPS

Enquiries to:-

Dr. Nolan

Abbey Health Centre
East Abbey Street
Arbroath DD11 1EN
Telephone 0241 70391

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
11⁰⁰ am.*

*Brian missed appt.
after July '91. Hopefully
he will attend to.*
D

HISTORY/CONTINUATION SHEET

ENT

UNIT/WARD/DEPT.

Ward/Clinic/
Hosp.

Surname

First Name

Address

Occupation

G.P. & Address

LEONARD

STACEY

9 LAMLEY TER

ARBRATH

A H HORNSEY

... Cons.

2 5 0 4 8 8

0 0 5 0

... Unit No.

... D. of B.

... M. State

... Sex

MPI No.
(last 4 digits)

... CHECK LETTERS

... D IMPRINTER

DATE

31 DEC 1991

Page

Re Shows speech Aug 3.
- Ear Infections.

Hx. Appointed for speech therapy
20/1/91.

- Ear Infection Jan 18/12.
- High temp.

- Archival

- Hearing? TV very loud &
sit close to TV.

Nose
Throat

Swallowing? Allergies?
- Bronchitis?

Dr. Lane (RE) Im. retracted + Th.
effusion.
(RE) Th. fluid + air bubbles

Nose (R) partially blocked
Throat mod. is

For Archival ↓ (RE) (RE)

In view of current ear infections,
 & Som & Heary &
 list for Grommets D/C.
Tel: Nore Reg C Som

St

12/2/92

Orencia
 Susan
 CA

Bilateral Grommets
 Dr Hanan
 Dr Bantam

Bilateral Myringotomies (R) Scaris first Bilab
 (L) Scaris first Stapedal
 Grommet
 Insert

Have today

OPD ARB 6/12 & Audio

St

24/3/92 ~~DATA~~ PP

15 JUN 1992

Came a grandfather
 OK as far as he knows.

4yr

Wouldn't co-operate for audio

OE G's in situ & patent

6/12

fmH

24/6/92 ~~DATA~~

TAYSIDE HEALTH BOARD
HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp.

Surname ... LEONARD
First Name ... STACEY
Address ... 9 LAMLEY TER
ARBROATH
Occupation ...
G.P. & Address: A H HORNSBY

28 04 88
0060
DD115AD

Cons.
Unit No.
D. of B.
M. State
Sex ... F
MPI No.
(last 4 digits) ... S
ICK LETTERS
D IMPRINTER

UNIT/WARD/DEPT.

DATE

Page

15/12/92 DNA SRA M

19/1/93 DNA

16/3/93 DNA

21 MAR 94

Pregn in school

Nonatopic

Bilateral advanced Tm (MEE)

No RAO/M

~

6/9/94 DNA

10.10.95

Sent by RL

Ho Litter

"Ment hump"

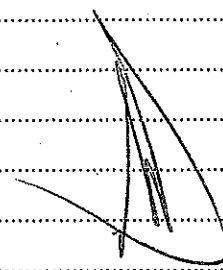
C part A

Acute onset. Initially No
recurrent.

But some

Plx.

See Litter

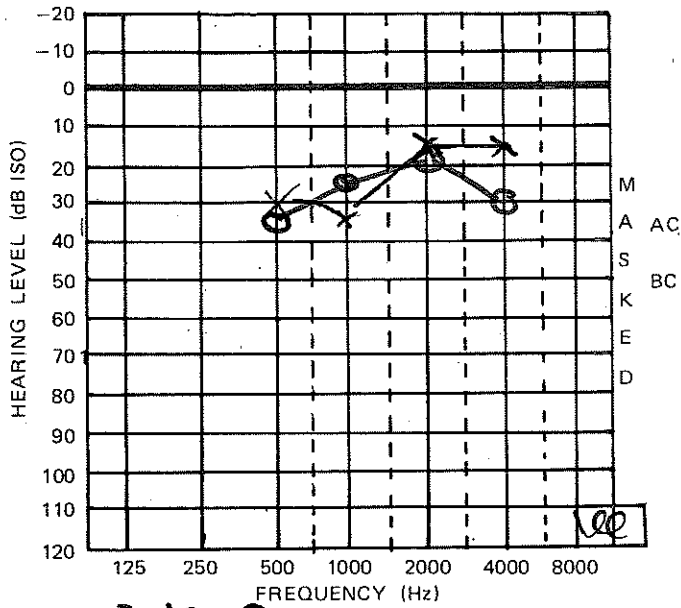


NAME Stacey Leonard

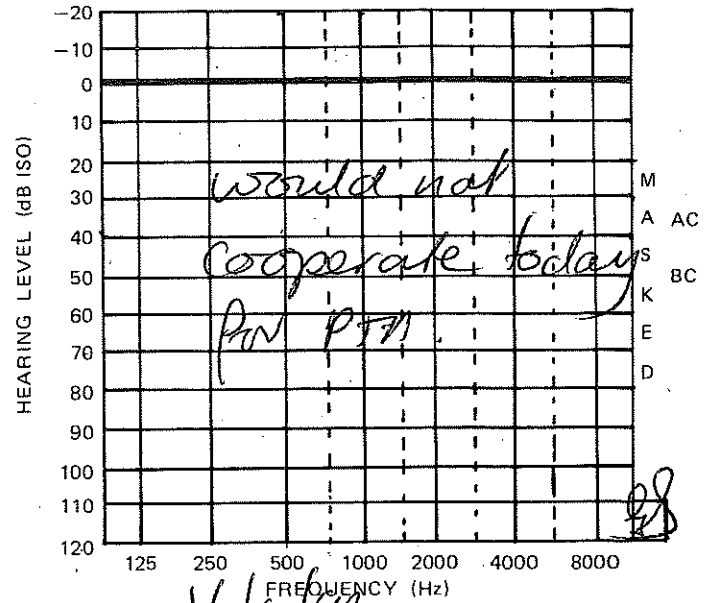
CHI No.

CONSULTANT

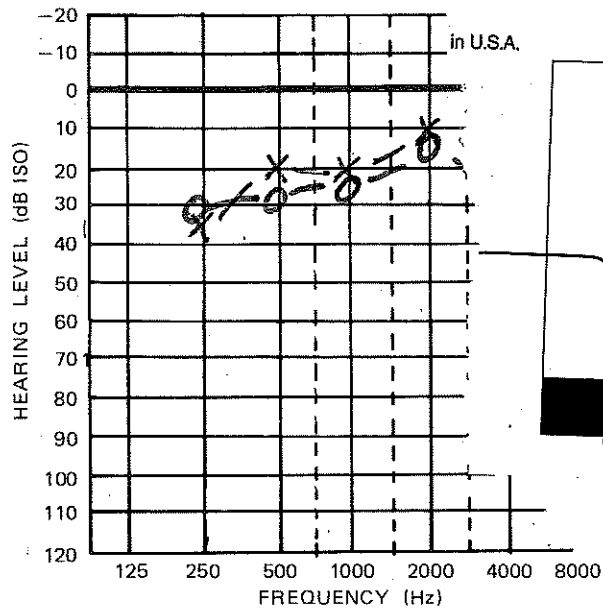
AUDIOGRAM No.



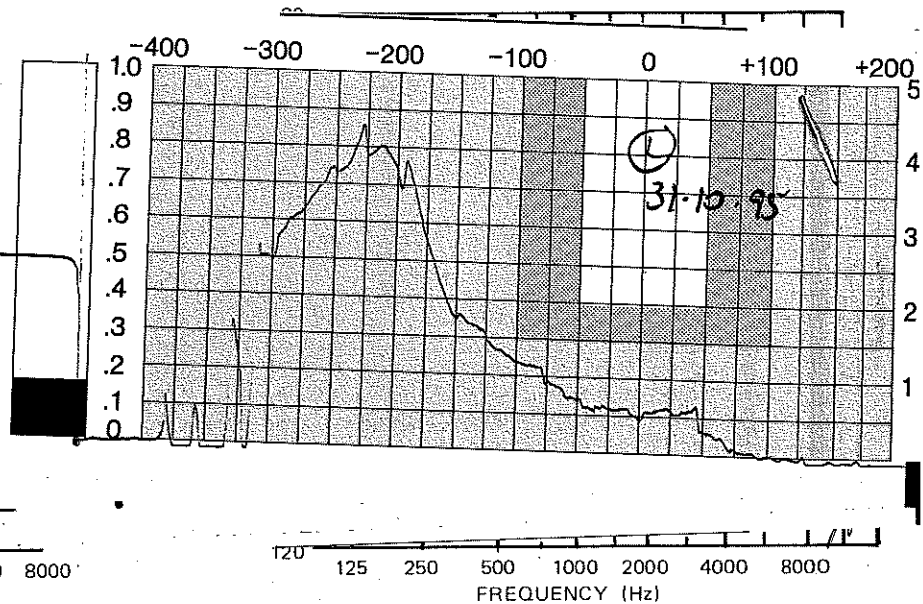
DATE 3.12.94



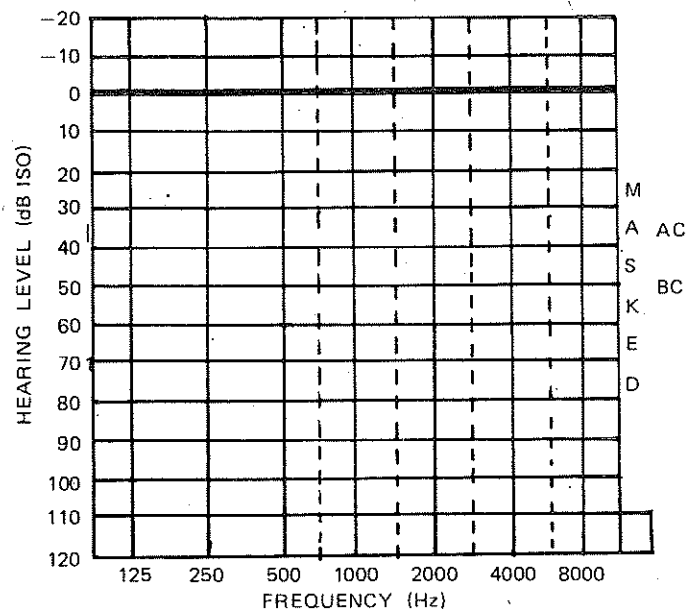
DATE 16/6/94



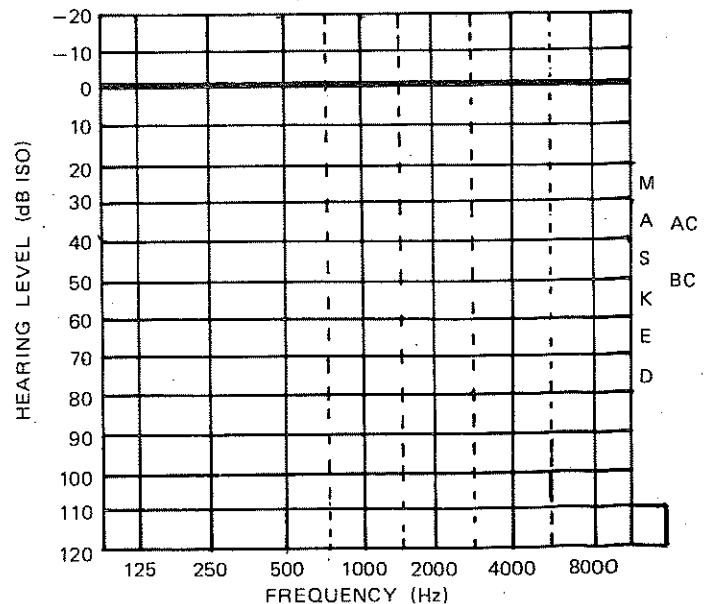
DATE 1.3.94



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

Headquarters
King's Cross, Clepington Road, Dundee, DD3 8EA

Chairperson, Mr Sandy Watson
Chief Executive, Professor Tony Wells

Hospital use only	Clinic	Day Date	Time	Hospital No.
		4/8/16	14.00	SCC

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
UCPN	129000084425I
Date Referred	29-Jul-2016

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
UCPN	129000084402Q
Date Referred	29-Jul-2016

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
HPV Result -
Immunosuppressed No

Exam Date 19-Jul-2016
Auth Date 27-Jul-2016

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~~ SHY - 200'0 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

ADPT Books
 CYNAE
 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

Ward/Clinic/

Hosp. .

LEONARD
STACEY
CO IRENE CLAFFEY
49 MILLFIELD RD
ABBROATH
DD11 4HW

280488
0060

Cons.

C.H.I. No.

M. State

Sex

Surnam

First Na

Address

G.P. & A

UNIT/WARD/DEPT.

DR. AL HORNSEY *Grey*
PRACTICE 3
ABBEY HEALTH CENTRE
EAST ABBEY STREET

10286

USE BLOCK LETTERS
OR PATIENT LABEL

DATE

20/11/97

Page

(a)

*Also a Pt. discharge Rab test + gel
+ ethanol*

Blue dipaball.

Swabs negative

OK NAD

Try Doseben Cocoon

nil

DUNDEE HOSPITALS

GYNAECOLOGY (Out-Patients)

Ward/Clinic/
Hosp.

Sur Ellis 2804880060
First STACEY F
Add CRAIGO 8 MILL PLACE
MONTROSE DD10 9LB
DR RUTH CRANSWICK
G.P. ANNAT BANK, LINKS HEALTH CENTRE.

Cons. ☐ 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:- Dr Patrick Allen

Seen by:- Dr Patrick Allen

Status:- Consultant

DATE 15.6.9	AGE 21	PARITY 1 + 1	Investigations Cervical Smear No ☐ Yes ☐ Result:- Class
Menstrual Data		Complaint	Previous Smear Date & Result
L.M.P.	Menarche yrs.		
Normal Cycle	Menopause yrs.	Diagnosis	280488 0060 ID: STACEY ELLIS 243 09-06-15 09:12 CLARITY: DB COLOR: BROWN GLU NEGATIVE KET* TRACE SG 1.020 BLD NEGATIVE Ht 5.5 PRO* 0.3 g/L HTY NEGATIVE LEU* 09 79 L/mm ³
Normal Loss	Oral Contracep. Yes/ Prev./ No		

Weight: 45.2
Height: 156
BMI 18 } DMKaysk

c/o. Constant vaginal bleeding since last delivery 1 year ago. Bleeding now settled down within last 2 1/2. Currently has Intrauterine inserted of about 1 year ago. Last Co. smear 2008 - negative. keen to preserve future fertility. Also of dyspareunia. 80 her organised smear on 23/06/05 - neg

Imx Nil of note
No previous surgery

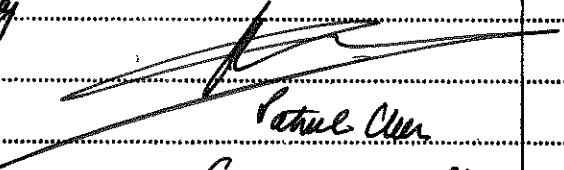
Drug: Intrauterine

o/e. Intrauterine
No mass felt
Unable to perform vaginal speculum or VR
as patient was extremely tender even with light pressure on vulva & vagina

o/w patient - advised to leave duploun - in situ
and hopefully perit was settle down
No evidence 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 laparoscopy

w/c. Agree diagnostic laparoscopy


Rachel Chen
Consultant in Obstetrics &
Gynaecology

SA.

21/6/10
Wght - 46.8 kg
Hght - 1.56
BMI 19.41

22 yr Pao 1+1

1 SPO

40 Superficial dyspareunia. It long history

that she had stinging or vaginal irritation

Previously was seen at GPO with dyspareunia

in June 2009 had diagnostic laparoscopy in Sept 2009 - not

O/E Well

Abd. Soft. Nontender

No mass felt

Per vagina: red No pain seen

Vag. speculum: mucosa vaginal erythema

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/
Hosp.

Surname
First Name
Address
G.P. & Address

ELLIS
STACEY
8 MILL PLACE
CRAIGO
MONTROSE DD10 9LB
DR RUTH CRANSWICK
ANNAT BANK, LINKS HEALTH CENTRE,
EAST ABBEY STREET

2804880060
F

DD10 9LB

Cons.
C.H.I. No.
M. State
Sex
LOCK LETTERS
PATIENT LABEL

EAST ABBEY STREET

10486

Page

DATE

22.11.11
2.11.11

Sup B: ? vaginal

Pls - Ref to name used as Gynaecological Clinic at Abbey Health Centre.
Referral also mentioned about possibility of sterilisation - no
mention of it in GP's referral letter. Informal patient
that I am not happy to sterilise her given her age
No An. immediate


Rachel Allen
Consultant U. Gynaecologist
Gynaecology

DUNDEE HOSPITALS
GYNAECOLOGY
(Out-Patients)

Ward/Clinic/ Hosp. Cons.
ELLIS STACEY 2804880060 F M M Y Y
17 ANNAT ROAD DD10 8EF C.H.I. No.
MONTROSE DD10 8EF M. State
Annat Bank Practice, Links Health Cent Sex
G.P.
USE BLOCK LETTERS OR PATIENT LABEL

This Sheet to be Completed at each NEW Referral

CONSULTANT:--

Seen by:--

Status:--

DATE 19.7.16	AGE 28	PARITY 4+0	Investigations
Menstrual Data		SUDx4	Cervical Smear No ☐ Yes ☐
L.M.P.	Menarche yrs.		Result: Class ☐
Normal Cycle	Menopause yrs.	Complaint	Previous Smear Date & Result
Normal Loss	Oral Contracep. Yes/ Prev./ No	Diagnosis	Other Investigns. ☐
			Decision:-- W.L. ☐
			ADMIT ☐ Return ☐
			Discharged ☐

19.7.16

PC Washing sterilized
MPC - Bleeding with explanation - LMB PCB
- heavy bleeding.
- Smoker, low Bp/H
- Depo - pain at 8/12
- Does not like idea - never tried mena
- APTL in x1 preg.
- Depression
O/E - Well Anxious - only tolerate quick look
Hed - NAD
Spec - ? ectropium ? raised area, contact bleeding, smear
Vt soft.
Plan - COCP for 1/2
- Review age 30 for ster
CNail NENC
CONS

02/08/14

MB → occasionally
PCB

Discharge

$P_4 \begin{cases} 8 \\ 5 \\ 3 \\ 1 \end{cases}$
 1 → Monrose

all SVD

Abdo surgery lap

BMI - 20

Nexplanon

NKDA

Medical Hx N/A

Social Hx N/A (Full time looking after children).

PIA soft

Suprapubic tenderness +

Pv Gx feeling grown felt
no vaginal extension

PM free

Femoral free



→ unusual appearance

raised cervical lesion total length

2cm; width 2.2cm.

Only punch Bx taken

Very very difficult examination. done & supported by
 Evans + Gail. Note severe vaginismus in part. Pt in
 pain. So took 40' before only a punch Bx. Number to
 Bx site ✓

P1. MDT please

MRI requested today.

CT abdo, pelvis requested

contact & results

see in clinic & results

will not lose phone contact

J. PAWPA/

SPECULUM VAGINAL CUSCO WITH
 SMOKE TUBE
 ID: A099988
 20160729 N069745
 NHS Tayside

FORCEP SPONGE HOLDING RAMPLEY XI
 ID: A099553
 20160622 N044922
 NHS Tayside



POLYCOPY
 ID: A099395
 2016/07/31 CGYN076
 NHS Tayside

15/08/16
10:20

lumined pr

Δ given again
CT/MRI Thursday
Consent ✓

- P₄ 4 x 8VD
- metal implant
- (R) forearm
- NCDA

Oh
D. LACOPATHY

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.

24/8/16

cin 3 not representative
for loopin the one 14/8

Ref: BCD/DT/280488/0060

Enquiries to: Mr B. C. Davis.

Dictated/Received: 10.10.95

Typed: 17.10.95

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

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.

Send appt
SF

DAY SURGERY QUESTIONNAIRE FOR PARENTS OF PAEDIATRIC PATIENTS

Patient name: STACEY Louise Kennard
Date of birth: 28-4-88
Age: 7
Weight:
Home telephone number: 01344 879846

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
STACEY
9 LAMLEY TER
ARBROATH

280488
0060
S
DD115AD

ARNOLD HORNSBY
ABBEY HEALTH CENTRE
EAST ABBEY STREET
ARBROATH
DD111EN 10286

Directorate of Ophthalmology

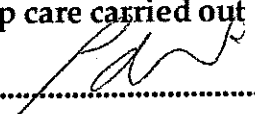
Ninewells Hospital

Ward 25 Day Case Unit

Child GA care plan

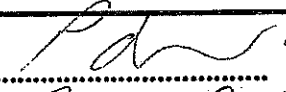
Actual / potential Problem	Nursing Action	Outcome
Patient unprepared for surgery to eye	Prepare patient for surgery as per check list	Child will be prepared correctly for surgery
Potential anxiety and fear of what is happening	Explain all nursing actions and assess if patient understands	Patient / parent 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

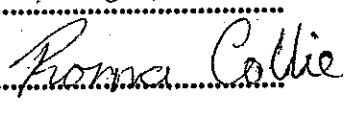
Pre op care carried out by

Sign.....

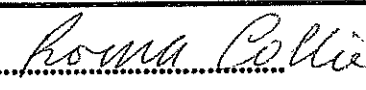
Actual / potential Problem	Nursing Action	Outcome
potential cardiovascular or respiratory distress following GA	check pulse till stable	patient will recover with no complications after surgery
maintenance of safety	use cot sides bed set low sharp objects out of reach	patient will be safe in the post 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.....

Patient discharged by

Sign.....

LEONARD
STACEY
9 LAMLEY TER
ARBROATH

280488
0060
S
DD115AD

ARNOLD HORNSBY
ABBAY HEALTH CENTRE
EAST ABBAY STREET
ARBROATH
DD111EN 10286

WARD STAFF DCU
ASSESSMENT
FOR
OPHTHALMIC DAY SURGERY
WARD 25
CHILD

LISTED FOR <i>Squint Correction</i>	RELEVANT MEDICAL HISTORY <i>Bronchitis.</i>
GUARDIAN CONTACT PHONE <i>Isobel Raylor.</i>	RELEVANT OPHTHALMIC HISTORY <i>Squint.</i>
KNOWN ALLERGIES <i>NIL. KNOWN</i>	ELIMINATION <i>NIL.</i>
PREVIOUS OPERATIONS/ANAESTHETICS <i>Genetics - G.A. No problems</i>	TRANSPORT CAR ☒ TAXI ☐
CONSULTANT (A) B C D E	COMFORTER <i>NIL.</i> SPECIAL DIET? <i>NORMAL.</i>
ADMITTED BY NURSE SIGNED <i>[Signature]</i> DATE <i>17.04.95</i>	CHECKLIST WEIGHED ☒ <i>21 kg.</i> TPR ☒ CONSENT SIGNED ☒

LEONARD
STACEY
9 LAMLEY TER
ARBROATH

280488
0060
S
DD115AD

ARNOLD HORNSBY
ABBAY HEALTH CENTRE
EAST ABBAY STREET
ARBROATH
DD111EN 10286

Directorate of Ophthalmology

25
Ninewells

Date... 18/06/95
180795

Check ID band
with casenotes

☐

Consent form signed

yes

☒

Jewellery/
make up removed

yes

☒

Dentures

yes

☐

no

☒

n/a

☐

LOOSE TOOTH
FRONT UPPER.

Hearing aid

yes

☐

no

☒

n/a

☐

Last ate or drank

2200. 170795.

Known allergies

NIL.

Last Drops at

/.

Remarks

Signed

Pd...

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

f Ireland

Hosp. *W*

DR MACEWAN Cons.

2	8	0	4	8	8	0	0	6	0
---	---	---	---	---	---	---	---	---	---

C.H.I. No.

T.P.R. CHART

Surname ..Leonardo

First Name Stacey

M. State

Address

Sex

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

USE BLOCK LETTERS
OR PATIENT LABEL

MONTH

180795

DATE		OR AFTER		DATE						
Day of		ADMISSION		Day of						
Disease		Post-Op		Disease						
TEMPERATURE	TIME	2 14 6 18 10 22	2 14 6 18 10 22	2 14 6 18 10 22	2 14 6 18 10 22	2 14 6 18 10 22	2 14 6 18 10 22	2 14 6 18 10 22	2 14 6 18 10 22	TIME
	F°	C°								B.P.
TEMPERATURE	107.6	42								300
	105.8	41	105.8							290
	104	40	104							280
	102.2	39	102.2							270
	100.4	38	100.4							260
	98.6	37	98.6							250
	96.8	36	96.8							240
	95	35	95							230
	220		220							220
	210		210							210
PULSE	200		200							200
	190		190							190
	180		180							180
	170		170							170
	160		160							160
	150		150							150
	140		140							140
	130		130							130
	120		120							120
	110		110							110
RESPIRATION	100		100							100
	90		90							90
	80		80							80
	70		70							70
	60		60							60
	50		50							50
	40		40							40
	30		30							30
	20		20							20
	10		10							10

Stacey
Hospital/Clinic

IMMEDIATE
OUT-PATIENT
COMMUNICATION

AF 10/10/06
Clinic

Fold
Back

Date 19.02.06

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 or)

Next appointment (if any) 4 weeks/months

Fold
Back

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	45g		✓											
LYMECYCLINE	400mg		✓											

Prescription given / Medicines supplied / Medicines not supplied*
Signed by H. Green for A. Green
Consultant

Do not write below this line * Delete as appropriate

Dr.
.....
.....
.....

Ward/Clinic/
Hosp. ... ELLIS 280488
STACEY 0060
Surname MEARN'S VIEW
First Name CHURCH RD
Address LUTHERMUIR AB30 1YS
G.P. & / DR. PD MULCAHY
HOWE OF THE MEARN'S
BLACKIEMUIR AVENUE
LAURENCEKIRK 32529

Cons
CH1 No.
M State
Sex
USE BLOCK LETTERS
OR PATIENT LABEL

Cervical Cytopathology Request Form - NW Cytology Dundee

Date Received By Lab	20 Jul 2016	 1390909726
Slide No.	16T1016258	
SCCRS No.	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
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
Appearance of Cervix
Current HRT
I.U.C.D.
Post Natal
Currently Immunosuppressed

Cervical
Normal
No
No
No
No

Refer
Observations
Date Of Exam
Date Sample Taken
Last Menstrual Period

No Referral
No Referral
19 Jul 2016
19 Jul 2016
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

Foster's mother Irene Claffay 49 Millfield Road.

HISTORY

REMARKS

MARKS

M see @CS constant since 2yrs (wt @ first) — worse since onset. M not worried about UA.

GLASSES	DISTANCE		READING		NOTES
	R.E.	L.E.	R.E.	L.E.	
Feb 92	+3.50 +1.00	+3.50 +1.00			1.5.96 + 5.00 + 10.00 = 15.00
25/9/92	+5.00 +1.00	+5.00 +0.50			
23/3/94	+5.50 +0.75	+6.00 +0.50			

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												N	P+RT eso 35° approx	NH 8m @ CS holds @ fixt momentarily	8m @ ALIO	to 6cms 2 dents		
																	For ref today. If fail will occlude today SM	
15/7/92													fully +ve	L meridional eqls measuring sqls	sl weakness CLR Nil Gross		sh 3m or DR ? more one + n/v if still meridional	
23/9/92	nears glasses	None	None										Reflex - dc 22° - star @ Finley - no.	eqls sl med lateral can E star re/sr near @ CS. 3/11 Mod + manifest @ CS.		Seam full ? sl elev @ add. Cross		
													fully +ve fully -ve				Reflex signs of BV today (CT & reflex test). Ref. a ord. max. For 1/2 hr @ add. also	
2/12/92													fully +ve fully -ve	eqls. mod esoc partial rec to @ meridional sqls. man. u.c.s.				
													we 23020° eqls		Nil Gross		at 1/2 spontaneously no sect.	
	Referred																	
13/3/94	+3	✓	+3°	small range								we 23030° dnt 23016°	eqls mod moderate (1/4 es) dev less - distance? recovers sqls marked u.c.s.		Nil Gross		c wavy q's. 6/5 sec accelerated rel. 1st	very rapid n/v

Orthoptic Clinic

[illegible]

NAME	LEONARD STACEY	280488 0060	DATE OF BIRTH
ADDRESS	9 LAMLEY TER ARBROATH	S DD115AD	OCCUPATION
SURGEON	ARNOLD HORNSBY ABBEY HEALTH CENTRE EAST ABBEY STREET ARBROATH		HOSPITAL No. DATE
DIAGNOSIS	DD111EN	10286	

HISTORY

AGE OF ONSET	GLASSES FIRST WORN
MODE OF ONSET	OCCCLUSION
ATTRIBUTED CAUSE	OPERATION
HEREDITY	
REMARKS	

[illegible]

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	+	-					
11/8/94	Cls broken apherion sad forward in tel loop result												initial LCS can alternate sgls	Wid Cross		Repeat Rx sent out. to Mum I flange will arrange at Arlbrook e send report ✓
2/4/95	+6°	+1°	0	10	7	✓	+30°					sgls N 50/40° D 50/6°	sgls - mod + men C conv Ponac can hold C Axh: sgls Mhd CDS NTD	R/L	to bc zden	Has decompressed - ? list: retract as well to see if any more plus. - Benedicts - To Dr
1/5/95	+3°	+1°	0°				+30°					egls var 50/30° clit 50/6/8	egls are moderate LCS can alternate clit small LCS			
							Aet/A ratio $\frac{40^\circ-8^\circ}{3} = \text{approx}$ high Aet/A					PCT egls - 3.00025 clit - 50/40/45°	sgls C to veresep			
17.7.95	+42	⊙	⊙	14	4°							PCT 3 D 4530 Aet/A = 12:1 D 8°30	egls N v. directly straight to right / med me how cracer	R/L	to bc zden	

Orthoptic Clinic

[illegible]

NAME		DATE OF BIRTH
Stacy Leonard		280488
ADDRESS		OCCUPATION
SURGEON		HOSPITAL No.
		DATE
DIAGNOSIS		

HISTORY

AGE OF ONSET	GLASSES FIRST WORN
MODE OF ONSET	OCCLUSION
ATTRIBUTED CAUSE	OPERATION
HEREDITY	

REMARKS

[illegible]

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	+	-					
8/7/95		Bimedial														
23/8/95							PCT cgl's MR 20° 10' / R Δ dist 20° 24'		cgl's small LCS greater foveal sq's med LCS			Slight LMR	Constantly good cgl's + VMAHALL (3W) d			
2/11/95	0°	-2°	-2°	5°	3°	/ _{bilateral}	+22°	Eqs 20° 10' 20° 2Δ	eqls small LCS less - distance (le med sq's)		sight LMR	good	(L stable Bin Vision weak This fusion exercises in future (b) or + DZ if took for reoperation if			
2/5/96							GROSS Bm vision Fin by -ve		bls border mod LCS sq's							
7/8/96							Boggy NHO X finay we work fin only tie	DON 12° SO D 2° SO	CN's us inner low D m me low one Med eye lower		Slight LMR	b b/fous.				
2/97	0°	-2°	-2°	few degrees	gross SV	/	+22° Fin by - up Fly tue PRT tue Plan rec (UE)	cgl's MR 20° 14' dist 20° 2Δ Sq's MR > 20° 45' dist 20° 40'	small constant LCS el greater foveal greater sq's		? partial rec for me cgl's slight LMR				R (O) aff	

Orthoptic Clinic

[illegible]

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	

[illegible]

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 O.O unhappy + VA. (D) = change of fs Now re-referred c/o sq cosmesis																							
							280fs X N (L) sup ⁿ 280fs Transfix five but not (L) control.					280fs N 280fs 16° A 2806					280fs N 280fs + (L) CS A 280fs (L) CS Cosm v good. 5gh N + 280fs + (L) CS.					full	280fs 280fs bann.	
																	Fully accom (L) CS + (L) micro tropia showing gross ABV. I explained surgery not a good idea : of sun & and high risk of conc chr & dip I think she is more concerned about cosmesis of wearing fs so can try CL's when older 60yr - edr (D)?							

Confidential Report

Printed by cgarner(Claire Garner (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	$\times 10^9/L$	4.0 - 11.0
PLT	205	$\times 10^9/L$	150 - 400
RBC	4.56	$\times 10^{12}/L$	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	$\times 10^9/L$	2.0 - 7.5
LY#	2.1	$\times 10^9/L$	1.5 - 4.0
MO#	0.4	$\times 10^9/L$	0.2 - 0.8
EO#	0.12	$\times 10^9/L$	0.0 - 0.4
BA#	0.0	$\times 10^9/L$	0.0 - 0.1

End of report

NHS Tayside Radiology Report

Printed by cgames(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 cgarner(Claire Garner (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	$\times 10^9/L$	4.0 - 11.0
PLT	243	$\times 10^9/L$	150 - 400
RBC	4.40	$\times 10^{12}/L$	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	$\times 10^9/L$	2.0 - 7.5
LY#	* 1.4	$\times 10^9/L$	1.5 - 4.0
MO#	0.3	$\times 10^9/L$	0.2 - 0.8
EO#	0.09	$\times 10^9/L$	0.0 - 0.4
BA#	0.0	$\times 10^9/L$	0.0 - 0.1

End of report

NHS Tayside Radiology Report

Printed by cgarner(Claire Garner (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 cgarner(Claire Garner (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 cgarner(Claire Garner (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 cgames(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 cgarner(Claire Garner (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 cgames(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
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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: p1
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 cgarner(Claire Garner (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 cgarner(Claire Garner (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 cgarner(Claire Garner (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 cgarner(Claire Garner (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 cgames(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 cgarner(Claire Garner (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
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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
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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 cgarner(Claire Garner (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 :
Torna 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 x10⁹/L 4.0 - 11.0

PLT 297 x10⁹/L 150 - 400

RBC * 3.67 x10¹²/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 x10⁹/L 2.0 - 7.5

LY# 2.3 x10⁹/L 1.5 - 4.0

MO# 0.5 x10⁹/L 0.2 - 0.8

EO# 0.23 x10⁹/L 0.0 - 0.4

BA# 0.0 x10⁹/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 cgarner(Claire Ganes (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 Games (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 * **10⁴ orgs/ml**

Nitrofurantoin S

Trimethoprim S

Flucloxacillin S

Cefalexin S

Organism * **Escherichia coli**

Organism Growth * **10³ 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 cgarner(Claire Garner (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
Iorna

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
Torna

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 :
Torna 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 cgarner(Claire Garner (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
Iorna 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 cgames(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 :
 Iorna 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
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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 cgames(Claire Games (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
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End of report

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Printed by cgarner(Claire Garner (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 Tochia

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
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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
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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 cgarner(Claire Garner (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